

“Don’t tell me it’s all in my head” – Psychiatric illness and Long COVID

Long COVID: Journeying together through the fog

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[#longcovid2022](https://twitter.com/longcovid2022)

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COVID impacts on mental well-being

- Mental well-being – a broad concept
- Te Whare Tapa Wha
 - Wairua
 - Tinana
 - Hinengaro
 - Whanau
- Impacts of COVID are also broad
- Increased background rates of:
 - distress, coping difficulties, loss of resilience, psychosocial dysfunction
 - anxiety disorders, depression
 - deferred healthcare, health system under pressure
 - mistrust of health professionals, the health system

Whare tapawha (Durie, 1994)



Increased mental health risks from COVID

- Predisposing factors:
 - Pre-existing mental health disorders, disability
 - Pre-existing chronic physical health conditions, disability
 - More vulnerable groups: Māori, Pasifika people, high socioeconomic stressors, women, elderly, youth
- Precipitating factors: psychiatric symptoms worsened by:
 - Psychosocial stressors, including isolation
 - Health anxiety
 - Direct effects of COVID infection
- Perpetuating factors:
 - Long COVID symptoms
 - Health anxiety
 - Untreated comorbid mental illness and substance misuse
 - Impaired coping strategies

Increased mental health rates in Long COVID

- Specific impacts on:
 - general well-being - 66%
 - work - 50%
 - financial well-being - 20%
- Increase in rates of specific mental health disorders:
 - Major depression – 10-25% (c.f. ~25% general population during COVID)
 - Anxiety Disorders
 - Acute Stress Disorder / PTSD (especially post ICU admission)
 - Likely also increases in Eating Disorders, OCD, substance abuse
- Not significantly different from CFS/ME, chronic pain or other chronic disease populations
- May interfere with self-management, treatment and recovery from Long COVID

Barriers to a rehabilitation approach

- Co-existing mental and physical health problems, disability
- Poor equity of access to those most in need
- Stigma – related to fear of
 - Being told “it’s all in your head”
 - Not being taken seriously
 - Being told to “psychologize your symptoms away”
 - Losses, not recovering
- Services operating in silo’s
 - Unclear pathways to navigate
 - Poor access to services
 - Acute health condition paradigms
 - Conflicting narratives for sufferers
- Poorly integrated social services
 - WINZ, workplace support and understanding



Management: first do no harm

- Rehabilitation model; Long COVID is a long term condition
- Clear management pathways to recovery – co-designed with Long COVID sufferers, peer support options and support groups
- Self management information and strategies -> integrated community health/primary care services -> integrated specialist services
- Acknowledgement AND validation of peoples lived experience, and the impact Long COVID has had on them
- Graduated, individualised and adaptive approaches
- Recognition, and treatment when required, of mental health conditions
- And avoiding unhelpful messages by health and social service providers