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*Guest Editor: Christine Helfrich, PhD, OTR/L, FAOTA*

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|-------------|--|
| Mon 11/16   | OT's Mental Health Response to the COVID Pandemic: The Medically Complex Client<br>Simone Gill, PhD, OTR/L, Christine Helfrich, PhD, OTR/L, FAOTA, Danny Shin, OTR/L |
| Tues 11/17  | OT's Mental Health Response to the COVID Pandemic: Adolescents in Group Homes<br>Joanna Stumper, MS, OTR/L   |
| Wed 11/18   | OT's Mental Health Response to the COVID Pandemic: Promoting School Participation, A Trauma-Informed Approach<br>Amanda M. Rodriguez, OTD, MOT, OTR/L                |
| Thurs 11/19 | OT's Mental Health Response to the COVID Pandemic: Persons Experiencing Homelessness<br>Caitlin Synovec, OTD, OTR/L, BCMH  |
| Fri 11/20   | OT's Mental Health Response to the COVID Pandemic: Older Adults<br>Elizabeth Alicea Torres, MS, OTR/L  |

# Occupational Therapy's Mental Health Response to the COVID-19 Pandemic: OT and Older Adults

Elizabeth Alicea Torres, MS, OTR/L

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# About me



- Practicing OT since 2006
- Post Professional Doctoral Candidate (May 2021)
- Currently working in a SNF setting.
- Professional interests
  - End of life OT
  - Wound Care
  - ICU/Critical Care
  - Academia
  - Research
  - Professional writing
- Professional experiences
  - Outpatient
  - SNF
  - Acute care hospital
  - Home health

# Biography

Elizabeth Alicea Torres MS OTR/L has been a dedicated practicing occupational therapist (OT) for the past 14 years working in a variety of settings including outpatient, short term rehabilitation/SNF, inpatient hospital acute care and home health. Elizabeth's clinical interests include working with those at the end of life, working with those in the intensive care or critical care unit, wound care, and community-based practice. Currently, Elizabeth is an OT in a SNF in Massachusetts, and is driven by improving the quality of life, and functional abilities of the residents within the facility. In addition to her primary job functions, she has focused effort on improving the quality of life, and addressing function and occupational identity for those within or approaching the end of life stage. Elizabeth is currently enrolled in the Post Professional OTD program at American International College in Springfield, Massachusetts with a graduation date set for May 2021. When she is not working, or engaged in academia Elizabeth enjoys time with her family and friends, baking, exercise, yardwork/gardening, as well as a good "Netflix and chill"!

# Learning Outcomes



# Learning Outcomes

After this course, participants will be able to:

- Identify the mental health conditions that impact the elderly.
- Identify the fluid role of OT during the COVID-19 pandemic, including the reduction of OT's abilities to respond to mental health needs of the elderly.
- Recognize the real-life experiences from an OT that works on the front lines during the pandemic.
- Recognize how the mental health of the elderly is impacted by health care workers providing care while working through the COVID-19 pandemic.

In early 2020 COVID-19  
(Coronavirus) emerged globally  
and in the U.S.



# The Elderly Population & COVID-19 related deaths

- In 2019 the U.S. Census Bureau reported 54,074,028 people aged 65 years or older.
- In 2019 the United Nations reported 703,000,000 people aged 65 years or older globally.



- 8 out of 10 COVID-19 deaths reported in the U.S. have been adults aged 65 years or older.
- Total U.S. COVID-19 related deaths as of today are 249,670

# Mental health conditions that impact the elderly

- Anxiety
- Depression
- Paranoia
- Dementia
- Schizophrenia
- Bipolar
- Psychosis
- Self isolation/isolative behaviors
- Mania
- Delirium
- Panic Attacks
- Loneliness
- PTSD
- Suicidal Ideation
- Hallucinations
  - Visual
  - Auditory

# Negative impact of COVID-19 for the older adult

- Continuous coverage of the pandemic on all media outlets.
- Increased conversation among family, friends, medical professionals, caregivers, and strangers (in the community) about the virus.
- Increased panic among elders about:
  - Securing food / paper goods
  - Securing medications
  - Securing safe caregivers
  - Securing safe rides
  - Upcoming appointments/surgeries/procedures

- Quarantining/Social Distancing
- Travel restrictions
- Fear of the unknown
- Loss of loved ones due to the virus
- Stigma around contracting the virus
- Loss of daily habits and routines (occupational deprivation)
- Exacerbation of mental health conditions



# Supporting Older Americans Act of 2020

- Older Americans Act (OAA) of 1965 – U.S. federal law addressing community-based needs of older adults.
- Multiple reauthorizations and amendments, most recent March 2020.
- *“One of the most relevant revisions to the OAA is recognition of the important negative effects that social isolation and loneliness can have on the health and well-being of older adults” (p. 2).*

# Occupational Deprivation

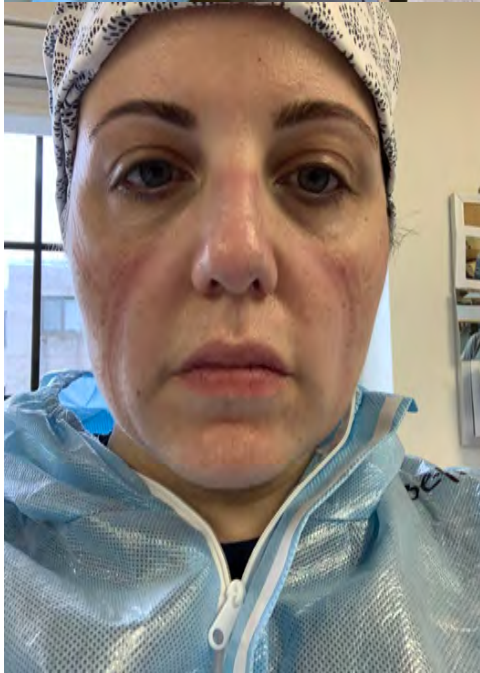
- “A structural restriction on participation in meaningful occupations” (Darawsheh, 2019).
- “Negatively affects a person’s sense of occupational choice and demeans the person’s power” (Darawsheh, 2019).
- “A state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual” (Whiteford et al., 2020; Whiteford, 2000)



# OT's Role in the COVID-19 Pandemic

## Beth's experiences as an OT in a SNF during the COVID-19 pandemic.

- Shift from OT to nursing caregiver due to staffing issues.
- Constant concern about having adequate PPE.
- Constantly worrying about exposure in light of multiple positive cases, and need to work on different units.
- Inability to address the occupational needs / mental health needs due to the shift in role.
- High stress environment, disorganized at times.
- Adapting to changing regulations without succinct communication.
- The physical, mental, and emotional impact of head to toe PPE with minimal breaks for 8+ hour days for months.



me



## The HARDEST aspects as an Occupational Therapist during COVID-19 in a SNF

- Being asked to “shut off” the clinical side of myself and work as a CNA.
- Restrictions initially in working with the COVID-19 + client to address issues such as social isolation and occupational deprivation.
- Dealing with the fact that the mental health and well being of clients was/is overlooked, and not a priority.
- Witnessing those at EOL pass unexpectedly without loved ones, or the opportunity to prepare for death.
- Witnessing the deterioration of the mental health and well being of clients, and not being able to address it immediately.
- Feeling helpless.

## Stress and Psychological Consequences Applicable to OT's and Health Care Workers

“The wide scope and spread of Coronavirus Disease 2019 (COVID-19) could lead to a true mental health disaster, especially in countries with high caseloads”

“Health care workers in crises such as the COVID-19 pandemic are under more stress. . . They are exposed not only to infection due to their frequent exposure to infected patients but also to psychological distress, long working hours, fatigue, occupational stigma, and physical violence. . . Exposed to prolonged sources of distress which may exceed their coping skills”

“Hospital staff and health-care workers are at increased risk of developing psychological and mental health issues during the COVID-19 crisis”

# Examples of Older Adult Mental Health Concerns and OT's Response during the COVID-19 pandemic





## COVID & Carol

- 106 y/o female
- Dementia
- Hard of hearing
- Anxiety
- COPD
- COVID-19 +



- Daily routine
  - Up early and out of bed
  - Dressed
  - Jewelry
  - Hair/Makeup
  - Out of room all day – all meals in dining room
  - No naps
  - Daily activity participant
  - Multiple family visits throughout the week
  - Maintains social friendships with others

## Carol's Mental Health

- Unable to see caregivers due to PPE.
- Unable to hear caregivers well due to PPE.
- Isolated in room.
- Not out of bed daily due to staff limitations.
- No visits - 2<sup>nd</sup> floor room, no window visits.
- No socialization.
- Caregivers spending as little time as possible in patients room due to being COVID-19 +.
- Experiencing occupational deprivation, anxiety, loneliness, confusion and depression.



## How can OT respond?

- Establish a cognitively appropriate leisure/relaxation program.
- Assess alternative options for communication with the outside world.
- Develop a temporary new routine in light of restrictions to maintain safety.
- Use of alternative ways to identify caregivers such as writing names on PPE.
- Provide education specific to Carol's needs to gain a better understanding of what is happening.

# Media Over Exposure – Mary

- 80 y/o female
- Lives alone, no family. HCP/POA is her attorney.
- Functioning at home with engrained routines in place.
- Baseline dementia with paranoia, doesn't allow help at home.
- Multiple calls to 911 over a span of 3-4 days regarding her television being “controlled by someone else”.
- Transfer to the ER after the last call, then transferred to a SNF



## OUTCOME

- Remained in the facility for 1 month in isolation.
- Unable to return to her home, transitioned to ALF.
- Further progression of dementia and paranoia likely in part due to media coverage of COVID-19.

# Mary's Mental Health

- Multiple calls to 911 related to thinking that someone was controlling her television (paranoia).
- All of her channels on basic cable were showing COVID-19 coverage (dementia).
- Trigger: Bodies being placed in refrigerated trucks / caregivers in PPE.
- Worsening anxiety, paranoia, depression, and confusion.
- Lack of comprehension of global pandemic.
- Constant concern about ending up in a refrigerated truck.
- Poor sleeping/eating habits.

## How can OT respond?

- Identification of triggers, and provide education to caregivers about reducing triggers when possible.
- Establishment of activities patient can successfully engage in through building rapport and use of standardized cognitive assessments.
- Validate feelings of paranoia, anxiety, depression, panic, and likely PTSD. Therapeutic use of self.
- Assess abilities to retain, process, and respond to new information to help guide Mary through this life transition that wasn't planned.
- Create a plan of care for functional maintenance.

# A Whole New World - Jane

- 80 y/o female
- Dementia, anxiety, paranoia.
- Fearful and anxious with change.
- Follows a daily routine with continual redirection.
- Ambulatory at walker level.
- Spends time walking the halls, and sitting with peers in common areas.
- Requires ongoing redirection during activities.
- Requires ongoing assurance of safety.
- Responds well to tactile input such as a back rub or hug.



# Jane's Mental Health

- Extreme difficulty in following isolation protocols.
- Expressed fear of not knowing who was caring for her due to PPE.
- Increased anxiety (crying and hyperventilation).
- Multiple falls.
- Wandering/intrusive behaviors.
- Reduced appetite.
- Unable to tolerate trials of face covering to allow for out of room time.
- Significantly reduced sensory stimulation, leading to agitation during care.
- Expression of hopelessness and suicidal ideation.

## How can OT respond?

- Validate Jane's feelings, allow for self expression and provide emotional/sensory support.
- Establishment of a new routine with assistance to follow it.
- Use standardized cognitive assessments to create cognitively appropriate activities that can be completed with setup, and/or frequent check-ins.
- Education nursing/social work caregivers about the potential for patient to elicit negative behaviors due to change of daily routine.
- Reach out to family members and facilitate video or phone contact.

# The End for Edward and Pam

## Edward

- 72 y/o male with multiple hospitalizations, cirrhosis of liver due to ETOH, portal vein thrombosis, +tobacco use, anemia, on TPN
- On short-term unit, bed bound, dependent for care. Under hospice care
- Was previously living with his wife of 30+ years who was his primary caretaker
- Passed away alone

## Pam

- Unable to enter the building due to COVID-19 restrictions
- Elderly herself, frail, and visiting her husband from a window in the cold (March)
- Unable to have a compassion visit
- Unable to be with her spouse when he passed away



# Edward and Pam's Mental Health

## Edward

- Anxious
- Agitated
- Disengaged
- Fearful
- Heartbroken
- Lonely
- Scared
- Loss of his identity, specifically as a spouse

## Pam

- Heartbroken
- Helpless
- Scared
- Frustrated
- Worried
- Feelings like she is at fault
- Feeling like she failed her husband
- Unable to say goodbye

## How can OT respond?

- Provide intervention specific to increasing patients abilities to interact with his spouse.
- Collaborate with the hospice agency to meet occupational needs at the EOL.
- Work with administrative personnel to create a way to complete a safe compassion visit in light of COVID-19 safety protocols.
- Provide Pam with education regarding Edward's condition/status to promote her involvement, engage in alternate means of communication.
- Educate facility caregivers about the situation, determine how to best meet the needs of this family.

# The Impact of Our Mental Health on the Elderly



# The OTR/OTA & COVID-19

- Anxious in general – global pandemic
- Worried about ourselves and vulnerable family/friends
- Anxious about PPE availability
- Increase in + cases = increase in stress
- Sudden onset of client deaths
- Productivity in a fluid, changing, limiting situation
- Treatment restrictions
- Resistance with continued client advocacy for OT
- COVID-19 BURNOUT

# Isolation and Abby

- 67 y/o female with early onset Alzheimer's Disease – A & O x 1
- Previous client, admitted due to inability to be cared for at home after domestic violence issue
- Morbid obesity and OA
- Assist of 1 bed level ADL's/ toileting
- Mechanical lift transfers
- In facility for short term rehab and transition to LTC
- Becomes COVID-19 +
- Forced to discontinue all rehabilitation
- Isolated in a room alone with no clothes, no personal items
- Unrecognizable caregivers due to PPE
- One of the first + cases in the building
- Cognition declining, depression/anxiety increasing

# Advocating for Abby

- Persistence in being able to see Abby to address:
  - Occupational deprivation
  - Isolation
  - Cognition/orientation
  - Human interaction
  - Caregiver education





# COVID – 19 BURNOUT



# What does burnout look like??

- Mental fog
- Exhaustion
- Fear of the unknown
- Increased irritability
  - PPE
  - Anxiety
  - Lack of Sleep
  - Lack of Hydration
  - Lack of relaxation
  - Lack of leisure
  - Increased shift lengths
  - Lack of support



\*\*\*Separation from  
family and friends\*\*\*





Inability to see loved ones due to the fear of exposure.

- Best friend during pregnancy and birth of my nephew.
- Sister, brother in law, nephew
- Aunt & Uncle

# The Mental Health of the Elderly is Impacted by OUR Mental Health

- As caregivers under an immense amount of prolonged stress and emotional/physical/mental strain we may be:
  - Short with our clients.
  - Frustrated with our clients inability to understand what is happening.
  - Exhausted by their needs when ours are not being met.
  - Helpless, unable to give them what they want.
  - Unable to meet their needs due to restrictions, or for their safety.
  - Sadness for them and the loss of life as they knew it.

## Resulting in...

- Reduced trust between the elderly and their caregivers.
- Elderly feeling isolated, trapped, out of control.
- Increased behaviors, increased falls, decreased function.
- Overwhelming fear of the virus, and the unknown.
- Ultimately, the deterioration of the mental health of the elderly.

# Call to Action!!!

- Acknowledge and care for our own mental/physical/emotional health.
- Identify clients with deterioration in their mental and physical health and advocate for them.
- Improve understanding of the dynamics of this situation with the elderly at home, or in a more institutionalized setting.
- Use of skills as clinicians to provide innovative intervention.
- Conduct research and analysis.



Thank you!!

Questions???

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# Questions?

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