

Cultivating and Conserving Wellness in the CoViD-19 Era

The following are resources to assist with dealing with the stress of the CoViD-19 outbreak. This contains resources for physicians and other healthcare workers, as well as educational content to give to your patients, or help you work with patients during this difficult time. If you are aware of any additional resources that could be added to this list, please email christina.girgis@va.gov and I will add it. -Christina Girgis, M.D.

First, an Essay:

Earlier this week, a group of conservative Hindus in New Delhi took part in a communal ceremony where everyone drank a glass full of cow's urine. Their hope was that this would serve as a prophylactic against the corona virus infection. In Istanbul, a Muslim cleric declared that he held a detailed conversation with the virus during which he prohibited it to enter Turkey. Lest these outlandish gestures be seen as restricted to exotic locales, one needs be reminded that many people in our own nation hold the belief that the viral pandemic is essentially a biological warfare unleashed upon the world by the government of China.

The emergence and mindless acceptance of such childish fantasies should, however, not be surprising. We are all frightened and vulnerable to magical thinking as we face an invisible, life-threatening enemy. The human mind, under such circumstances, desperately tries to avoid feeling helpless, seeks a 'rationale' for what is happening, and wants instant remedies to reverse the course of events.

It seems much healthier, even though difficult, to bear the anxiety aroused by the current threat, and resist the temptations of blaming others ('they are responsible for it'), self-pity ('first I lost my parents during childhood and now I have to go through this'), foolhardy denial of fear ('I am young and healthy and will not get infected'), or worse, sadistic glee ('good that people are dying – maybe they deserve it'). But the question is how to avoid these morbid pathways? How to stay balanced in such scary times?

My 50 years of experience in the practice of psychiatry and psychoanalysis, has led me to conclude that the following measures might be of considerable help in staying calm under these trying circumstances.

- **DEPLOY** all possible preventive measures against this infection that are suggested by scientific organizations and Federal and State governments. This will not only enhance the chances of avoiding the infection but also will mobilize a sense of group loyalty, something that invariably makes us stronger in difficult times.
- **DISTILL** the quantity and quality of information you expose yourself to during any given day. It is good to be informed but undesirable to allow oneself to be overwhelmed. Thus, it is preferable to read the websites of CDC (the highly respected Center for Disease Control) or the National Institute for the Study of Infectious diseases, or the Johns Hopkins Medical School than to roam over the internet and collect 'data' from random and obscure websites.
- **DE-PATHOLOGIZE** your concerns. The emotional distress you might be feeling these days is not a psychiatric disorder. It is what Freud called 'automatic anxiety' or an uncomfortable feeling that follows from too much frightening stimulation. Your fears are not phobias. In fact, the absence of fear is more likely to be problematic. And, this might sound like an outrageous

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irony but I do suggest that you relax and let yourself be anxious!

- **DISTINGUISH** ‘physical distancing’ from ‘social distancing’. I am thankful to my daughter who underscored the necessity of making this distinction. She astutely put her finger on a crucial issue here: yes, we need to avoid too much proximity and close physical contact with others to diminish the chances of catching or spreading the infection. But this must not be mistaken for ‘social distancing’ which would leave us isolated and prone to disturbing fantasies. Thankfully the availability of social media makes it possible to retain all but physical contact with loved others. And, even when such ‘Neo-instruments’ of living are not handy, there is always the good old telephone.

- **DIRECT** some of your attention to matters other than the current public health crisis. Work from home. Take care of the clutter around you. If you live with others, play with them, cook with them, dance with them. This will restore vitality, enrich family bonds, and bring joy to all. If, for one or the other reason, you live alone, make phone calls, watch television, and sing to yourself. The psychoanalyst, Gilbert Rose, points out that singing divides us into two people: the singer and the listener. And this dramatically reduces the sense of loneliness. *-Salman Akhtar, MD Professor of Psychiatry, Thomas Jefferson University*

And a KevinMD Blog Post: A CoViD Physician Pep Talk

All hands on deck! No one sits this one out. We are all MD/DOs. We all took the same oath, and in unison. Year after year, we graduate as our parents and grandparents shed tears of joy. In those years of sleep-depriving, relationship-straining, self-confidence-trying medical school and residency: We dissected everything. The human body, the human heart (the non-anatomical one), and even what it means to follow that damn oath. We didn’t sign out an active patient. We tucked our patients in. We had each other’s back.

We were given our education, partly at this country’s expense. (The student debt doesn’t feel like that, I know.) Our residencies were partly funded by federal dollars. And now, we are being called. Actually begged quietly, and soon in unison. Our education is a skill and a gift. Neither can be wasted or not tapped into now.

Once a physician, always a physician. You can’t retire that. We know what others don’t. Believe me, we do. Even if it’s dusty, covered in cobwebs. It’s there. My classmates, my surgeons (with their canceled elective surgeries), my subspecialists (who never or rarely, if ever, have an inpatient consult), my non-clinical industry colleagues: Join us! Bring yourself back there with

me. Let’s get back to that third-year medical student feeling where we were literally dropped in and managed every time to swim. The nurses will not yell at us this time! They will stand with us. You can do it. We can do it together.

We’re like the volunteer firefighters who go to the fire while telling everyone else to evacuate. And they do that because they are there together. So we can do the same. We must. We cannot abandon each other. We are physicians first, specialists second. My social circle is filled with all you brilliant people with big hearts and sick humor. I see you! Get ready. We’re going back to the days of see one, do one, teach one. You teach me, I teach you. We must demand that Good Samaritan laws kick in and licensure restrictions, non-compete clauses be waived.

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But either way. It's time. Dig down, remember that personal statement you wrote for medical school applications. It's all still true. You are that person. Not as naive about what it takes or how much it has burned you out. But that person who cares deeply is still there. You can do this. Remember, we were trained four years in everything, or at least enough of everything to be helpful. To know when someone is sick. Every physician can triage. Those clinical pearls will come back. Let's do the scut together. Let's write those H&Ps, progress notes, enter those orders. It will be OK; we can put our hands up and call for help. But our hands will be there. Ready to pick up anything. A pager, a central line kit, or a coffee. Our hands will all be on deck. *-Sujani G. Surakanti is a hematology-oncology physician.*

Lastly from Harvard Business Review: That Discomfort You're Feeling Is Grief

Some of the HBR edit staff met virtually the other day — a screen full of faces in a scene becoming more common everywhere. We talked about the content we're commissioning in this harrowing time of a pandemic and how we can help people. But we also talked about how we were feeling. One colleague mentioned that what she felt was grief. Heads nodded in all the panes.

If we can name it, perhaps we can manage it. We turned to David Kessler for ideas on how to do that. Kessler is the world's foremost expert on grief. He co-wrote with Elisabeth Kübler-Ross *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss*. His new book adds another stage to the process, *Finding Meaning: The Sixth Stage of Grief*. Kessler also has worked for a decade in a three-hospital system in Los Angeles. He served on their biohazards team. His volunteer work includes being an LAPD Specialist Reserve for traumatic events as well as having served on the Red Cross's disaster services team. He is the founder of www.grief.com, which has over 5 million visits yearly from 167 countries.

Kessler shared his thoughts on why it's important to acknowledge the grief you may be feeling, how to manage it, and how he believes we will find meaning in it. The conversation is lightly edited for clarity.

HBR: People are feeling any number of things right now. Is it right to call some of what they're feeling grief?

Kessler: Yes, and we're feeling a number of different griefs. We feel the world has changed, and it has. We know this is temporary, but it doesn't feel that way, and we realize things will be different. Just as going to the airport is forever different from how it was before 9/11, things will change and this is the point at which they changed. The loss of normalcy; the fear of economic toll; the loss of connection. This is hitting us and we're grieving. Collectively. We are not used to this kind of collective grief in the air.

You said we're feeling more than one kind of grief?

Yes, we're also feeling anticipatory grief. Anticipatory grief is that feeling we get about what the future holds when we're uncertain. Usually it centers on death. We feel it when someone gets a dire diagnosis or when we have the normal thought that we'll lose a parent someday. Anticipatory grief is also more broadly imagined futures. There is a storm coming. There's something bad out there. With a virus, this kind of grief is so confusing for people. Our

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primitive mind knows something bad is happening, but you can't see it. This breaks our sense of safety. We're feeling that loss of safety. I don't think we've collectively lost our sense of general safety like this. Individually or as smaller groups, people have felt this. But all together, this is new. We are grieving on a micro and a macro level.

What can individuals do to manage all this grief?

Understanding the stages of grief is a start. But whenever I talk about the stages of grief, I have to remind people that the stages aren't linear and may not happen in this order. It's not a map but it provides some scaffolding for this unknown world. There's denial, which we say a lot of early on: This virus won't affect us. There's anger: You're making me stay home and taking away my activities. There's bargaining: Okay, if I social distance for two weeks everything will be better, right? There's sadness: I don't know when this will end. And finally there's acceptance. This is happening; I have to figure out how to proceed.

Acceptance, as you might imagine, is where the power lies. We find control in acceptance. I can wash my hands. I can keep a safe distance. I can learn how to work virtually.

When we're feeling grief there's that physical pain. And the racing mind. Are there techniques to deal with that to make it less intense?

Let's go back to anticipatory grief. Unhealthy anticipatory grief is really anxiety, and that's the feeling you're talking about. Our mind begins to show us images. My parents getting sick. We see the worst scenarios. That's our minds being protective. Our goal is not to ignore those images or to try to make them go away — your mind won't let you do that and it can be painful to try and force it. The goal is to find balance in the things you're thinking. If you feel the worst image taking shape, make yourself think of the best image. We all get a little sick and the world continues. Not everyone I love dies. Maybe no one does because we're all taking the right steps. Neither scenario should be ignored but neither should dominate either.

Anticipatory grief is the mind going to the future and imagining the worst. To calm yourself, you want to come into the present. This will be familiar advice to anyone who has meditated or practiced mindfulness but people are always surprised at how prosaic this can be. You can name five things in the room. There's a computer, a chair, a picture of the dog, an old rug, and a coffee mug. It's that simple. Breathe. Realize that in the present moment, nothing you've anticipated has happened. In this moment, you're okay. You have food. You are not sick. Use your senses and think about what they feel. The desk is hard. The blanket is soft. I can feel the breath coming into my nose. This really will work to dampen some of that pain.

You can also think about how to let go of what you can't control. What your neighbor is doing is out of your control. What is in your control is staying six feet away from them and washing your hands. Focus on that.

Finally, it's a good time to stock up on compassion. Everyone will have different levels of fear and grief and it manifests in different ways. A coworker got very snippy with me the other day and I thought, That's not like this person; that's how they're dealing with this. I'm seeing their fear and anxiety. So be patient. Think about who someone usually is and not who they seem to be in this moment.

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One particularly troubling aspect of this pandemic is the open-endedness of it.

This is a temporary state. It helps to say it. I worked for 10 years in the hospital system. I've been trained for situations like this. I've also studied the 1918 flu pandemic. The precautions we're taking are the right ones. History tells us that. This is survivable. We will survive. This is a time to overprotect but not overreact.

And, I believe we will find meaning in it. I've been honored that Elisabeth Kübler-Ross's family has given me permission to add a sixth stage to grief: Meaning. I had talked to Elisabeth quite a bit about what came after acceptance. I did not want to stop at acceptance when I experienced some personal grief. I wanted meaning in those darkest hours. And I do believe we find light in those times. Even now people are realizing they can connect through technology. They are not as remote as they thought. They are realizing they can use their phones for long conversations. They're appreciating walks. I believe we will continue to find meaning now and when this is over.

What do you say to someone who's read all this and is still feeling overwhelmed with grief?

Keep trying. There is something powerful about naming this as grief. It helps us feel what's inside of us. So many have told me in the past week, "I'm telling my coworkers I'm having a hard time," or "I cried last night." When you name it, you feel it and it moves through you. Emotions need motion. It's important we acknowledge what we go through. One unfortunate byproduct of the self-help movement is we're the first generation to have feelings about our feelings. We tell ourselves things like, I feel sad, but I shouldn't feel that; other people have it worse. We can — we should — stop at the first feeling. I feel sad. Let me go for five minutes to feel sad. Your work is to feel your sadness and fear and anger whether or not someone else is feeling something. Fighting it doesn't help because your body is producing the feeling. If we allow the feelings to happen, they'll happen in an orderly way, and it empowers us. Then we're not victims.

In an orderly way?

Yes. Sometimes we try not to feel what we're feeling because we have this image of a "gang of feelings." If I feel sad and let that in, it'll never go away. The gang of bad feelings will overrun me. The truth is a feeling that moves through us. We feel it and it goes and then we go to the next feeling. There's no gang out to get us. It's absurd to think we shouldn't feel grief right now. Let yourself feel the grief and keep going. *-Scott Berinato is a senior editor at Harvard Business Review.*

Peer Support and Connection:

- [Psychiatry Network Facebook Group](#): Online closed physician group for psychiatrists and psychiatry residents

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- [Psychiatry in the Era of CoViD-19](#): Online closed physician sub-group for members of Psychiatry Network, for discussions about CoViD-19 and psychiatry
- [Psychiatry for All Physicians](#): Online closed physician group for all specialties interested in learning about psychiatry
- [Netflix Watch Party](#): watch a movie in sync with your remote friends, need Netflix app and Chrome browser, as well as Netflix subscription for anyone watching

Helpful Apps:

- [Headspace](#) app: paid version currently free to end of year (need NPI #)
- [PFA Mobile](#) (VA) and [PFA Tutorial](#) (U. of Minnesota) are two apps about administering psychological first aid
- [UCLA Mindfulness App](#): free app

Exercise:

- [Peloton](#): use of app extended to 90 days (usually 14 days)—it's amazing, you can use on treadmill, outdoor runs, bike, lots of floor exercise, yoga and meditation
- [Pure Barre on Demand](#): 60-day free trial (usually 30 days), click on 30-day trial, use promo code EXTENDEDTRIAL and trial will go to 60 days and \$0
- [Free Barre Fitness Classes](#): links to YouTube videos
- [Daily Burn](#): 30-day free streaming trial

Support for Children:

- [NPR segment](#) for kids/families to learn about CoViD-19
- [Nationwide Children's articles](#) and [podcast](#): How to talk to children about CoViD-19
- [Center for the Study of Traumatic Stress](#): Helping homebound children
- [National Child Traumatic Stress Network](#): Parent/caregiver helping families cope
- [The Autism Educator](#): Education about Coronavirus for children with autism
- [Netflix](#): *Brainchild*, *The Who Was? Show*, *Julie's Greenroom* (about the arts), *StoryBots*, *The Magic School Bus*
- [Disney Plus](#) for children: *Brain Games*, *National Geographic*
- [PBS](#) for children: *Wild Kratts*, *Xavier Riddle*, *Reading Rainbow*, *Between the Lions*, *Peg + Cat*
- [Amazon Prime](#) for slightly older children: *Horrible Histories*
- [Kids Activities Blog](#): Long list of educational companies offering free subscriptions
- [The Science Mom](#): Daily 2-hour educational videos about science
- [Listing of Educational Math Websites](#): 60 websites
- [Virtual Field Trips](#): Over 30 trips for children
- [Audible](#): Audio stories for children
- [Libby App](#): Access thousands of e-books and audible books from the public library
- [Rosetta Stone](#): 3 months free access to learn a language

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- [Cleveland Inner City Ballet](#): Free virtual ballet lessons
- [Playbill](#): Watch 15 Broadway plays and musicals online
- [Museum Tours](#): List of free virtual museum tours (also check your local museums)
- [Kennedy Center](#): Learn to draw with Mo Willems, artist
- [Cincinnati Zoo](#): Daily videos with featured animals
- [Cosmic Kids Yoga](#): Free yoga and mindfulness videos (and on [YouTube](#)), [app](#) free for 2 weeks
- [Go Noodle](#): Movement and mindfulness videos
- [CLI Studios](#): Learn dance routines by watching videos

Anxiety, Coping, Wellness:

- [Brene Brown](#): Unlocking Us podcast
- [NPR Tiny Desk Concerts](#): To calm your mind
- [Discounted Online Therapy](#): for first responders/healthcare workers, first three sessions \$50
- [Ten Percent Happier](#): Go to [this link](#), open account, use gift code HEALTHCARE to download app and get 6 months free (meditations and practical teachings). Also includes free [Coronavirus Sanity Guide](#)
- [Free Guided Meditations](#): By a physician, created for the Coronavirus crisis
- [Coronavirus Anxiety](#): Toolkit developed to manage Coronavirus anxiety including free meditations
- [Staying Healthy](#): Tips summarized by a physician
- [Center for Mind-Body Medicine](#): Webinars showing mind-body skills groups, first one 3/27
- [SAMHSA Training and Resources](#): Including material on compassion fatigue, telepsychiatry, managing anxiety, dealing with opioid replacement issues

Patient Resources:

- [Center for the Study of Traumatic Stress](#): Comprehensive list of patient resources
- [UCLA Center for Autism Research and Treatment](#): Comprehensive list of resources for addressing CoViD-19 issues for patients with autism
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#): 24/7 helpline for assisting patients in finding referrals to treatment

Trainee Education:

- [Virtual Resources for Psychiatry Education](#): From the University of Minnesota

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- [COVID19 Harm Reduction Guidelines for Substance Use](#): From the Yale Program in Addiction Medicine
- [Mental Health and Psychosocial Aspects of CoViD-19 Outbreak](#): Can use to help you address your patients
- [ADMSEP E-Modules](#) (Association of Directors of Medical Student Education in Psychiatry): Clinical discussions and cases, for medical students but helpful nonetheless, particularly for subspecialties (e.g. child psychiatry or geriatric psychiatry)
- [Psychiatry Network Webinar on Telepsychiatry](#): Discussion about the most commonly asked questions when starting telepsychiatry; must “purchase” but cost is free

Medical Organizations for Coping with Anxiety and Stress:

- [Illinois State Medical Society Resources](#)
- [WHO Guide for Psychological First Aid](#)
- [MGH Psychiatry Guide](#)
- [Anxiety and Depression Association of America](#)
- [APA Resources](#)
- [CDC Information/resources](#)

Miscellaneous:

- [Unemployment Benefits](#): Information for patients who are hourly workers
- Inexpensive [Desk](#) and [Chair](#): Purchase online and have delivered to use for working at home (note shipping is \$49, but overall price still fairly inexpensive)
- Another [Desk](#) and [Chair](#) Option: Purchase online and deliver or pick-up from store
- [Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak](#): Prescient book written in 2019