

Behavioral Health Considerations for Endemic COVID-19

Considerations for supporting individuals who are immunocompromised and those with disabilities or circumstances that may interfere with long-term recovery from the pandemic

Purpose

The State of Washington has recently ended the COVID-19 state of emergency. Even as the general population begins to adapt to an endemic and recovery-oriented mindset, some groups must continue to take protective measures. The biopsychosocial health of the people within these groups is highly likely to be affected by the risks associated with the variants of COVID-19. The purpose of this document is to provide evidence-based behavioral health tips and resources for people with disabilities, people who are immunocompromised, and caregivers who work with these populations.

This guidance document is divided into five main sections to address:

- people who are immunocompromised;
- older adults who may have specific health challenges;
- people with disabilities that may interfere with recovery;
- support of immunocompromised or disabled children in this context; and
- caregivers and healthcare providers for these groups.

Immunocompromised individuals

An individual may qualify as being immunocompromised if they have a condition that weakens their immune system or limits their ability to fight off infections such as COVID-19. Conditions and diagnoses in this category may include but are not limited to:

- certain types of cancers
- organ-transplant recipients
- stem-cell transplant recipients
- immunodeficiency diseases such as Lupus
- diabetes
- HIV/AIDS
- those who use immunosuppressant drugs (CDC, 2022).

Not only do immunocompromised people remain at increased risk of contracting COVID-19 and of developing severe illness from the virus, but they also have a higher in-hospital mortality rate in comparison to those who are not immunocompromised (Baek et al., 2021).

Individuals with a greater likelihood of contracting a severe infection also often have higher incidences of anxiety (Vijayan et al., 2022). While the general public may have more of an opportunity to “move past” the pandemic, immunocompromised individuals continue to experience significant impacts to their mental health. Many in this population continue to take personal protective measures, such as maintaining social distancing, wearing masks, and vaccinating to prevent COVID-19 infection. While necessary, these practices can have behavioral health effects. Short term effects may include social isolation, loneliness, anxiety, and stress (Vijayan et al., 2022). Prolonged implementation of these precautions may include additional risks of depression and even PTSD.

Some immunocompromised individuals report feelings of frustration, anxiety, and fear with the lessening of public health guidance and mandates. Many in the immunocompromised population share feelings of being “left behind” by their healthcare systems and communities (Merchant et al., 2022). Others feel their lives were seen as “inconsequential” when mandates lifted. For some who are severely compromised, the emergence of the pandemic did not necessitate a drastic lifestyle change as they were already isolated and taking personal precautions (Merchant et al., 2022). There may be social challenges for people in these groups who feel unsupported.

Prevention and healthy coping strategies

The following practices may reduce negative mental health consequences of the ongoing fears and concerns related to COVID-19 exposures for people in these groups:

- Include activities that bring comfort to every-day routines (Merchant et al., 2022).
- Seek and preserve social connections (Merchant et al., 2022).
 - Ask friends and family to mask or rapid test before gathering to decrease chance of exposure to infection.
- Find outlets of escape in natural areas and other outside settings (Merchant et al., 2022).
- If able, spend time outside, as it provides a low-exposure outlet for increasing stimuli to the five senses.
- Maintain physical health to the extent possible.
 - Physical activity, such as walking and other exercise, has been shown to improve mental health symptoms (Avčin & Avčin, 2022).
- Practice building emotional resilience (Merchant et al., 2022) by focusing on interpersonal connections, personal sense of motivation, things that are important, and options for adaptability.
- Reflect on feelings of gratitude, hope, and humor.
- Acknowledge small victories.
- See the document [here on resilience building¹](#) for more ideas.

¹ <https://medium.com/wadepthealth/born-resilient-5a20945356df>

Depending on the degree of and comfort with risk, activities that individuals engaged in before the pandemic can resume while taking precautions such as wearing a mask.

Older adults

Older adults (60+) are at a higher risk of severe infection, hospitalization, and death from COVID-19 infection (CDC). For these reasons, many may need to continue isolating and/or using preventative measures to protect themselves. During the pandemic, rates of anxiety and depression have risen in this population (Webb and Chen, 2022). Factors influencing risk of mental health issues include:

- gender
- age
- location
- living situation
- socioeconomic status
- medical conditions
- psychological conditions

Even before the pandemic, older adults struggled with loneliness due to limited social interactions and fewer options for places they visit outside the home (Donovan & Blazer, 2020). Loneliness has been shown to increase both mental and physical illness (Webb and Chen, 2022). Technological transitions that occurred during the pandemic, meant to alleviate barriers to seeing friends, family, and medical providers, may not help the older adult population, as many lack the technology, knowledge, or physical ability to access these tools (Webb and Chen, 2022). During virtual social gatherings, some older adults may feel lonelier after the event. Navigating telehealth and internet sources may feel overwhelming to some. Now that most public precautions have ended, the older adult population is still at risk. In the transition, some may feel that others see them as expendable, unimportant, or easily forgotten (Webb and Chen, 2022).

Prevention and healthy coping strategies

- Call loved ones instead of emailing or texting them. Excess screen time use has been linked to negative mental health symptoms in older adults.
- Donate to or virtually volunteer for charity.
- Play with a pet (Pikhartova, Bowling, & Victor, 2014).
- Rapid test before visiting with others and wear a mask while in public spaces.
- Engage in physical activity, to one's ability. Household chores, gardening, and walking around the block count as physical activity.

For caregivers of older adults

- Ensure that they have enough food. Arrange grocery deliveries or pick up groceries for them.
- Practice listening to them. Acknowledge the difficulty of this situation and reassure them that they will be cared for.

- If they are religious or spiritual, help connect them with communities of faith either virtually /online, or in person.

Individuals with disabilities

People with disabilities may be at an increased risk of social isolation and loneliness in comparison to those without disabilities (Holm et al., 2021). During the height of the pandemic, individuals with certain disabilities (e.g., the Blind/Less Sighted, the Deaf/Hearing Impaired, etc.) experienced greater levels of depression, anxiety, and stress than those without disabilities (Brown et al., 2022). Some individuals with disabilities also experienced decreased hope for the future and purpose in life after the onset of the COVID-19 pandemic.

Factors contributing, but not limited to these mental health concerns include social isolation, financial constraints, and lack of raises or bonuses (Brown et al., 2022). Members of this community report a greater level of disability-related stigma than before the COVID-19 pandemic (Wang et al., 2022). The COVID-19 pandemic may have also interfered with the caregiving and support network available to this group.

Two communities that have continued to deal with mental health difficulties related to COVID-19 are the Blind/Less-Sighted Community and the Deaf/Hearing-Impaired Community. The Deaf/Hearing-Impaired Community has been challenged by lack of information about COVID risks, treatments and vaccines, lack of a sign language vocabulary about COVID-19, difficulty in lip reading due to masks, and the general struggle of communication with others outside the deaf and hearing-impaired community (Singh et al. 2021). The Blind/Less-Sighted Community has also experienced difficulties with the lack access to of COVID-19 information related to risks, treatments, and vaccines, and knowledge that is accessible for this community: an absence of support or assistance in accomplishing tasks that might be difficult for people with visual impairment; the increased risk of infection due to the use of the sense of touch in order to navigate or do daily tasks (such as reading braille in public places), as well as many other difficulties (Senjam, 2020).

In general, people with intellectual disabilities experience lower life expectancy and poorer health outcomes across their lifespan in comparison to those without intellectual disabilities. These outcomes may be directly related to their disability, or complications caused by the disability (Gleason et al., 2021). Other factors contributing to higher mortality rates in this population include obstacles to receiving healthcare, lack of effective advocacy, and socioeconomic status. People with intellectual disabilities have a greater risk of contracting COVID-19, being hospitalized due to a COVID-19 infection, and being admitted to the ICU than those without intellectual disabilities. (Gleason et al., 2021).

Prevention and healthy coping strategies

- Join a virtual or in-person support group to connect with other members of your community.
- Remember that you have a right to advocate for your needs, including for extra accommodations at work or in medical settings (Na & Yang, 2022).
- Try to increase and sustain the quality of sleep.

- Engage in outdoor activities appropriate for your level of physical ability. Even sitting outside is beneficial.
- If religious or spiritual, engage in prayer or reach out to faith communities for support.

Immunocompromised or disabled children

Even without the background of a pandemic, immunocompromised or disabled children are at greater risk from COVID-19. Not only are they more likely to fall behind in their education, but they experience increased vulnerability to severe illness (Kuper et al., 2014). Children with pre-existing medical conditions experienced an increase in stress due to COVID-19's impact on their healthcare access and social life. The emotional effects of the pandemic also impacted children's play, creativity, and physical activity levels (Berasategi et al., 2022). In immunocompromised children, anxiety is often increased from fear of severe illness from contracting COVID-19 (Avčin and Avčin, 2022). Prevalence of mental health concerns, including anxiety and depression, remain at extremely concerning levels in this population. Other risk factors include socioeconomic status, complexity of disease, and mental health of parents (Geweniger et al. 2022).

Prevention and healthy coping strategies for parents and caregivers

- In School:
 - Create a plan with your child's teacher to accommodate alternative learning environments or alternative methods of assessment, such as learning portfolios instead of in-person exams (CDC, 2021).
 - Request that your child is placed in a well-ventilated area of the classroom, such as near a window, air conditioner, or air purifier.
- Communication strategies:
 - Answer questions about COVID-19 and your child's illness using age-appropriate language and ideas (Dalton et al., 2020).
- Normalize your child's emotional reactions in response to the ongoing stress of the pandemic and reassure them that they'll be cared for. Encourage your child to wear a mask whenever possible.

Caregivers and healthcare professionals

Caregivers and healthcare professionals may continue to experience higher levels of stress, depression, and anxiety in comparison to non-caregivers and to caregivers in non-COVID times (Benight et al., 2021; Willner et al., 2020). Across all types of careers, factors such as job flexibility and socioeconomic status are predictive of the severity of impact to mental health (Brown et al., 2022; Willner et al., 2020). COVID-19's continued impact on the mental health of caregivers presents a risk to both caregivers and the individuals they provide care for (Clifford et al., 2020).

Informal caregivers

Informal caregivers, such as family or community members, experience unique challenges during this time. Caregivers reported worsening mental health (Willner et al., 2020) and feelings of defeat and entrapment. Many caregivers may continue to experience decreased social support. This may be more pronounced for caregivers with less financial resources, and for those who care for individuals that need a high level of support or display exceedingly challenging behavior. These caregivers need long-term, consistent support. Remote care has reportedly been beneficial (Gajarawala & Pelkowski, 2021), as it not only decreases risk of COVID-19 infection but alleviates the caregiver's stress of attending in-person appointments.

Caregivers of children with intellectual disabilities may also need to remain vigilant on behalf of those they care for. The populations they care for may have a limited understanding of their own risks (Courtenay & Perera, 2020), which may increase the caregiver's stress and mental load.

Healthcare workers

Some healthcare workers may have developed harmful coping behaviors, such as excessive alcohol consumption or other substance abuse, in response to the stress of the pandemic (Benight et al., 2021). Clinical healthcare workers with immunocompromised households are at a particularly high risk for developing mental health issues, due to the threat and stress of exposure to their loved one. Additionally, healthcare workers who are immunocompromised themselves are even more likely to be at risk for mental health concerns (Benight et al., 2021). However, the level of risk may change based on if they are clinical or non-clinical staff, as well as differences in financial security, and their ability to take leave from work when needed (Brown et al., 2022).

Prevention and healthy coping strategies

- Prioritize adequate rest between shifts (WHO, 2020).
- Take breaks from watching, reading, or listening to news stories about the pandemic, which includes social media content surrounding COVID-19.
- Engage in physical activity (WHO, 2020).
- Try to eat healthy, well-balanced meals (WHO, 2020).
- Avoid (or limit) alcohol and avoid recreational drugs (WHO, 2020).
- Practice preferred self-care methods (WHO, 2020).

Acknowledgements

This document was developed by the Behavioral Health Research Group at Seattle University, with Washington State Department of Health's Behavioral Health Strike Team for the COVID-19 response. The strike team is a group of clinical psychologists, psychiatrists, and therapists who are professionals in disaster relief and behavioral health. Authors from the Seattle University Behavioral Health Research group include Jordyn Correll and Shane Davis, with support from An Than and Joe Dakin. Authors from the Behavioral Health Strike Team are Kira Mauseth, Ph.D., Tona McGuire, Ph.D., and Andy Benjamin, JD, Ph.D.

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