

Mental health and COVID-19: How a psychiatrist tackles fear, anxiety

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Sara Berg, MS

Senior News Writer

By the end of January, AMA member Kenneth Fuller, MD, a psychiatrist in Thomasville, Georgia, felt a sudden, vague sense of alarm about the spread of coronavirus. As COVID-19 saw human-to-human transmission in February, Dr. Fuller boarded a plane to a psychiatric conference as the disease seemed distant.

However, after the World Health Organization declared COVID-19 a pandemic on March 11, he thought, “Get ready, coronavirus may affect my area, my state or my patients.” That same week, Albany, Georgia, saw its first reported case of COVID-19. While it is a mere 60 miles from Dr. Fuller’s office, he routinely treats patients from Albany, which had experienced a super spreading event that propagated many infections.

As the number of cases climbed in Georgia, Dr. Fuller began to wonder whether the American public was emotionally ready for daily death counts unlike anything in their lifetimes.

“The idea had been on my mind because one of my long-standing patients had just died of COVID-19,” said Dr. Fuller. “Then three elderly patients from a crowded long-term facility died of severe respiratory syndrome and another COVID-19 positive patient struggled at home.”

He was scared and pondered widespread irritability, burnout, anxiety, depression, fatigue, stress and fear, not only for his patients, but for those on the front lines too. It inspired Dr. Fuller to write the book, *Sudden Fear: Coping with Pandemic Anxiety*. But what added to his drive was his own anxieties about the COVID-19 pandemic—he wanted to share how he coped with his own feelings.

The AMA has two free surveys to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic. The surveys can be used to track trends in stress levels, identify specific drivers of stress, and develop supportive infrastructures based on these drivers.

Organizations that use the surveys will receive free-of-charge support from the AMA in launching the surveys and access to data through an easy-to-use reporting dashboard.

Additionally, the AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.

How to respond to unanswerable questions

As Dr. Fuller's sudden fear and anxiety emerged, he started keeping up with all the information he could find—at first from newspaper reports or experts on TV.

"I've always collected information and I keep this note to self, if you will, that I will jot down things that I find myself telling patients who are worried about things similar to what I worry about," said Dr. Fuller. "More and more people started coming in worried about COVID-19, and it was almost a daily count of how many deaths and how many cases."

Few Americans say their physical health has worsened, but 39% shared that worry or stress related to COVID-19 has had a negative effect on their mental health, according to a health tracking poll from Kaiser Family Foundation.

"March and the first two weeks of April were the most difficult of my last six or seven years in practice," he said, because he received "calls from patients who needed to have a question answered that was unanswerable."

With the rapidly evolving landscape of COVID-19, it quickly dawned on him that there was too little rock-solid information to offer people about the disease and how to achieve foolproof protection—other than the usual advice about hand hygiene and staying home. Instead, he transitioned "to focus on the emotional response of how to calm oneself down," said Dr. Fuller.

This involved short therapy messages—like a mantra or meditation—designed to bring hope to one's life or to cope with other struggles, such as anxiety or panic attacks.

"Not only do I do talk therapy, I actually believe in it and do it for myself as well," he said.

Read more about how to combat COVID-19's disparate mental health impact.

Coping with the uncertainty of a pandemic

When Dr. Fuller was a third-year medical student, people were dying from what is now known as HIV/AIDS. Even as he transitioned into residency, the world continued to grapple with the HIV/AIDS epidemic.

“It’s very similar to what we’re experiencing now because we didn’t know anything about what it was,” he said, adding that one of his clearest memories of a situation like COVID-19 was during the HIV/AIDS epidemic while in his residency.

A nurse asked Dr. Fuller if it was OK to let a person with HIV/AIDS cry on her shoulder. It brought up the question, “What do you do for mental health to soothe people while physically distancing?” For example, Dr. Fuller has a senior woman patient with a grandmotherly demeanor whom he normally “would pat on the back or hug on the way out if she’s talking about her husband dying.” But, he added, “you don’t get to do that now, so it’s really weird,” he said, adding that “it is reminiscent of the AIDS pandemic.”

“It triggered me into being interested in getting something out that might help someone, or some people, deal with all this uncertainty that we have right now,” said Dr. Fuller. “Good news or bad news, people can deal with. But uncertainty and the unknown drive them into a dark mental place.”