

## MENTAL HEALTH PPE IN TIMES OF COVID-19

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In Brazil, dealing with COVID-19 became extremely challenging because of the political crisis that accompanied the pandemic. Disagreement between the Brazil president and state governors unfolded. The former could not lead the latter and unite the country; consequently, no national evidence-based guidelines were defined to combat the spread of the virus. The president did not wear a face mask in most public events, nor did he recommend home confinement. Moreover, he strongly expressed his belief in the antiviral effectiveness of hydroxychloroquine which caused conflict with his own health ministers. Two physicians who were health ministers left government in less than a month. The president appointed an army general to take over the Ministry of Health to ensure that his personal beliefs prevailed without regard to evidence-based information. The vulnerable, two-tiered health care system very soon became saturated with an inordinate number of confirmed cases and deaths followed in rapid succession.

In my Brazilian hometown (João Pessoa, Paraíba), similar to cities in other countries, stores were shuttered, buses stopped circulating (except those to serve health care professionals), beaches were closed, home confinement and face masks were recommended (and subsequently became mandatory). Sanitizing rituals began in many households: handwashing, cleaning groceries, doorknobs, carrying 70% alcohol gel, and disinfecting carpets. I observed apprehension, fear, and sometimes panic invading people's lives. I, too, was frightened and personally used the skills I present herein.

Using telemedicine, I continued to assist my psychiatric patients. To help them cope adaptively with the sudden changes brought by the pandemic, I prepared a brief protocol of intervention and named it Mental Health PPE. It is based on Dialectical Behavior Therapy (DBT) Skills Training.

Standard DBT is delivered as a one-year outpatient treatment modality with four modes: individual therapy; group skills training; therapist consultation team; and telephone coaching - as needed. I chose specific skills from the DBT to help patients cope with the fear associated with the pandemic and its consequences. DBT Skills Training mode is composed of four modules (each one with its own set of skills): Mindfulness; Distress Tolerance; Emotion Regulation; and Interpersonal Effectiveness (which were included in the Mental Health PPE, except Interpersonal Effectiveness, as described below). As an example of this intervention I present a clinical vignette related to the case of a patient with generalized anxiety disorder and alcohol dependence whom I named Fátima.

Fátima is a 38-year-old General Practitioner (GP) working in an outpatient clinic of a hospital. During the pandemic, Fátima stopped going to work. She refused to leave her home. The hospital was not offering PPE (e.g. face protection, disposable apron, and hat) to protect doctors. She feared being infected by the new coronavirus and becoming a patient as well as dying and losing her elderly parents to the virus. She made an appointment with me concerning these issues and let me know that she was having trouble sleeping. She had relapsed into using alcohol to sleep. Finally, she needed a doctor's note to allow her to remain absent from work during the pandemic.

## **MENTAL HEALTH PPE**

The intervention lasts on average three months (around twelve psychotherapy sessions). Mindfulness and Distress Tolerance Skills (Table 1 and Table 2, respectively) were the first skills to be taught. In the sequence, Emotion Regulation Skills (Table 3) were taught as well. They helped Fátima to regulate her emotions (especially her anxiety), solve the problems at work, be in the present moment, and accept the difficult reality of the pandemic involving all of us.

Initially, Fátima was terrified of being infected by new coronavirus. She worried about her parents, especially her mother who has diabetes and hypertension. She was anxious and restless. To help her keep the focus of attention in the moment, I suggested that we begin the session with a mindfulness exercise: meditation with focus on the breath or mindful walk (when she was too anxious). Then, I explained how to observe and describe her current emotion based on a model to describe emotions, which includes the antecedents (precipitating events, vulnerability factors, interpretations), the emotional expression in the body and mind (body sensations and thoughts), and consequences (the after effects of the emotion as well as secondary emotions) of the emotion felt. Then, she was able to name them. It did not take her long to realize that emotions within the spectrum of fear were the ones to change.

**Table 1** Mindfulness Skills and Practices

<b>MINDFULNESS</b>	
<b>Mindfulness Skills</b>	<b>Mindfulness Formal Practices</b>
Observe and Describe Emotions	Meditation with Focus on the Breath
Focus on the Present Moment	Mindful Walk

When she was unable to change her emotions, she used Crisis Survival Skills to make them less intense and calm Fátima down (paced breathing, cold ice pack on her forehead, and a cold shower after session). She also self-soothed with body lotions, incense and eating homemade bread. She distracted herself by watching Netflix series, calling her parents, observing Mass on TV, and saying prayers. We prepared a Distress Tolerance list of activities she would do when she was very anxious.

**Table 2** Distress Tolerance Skills

<b>DISTRESS TOLERANCE</b>	
<b>Crisis Survival Skills</b>	<b>Reality Acceptance Skills</b>
Paced breathing	Radical Acceptance
Temperature (cold ice pack)	Turning the Mind
Distract with Wise Mind ACCEPTS	Willingness
Self-Soothe with the Five Senses	
Improve the Moment	

We acknowledged that the pandemic is a disturbing, unexpected, terrifying event that remains out of our control. We are stuck in a reality that we did not seek; it moved in like an inconvenient guest who has not announced how long the visit will last. Then, I presented to her the Reality Acceptance Skills. I explained that Radical Acceptance would help her to overcome resentment associated with the pandemic and its associated consequences.

In the discussion about accepting the reality we cannot change, we also faced an aversive topic to Fátima i.e. the possible death of her parents, another situation that sooner or later we all might face. Meanwhile, we needed to turn our minds toward acceptance of this unsettling reality and keep the focus on what we must do to survive in this moment. Stemming from accepting reality as it is, I explained the attitude of Willingness to do what is essential each day – to take care of herself, her parents, and keep her job. Then, we moved to the aspect of the intervention where change needed to take place that is, to regulate her fear, return to work, achieve restful sleep, stop alcohol abuse. We tackled Emotion Regulation Skills.

**Table 3** Emotion Regulation Skills

<b>EMOTION REGULATION</b>	
<b>Changing Emotional Response Skills</b>	<b>Reducing Vulnerability to Intense Emotion Skills</b>
Check the Facts	Accumulate Positive Emotions
Opposite Action	PLEASE Skills
Problem Solving	

Once Fátima had identified those emotions within the spectrum of fear needing change, we advanced in the process of emotion regulation. We discussed the Emotion Regulation Skill of Check the Facts, which helps us to understand whether an emotion felt fits the facts of a situation. We assessed Fátima’s emotion of fear through two general questions:

1. Does the emotion make sense in its context?
2. Is it effective to act based on the emotion?

The answer to the first question is YES. The answer to second question is NO. We cannot avoid work and other errands outside the home because of the virus. Therefore, the emotion fear, in this context, alerted Fátima of a threat (the virus), but it cannot paralyze her. The intensity of the emotion needed to decrease. Then I presented to her the Opposite Action Skill which helps to decrease the intensity of emotion or even extinguish it. I explained that she had to show up at work even when feeling the urge to avoid it. Fátima needed to do the opposite of what her fear dictates (do not avoid; expose yourself carefully in this context). I explained that we were going to problem-solve together so that she could protect herself as much as possible. Thus, she would not need a doctor’s note to keep her from work. We designed a plan of action for her to go back to work, including to buy the PPE she needed, which the hospital did not provide.

Then we discussed the PLEASE Skills: PL (treat Physical illness), E (balance Eating), A (Avoid mood-altering substances), S (balance Sleep) and E (get Exercise). They helped Fátima to take care of her intense fear and anxiety by taking care of her body. I adjusted her medication and reviewed the protocol of sleep hygiene. Her sobriety plan included replacing alcohol with anti-anxiety medication.

COVID-19 remains a threat to us all. It created an unwanted reality that we have not yet been able to modify. Continuous adaptation is required to live in an altered, more challenging world. Mental Health PPE may contribute to keeping us safer and healthier until the day when the current pandemic exists mainly in history books. ■