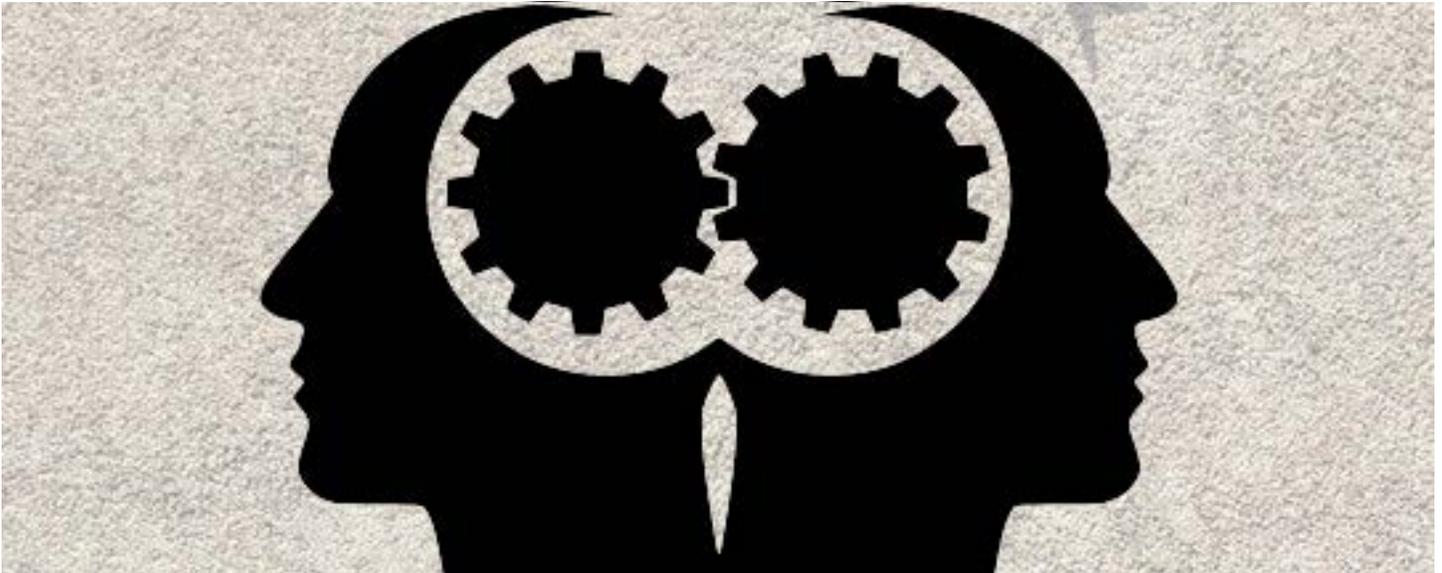


Mental Health and Research Committee

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THE HIDDEN VICTIMS OF COVID-19 AND ROLES HEALTH PROFESSIONALS MUST CONTINUE TO PLAY

BY: BILAL T. ABBAS, MPA, MSW, CADC

CHAIR, MHRC, AMHP
DIRECTOR, CHAPTER DEVELOPMENT, AMHP

We are at a critical time in history, and of utmost importance is minimizing negative mental health consequences of COVID-19 impacting our communities. As Americans perish to this novel coronavirus, there are growing issues of unaddressed loss, grief, and trauma. The inability to take care of loved ones during sickness, the incapability to say final goodbyes, and being restricted from performing sacred burial rituals are just some precipitators of grief and trauma. Simultaneously, millions of Americans continue to lose jobs. Along with careers, many are being forced to mark ends to lifestyles that took years to achieve. Similarly, small businesses are collapsing like houses of cards, taking with them all the sacrifice, hard work, and dedication that went into building them.

What happens when federal and state unemployment benefits are depleted and the job market has not rebounded? Face it, many of these jobs will never come back. What happens when people are unable to afford rent, and entire families end up in homeless shelters fending for themselves at no fault of their own? Loneliness and stress not only affect mental health, but can also catalyze physical medical problems and unhealthy coping skills that can lead to substance use and suicide. We should prepare to respond to these stressors with our recently tested resources and systems. We must anticipate these problems and proactively plan to tackle them so we are not forming emergency task forces with the hour at hand. And it will require a concerted effort by the health professional community.

As health professionals, it is our duty to ensure that the underrepresented and vulnerable among us are not overlooked. What must be avoided at all cost is driving the already disadvantaged further underground, and widening pre-existing healthcare disparities. These populations include people of color, immigrants, the undocumented, the homeless, those with pre-existing mental health conditions, those involved with the justice system and with substance use issues, victims of domestic violence and human trafficking, among others.

No one should be turned away from the emergency room. No one should have to lose their life begging for help or to be turned away instead of being tested for the virus. Absolutely no one should be evicted because of job loss. And when a vaccine is developed and made available, it must be made free of cost to everyone. The list goes on. We cannot let people fall through the cracks. We can emerge a more sensitive, united, tolerant, caring, and sensible society from this pandemic. To do so, health professionals will be required to continue playing roles of healers, care-givers, and advocates.



WHERE DOES OUR STATE OF MENTAL HEALTH GO FROM HERE?

BY: RUKHSANA CHAUDHRY, PSY.D.

DIRECTOR OF MENTAL HEALTH PROGRAMMING, AMPH

According to the 2019 State of Mental Health in America report over 44 million American adults have a mental health condition. The rate of youth experiencing a mental health issue has continued to rise. Additionally, the report finds that 62% of teens and children with a major depressive episode received no treatment. While we know that intervention and treatment is of the utmost importance to reduce the impact of suffering from a mental health issue, most Americans still have no access to care. The report states that 12.2% (5.3 million) adults with a mental illness remain uninsured, and 56.4% of adults with a mental illness received no treatment (Mental Health America, 2018).

Additionally, according to the U.S. News and World Report statistics on mental health, a severe shortage of mental health clinicians adds to the problem. Today, we face a pandemic as a nation that has brought many of our lives as American Muslims and people of all backgrounds to a halt. We are coping with remarkable changes in our individual lives and all of us are experiencing the power of uncertainty on our mental health in an amplified manner. Further, many of us are coping with its associated changes, including serious financial implications for many households. According to the U.S. News and World Report, this alone can have profound consequences for our mental health (2019),

As a faith-based community and as a nation, we need to recognize the place that stress and trauma have in our lives. People who have suffered trauma previously are now further at risk for poor mental health outcomes that may include depression, anxiety, and additional traumatic responses. Isolation can aggravate much of what we feel that we have already been struggling with and can instill a sense of hopelessness. If you are a parent, you may find yourself experiencing impatience and anxiety about how your children's lives will change now and in the future.

Therefore, it is the simple act of knowing that COVID-19 has become a threat to all our lives that will begin our healing journey as a country. If this becomes our starting point, then we can move toward resilience and growth which can come out of this experience. New learning will occur, if we let it. The question for us will be- can we finally turn our focus to mental health for all people, of all backgrounds, and socioeconomic status? If we do, we can begin by making sure the world understands how trauma works and what resilience looks like for each of us. It is not the same for every family or community. Resilience signifies that we have grown from the stressful experiences we have had. If we go back to our lives as they were instead of establishing new ways to live in the future, we will ultimately miss a golden opportunity at this moment. That golden opportunity entails the possibility of overcoming our struggle to identify, address, and de-stigmatize mental health for all of us.

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THE FUTURE SHOCK OF HEALTHCARE

BY: BY: SHADY S. SHEBAK, MD

VICE PRESIDENT, AMHP

As the future comes at us at lightning speed, hastened by the coronavirus pandemic, we are reminded of the words of Alvin Toffler. Alvin Toffler wrote several important books, one of which is Future Shock. In this seminal work, he bravely and accurately states, “The illiterate of the 21st Century are not those who cannot read and write but those who cannot learn, unlearn and relearn”. This statement is ever so important in today’s socio-political landscape. Things have changed rapidly within society in the past 10 years, and medicine is no exception. And as stated above, coronavirus turned up the notch of change several fold.

We, as healthcare professionals, must be ready for major changes in our field, which will include more widespread use of telehealth, technology, digital footprints to predict patients’ health, and less brick and mortar operations. Other changes that may soon arrive may include more distance learning for all sectors of healthcare. This will happen, and it may make some nervous, but my advice is to prepare for the future, so that as it arrives, it will not surprise you. Embrace changes now, before being forced into changes in a few years.

What does this mean for the Muslim community? It simply means that for Muslims who often want to be seen by Muslim providers, Muslim providers should be rapidly looking to integrate the technological shifts that are occurring to keep up with the demands of our given communities. While brick and mortar private practices are not disappearing, the future of medicine is telehealth and digital health management, and the sooner we embrace this change, the more comfortable we will be as providers and as a community, in the coming years.

Recommended Readings

Future Shock – Alvin Toffler
The Third Wave – Alvin Toffler



THE HIDDEN VICTIMS OF COVID-19 AND ROLES HEALTH PROFESSIONALS MUST CONTINUE TO PLAY

BY: DR. ATIF ADAM, PH.D., MD, MPH

TREASURER, AMHP

The COVID-19 crisis has ushered in a “new normal” in 2020 and is widely viewed as the most disruptive event of our times. With all countries actively battling the COVID-19 virus, it has taken its toll in everyday lives the world over, both personally and professionally. The pressing mental health need doesn’t have a vaccine or therapeutic to offer as a quick fix. Even before 2020, 1-in-5 Americans reported experiencing a mental illness in a given year(1). Social distancing measures over the past few months have further exacerbated feelings of anxiety, loneliness, and isolation.

But there are other “new normals” in 2020 that have brought us together as a community.

Digital connectivity:

People are rapidly jumping to digital technologies to “virtually interact” with families and friends from all over the world. It’s not that these tools and platforms did not exist before COVID-19. The need for “physical isolation” has opened doors to stay “socially connected”. We are having zoom parties and online bingo nights through zoom with friends and families who we have not connected in years. Extended families are not a pain to talk to anymore since you can mute them as needed. While still missing the finer nuances of meeting people in person, this form of digital connectivity has helped people build communities to share their COVID-19 stories, take a break from remote workloads, and mostly just understand that they are not alone.

Openness to talk:

In light of the COVID-19 pandemic, living alone can often lead to increased feelings of fear, anxiety and isolation. As the number of people affected escalate, one thing is clear: no matter where we live, those who live alone or are isolated face heightened risk. It’s no surprise that loneliness has been a public health threat in the United States, even before current times. But again, while social distancing measures have heightened anxiety states, it has also allowed people to both talk about and relate to feelings of loneliness. The vast influx of resources ranging from support groups in various social media outlets to more local resources from health facilities and communities have created new avenues for people to reach out without being stigmatized.

Active breaks to relax:

Other than toilet paper, the next hardest things to find in a local grocer has been flour, yeast, and other baking supplies. Families and individuals are flocking to digital platforms to learn how to cook exciting new dishes or jump on a group call to share recipes. I for one, get a new dish every Sunday through my wife’s new cooking group! You don’t have to bake and cook. There are people joining meditation groups, prayers sessions etc. Finding ways to relax has been an active proponent of our lives that last few months.

As we look into the future and our daily routines return, we should take some time to think about what truly is important from our mental well-being. The lessons and tools we picked up in the start of 2020 have shown us that there are simple and effective ways to continue to stay engaged with folks that we care about, and that acts of caring don’t have to always be timed with physical proximity. A simple Whatsapp thread, a short call or a 30-member family zoom call all say the same thing: you are not alone.