

Psychological/ mental health components of Long COVID

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Overview of the session

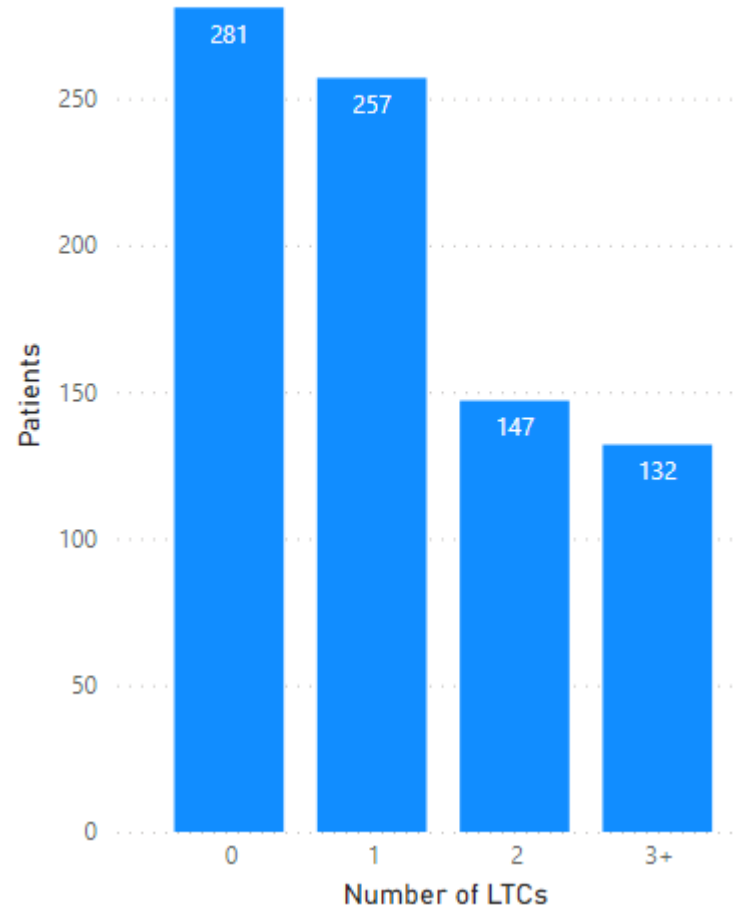
- ▶ Psychological components of the 8 weeks interdisciplinary LC group
- ▶ Comorbidity with LTCs
- ▶ Mental Health Comorbidity
- ▶ Why Mindfulness and Self-Compassion in Long Covid Service?
- ▶ The current evidence of impact of Self-Compassion and Mindfulness interventions on Physical and Emotional health and Post Covid-19 Syndrome
- ▶ Current models of delivery
- ▶ Implementation challenges
- ▶ Resources for services and patients

The 8 weeks multidisciplinary group program

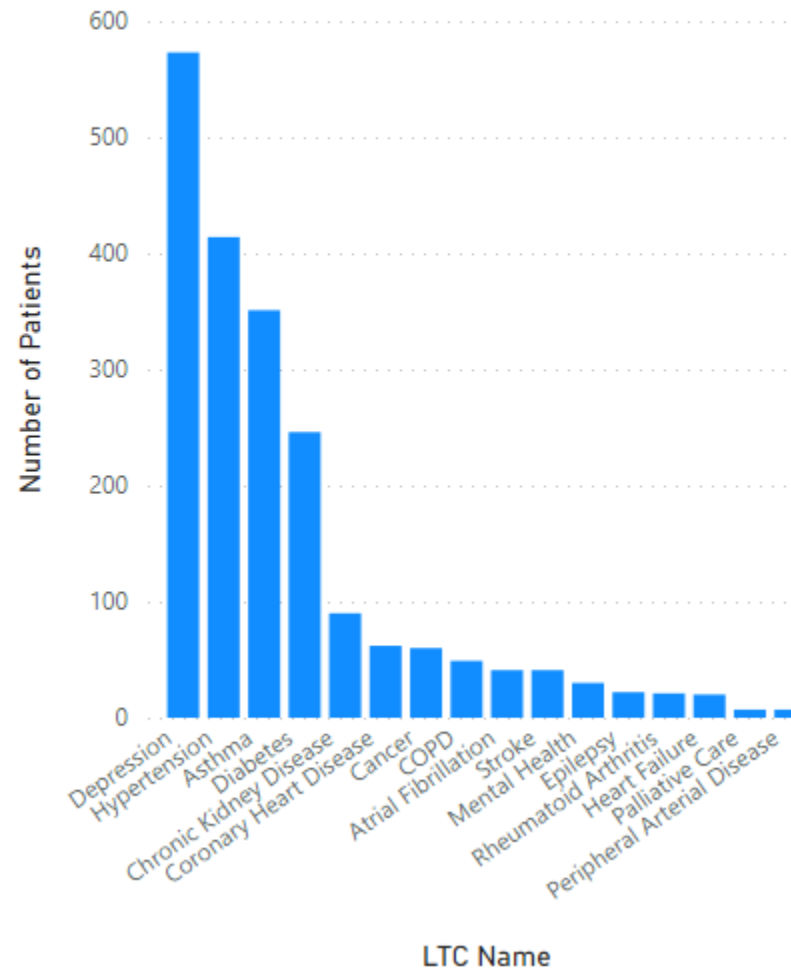
- ▶ Originally group program consisted of six session with only one CBT based session addressing mental health aspects of LC
- ▶ Following the increasing evidence base and awareness of the role of psychological factors in LC recovery the program was re-designed to include two additional sessions
- ▶ The choice of additional sessions topics and content was based on our analysis of three factors:
 - ▶ most common mental health problems we identified in our patients
 - ▶ the forms of interventions that would work more holistically we could implement in a group format
 - ▶ The forms of interventions that are transdiagnostic

Long Term Condition Analysis

Number of Patients with Long Term...



Number of Patients by LTC



Top LTCs combinations

LTC Combination	No. of Patients
No LTCs	281
Depression	119
Asthma	51
Obesity	36
Hypertension	25
Asthma, Depression	24
Depression, Obesity	24
Hypertension, Obesity	18
Asthma, Obesity	14
Asthma, Depression, Obesity	11
Depression, Hypertension	10
Diabetes mellitus, Hypertension, Obesity	9
Depression, Hypertension, Obesity	8
Asthma, Hypertension	6
Depression, Diabetes mellitus, Hypertension, Obesity	6
Diabetes mellitus	6

Please note: The 'Number of patients by LTC' chart shows the number of patients with a particular LTC (if a patient has both asthma and depression, they would be counted in both LTCs). The 'Top LTCs combinations' table shows the number of patients with the combination of LTCs (if a patient has both asthma and depression, they would only be counted in the Asthma, Depression category).

Mental health comorbidity and assessment process

- ▶ PHQ-9 and GAD-7 completed during initial assessment and during final appointment by allocated therapist
- ▶ Patients allocated to psychological support pathway are further assessed by in house psychological therapist who may use additional disorder specific measures
- ▶ The main comorbidities observed in Tower Hamlets/Newham:
 - ▶ GAD
 - ▶ PTSD
 - ▶ OCD
 - ▶ Panic disorder
 - ▶ Health Anxiety

Why Mindfulness and Self-Compassion in Long Covid Service?

- ▶ Mindfulness training targets various mental processes that are common across numerous psychological disorders. These processes include negative affect and emotional reactivity, repetitive negative thinking such as rumination, experiential avoidance, attentional bias, reappraisal, and suppression of thoughts and feelings.
- ▶ Because these repetitive, inflexible, distress-producing ways of thinking, perceiving, and behaving are implicated in many disorders (e.g., anxiety, depression, posttraumatic stress , sleep disturbance, and chronic pain conditions)
- ▶ By targeting these shared mental processes, mindfulness can help improve a variety of mental health conditions, making it a valuable transdiagnostic treatment approach

Self-compassion, physical health, and health behaviour

- ▶ The recent (2020 Health Psychology Review) meta-analysis investigating the relationships between self-compassion and (1) physical health and (2) health-promoting behaviour in a large pooled sample (N = 29,588) sourced from 94 peer-reviewed articles
- ▶ The omnibus analyses revealed positive associations between self-compassion and both physical health ($r = .18$) and health behaviour ($r = .26$)
- ▶ The study found that self-compassion predicted outcomes in most health domains, with the strongest effects observed on: global physical health, functional immunity, composite health behaviour, sleep, and danger avoidance

Post-covid-19 syndrome: Self-compassion and psychological flexibility moderate the relationship between physical symptom load and psychosocial impact

- ▶ One-hundred and five participants (91 females) who were living with PCS after an acute COVID-19 infection
- ▶ Completed measures to assess PCS physical symptom prevalence as well as measures to assess impact on daily life, self-compassion and psychological flexibility.
- ▶ Two parallel moderation analyses showed that self-compassion and psychological flexibility significantly moderated the relationships between physical symptom presentation and their psychosocial impact
- ▶ This research highlights the buffering effects of self-compassion and psychological flexibility and the need to consider these psychological therapeutic targets, as part of PCS multidisciplinary rehabilitation.

Current, evidence based models of delivery of Mindfulness and Self-Compassion

- ▶ Mindful Self-Compassion (MSC) is an empirically supported program that combines the skills of mindfulness and self-compassion. It was founded by Dr. Chris Germer and Dr. Kristin Neff. The training involves a variety of activities including discussion of topics, experiential exercises, meditation, small group interaction, and home practices.
- ▶ The Compassionate Mind Training (CMT) program, developed by Professor Paul Gilbert, is a part of the Compassion Focused Therapy (CFT) approach.
- ▶ Mindfulness-Based Cognitive Therapy (MBCT) is a type of psychotherapy that combines cognitive behavioral therapy (CBT) methods with mindfulness meditative practices.

Within service provision-adaptations , experiential focus and psycho-education

Self-Compassion session is based on CFT Model

Introduction of the concept, Relevance to Health, Emotional regulation systems

Practical exercise guided live in the session, audio recorded and distributed to participants

Discussion related to the impact of the exercise on participants, sharing and questions

Psycho education about effects of ongoing use of self compassion tools and resources

Mindfulness in LC Recovery session adapted from MBCT

Same structure of delivery with two experiential exercises conducted and recorded in the session

Newham and Tower Hamlets pathway

- ▶ Every patient allocated to Long Covid group will received three sessions related to mental health and self-management strategies (Emotional wellbeing, Self-Compassion , Mindfulness and LC Recovery
- ▶ Individual patients who are identified by therapists as needing additional support are brought for discussion to MDT
- ▶ Based on the outcome they are either referred to external services ex. IAPT or to in house psychological therapist for assessment
- ▶ Following assessment some patients are allocated to waiting list for therapy (8 sessions of either ACT, CBT, CFT or adapted MBCT based on individual presentation) and others referred on to more specialist services offering longer term therapy

Resources including handouts , recordings and research links

- ▶ <https://centerformsc.org/>
- ▶ <bing.com/ck/a?!&&p=beb9c46658cede6dJmltdHM9MTcwNzI2NDAwMCZpZ3VpZD0wOGI5N2I5YS1jNWMxLTZlMTItMzk0OS02YjdmYzRmMjZmMzUmaW5zaWQ9NTIyOA&ptn=3&ver=2&hsh=3&fclid=08b97b9a-c5c1-6e12-3949-6b7fc4f26f35&psq=compassionate+mind+foundation&u=a1aHR0cHM6Ly93d3cuY29tcGFzc2lvbmF0ZW1pbmQuY28udWsv&ntb=1>
- ▶ <bing.com/ck/a?!&&p=a5f0e2a09ed04418JmltdHM9MTcwNzI2NDAwMCZpZ3VpZD0wOGI5N2I5YS1jNWMxLTZlMTItMzk0OS02YjdmYzRmMjZmMzUmaW5zaWQ9NTIwMw&ptn=3&ver=2&hsh=3&fclid=08b97b9a-c5c1-6e12-3949-6b7fc4f26f35&psq=mindfulness+network+uk&u=a1aHR0cHM6Ly93d3cubWluZGZ1bG5lc3MtbmV0d29yay5vcmcv&ntb=1>



Best care by the best people

NELFT Talking Therapy – TTad (previously IAPT)

Bryn Williams

CBT Therapist / LTC Lead

RMN





Webinar 4: Psychological/ mental health components of Long COVID recovery.

07.02.2024



Referral routes:

REDBRIDGE TALKING THERAPIES VIA 3 ROUTES:

- 1) SELF-REFER
- 2) REFER VIA GP
- 3) REFER VIA LONG-COVID TEAM

TRIAGE ASSESSMENT:

By telephone or face to face
Takes approximately 30mins

Treatment Options for LC - Psychological Distress in TTad.

- Therapy group - [NHS TTad Living Well with Long COVID group](#)
- CBT – LTC (Step 3)
- CBT - LTC (Step 2)
- Silver Cloud (Guided Step 2)
- Silver Cloud (un-supported)



Inclusion criteria for group

- MUST meet usual threshold for accessing NHS talking therapies services i.e. depression and anxiety alongside long COVID
- functional impairment/ distress
- Score >9 on PHQ9 and/or >7 on GAD7
- OR if using the PHQ-2, PHQ-4 or GAD-2, then scores of ≥ 3 suggests possible dep/ anx symptoms and warrants full assessment with PHQ9 or GAD-7
- MUST report some disturbances in daily life/ quality of life because of long COVID symptoms
- Must be interested and able to benefit from a group therapy approach
- Able to commit to attending online group therapy sessions (no barriers/ access issues)

Exclusion criteria for group

- Do not identify as having depression/ anxiety as linked to long covid
- Long COVID symptoms are consistently extreme or are clinically severe such that the person would struggle to engage with 1.5ht online therapy group sessions
- “Red flag” symptoms that have not been assessed
- Complex social circumstances that would be difficult to address in a group intervention and/or warrants 1:1; and/or interpersonal challenges that may jeopardise group processes and cohesion
- Where this group would be too demanding to offer concurrently with interventions offered by other long COVID community rehab team

Target population:

People who are struggling with anxiety/ mood problems and managing daily life (ability to function at home, work, socially) as a result of challenging and persistent long COVID symptoms (e.g. persistent fatigue, breathlessness, tachycardia, brain fog, etc.

Group format: •

- 9 session, weekly group delivered online
- Based on CBT & Acceptance and Commitment Therapy (ACT)
- Led by clients' values and focuses on promoting adjustment, adaptation
- 90 mins - experiential (some psycho-education) sessions, breakout rooms, group discussions and experiential exercises to aid skill development.
- 2-3 facilitators
- 8-12 attendees



Topics covered in group

- **Session 1:** Introduction to Cognitive Behaviour Therapy (CBT) and Long-COVID
- **Session 2:** Exploring how what we do (behaviour) has an impacts on how we feel and how we think
- **Session 3:** Exploring how what we think (cognitions) have an impact on how we feel and what we do
- **Session 4:** Exploring different relaxation techniques
- **Session 5:** Exploring what can and what cannot be changed
- **Session 6:** Exploring our values and how we can live in accordance with them
- **Session 7:** Exploring and pursuing better overall health
- **Session 8:** Exploring mindfulness
- **Session 9:** Recap and what comes next

SilverCloud offers you an online solution to accessing therapy for your difficulties, from the convenience of your own location and in your own time. A clinical practitioner will support you throughout your use of the online program

Support is usually agreed as regular online written reviews to you, from your 'Supporter' at agreed dates. You will be informed of the next date you will be reviewed on, from your 'Supporter' each time your progress is reviewed.

Space from COVID-19

- Challenging times
- Building a routine during a crisis
- Sleep difficulties
- Relaxation
- Mindfulness
- Grief & loss
- Money worries



SilverCloud CBT - LTC

- [Space in CHD from Depression & Anxiety](#)
- [Space in Chronic Pain from Depression & Anxiety](#)
- [Space in Diabetes from Depression & Anxiety](#)
- [Space in Lung Conditions from Depression & Anxiety](#)



SilverCloud Programmes

Space for Mindfulness
Space for Perinatal Wellbeing
Space for Resilience
Space for Sleep
Space from Anxiety
Space from COVID-19
Space from GAD
Space from Health Anxiety

Space from OCD
Space from Panic
Space from Phobia
Space from Social Anxiety
Space from Stress
Space from Depression
Space from Depression & Anxiety



About Talking Therapies

About talking therapies

It can be difficult having to cope alone and it is often impossible to see a clear way through. Whether your issues are caused by problems you face every day, or by events that have happened in your past - talking therapies can help. We are a free and confidential NHS service that will work with you to help you feel better.

<https://www.talkingtherapies.nelft.nhs.uk/>

9am–5pm, Monday–Friday

Barking & Dagenham

0300 300 1554—option 3

Havering

0300 300 1554—option 2

Redbridge

0300 300 1554—option 1

Waltham Forest

0300 300 1554—option 4





Best care by the best people

Cognitive Symptoms in Long COVID

The NELFT Approach

BHR and WF Cognitive Rehabilitation Groups, Long COVID Service

Dr Claire Doyle, Consultant Clinical
Neuropsychologist

On behalf of Dr Isabelle Micklewright, Dr Roxanne
Barrett, and Dr Ajay Kapoor

Property of WF & BHR Long Covid teams.
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What we did

- Identified a pressing clinical need around managing cognitive difficulties in Long COVID
- Developed a novel, evidence-based group programme to meet this need

What is “Brain Fog”?

Brain fog is not a medical term but is used to describe a range of symptoms including:

- poor concentration
- feeling confused
- thinking more slowly than usual
- fuzzy thoughts
- forgetfulness
- lost words
- mental fatigue





○ **How many people experience cognitive symptoms in Long COVID?**

- Studies suggest approximately 20% of people with symptoms persisting longer than 12 weeks report cognitive difficulties
- Qualitatively, our observations tell us it may be more (most referrals to psychology are for cognitive problems)

What kinds of cognitive problems are associated with Long COVID?

- In a 2022 review, no clear cut pattern of cognitive impairment could be concluded
- Weaknesses were seen in;
 - Memory (learning and delayed recall)
 - Executive functioning (sustained and divided attention, abstraction and inhibition)
- An association was seen between depression & anxiety and cognitive problems



Conclusion: **Overall, the emerging profile is a mild executive dysfunction syndrome”**

Source: Bertuccelli et al (2022) Cognitive Impairment in people with previous COVID-19 Infection, *Cortex*, 154, 212-230

Where's the evidence?

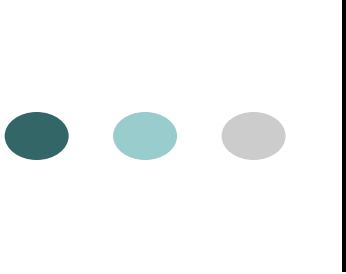
- Early nationwide surveillance studies (e.g. Coronerve) identified **neurological complications** in some hospitalised COVID patients (neuroCOVID), most common being stroke (Varatharaj et al, 2020).
- Various **neuropathological processes** have been posited including hypercoagulability, hypoxia, direct effects of the virus by breaching the blood-brain barrier and inflammatory states.
- Hopkins et al. have pointed out that about 50% of patients with acute respiratory distress disorder (**ARDS**) show cognitive alterations (memory and executive functions) up to 2 years after the acute event
- Hospitalised patients have reported impairments in **memory, concentration and executive function** in the acute phase (Almeria et al, 2020).
- **Recovered hospitalised patients show more deficits** than recovered non-hospitalised when compared to controls (Hampshire et al 2020).
- Limited data on patients who self-managed in the community
- **Long Covid cognitive rehabilitation intervention draws on evidence base from TBI literature**



Theoretical Approach: A Biopsychosocial Formulation of Long COVID Cognitive Problems includes consideration of...

- Fatigue
- Mood disturbance/anxiety/depression
- Trauma/PTSD
- Health Anxiety
- Pain
- Sleep disturbance
- Sleep apnoea
- Impact of physical health
- Direct neuropathology





We are concerned with the *functional impact* of Cognitive Problems in Long COVID

- Reduced quality of life
- Psychological distress- increased risk of mental health problems
- Increased healthcare utilisation
- Reduced earnings/economic productivity (reduced hours/demotion, job loss)
- Loss of roles; occupational, family/parental/caring, change of identity

Our Novel Evidence-based Group Intervention For Brain Fog:

Ethos and aims of the group programme

To support participants to feel able to self-manage their cognitive symptoms and feel capable of performing everyday tasks that rely on cognition by:

- Providing psychoeducation about areas of cognition affected in Long Covid
- Teaching self-management cognitive rehabilitation strategies for these areas
- Encouraging the setting of home tasks to apply learning
- Creating opportunities for connection and sharing of experiences



Evolution of the programme format

- Pilot groups run across BHR & WF
- Various iterations trialled of session length, session types and session number (details available on request)
- Inclusion/exclusion criteria developed
- **Optimal format:**
 - **1 x 1:1 screening & goal setting session (pre-group)**
 - **10 x 1 hour weekly group sessions**
 - **1 x 1:1 follow-up session**

Participants' goals

- To have a reliable strategy to remember medical appointments
- To be able to have a conversation with someone for 10 minutes without losing focus
- To be able to remember what someone has told me for long enough for me to write it down
- To remember where I put my keys and mobile phone every day
- To remember my online banking password
- To learn ways to stay calm when I can't think of the word I want to say

What do the group sessions cover?

- Psychoeducation; what is cognition; Long Covid brain fog; psychosocial understanding of LC brain fog
- Attention
- Information processing
- Memory
- Psychological factors
- Sleep
- Reflections and taking things forward

Weekly:

- Support to problem-solve implementation of strategies
- Review progress with goals

How do we know the programme is helping?

1. Session-specific & general feedback via electronic q'aires (anonymous)
2. Outcome measures (pre / mid / final):
 - a) **PDQ – 5**: during the past 4 weeks how often did you:
 - *Have trouble getting things organised?*
 - *Have trouble concentrating on things like TV, book?*
 - *Forget the date unless you looked it up?*
 - *Forget what you talked about after a telephone conversation?*
 - *Feel like your mind went totally blank?*
 - a) **PHQ-9**
 - b) **GAD-7**
 - c) **LC Cognitive Rehabilitation Group questionnaire**
 - *I have a good understanding of Long Covid brain fog*
 - *I feel confident to manage the brain fog*
 - *I have strategies I can use to manage the brain fog*
 - *I can still do things I enjoy, despite the brain fog*
 - *I feel in control of the brain fog*

Preliminary outcomes

- 5 groups are still ongoing. Current outcomes data come from 3 group programmes for which we have pre/mid comparison data
- Approximately **54 patients** either completed or still attending
- **PDQ-5:**
 - Pre – mid: approx. $\frac{3}{4}$ of participants report reduction in cognitive symptoms
- **CRG questionnaire**
 - Nearly all report improvement in understanding of LC brain fog
 - Nearly all report feeling more confident managing LC brain fog
 - Nearly all report they have more strategies to manage LC brain fog
 - Improvement (approx. 40%) or no change in perception of being able to do things they enjoy, despite the brain fog
 - Nearly all report feeling more in control of LC brain fog
- **PHQ-9**
 - Reduction in symptoms for all patients
- **GAD-7**
 - Reduction in symptoms for all except 2 patient

Pilot Group Learning- Some qualitative feedback – what worked / working well

- “Breaks useful so didn't get stiff or overloaded with information all at once”
- “Talking about pacing and how to implement it was helpful as was sharing experiences”
- “Exploring factors that might impact brain fog”
- “The strategies and thinking how they apply to me and listening to others' suggestions”
- “Tools to remember specific words or complex phrases”
- “Recap is always helpful and scenario discussion and explanations”
- “Reminding me to take time out from the struggles to soothe my system”
- “Explaining the processes of sleep and strategies”
- “It is also helpful to spend time with others suffering similarly as then I don't feel so alone in my struggles”



What about patients not offered a cognitive rehabilitation group?

- **Onward referral**
 - Psychological support - Talking Therapies and CHPS
 - Neurology (via GP)
 - Re-referral back to OT/PT for further specialist input for E.g., fatigue
- **Stepped care intervention**
 - Sent psychoeducational material and for self-guided support
 - +/- Stepped up to include 2-3 sessions to apply the material
 - 1:1 cognitive rehabilitation
 - E.g., if patient unable to participate in group-based support and high level of need
- **Discharge due to non-engagement**



Questions?

Contact:

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