

Episode 3: Mar 19, 2020 | Guest: Lucy Cordts, Director of Behavioral Health, CrescentCare

Nicholas Van Sickels: [00:00:01] All right. Good afternoon, everybody. This is Dr. Nicholas Van Sickels. I am the chief medical officer here at Cresson Care. We are a federally qualified health center here in New Orleans, Louisiana. We're doing a daily podcast to discuss all of the things about the ongoing COVID-19 pandemic and how it's affecting our community and how we can offer some valid information, some valid resources and some insight into how we can help people as a community health center. Very excited today to have Lucy Cordts, who is our director of behavioral health; she's gonna be our guest today. I really am very proud to work with her; she's a wonderful person, a colleague and a therapist. And I'm so happy—she's one of the leaders in our agency. I'm going to have her discuss a lot of issues around behavioral health in an outbreak. It's all so new in our society and requiring a lot of change of us. And one thing I really think is important—that Lucy can, and did actually, shed a lot of light on this early on when we started developing our covered protocols—(she) quickly jumped on the fact that a lot of our clients, our patients, our staff, our community would need these support services. So I'll introduce her in a second. But first, I actually want to go through some of the questions from the Web site.

Nicholas Van Sickels: [00:01:22] So we were able to get those. And so I want to answer them. I don't have firm answers to all of them, but I'll go through those first and then we'll get to talking to Lucy. So let me start here.

[00:01:32] So the first question we got on the website is "are the nasal swab tests useful in determining whether you have the virus if you no longer have symptoms, but think you might have had it?"n That's a great question. So we know that the virus and viral shedding from all kinds of viral infections goes on for quite some time. And we know that we can do COVID-19 tests after people have resolution of their symptoms and we'll still detect the virus, whether or not it is living. If it can spread disease is a separate question. Right now, you know, there's a lot of different papers coming out about seeing

who might have had COVID-19 and didn't really know it both had blood testing or perhaps nasal swab testing, but we don't have the ability, the availability of tests to really swab anyone that's asymptomatic. So we're only swabbing people if they have fever and either shortness of breath or cough or a sore throat. And that's based on guidance from Louisiana Department of Health. The next question we have is discuss the difference in seasonal allergy symptoms and covered 19. Quite a few people I know, me included, are suffering with terrible allergies. That's a great question, too. And you know, my car and other things that I sit outside are covered in pollen and dust right now.

Nicholas Van Sickels: [00:02:44] And I'm certainly feeling the allergies, too. So allergies typically give you a runny nose. You can feel a little down with them. So you will get that kind of watery eye, runny nose, feeling a little fatigued sometimes. But mainly it's the upper respiratory symptoms and can cause a cough, especially at night; typically when you lie down and get some of that post nasal drip going. The most common symptoms in adults. There's a question that we've gotten about kiddos on on the test site.

[00:03:16] COVID-19 typically causes fever in adults, so we see a lot of fever. Huge asterix. We're still learning about this cough or shortness of breath or sore throat like I mentioned before. The other thing we asked about is how differentiate it from the flu and that's a tough one. Flu typically comes on pretty quickly. You get really bad muscle and body aches, sometimes a little bit more GI symptoms. But it's tough on a subjective basis, on a basis when talking to a patient. If I right now we're testing for both for a reason. So it's tough to differentiate. But allergies, typically upper respiratory, just nose or nasal running, watery eyes, sometimes a little bit of cough, especially when you lay down.

Nicholas Van Sickels: [00:03:57] Have they had cases of the same person getting Corona virus twice? You know, to answer that, I don't know. On a global scale, how protected are you are if you get coronaviruses, specifically COVID-19 once, how protected are you from getting it again? We are seeing encouraging evidence. There haven't been any new infections in the last day or so in China, which is good. And so that's just some good news. But that more to come on that as we learn more every day.

Nicholas Van Sickels: [00:04:23] Guidance for New Orleans schools and nonprofit organizations. Who should they notify if their staff tested positive? That's a great question. And there's one other question about balancing employee safety and privacy. So one, the Louisiana Department of Health should be notified for any positive test. And their job and give them some space and time because they are trying hard and they're doing the best they can with this current outbreak. But they're the ones who should be notified and they will do the contact tracing. The question about privacy is a good one, so we here are really only involving our employee health nurse and our H.R. department. Given the out of work requirements and we're being very cautious about talking to our staff about posting on social social media and talking about other employees' health issues because they're private, even though we're in an outbreak, it is a private issue. And I don't want to talk about, even if it's in an unintentional way or in a caring way, someone else's health concerns. There's certainly been a lot of stigma that we've seen around this Coronavirus and fear of people who might have been exposed at work, etc.. So, yeah, it's it should be handled probably through your H.R. department.

Nicholas Van Sickels: [00:05:40] One benefit of a lot of our employees and a lot of employees all over being at home and trying to work from home for those who are able—and we recognize and want to recognize that many people are losing their jobs in this pandemic, which is a tough thing. But if you are able to work from home, that is one way to maintain your privacy, especially with your employees. For anyone who wants testing, please, there is a website the Louisiana Department of Health, that is offering testing or can tell you where to go for testing.

Nicholas Van Sickels: [00:06:14] If you are a client of CrescentCare, give us a call at 821-2601. We can get you set up for testing here. We currently do have tests, but it is going to be based on your symptoms and if you meet criteria based on symptoms for testing and you know we do have a limited number of tests, so there is a chance we could run out. But today we are OK. And right now in this current area, we're living day-to-day and trying to help ourselves every day. And with that, I actually want to transition. It's a good transition point to go to Lucy. So, Lucy, if you don't mind, just please introduce yourself.

Lucy Cordts: [00:06:43] Sure. Yeah. Hi, all. I'm super happy to be here. Thank you, Dr. Nick, for, you know, recognizing that this is a physical health problem and introduces all kinds of emotional health issues to be talked about. So I'm happy to be here. I'm Lucy Cordts. I'm a social worker by training trained right here in New Orleans, Louisiana, many years back. And I've been a resident ever since then. I've been with CrescentCare for 12, 13, 14 years. Something like that. So yeah. Have been around a good little bit. And serve as our current director of behavioral health and also spend a good third to half of my time providing clinical services as well. So happy to be here.

Nicholas Van Sickels: [00:07:24] Well thank you so much. And as I mentioned earlier, Lucy is a wonderful colleague of mine and also a wonderful therapist. Our patients love her and she has done a really great job with our therapists and coordinator of our behavioral health program here at CrescentCare. So, Lucy, you know, I talked to you before this, and kind of want to go through some of the things you thought of, because you're also on the ground dealing with this from from your side, Just start out level-setting: what do we mean when we say mental health problems and how common are they and specifically in New Orleans? But in general, yeah.

Lucy Cordts: [00:07:56] So so disclaimer I don't love that we still have to think of mental health and physical health as kind of being these separate things, right? To me, it's all wellness.

[00:08:04] So but we have to acknowledge that there is a very kind of emotional mental component to our wellness. So what we mean by that is when things kind of kind of graduate to the capital P problem territory, when we're talking about emotional and mental health, we really mean that folks are seeing an impact in their kind of ability to live, laugh and love, you know. So their ability to kind of carry out their daily responsibilities, pay the bills, go to work, go to school, take care of relationships. And their ability to love; so, interpersonal relationships, whether those are romantic ones or not. And then their ability to just relax so to enjoy life and to be able to not be so tense and to be able to find a release, to be able to take care of ourselves. So when we talk about mental health problems, we're talking about something that is impacting our ability to to live life or love in that way. Common? Very. So in a one year period of time, about 20 percent of adults end up with actually a diagnosable mental health disorder, in a 12 month period of time. If we look at lifetime, that almost doubles. So across the period of

someone's lifetime, they're there's almost a 40 percent chance that some period they will have met criteria for, quote, mental health disorder or anxiety, depression, maybe having some kind of mania and maybe some kind of trauma response to trauma. So common, very common in our in our society.

Nicholas Van Sickels: [00:09:33] So that's that's a great background, Lucy, and really helpful. And also that that number is is it's quite impressive. And also probably that's just what we know, too. And what might be reported to us, not even the ones that don't go reported or people who might not have the resources to even seek support for for those services in need.

Nicholas Van Sickels: [00:09:50] Why right now, why did you jump on this so fast? And you did. You were great. You had stuff put up on our shared site so quickly. Early on in this outbreak, why is it something we should really focus on in the setting of a pandemic?

Nicholas Van Sickels: [00:10:05] And why isn't it being talked about more?

Lucy Cordts: [00:10:07] Yeah, super relevant because it's introduced a ton of change, right? Almost everything that we knew is our normal. I mean, I have not run into one person who, you know, COVID-19 hasn't come up with in the first three minutes of talking to them. You know, I go for a jog and I pass people on the street and you hear them talking about restaurant closures and COVID and etc. It is introduced such a widespread amount of change to the way we live into our routines. That equals stress. Change can equal stress. Some of us adapt really well. Some of us do not. But regardless, change tends to cause stress for pretty much anyone. And it's all about how we get support managing that; whether we can do that ourselves or whether we need to know when to ask for help. So that's one reason why this is a big deal. Change equals stress, right? Second thing is, is COVID has caused fear and anxiety and in a totally non-clinical sense. So lay person sense, when I say fear, I just mean lack of knowledge and understanding, right? You've heard the phrase fear of the unknown. We tend to be afraid of what we don't understand. So we have to manage that side of covered learning about it. And good reputable information so we can manage that fear factor that we all have because we're healthy human beings. Fear is normal, right? Anxiety is normal, too. And in a purely again, non-clinical layperson sense, I just mean anxiety as sort of

discomfort with maybe not knowing what's going to come to us. What with with not knowing what's going to happen. So we're talking about this now because I think there's a fair amount of fear and anxiety as I just kind of described them and we're introducing an enormous amount of change your daily routines, which equals stress. So that's why.

Nicholas Van Sickels: [00:11:50] Yeah. No, I mean, I think all of us have also tried to be honest about our own stress and fear. I've tried to be honest with mine, too, as I'm more catlike and like to stay in my own place and have my usual habits. And this is thrown that off quite a bit. And so and it is something to definitely, I think, acknowledge and talk about, which is difficult because we're practicing social distancing. So we don't have those close connections as much anymore. I guess the question I wanted to ask you and we talked about before is a couple of things. One. With all this change and things moving so fast and trying to move so fast, how does one recognize when they're tipping over into problem territory and how do you even know when you've reached that point? And then I think the second obvious follow up to that is, is what to do about it? So let me start with the first, if you don't mind. What how do we know when we're at our limits? Yep. You know, with all this chaos and change, it's hard to even tell.

Lucy Cordts: [00:12:49] Sometimes it is hard to tell. And that's sometimes why we just have to rely on knowing that there are a kind of a common cluster of signs and symptoms. Right. That we do need to keep an eye on to kind of self-monitor and help to monitor the people around us that we care about. Because sometimes it can be hard to see the forest through the trees. Right. So when I say a common cluster of symptoms, especially when it comes to something like a pandemic or a natural disaster or kind of something like what we're experiencing right now, we need to look for changes. OK, so changes in kind of extremes. With sleep: need a whole lot or don't want any. Extremes with appetite. Things have changed and now you don't have an appetite. Or conversely, you find yourself wanting to eat all day long as kind of a way to cope. Frequent crying spells, nightmares, and some of these are interesting because avoidance and isolation are also signs of this. But we're also being encouraged to isolate and avoid. Right. But we need to replace ... we need human connection. So we still need to maintain telephone calls, video chats, texting, you know, phone calls, whatever it is. So noticing when someone's withdrawing from that kind of stuff. Increased substance use, increased alcohol intake, worrying excessively, trouble relaxing, kind of blaming the external world for things that are happening.

Lucy Cordts: [00:14:13] Somatic symptoms, diarrhea, headache, muscle twitches, being easily startled, those sorts of things. Those are kind of the common symptoms that might indicate that somebody might be kind of entering problem territory, right? If these things are happening for them. So what to do about it? That stops the obvious threat? We need to ask for help. A lot of us. I don't think anyone can do this alone. Right. Especially when we start to notice these symptoms. It means that we have maybe kind of reached our limit. Right. We've reached our own kind of internal capacity to be able to cope. So first thing of what to do. Notice the changes and don't dismiss them, OK? Remember to ask for help. So what do we mean by that? That could be friends, family, peers, pets. Talk to them. Right. It's actually very cathartic. There's this like amazing phenomenon that happens when we just get outside of our own heads and admit, hey, I need to talk. That is not a sign of weakness. That a sign of strength and saying, I know I've got these resources around me. I know that I need them. I can't be strong for myself and other people if I don't get a little help, right? So asking for help.

Lucy Cordts: [00:15:27] Another way you can ask for help is reach out to your primary care provider, regardless of where you get care. There could be an option maybe to introduce a medication. And I know, Dr. Nick, you do this with your primary care patients. It might be time to think about getting on an antidepressant for a few months, right? Antidepressants are super effective, right? And combined with talk therapy, it's about twice as effective for depression and anxiety. So that could be an option for you, considering a medication. And another thing would be, we've got a number of 24 hours a day, seven days a week, cope lines that people can text or call, with multiple language options available. There's t.y available for the hearing impaired. SAMHSA has a great cope line. It's on the CrescentCare web site. You can just text talk with us to 266746, or you can call 1 800-985-5990. Again, that's on the CrescentCare web site. That's the SAMHSA disaster distress cope line. Again, there are a number of other ones, though. And another thing is seeking professional counseling, right? So those of you who maybe have a counselor of some kind reach out to them, even if the office isn't kind of functioning at its same capacity.

Lucy Cordts: [00:16:45] A lot of restrictions have been lifted recently as a result of COVID-19 around medical and mental health providers' ability to do telephonic or telephone and video consultation or visits. So reach out to that person. See if you can

schedule a visit. There are a number of great web sites that are offering tele-therapy right now. And a couple of them are regain that U.S. or better help.com. You can Google it; type "mental health therapy online services" and you'll get a list, right? Maybe check with your insurance company to see what's covered or it just may be worth it to you to pay out of pocket at a time like this. So reaching out to get counseling, to get therapy. And finally, what I would say around like what to do about it would be looking at our smartphones. There are apps for everything these days, right? So, I mean, there are apps that can help you with some mindfulness. There are apps that help with insight. A couple of them that I'm aware of are insight timer mind shift again, things like that. They're free. And so those are all different ways where we can kind of address what we might need in terms of our mental health.

Nicholas Van Sickels: [00:17:55] Would you encourage people you know, you all do a lot of counseling and therapy on trying to get outside, move around more. And I think right now I'm trying to push as many people want to talk to them on the phone. The patients I do telephone visits with to try and get outdoors more and do some exercise. Right now, we're fortunate in New Orleans, the weather's not too bad. It's a good time to get outside. And really, that's one of the few activities we have right now since we're not really allowed to go anywhere and we shouldn't go anywhere. That has got a place of crowding. What is your thought on that?

Lucy Cordts: [00:18:26] Yeah, one hundred percent as long as we can. Again, top priority is around the social distancing. But exercise serves as a sort of a natural anti-depressant. You know, chemicals are released in our brain that are actually these feel-good chemicals, and that for sure is good for us.

[00:18:44] You know, so the thing of it is, we are going to have to have routine and structure; people need that. And I'm not saying schedule every second of your life, but I'm just saying we're shifting away, many of us are shifting away from our typical daily routine and we're going to take a hit. You know that. We're going to feel that; we're going to notice it.

[00:19:02] If we haven't yet, we will at some point. We need routines and building in that kind of self-care and building in exercise, making sure you're eating it kind of routine intervals, making sure that, you know, once before, if you spent per day doing

no activity for, you know, six, seven, eight hours a day, you're going to need to try to recreate that for yourself to make sure there's that kind of structure and you have that feeling of purpose and you kind of know what's coming in your day, because there's so much that we can't control out there. That's totally outside of our locus of control. So we just need to focus on those things that we can control. And making sure that we have a good routine is one of them. Making sure that we can know what our sort of bailout plan is. If we start to feel emotionally unwell ourselves, we need to know what that is. So reaching out for help again, asking for help. Those are the ways that absolutely we can care for ourselves. So, yes, get outside exercise, take a walk. Roller blade. Like, whatever.

Nicholas Van Sickels: [00:20:00] I like that you brought up control, Lucy, I think that's something that a lot of us associate with the health care issue, but any honestly, anywhere. It's frustrating because we can't control this. This isn't there and it's tough. And I think once you, at least for me, have accepted it, I have to do my part in my job, in my role. But that that's what I can do. That's the best I can do. And it has helped a little bit. And I'm really happy you brought that up.

Lucy Cordts: [00:20:26] I don't feel like you've been speaking a lot as a someone who's a therapist and who does a lot of coordination of behavioral health. But you're also our director of behavioral health. Tell me what. At our agency what we are doing, what are we doing right now as a model? And you know, I don't want to put you on the spot. But we've adapted quite quickly. So I know things are changing. But what is what is your vision for what we're doing here and how are things going and what can people expect from from CrescentCare if they're already clients of CrescentCare ?

[00:20:57] Yeah, that is, we've all been eating, sleeping, breathing this, you know, since it happened. And I'm very proud of our response and proud of our ability to remain nimble through this, because again, change? Rent? Is real. So a couple of things CrescentCare doing. We are, of course, trying to limit contact unnecessarily, but still provide services. So limiting face to face contact, but still providing the same mental health services to the ability that we can. So what we've done in behavioral health is we've moved all of our in-person behavioral health visits, whether that's psychiatry, our wonderful permanent supportive housing, mental health rehab program. Our kind of traditional office based therapy program, our substance abuse program. We've moved

all of those telephone visits as of now. So everyone's visits are kept the same in terms of how they were scheduled and they will have the ability to schedule with their health care provider. Absolutely. And we've moved them to the telephone. And so we're exploring some other avenues, too, of maybe introducing video at some point to do a kind of full telehealth. But right now, we've moved everything to the telephone. So that's one thing.

Lucy Cordts: [00:22:03] Secondly, ensuring continuation of any medications people might need. You know, if they see our psychiatrist and are concerned about their medications, we are making sure that no one experiences an interruption in their meds due to not being able to come in for a face to face visit. So we're making sure that that happens. And making sure that information is on our website, which anyone can go to. CrescentCare.org. The splash page, the homescreen is all COVID and it links to reputable, credible information and also information for our own patients. And around the clock, no matter when someone calls us, either they're connected to a live staff person or if it's after hours, we have an answering service and we triage those calls appropriately, both for medical and mental health. And finally, things like this podcast, right? Like you inviting a mental health person to be on here, you know? I mean that and I think that that's putting putting your money where your mouth is. You know, we need to to make sure that we're getting topics out into the community that are on people's minds. So so I'd say that's another way that we're getting information out there.

Nicholas Van Sickels: [00:23:09] Well, thank you. Thank you. Lucy, there's one thing you brought up that I want to talk on this a little bit, because we we had Dr. Mukerjee from Tulane yesterday talking with Miguel, her case manager about pediatrics. That was mainly in Spanish. So if you are fluent in Spanish, it might be tough to hear. What can you do with kids and what can you do with people who might have some limited intellectual functioning or limited function in general. But let's start with kids, what what can we do with our kids? Because I know personally, like this morning, I felt it. You know, I see the kids, they're going nuts. I can't take them to school. They're also very routine based. And that's part of my routine with them. And it was stressful. That's all the stress in them and the stress building in me. What are some suggestions are some some good places people can go to to help their kids?

Lucy Cordts: [00:24:03] Yeah. So the thing about our kiddos and our adolescents and even folks living with intellectual or developmental disabilities, sometimes what we see well frequently what we see, is that we don't all communicate the same way. Right. In folks who are kind of in those categories. They do communicate differently. They may have a limited ability to express emotionally what's kind of on their mind, their ability to kind of connect the verbals with the emotional as is just not the same. Right. It's not been developed and they've not learned that yet in the same way. So we need to figure out how to still make sure we're communicating with those folks and getting them information because they're experiencing the change, too. They're experiencing disruptions to their routines. They are seeing us be stressed out. The adults in their lives, their caretakers and for kids, they very much pick up on that. So a couple of things that are super duper important. And that's to still provide them with accurate, truthful information. I think we we tend sometimes to think we're kind of protecting our kiddos or folks with intellectual disabilities from stress by maybe not sharing with them what's going on. But but we do need to share age appropriate information with them in an age appropriate way. So accurate information, but in a way that they will understand. So for them, for the young kiddos, simple, uncomplicated communications about what what COVID it is and the fact that we will get through this, and the fact that the ways that we're staying safe and what what the changed routines are going to look like right on.

Lucy Cordts: [00:25:42] So that's that's super duper important on things to look for with kids. It could be nightmares. It could be aggression. With young young kiddos. It could be that they kind of regress a little bit. Maybe they were potty trained and now they're having accidents. Could be that they were drinking out of a cup and now they want their bottle back. In that kind of stuff. It's OK, right? Because it's just normal and we just need to talk through it. And it's just a sign that they're stressed out. So I think caretakers, adults. I think we're we tend to be good at being very physically present for our young people. Right. But we need to be emotionally present as well. And that means reassuring our kiddos, talking with them about what's going on, making sure that they know that they're going to be safe and that this will end. So I think that's that's extremely important. And if for whatever reason, kids have to be separated from their families, because that might be a reality of it as well. Again, relying on our technologies that we have to connect people. So if our young ones have to be away from their families, make sure that they can do phone calls. Try to introduce video if you can. You know, using anything. There's Google Hangouts. There's facetime. There are a million ways to do

this. But that's really important for kids to be able to see their family and their loved ones if they have to be separated.

Nicholas Van Sickels: [00:27:02] No, that's good advice. Lucy, and I think it's it's important to remember and again, to feel like that's some control, too, because you get so proud of your kids when they achieve a milestone. And the regression is hard and adds stress. I think acknowledging that, acknowledging that that's not in our control and it's part of the normal process of adapting to stress and talking through it might be it's not an immediate solution, but it will provide a path to lessening that stress, lessening that anxiety for everyone involved. I found talking to my kids has been very helpful for me, even though I think I'm doing it for them, but I think I'm actually doing it. So it does it does help a lot. I'm I'm really glad you touched on that. We're almost out of time, but I wanted you to have a couple of minutes. You mentioned already the SAMHSA text and talk site and the phone number. Where else can people go for really good information? And I'll start by just saying, I've been plugging the CDC Web site a lot. And definitely they they have a lot of good resources and I've read through them for good self-care and care of your family's loved ones. Extremes of age. You know, everything. Any other good resources you'd recommend? Maybe not ones that are spread around on social media for sure.

Lucy Cordts: [00:28:14] And I really would kind of keep, you know, for the sake of this this podcast and not going off the rails here, because we could certainly talk about resources all day long. Sure. I really would keep it focused to things like the CDC Web site, the SAMHSA Web site, and they have explicit sides of their web sites that are dedicated to different aspects of this. COVID. Right. So they CDC you could get lost in their mental health resources all day long and their offshoots into all kinds of other kind of quote, CDC-approved other resources. So I'd really recommend sticking with those the CrescentCare Web site where throwing stuff up on there. Any of your kind of parish public health units. That type of thing. So. So, yeah, it's it's out there. Just be sure to start with kind of where they're really kind of a reputable seed is and see where they lead you.

Nicholas Van Sickels: [00:29:04] All right, Lucy, we're about out of time. Thank you all for tuning in today. Again, we'll have this up on our web site. You can listen to it. We're doing a recording now for our podcast, The livestream—We're not there yet with the

tech. And I'll be answering more questions tomorrow. So please submit. I'm going to look at better formats for the question and answer period. We're looking at having tomorrow somebody from case management and to help with some of the resources in the community that people may or may not be aware of, just promoting ones that are already out there on the same day, like Lucy saying kind of curated Web sites that have all kinds of good information on them. Thank you all so much. Thank you. Lucy Cordts.

Lucy Cordts: [00:29:44] Thank you, Dr. Nick.