



Covid-19 and Psychiatry

The Quagmire

“One does not Simply
walk into Mordor”

Lord of the Rings

Eaglet



The road to Mordor

- My family. My story.
- My patients. Fear of death, fear of hospital, fear of medications, conflict with primary care doctors, ER visits.
- Disbelief. Paralysis Unable to make phone calls.
- Separation from family.

Minimization

- If you got better at home, you really were not sick.
- How to obtain medications?
- Weekends?
- Oxygen?
- Trust, touch, hold their hands, pray

How we think about illness?

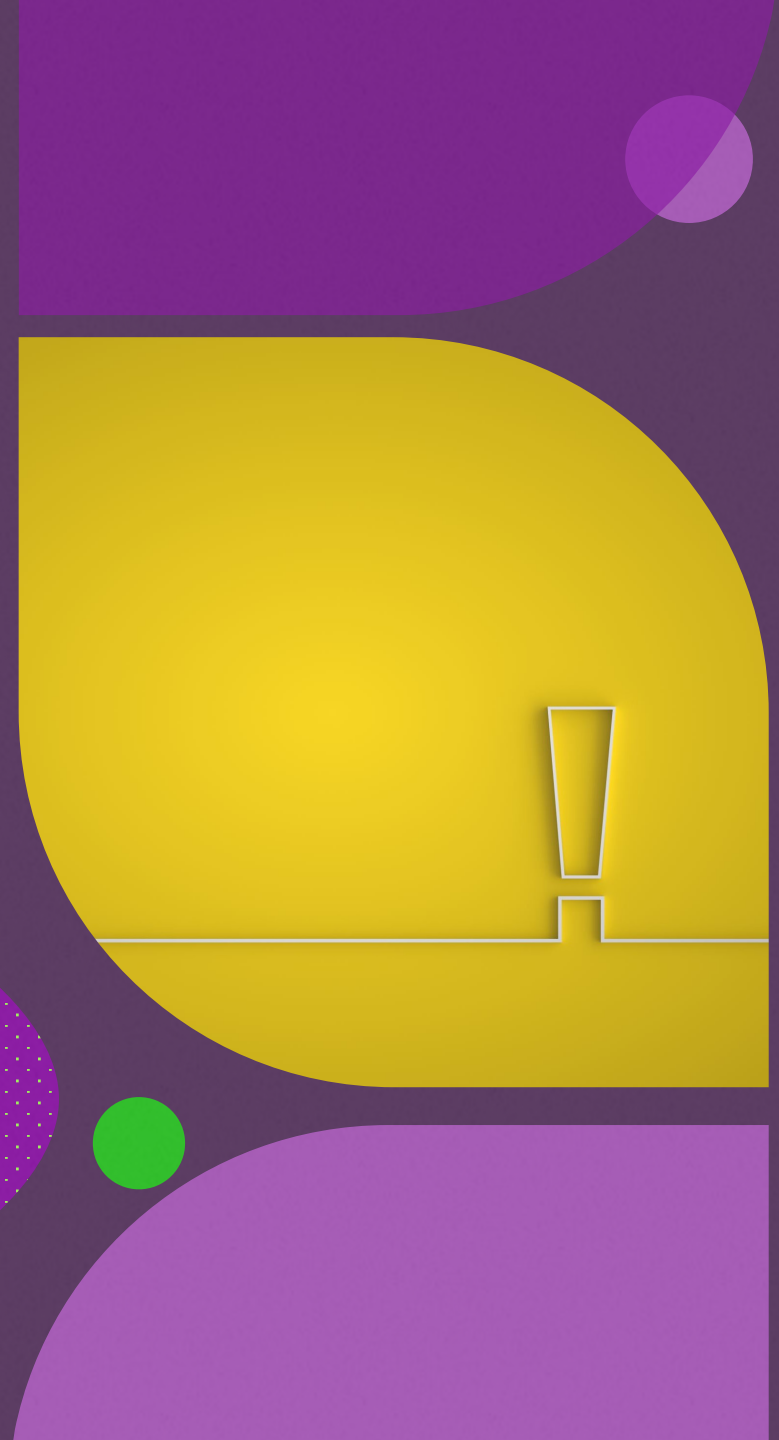
- We have all changed, particularly those in this audience.
- We are medical orphans. Compare and Contrast the systems of prior to Covid vs NOW.
- Cancer Survivor vs. Vaccine Injury
- Internal perspective-I have experience of disease. Bad luck, unfortunate circumstance, now misled by government or result of coercion of the government
- External perspective: vaccinated vs. unvaccinated, follow the protocol vs. follow science, compliant vs non-compliant
- System perspective: CDC, Pharma, Hospitals, Insurance Companies, Globalists vs. FLCCC and other groups, Good doctors doing the right thing.
- Emotional valience.
- Moral injury

Two Studies



Impact: Orphanhood, lost of one or both parents and death of caregivers.

- Lancet Study; July 2021 Global minimum estimates of children affected by Covid-19-associated orphanhood and deaths of caregivers: a modelling study
- Result is developmental delay, mental disorders, neglect, abuse even if surviving parent.
- Worldwide increasing number of grandparents live with extended family and are a source financially and in terms of childcare. 38% worldwide.
- In US 40% of grandparents living with grandchildren serve as primary care givers
- Missing is the data on all studies of those who Died Suddenly. Look to Edward Dowd data.



In the United States

Death of Mother: 29,222

Death of Father: 74,645

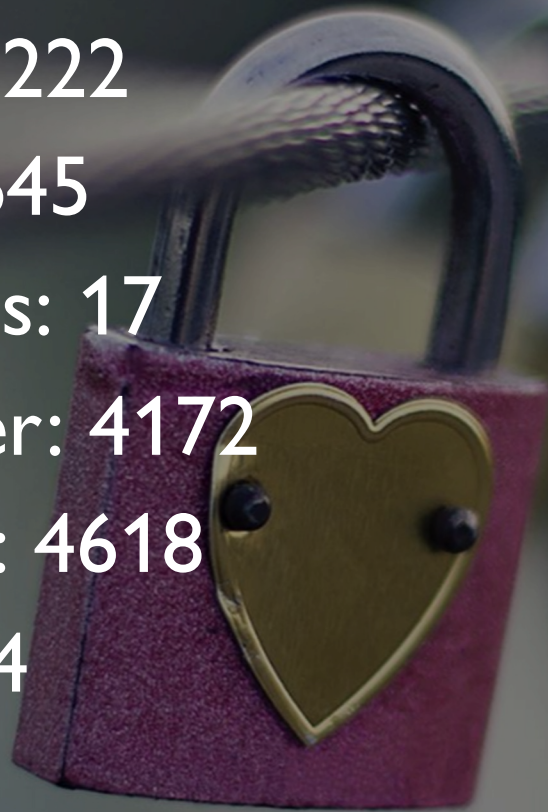
Death of both parents: 17

Death of grandmother: 4172

Death of grandfather: 4618

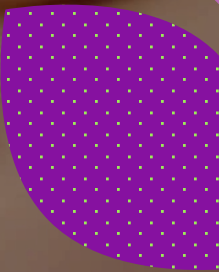
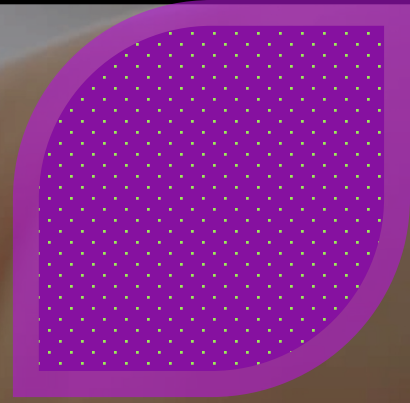
Both grandparents: 34

Total Loss: 113, 708



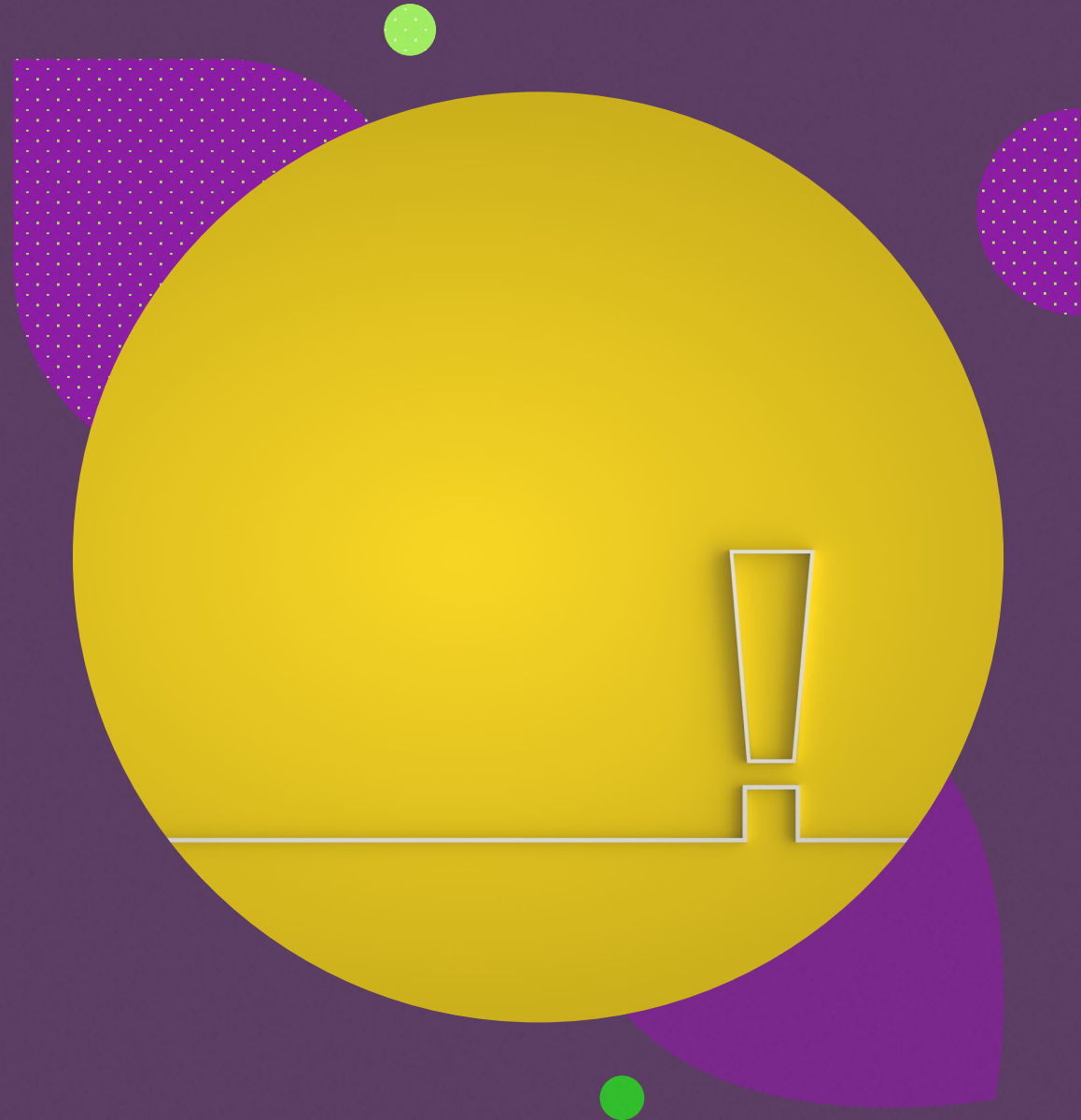
Worldwide

- Orphaned: 1, 217, 648
- In the US, we lost more mothers than fathers, but most countries lost more fathers.



The effect of face mask wearing on language processing and emotion in young children

- Journal of Experimental Child Psychology November 2022
- Language of younger children less accurate than older children their conclusion was that it did not significantly impair language development.
- Detrimental effect of recall of words spoken by adults.
- Task is more cognitively demanding simply because wearing a mask.
- Result increase in mental fatigue
- Significant effect on emotion recognition. More likely to recognize an angry face than happy or sad.



Masks

The mouth is the most important region of face in assessment of positive emotions.

Greatest impact is on children 3-5 years of age.



Everyone has
been affected.



Children

- Understanding affect/emotion recognition
- Speech and language development
- Play/Freedom
- Isolation
- Cognitive Growth
- Understanding of relationship
- Disorders of attention, cognition, memory and emotional regulation and mood.



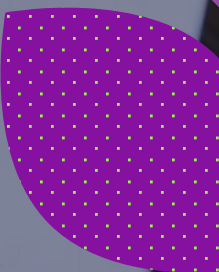
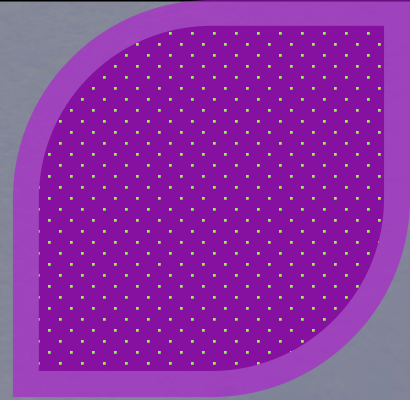
Adolescents/College Students

- Loss of social interactions
- Cognitive loss
- Anxiety, depression, suicide
- Forced compliance/coercion
- Substance abuse



Adults

- Loss of life
- Divorce
- Isolation from family/friends/church
- Loss of employment
- Substance abuse
- Anxiety/depression
- Long Covid/Vaccine injury





Positives

Expanded our base of support

Met new friends

Joined groups or formed groups that provide us with support

We have formed new families

We have found new churches and/or strengthened our faith

Finding help is a challenge

- There is a tremendous shortage of psychiatrists, child and adolescent psychiatrists, and particularly those who have an understanding of the complexity of psychiatric illness, Covid, Long Covid, and Vaccine Injury.



This shortage is compounded

- Children require Speech and Language Specialist and Occupational Therapist. The waiting list prior to Covid was often 6 months.

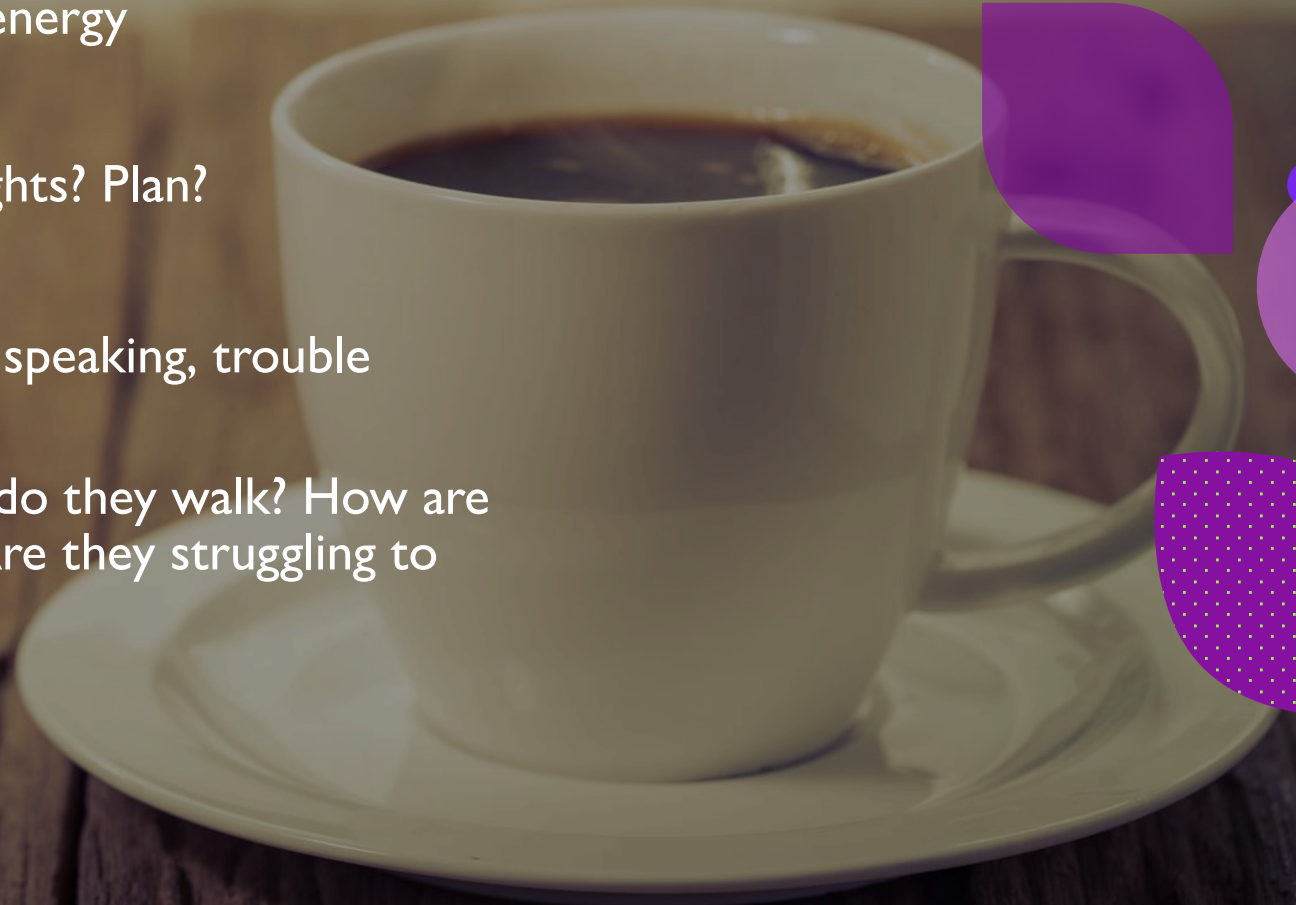


Evaluation

- We always begin with the history and when we get stuck, we go back to the patient for more history.
- Birth and developmental milestones. Vaccine history. Looking for signs of prior vaccine injury.
- Developmental milestones, regression of milestones previously achieved.
- Medical History: Autoimmune Disease, cancer, vascular disease, weight, diet, neurologic disease, menstrual cycle, miscarriage history, elective abortion history, vaccine history. Medications.
- Family History: Autoimmune Disease, cancer, vascular disease, neurologic disease, other family members with long Covid or vaccine injury or getting frequent boosters, children with autism or major mental illness
- Substance Abuse/Dependence

Mental Status Exam

- Sleep, appetite (carbs, caffeine, energy drinks) energy
- Depression, anxiety
- Suicidality and homicidality, Do they have thoughts? Plan?
- Self-injury
- Cognitive loss: forget, can't find words, trouble speaking, trouble writing, loss of fine and gross motor
- Observe the patient. Do they look sick? How do they walk? How are they dressed? How do they sit and interact? Are they struggling to stay awake during the visit?



Cognitive Assessment

- Brain Fog
- Trouble thinking
- Words, math, organization, sequencing, planning
- Writing, comprehension
- How is it impacting a person's day?
- Sticky notes all over the house. Stopped doing things. Quit job.
- Time looking for things. Time to complete things
- Driving: Can they drive? Should they be driving? Reaction time.



Lab Tests

- CBC Look at platelet count-can be low in alcohol disorders
- CRP ESR
- Iron and iron binding studies, ferritin
- B12, B6, Folate, MTHFR
- EBV, CMV, Lyme, other viral titers
- Magnesium-RBC
- Vitamin D 25 hydroxy
- Thyroid: TSH, T4, other endocrine labs
- LH, FSH, testosterone, Cortisol
- Urine drug screen

Treatment

- Protocol for Long Covid and Vaccine Injury.
- If abusing substances- STOP NA AA other support systems.
- Listen to the story and provide validation.
- This is in their head but is a neurologic insult and physiologic insult.
- Support system-React 19. This is something we need to build.
- Church/Faith community Grief work. Practice Gratitude.
- Neuroplasticity exercises.

Anxiety

- Vitamin D3 with K2, B12, Magnesium
- Diet This is critical for women. Especially, if eating high carbohydrate diet.
- Exercise
- Humor: Movies that make you laugh. Red Skelton, Carol Burnette, Blues Brothers, What About Bob? The Three Stooges.

Depression

- Vitamin D3+K2+B12+L-Methylfolate
- Sleep Thorough review of sleep history. Assess for sleep apnea and don't assume that because they are not obese that they do not have sleep apnea.
- Melatonin
- Magnesium
- Sunshine
- Antidepressants: SSRI, TCA Start low and go slow.

Mood Disorder

- Watching for worsening bipolar disorder in particular bipolar depression.
- New onset mania. May be mixed state, unable to sleep, agitated, may be aggressive. Alert for changes in baseline.



Post Traumatic Stress Disorder

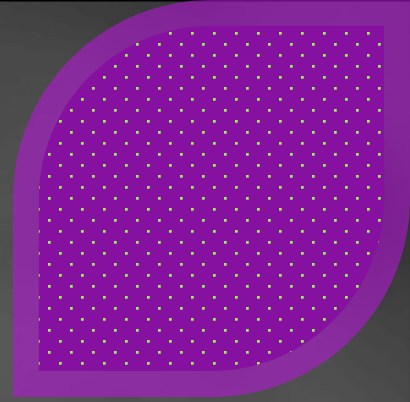
- Fear of death or disease created by propaganda or witnessing family illness or death.
- Hospital experience of patient – Near death.
- Healthcare providers-doctors/nurses
- Vaccine injury

PTSD

- Ground in the present
- Empower- Strength to survive in the midst of overwhelming odds
- God-abandoned vs. strength
- Community
- Triggers
- Self care: get out of bed, shower, make your bed

Proverbs

- Discourse with Wisdom
- “For he who finds me (WISDOM) finds LIFE, and wins the favor of the Lord; But he who misses me harms himself; all who hate me love death.” Chapter 8
- “The eyes of the Lord are in every place, keeping watch on the evil and the good.”



Something to remember

- If you get it wrong, it was just the correct answer to a different question. Try again.
- “Moral Courage is the most valuable and usually the most absent characteristic in men.”
General George S. Patton