



Season1-Episode5

Mental Health in 2023

Journey to the future

Every morning, Daniel leaves the house for a run. His life as a doctor is quite stressful, so he takes this time to free his mind and recharge. But today he is having some flashbacks from his time working in the emergency for COVID-19 Patients back in 2020. Daniel still experiences a lot of moral distress and guilt, for not having been able to save all his patients. Now in 2023, he is working as a general practitioner. After the pandemic, it was crucial to make mental health care available to all people, and Daniel got intensely trained for the treatment of posttraumatic and adjustment disorders as mandatory part of his profession.

Daniel has to hurry to his 8 am appointment with Anna. During time of social distancing and curfews she experienced a high level of emotional stress and anxiety out of fear to contract and spread the virus. Usually people adjust to changes within a few months. But Anna continues to have emotional and behavioral reactions. She is perceiving the world as a dangerous place and avoids activities and travelling. And there is Max, Daniel's 8:30 am appointment. He lost his job during the pandemic and got replaced by an automated system, working more efficient on his role. This heavily affected Max's self-esteem and daily mood. Daniel noticed sleeping problems and increased misuse of alcohol in him.

Today Daniel uses his online conference system to provide clinical services to Anna and Max. In this way frequent follow-up visits, management of chronic conditions, medication management, and professional consultation provided remotely via video connections are easily possible. Daniel is trained to maintain an empathetic posture when he is confronted with the fears and stress of his patients, and always ensures a healthy climate of communication and trust between him and the patient, in order to explain that fear, anxiety and sadness are normal symptoms after a pandemic and can be treated!

Agnes Kunkel:

Hello, I'm Agnes Kunkel, your host in 2023, your window to the world beyond Covid-19. Today we have nearly sixteen point three million confirmed cases worldwide and nearly 650000 people have confirmed to have died from covid-19. Actual hotspots are still the United States, Brazil, India and South Africa. Many countries around the world are afraid of some sort of second wave. Today is twenty seventh of July 2020. Our guest today is Sarah Baxter from Chicago. Sarah is the founder of MHC Mental Health Coaching and Consulting. Dear Sarah, you have been helping many people from different ages, situations and cultures with different mental health issues, including anxiety, depression

and other mental health concerns over decade. Surely the recent changes in the world have also reached you and brought you cases with different diagnosis that were triggered by this epidemic experience. Hello, Sara. Welcome to our podcast and I'm no actress.

Sarah Baxter:

Hello Agnes and hello everybody listening, it is great to be here.

Agnes Kunkel:

Yeah, hello. It's really great to have a chance to talk to a medical expert. I guess you can give us some insight what you have doing in the recent years and maybe have a lockdown or the restrictions have affected your work?

Sarah Baxter:

Yeah, sure, I'd love to. So, I started in mental health when I went to university and I did a psychology degree and then went and worked as a support worker after that for a few years. I really fell in love with mental health from a very, very young age. I used to read the kind of child called it *Tori Hayden*. Those schoolbooks always had a fascination with mental health and mental wellbeing, and it just took off. And, I've lived in Thailand. I've lived in England. I now live in America, in Chicago. And, I have always worked in the National Health Service in England, normally around the crisis intervention care. So, if you have intensive care in physical health, we have the same in mental health. It's called psychiatric intensive care. So, I would work in the crisis service in the community deciding whether people need to go into intensive care or are they safe in the community or not. So, it's been really enjoyable. In Thailand I spent time working with children, who were sex trafficked and supporting them through birth. So that was yeah, something I always wanted to do. It was incredible, but incredibly difficult at the same time. And then, like you said, I moved to Chicago and opened up my own business doing mental health coaching and consulting. I undertake one on ones and also work with companies and corporations training and educating them about mental health, how to look after it, what it is, and then I also offer different forms of therapies, for those that need it.

Agnes Kunkel:

You have seen quite a lot of the world. That's great and a very impressive thing to have seen, I guess, difficult cases.

Sarah Baxter:

Yes, and in answer to your question about how it's changed during lock down, it's changed significantly actually from lock down. So, obviously it's virtual now. We're not seeing anybody face to face. And that has posed some challenges for me, which I think we'll probably talk about later. There's limitations around that, but also huge increases in anxiety. So many people coming through seeking support and so many managers and companies, e.g. leaders coming to me saying "I'm having six people a week calling me via zoom, having burn out" and they don't know how to help. So, lots and lots of anxiety on a whole spectrum, from children, to managers and everything in between.

Agnes Kunkel:

So, all of these people are managers. Cool people show emotions, if I understand correctly now.

Sarah Baxter:

Yeah, so what I try and do is when people come to me, is think about they what and “what can I do”. But, also being careful not to over medicalize, and I really can't reiterate that enough. What has happened is it's, you know, it's terrifying. It's new territory for pretty much the whole world. We've never been in a situation before during a lot of our lifetimes and people are having a whole variety of reactions. I try and get the message through that ‘Whatever you're feeling, that's OK. And, it's just a snapshot in time’. And, that no feeling is final and there's no right or wrong way to feel right now because we're all in such new, uncertain times. So, some people are, you know, kind of keeping to themselves, not going out, doing online shopping, you know, really staying isolated and that's OK if that helps them feel safe, whereas other people are kind of taking a bit of a different approach and going out and thinking, well, what will be will be and have different opinions on it. And that's OK, too. You know, there's no I don't think there's a right or wrong way.

Agnes Kunkel:

So, a few people, they want to enjoy life or forget maybe about the problems and others want to isolate and say I keep it out, I want to stay safe, I don't see anyone, I don't go to shops and so on. So, it's a very broad range.

Sarah Baxter:

I guess it is. And, they're all coping techniques. And, what I think is really important to think about is that whatever we were doing before the pandemic to cope, a lot of that's been taken away. So, even something just as small as seeing family and being able to have a hug (which releases oxytocin, it's the happiness hormone), even those small things, let alone going out for dinner, going on holidays, having a break, getting a pedicure, getting your hair done, going to the gym, going to classes. You know, all the outlets, they've all been stopped.

Agnes Kunkel:

So, people's coping techniques have been stopped or significantly changed or in some way tragic. You are in a difficult position and you can't cope the same way you used to.

Sarah Baxter:

Yeah, like the power of touch. And, as a mental health professional, we do whole courses on the power of touch and how therapeutic it can be and how helpful it can be. And, so to not be allowed to do that, that is a huge thing just in itself. So, when people are having these different ranges of emotions, I think they're just finding new ways of coping for the moment as they have lost that other kind of techniques and things they've done in the past may have been e taken away. So, it's all new.

Agnes Kunkel:

This feeling about the world is dangerous, isn't it? You talked about anxiety and about the diagnosis of anxiety is increasing dramatically.

Sarah Baxter:

Yeah, it really is, because of the uncertainty. No one knows what is happening or maybe what's going to happen. I think it's fair to say that it's going to be harder for some people to recover than others. But, if you think about the world as a dangerous place, that's our brains. Our brains are programmed to survive. It's hardwired in us to survive. So our amygdalas are kind of in overdrive, trying to keep us safe, trying to look at the potential threats. And, when you have uncertainty, your brain almost plays out a disaster movie and the worst case scenario because it's trying to keep you safe so you can see why people's anxiety is increasing and what people are feeling. The world might seem dangerous, because it's the amygdala responding. If you've got a very strong amygdala, the fight or flight response in the brain, you're going to have a heightened state of worry, distress, anxiety.

Agnes Kunkel:

That's the difficult and tragic and dramatic aspect we have at the moment. Our podcast is about the year 2023. What will we see in two to four years from now? Is it just the memory of three years ago? Like three years ago, I had been on holiday in Thailand or abroad on a working engagement in Thailand? Or is it still present to the people or does it pop up in a few years? Maybe you seem quite stable now, but maybe in two or three years it pops up.

Sarah Baxter:

Yeah, definitely. I think absolutely. If you think about trauma, and trauma is 'anything where people experience the feeling of a loss of control', so it can be anything. In this situation that can cause people to feel trauma, for example, when the 9/11 terrorist attacks happened, people experienced PTSD just by watching that on the TV. You can see the experience of trauma. So, that's going to be a huge increase in PTSD. And, if it's left without any kind of supervision, it is untreated, which it kind of seems like is it the moment from my friends that work in the healthcare profession that have had to deal with it. If, for example, the story of Daniel, the doctor at the start of the future. You know, he had some difficult choices to make and he's now got the remnants of those flashbacks, maybe some nights as that is very much what my colleagues are experiencing. You were pulled onto the front line from other areas in healthcare professions. And signs of trauma, for anybody who's listening to this and doesn't know much about it: you've got the kind of behavioral aspect, which is agitation, irritability, hostility, hypervigilance, social isolation. Then psychological; so, people tend to re-experience that trauma through intrusive, distressing recollections of the event. And, that can be thoughts, nightmares, flashbacks that are all unwanted and they come at certain times and you can't control them. You'll also see a change in mood such as feelings of guilt. So Daniel, in our scenario, he experiences a lot of guilt, loneliness, a loss of interest and pleasure in activities you would normally enjoy, insomnia, and that is emotional detachment which is another big one for people to look out for.

Agnes Kunkel:

Yeah, if a person like Daniel, from our little story from the beginning, the doctor who feels guilty about that, he might could have had performed better during the pandemic times and maybe would have been able to save more lives or maybe in the end if he would have known some techniques. If he would come to see you and seeks your advice, Sarah, what would be your intervention or what therapy would you start with him?

Sarah Baxter:

Someone like Daniel? Well, yeah. I think it's about trying to help him understand that what he did was the best at that time. And, he probably knows that. And it's not about getting rid of those unwanted feelings, that people don't like feeling negative emotions or having these unwanted negative thoughts, and that the more you fight it, the more they come. It's almost like saying, don't look at that thing in the corner, don't think about that thing. You're going to and you can't help but think about it. So, trying to get them to play through it. And, I imagine with someone like Daniel, when he was in that situation, he didn't have the space and time to think about what was happening; people talk about it's almost like a war zone and they're just going, going and going. So, maybe because that was so unpleasant at the time, he's put it to one side and now he's thinking about what he should have done, but actually isn't thinking in a fair way. So, I would probably spend some time going back into that trauma in a safe way, getting him to almost relive it, play through some of those times. And, let's actually take you back to that place. And, it comes into a kind of EMDR style therapy where you're getting them to re-process it.

Agnes Kunkel:

That's a technical expression. Maybe not everyone understands it (laughs).

Sarah Baxter:

So, it's really huge in trauma treatments and it's incredible how it works. And, it's called 'eye movement desensitization and reprocessing. Basically, whatever the type of trauma, over time, obviously; because the person needs to feel safe and trust you and you need to make sure that you can keep control over them, that you invite them to go back to that traumatic experience. So, if it was in a car and they were trapped or, you know, whatever the experience was, go back to it and we play it out. So, for Daniel, in his experience, it could be there was a time when he was trying to save somebody, but he just had to walk away and let that person go because there was somebody else coming through. And, so taking him back to that specific time and replaying it for everything that it was. And instead of feeling like he's not got control, actually inviting him to look around the room and what can he see, and what were the people doing? And then with the EMDR, what they do is they kind of use a system where you put a thing in front of the eyes and you look left, right and follow it. And it kind of is like a hypnotherapy, I guess, in a way helps you go back to that time.

Agnes Kunkel:

Maybe by moving the eyes, avoiding feeling stuck and frozen in these terrifying or guilt generating situation. Do I understand correctly?

Sarah Baxter:

Yeah. I don't know a lot about the full details of it, but I know it's to do with reprogramming. Basically, it allows a person to re-live the experience because when you are in a heightened state of arousal and you're in that kind of, you know, fight or flight, "oh my gosh, I've got all these people coming in. I need to save them all. What can I do?" It helps you just go back to that time and really see a bit more than what perhaps you saw when your brain was shut down and focusing on just survival and getting through.

Agnes Kunkel:

Does it help you to stay connected to your safe body?

Sarah Baxter:

Yes, and that's why it can't be rushed into it needs to take time because that person needs to trust you because they are going back to a time that was very difficult for them. So, you know, they can hear your voice and you can help ground them. So, teaching them grounding techniques that they can utilize because they need to stay present in one way. And kind of say "listen to my voice. I'm here, you're safe, it's OK. But also go back to that time and what can you see and what can you smell and what can you feel and what's happening around you? What are the lights like? What's the temperature like?" But, you're kind of guiding them through it with your voice and the presence that they know that they're safe overall. And it can take a bit of work, but it really, really helps.

Agnes Kunkel:

Sounds like an incredible technique you are telling us about. Yeah, of course. This needs some very skilled guidance. Do you think maybe for situations that are not so dramatic as Daniel is reliving his memories, this can be done on your own or is it too risky?

Sarah Baxter:

I think it depends. I mean, if there's something that was less traumatic. For example, when I was in Thailand I was in a motorcycle accident. And it was quite traumatic as it would be. And so, that night when I went to bed and I knew I was in a safe space, "I'm in bed. It's OK, I'm safe. I'm done for the day, I can think". And I allowed the whole thing to come back to me. And I replayed it from the start the whole way through, And I found myself doing that for a good few days. When I was in a safe space, just replaying the whole thing out and how I felt and the noises I heard, and the pain I felt, whose was the first face I saw, and I just replaying it over and over. And perhaps, that's because I've got a bit more insight already into mental health. But, I think that really helps. And you can sometimes find when something happens, you do naturally re-play it in your head just for a few days. And that's just you almost doing that process naturally; processing it to come to terms with it.

Agnes Kunkel:

Very, very impressive what you are telling us. Very impressive, as we have different persons in the little story. Daniel, I guess he is stressed. He has, of course, a problem, but I think he is not ill. And as you say, it's in a way normal when you have such experiences. But you think about it after a few years still. Yeah. The doctor wants to save lives. He wants to make people healthy, and he doesn't want to see people dying in front of him. And he's not able to help. But we have to other people, we have Anna, who is maybe has lost the possibility to calibrate. And this sounds to me much more like a health issue than maybe Daniel has. He as a doctor will find some help and supervision. What about Anna, let's say, disorder of realizing, what is a real threat and what is maybe just, imagination?

Sarah Baxter:

Yeah, so that is a really interesting one. And, I think this is going to be something that mental health services see a lot more of and actually already are seeing a lot more of.

Obviously there would be a lot more assessment questions to find out what's going on for Anna, but when I read about her, the fact that she's perceiving the world as dangerous and she's avoiding things that could be perhaps kind of like social anxiety or some anxiety. But also in the back of my mind, I would be thinking about psychosis and how much does she believe the world is unsafe and what are those thoughts and feelings around the world being unsafe? And so in psychosis, I guess they're seeing an increase in something called BLIPS, which is brief, limited, intermittent psychotic symptoms. And actually, it's really interesting because I noted a small increase in BLIPS in the UK, when I was working and living there, happened when a film called 'The Matrix' came out. And so when that came out, we actually, as a service, saw an increase in these BLIPS and these kind of brief, limited psychotic episodes where people had watched it and suddenly thought, 'am I living in a different world? Is there something going on?' And it just triggered something inside them. Same with the film 'Inception'; there was an increase in BLIPS, and these incidences are already starting to increase from coronavirus. They're seeing more of an increase, not necessarily in acute psychotic episodes, but people that are starting to show symptoms that they could be heading that way if there's no intervention. And, I think that's really interesting. And so for Anna, I would be thinking about the psychosis, just bearing that in mind, and making sure because that would be huge and that would be a big trigger. I think the coronavirus is going to trigger people who already have that predisposition within them.

Agnes Kunkel:

So maybe she has some inclination to such disorder, maybe from a time before Corona and Corona was the trigger.

Sarah Baxter:

Yeah, or as well, if we think about how the longer term effect of kind of being in lockdown; the constant stress and uncertainty and what it does to our brains. As well as physically, it does affect you mentally. You know, it makes you more likely to be depressed, to be anxious, to think about OCD. Now, we're constantly told to wash our hands and look up these germs. And, I think for people with that already kind of genetic predisposition, it's likely to tip them into psychosis, where they have either have strongly held fixed beliefs or delusions or actual, you know, psychosis, 'like the world is dangerous, I'm not safe', etc.

Agnes Kunkel:

In your actual experience, do you notice that different social groups are differently hit by these problems? First of all, I think of medical staff, of course, you are medical staff in some way, really on the front line or at least in the hospitals, seeing what's going on or doctors who have patients who go to hospital and so on, and the people working and the medical doctors and general practitioners or other groups in the society. All the differences you spoke about; men are just having a meltdown and so on.

Sarah Baxter:

Yeah, I think it's very interesting. There's research from the Institute For Financial Studies that suggest an additional half a million people will have mental health problems as a result of this pandemic. And, the consequences for mental health could be like an hour or two looking to be absolutely profound, to think that it's in kind of mental health forms.

It's predicted to be the deepest and longest lasting in living memory. And, I actually got some statistics from the last kind of passably session for the 2008 global financial crash. And, the suicide rate in Europe went up six point five percent, and it was three years before it started to go back down again. So, I think it's going to hit everybody because the whole pandemic has hit everybody. So, I kind of tried to break it down to those who are already impacted. You know, there was a kind of a surge in mental health and most serious mental health needs, 'Rethink'; the mental illness charity did a survey of 1500 people with serious mental illness, and more than three quarters of respondents said that their mental health had got much worse in April and May 2020. And people were trying to make space for beds when this happened. And, so those were already pre-existing mental illnesses who were perhaps already in hospital, were sent home because they were trying to make space for beds. And, it kind of begs the question where did these patients go, and what happened to them?

Agnes Kunkel:

It would have felt very, let's say, lonely and given up in some ways.

Sarah Baxter:

Yeah, and if you've got if you've got people who are already suicidal and hospitals a safe place for them, sending them home so can make them feel like they're not important or they're happy there, but it reinforces that they feel they're a burden. But then, also if you think about it on the other side, you know, mental health patients tend to have worse physical health diagnoses. So, illnesses like asthma, COPD on a busy inpatient ward, it's too risky. So, you know, sending them home can help but then their mental health is paying a price for that. There's you know, there's preexisting and then there's health care workers. I think we spoke earlier about people have got a long wait list to even get therapy once it's recognized, you have a mental health issue. We can help you, but there's a six month wait list and the burden for that falls on the kind of supporting those people and they can get out and then they have their own issues. Yeah, it's huge in the story.

Agnes Kunkel:

We are a little bit, let's say, futuristic as we predict. But even in mental health care, online sessions and online support might become more usual. I have heard about mental health bots, so supporting people by artificial intelligence, but are interacting with you and maybe analyzing what you are doing or what you are writing, maybe sending signals to someone. "oh, here is someone becoming more ill or it's deteriorating" or "no, he's coping quite well" or "it needs the next personal intervention". But let's just talk about online intervention. You are doing, when I understood well, or you did online consultancies. Are you doing still online consultancies?

Sarah Baxter:

Yeah, I am. And, it's good in a way, because it's actually opened up, so I can help more people. I've got patients and clients now in India, in England. So, and that's good in a way, because it makes me feel like I'm helping more people globally. But yeah, I mean the whole idea of online, I think it's got in my opinion, I've got really mixed feelings about it. So, I think having things individually is great, especially if you think about it from a pandemic point of view, because it helps stop that risk of spread an infection. And, if you've got people that are saying, I don't really want you to come into my home to give

me help, that, you know, it helps people access resources in that way. If me as a nurse, as a community, I see maybe four people, five people in a day. They might not want me to be going round after I've seen everybody else. It's more time cost as well. You know, you don't have to travel, you've got more time to see more people, which I think is really helpful in terms of cost, because everything comes down to costs reduced waiting times, which can then be helpful, reduce barriers if people, you know, not wanting to walk into the big mental health hospital. It's more accessible in some ways. But, then in my opinion and perspective, many people, especially on the further end of the spectrum with serious mental illness, the ones with kind of psychosis, the suicidal behaviors, those kind of things, they don't always have Internet access. They can't afford it or they don't have it or they don't have a space in the home where they can go to have a private confidential conversation.

Agnes Kunkel:

You are right. Sometimes you just think about it. They don't have that access. They don't have a safe space where they can talk without listened to.

Sarah Baxter:

And, and also kind of for people with psychosis which I think we're going to see a rise in psychosis and suicide and OCD people with psychosis, they're already quite paranoid and suspicious. And, so having to talk, they a lot of them don't like technology because they don't trust it or they think there's videos and cameras and people are recording them. And, so it's actually for me, I think it help it's great for a small window on the spectrum of mental illness, but for the further end of the spectrum is making it harder because it's cutting it off. It's creating big barriers that I don't know that you can overcome. So, those are really going well that don't even think there in a while. Then, I'm going to log in for a session with you every week because they think they're fine. So why would they? It relies on an element of insight, that people understand they're not well and that they're willing to, you know, kind of engage and be innovative and proactive in that recovery.

Agnes Kunkel:

So maybe it's more for a support, an additional possibility, maybe for people, who are not so dramatically affected, who want to have some support, who are maybe not ill, but say, oh, I still have some nightmares and I don't feel that way, I would have a little bit of talking to someone professional who can give me ideas and who can support me. So, maybe for that small group, it might be an additional possibility to work on these problems.

Sarah Baxter:

Yeah, I think, first of all, it could and I have been doing work with people that way. And, I think that, you know, that's fine and that feels okay. But, as soon as they start to say to me, that they are feeling suicidal or anything like that, it changes.

Agnes Kunkel:

Yeah, that's really more dramatic than I thought, especially when you are talking about suicides and the rate of suicide and burn out a meltdown and all that stuff. If you would like to draw a summary or make a summary of your ideas, what would you say, should

our listeners keep in mind from this post-traumatic stress ideas, what are your opinion, the important points?

Sarah Baxter:

Yeah, I think I'm a big advocate for self-compassion. And, people don't always like to do it because they think it's narcissistic or, you know, it's uncomfortable for people to do. But I think it's so important. And, I always try to use the analogy of people that you would know, you would never speak to anybody as much as you speak to yourself. So, when you speak to yourself, be careful how you speak to yourself. What are you speaking to yourself and are you allowing those feelings to come and go as they need to? It's unrealistic to think, you'll always be OK and you'll always be happy. I mean, I honestly, since the pandemic have just laid in bed some days for a few hours and had to cry, if I needed to. And that's OK. You know, you won't always be happy. You need a full range of emotions and that's life. And, it kind of makes me think of resilience. And, there's a really great talk of resilience on TED talks, about how accepting that suffering is part of the human existence. So, those that are saying, oh, why me and that kind of thing, they're going to find it harder to cope. Also, people are really good at selecting their attention. Supposedly, people are really very good at focusing on the positives and gratitude. Having gratitude is something that the coronaviruses taught me. I think there's a study in 2005 by the typical segment that said that, if people, that thought of three good things a day had an increase in gratitude, increase in happiness, and decrease in depression levels.

Agnes Kunkel:

By the way, if you have a few links for material, maybe useful for our listeners to read to or to flip through, we would be very happy to include it to our transcript or blog. I guess in the end, more people are struggling and would be happy to find something besides your voice. Maybe some people like to read through a few helpful articles. Anything else you think is important in the context of this issue?

Sarah Baxter:

I would, I would just say asking yourself, what I'm doing or thinking, is helping me or harming me? And, that can be really powerful. So, I would kind of end with that one.

Agnes Kunkel:

In the end, I always ask my guests, you personally, what have you changed during the restrictions and during the pandemic. What do you want to keep, where you say, OK, 2023 I will continue doing it?

Sarah Baxter:

It has got to be gratitude, it's just something I never thought of. I've always taken everything for granted, I'm very lucky. I've had a really great life. Everything is easy for me. And, this is the first time, I've actually realized how blessed I am to have that, so, yeah, kind of gratitude, um, for everything. So, there was a point where people were really struggling, especially with children. And, I suggested to some people I was working with, they wrote down things they wanted to do and put these things in a jar. And, I actually did it myself and just put in things like, going for a glass of wine with a friend or going to see your grandma or going for a walk in the park or going for a bike ride. All those things that

you would normally take for granted, that you can't do right now, that when you come and do again. Just remembering, that there was a time when you couldn't and, how much that meant to you and not taking those small things for granted.

Agnes Kunkel:

Ok, the Jar Technique. Yeah, when I think about jars, I think about whiskey.

Sarah Baxter:

Well everybody's got their own (laughs).

Agnes Kunkel:

Oh, I could talk to you for hours about it. All right, maybe we should make an appointment in half a year to talk how it turned out and what the next steps of the pandemic were. So yeah, it is not over yet. There's no doubt. So, I wish you very, very well. Keep as happy and joyful as you are today. I wish you all the blessings to your patients.

Sarah Baxter:

Thank you. I always have hope. I don't think anybody is a lost cause anywhere. Thank you so much for having me. It was a pleasure to speak with you and thank you to the listeners for listening to me. And I'll send over some resources as well, people might find those helpful. Bye-bye.

Agnes Kunkel:

Bye.