

Mainers – and their therapists – experiencing new stress during pandemic

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By Megan Gray Staff Writer

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Alexandra Lash poses for a portrait outside her home. Lash is a clinical psychologist who practices in Portland and works with adults and couples. She has been working solely through telehealth since March 16. *Brianna Soukup/Staff Photographer*

Two weeks. Then a month. And then June or even August.

How to get help

If your life or someone else's life is in immediate danger, dial 911.

For immediate assistance during a mental health crisis, call or text the Maine 24-Hour Crisis Hotline at 888-568-1112.

For any other support or referrals, call the NAMI Maine Help Line at 800-464-5767 or email

NAMI Maine has launched a peer support text line for people who are 14 to 20 years old. The program is staffed by people under 23 years old. If you want to talk to another young person about how you're feeling, text 207-515-8398.

The FrontLine WarmLine is available to health care professionals, emergency medical services personnel, law enforcement and others who are directly responding to the pandemic in Maine. The line is available seven days a week from 8 a.m. to 8 p.m. by calling 207-221-8196 or 866-367-4440.

Other Maine resources and referrals are available by calling 211.

National resources are also available. The number for the National Suicide Prevention Lifeline is 1-800-273-8255. You can also contact the National Crisis Text Line by texting HOME to 741741.

"I keep hearing 'If I only knew when this would end,'" Alexandra Lash, a clinical psychologist who practices in Portland, said.

Mental health providers in Maine say their clients are reporting new stresses, heightened anxiety and worsened depression. Their field has made a dramatic shift to telehealth, which could expand access to care in the future but right now is causing gaps for some. The Opportunity Alliance reported that the state's crisis line got 250 to 300 daily calls last week, which is consistent with usual volume, but experts are worried about an increased risk for self-harm or suicide. New programs are aimed at connecting people with professional support, maybe for the first time.

Health care workers are a special concern. And even the therapists themselves are not immune to the pressures facing clients who come to them for help.

"Nobody is going to come through this unscathed," said Christopher Muncie, a clinical psychologist who practices in Portland.

Nicole Foster, director of peer services for the National Alliance of Mental Illness in Maine, lives with multiple mental health diagnoses, including major depressive disorder. Her own weekly counseling sessions have moved online since the shutdown, but she said that change should not discourage people from seeking help.

"I couldn't imagine right now trying to cope with all of the stress that goes with COVID-19 and working from home if I didn't have her," Foster, 43, said.



Dr. Christopher Muncie stands for a portrait outside of his office on Thursday. Muncie is still working out of his office in Portland, but he is doing all telehealth sessions. *Brianna Soukup/Staff Photographer*

A SENSE OF ‘BEING OVERWHELMED’

Nearly half of Americans feel that the coronavirus pandemic is harming their mental health, according to a Kaiser Family Foundation poll. Nearly one in five say it has had a major impact. And experts say this psychological trauma will linger even when the government lifts restrictions on daily life.

Maine providers described a wide range of experiences for their clients.

Some people have reported positive changes. They feel less stress because they no longer go to a toxic work environment every day. They are enjoying more time with their immediate family. They find treatment more accessible when they can participate in a video session instead of driving to an appointment.

But many are seeing negative effects. In particular, people with existing mental health diagnoses are experiencing worse symptoms because of those stresses. Their anxiety about the future is heightened. Their depression is deeper as they feel more isolated.

People are having trouble sleeping. They are hypervigilant about physical symptoms that could be attributed to the virus. They are experiencing new stresses in their relationships and their finances. They are struggling with the loss of their routines. They are drinking more alcohol. They have new responsibilities as parents or caretakers.

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Thomas Cooper, president of the Maine Psychological Association, said people are reporting a greater sense of “being overwhelmed.” His caseload includes high school and college students.

“Young adults are moving back in with their parents when they had not planned on doing so,” Cooper wrote in an email. “College students and graduate students are more concerned about job placements, ability to pay for school, and when (or whether) school will ‘return to normal.’ High school seniors are grieving their lost spring traditions and are concerned about going to college in the fall.”

And the degree of impact is different from person to person. Providers said some clients have been able to move on from talking about the pandemic, while others remain roiled by its impacts.

“Some people, it’s really front and center for their lives, whether it’s their personal life or their profession,” Lash said. “Other people, it is not the pressing concern, and we’ll touch base because it’s important, but it does not consume too much time.”

And they do not all have the same feelings about how state and federal officials have managed the pandemic response.

“Some of my clients are very concerned and discouraged about protests against the stay-at-home orders and language used by the president while others are frustrated by what they see as overreactions, poor economic decisions, or restriction of personal rights,” Cooper said. “My work with both sets of clients has been to try to introduce a sense of perspective, some open-mindedness or flexibility, or at least an admission that some beliefs are being held rigidly.”

While providers did not report a clear trend in referrals, some said they started to see an uptick as the quarantine continued beyond those first two weeks.

“We are seeing a large increase in requests for couples therapy, especially from couples where one or both partners are frontline health care providers,” said Julie Quimby, a psychologist who practices in Brunswick.

The particular impacts on health care workers and first responders prompted the state to launch the FrontLine WarmLine. Those workers can call to talk to licensed mental health providers who are trained in what is called psychological first aid. That technique is used in disaster response to assess a person’s immediate needs and connect them to the right resources.

Dr. Ed Pontius, a psychiatrist who is helping to organize that effort, said more than 100 people had volunteered to answer those calls by the start of May. Health care workers are coping with the harshest impacts of the virus on top of the more universal stresses.

“All of those people have also got the same changed world that we’ve got,” Pontius said of health care workers. “They’ve got people at home that are worried that they’ll get sick. They may be worried about bringing the virus home. They may have family members who’ve lost their jobs or their income. So to the extent that we can, we want to help people connect with a variety of resources that they may find helpful.”

The psychological impacts of the crisis will likely last well beyond the end of government restrictions.

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Brandy Brown, the board president for the Maine chapter of the National Association of Social Workers, said people with social anxiety could prefer their isolation during the pandemic, and they might struggle when businesses and workplaces begin to reopen.

“How are you going to help those people when they do need to reintegrate?” Brown said. “How do you prepare people to go back to the things they are so relieved from?”

Dr. Jeff Barkin, a psychiatrist who practices in Portland, described the pandemic itself as a trauma that will continue to aggravate or surface existing mental health problems.

“That’s the concept of post-traumatic stress disorder,” Barkin said. We’re going to see people with a history of traumas get worse three months, four months, six months out.”

PANDEMIC CHALLENGES EMOTIONAL SAFETY NET

For some, the pandemic has compounded those stresses by cutting them off from in-person therapy sessions. Many therapists are trying to help by quickly shifting to telehealth, an important lifeline that can pose challenges for a service typically provided in intimate face-to-face sessions.

“I almost feel like what happened because of the virus just jumped us ahead 10 or 15 years,” said Joseph Fitzpatrick, a clinical psychologist. “We got there almost overnight.”

Jenna Mehnert, the executive director of NAMI Maine, said she has heard from people who lost their care because their providers were not offering telehealth or were slower to make the transition. But she has also heard about providers who are seeing even more people in their virtual practices.

NAMI Maine runs a helpline for people who need information or referrals for mental health services. Mehnert said the number of calls is slightly down, but the people who are reaching out have more complicated needs. The average call length is longer – up from 22 minutes to 35 minutes.

In response to the pandemic, the nonprofit added a provider match program to the helpline, so callers can be connected to a volunteer mental health professional for a free 15- to 30-minute check-in. Mehnert said they had facilitated a dozen matches as of last week, but they have the capacity to do

more. NAMI Maine has also launched a peer support text line for teens.

“People who are struggling are really struggling to access services and supports,” she said.

Providers in southern Maine said most of their clients have been able to continue their care during the pandemic, and they hope telehealth will make treatment more accessible in a largely rural state. But they also recognized its barriers, and they said a small percentage of clients have been reluctant or unable to meet over video.

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Some people don’t have reliable internet or technology, or they don’t feel comfortable or safe talking about stresses in their relationships if they could be overheard at home.

Katherine Mocchiola, acting assistant chief of mental health at the Veterans Affairs Maine Healthcare System, said some people still go to clinics to receive certain medications or in crisis situations, but the VA quickly moved almost all of its other services online in a matter of days.

“The biggest barrier has been just for the veterans to know that it is no less of a session,” she said. “The ability to connect and do the work is still there.”

Providers and clients said they are working around those barriers. They reschedule appointments to talk when no one else is home, or the client joins the session from the car or the backyard. Quimby said she suggests her clients use headphones so her own voice isn’t audible. Fitzpatrick recommends starting every session by asking the client who else is home and where the call is taking place.



Alicia Hynes outside their home in Waterville last week *Rich Abrahamson/Morning Sentinel* Buy this Photo

Alicia Hynes began video sessions with their counselor in February before the coronavirus hit Maine. Hynes, who uses gender-neutral pronouns, sought out a provider who specializes in LGBTQ issues. But that counselor is based in Lewiston, and Hynes lives in Waterville.

So they did an initial visit in person and then moved their weekly meetings online. Hynes set up a white noise machine to drown out the sound of their spouse teaching music lessons in another room at the same time.

“The face that you can see yourself while you’re talking, that is to me the most disruptive thing,” said Hynes, who works as the public relations manager for NAMI Maine. “It’s weird, like this out-of-body experience. It makes you a little more self-conscious while you are having a conversation that is already vulnerable.”

Still, that disruption hasn’t been a deterrent.

“People think of therapy, and they think of lying on the couch and talking about your mom,” Hynes said. “That’s not how it needs to go.”

THERAPISTS ALSO ‘DEALING WITH IT’

Mental health professionals are not immune to the same anxieties and disruptions that their clients and patients bring up during their appointments.

“This is the first time that everyone in the mental health field, we’re supporting people who are dealing with something while we’re dealing with it,” Brown said. “We’re trying to help them have strategies while we’re trying to manage our own strategies. There’s a different type of emotional labor that is encompassed in that.”

Along with the universal sense of uncertainty and worries about family, therapists also are juggling roles and adjusting to a new and challenging work environment.

Like many Mainers, therapists are often working from home. For Cooper, that means juggling family responsibilities during the workday.

“I have 21-month-old toddlers at home,” he said. “They start banging on the door because they remembered that Daddy is there. Sometimes their timing is awful.”

The shift to virtual therapy also has added stress. Virtual interactions also tax the brain in a different way than in-person conversations do, and people on both sides of a telehealth session said they are experiencing a new fatigue. Reading simple social cues is more complicated.

“In the therapy room, silence is a very comfortable thing, and you allow it,” said Rebecca Hoffman-Frances, the senior director of clinical innovation and training at Maine Behavioral Healthcare. “In the televideo room, you don’t know if it’s glitching, or if there is a technology problem, or if someone is just silent.”

Providers said they are trying to manage their own mental health by following the same advice they give to clients.

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They emphasize the benefits of fresh air and exercise. That could mean going for a run or a walk, doing yoga at home or just taking a stretch break from work. Good sleep is important to mental health, so avoiding screen time and alcohol before bed can help. Drinking water and eating healthy foods are also important.

They also recommended breathing exercises and meditation, and several suggested using apps like HeadSpace to practice those techniques. And they said staying in touch with other people is important.

“If you haven’t connected with another person each day – not connecting with everybody every day – that really matters,” Brown said.

Above all, we need to be kind to ourselves, said Muncie, the Portland psychologist.

“There’s like this collective stress and anxiety that’s hanging over everyone, and it’s exerting effects on us that we’re not constantly aware of,” he said. “We’re going to have moments where we felt down or we plow through a bag of Doritos without knowing it or binge through five Netflix shows or forget to pay a bill.

“Let’s just try not to make things worse on ourselves than they need to be.”

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