

# MIND MATTERS

UAMS

Dear Friends of the Psychiatric Research Institute,



Since I wrote to you last in this forum, COVID-19 has consumed much of our lives; thus, this issue of Mind Matters will be primarily about the pandemic and its effects on mental health and substance abuse as well as some suggestions on how to cope with this once-in-a-lifetime event.

During the pandemic, PRI has continued to be very busy. Within two

weeks of the waiver of regulatory limits, the PRI team converted all our clinics to virtual clinics that instantly became busier than ever. Our inpatient and interventional services have navigated lots of hurdles regarding coronavirus spread and have been back up to speed for a number of months. Our education programs are going full speed ahead with a projected 17 or 18 medical school seniors choosing psychiatry as a discipline (probably a record for us and for many medical schools). In-person research paused a bit in the beginning of the pandemic; however, research teams stayed home, wrote grant applications, and wrote papers. Now all our research programs are back on line. Their productivity during this “down time” has been phenomenal.

What has fallen off has been our contact with you, our readers and supporters. We have now re-organized our communication strategy to better connect with you during what looks like a very protracted pandemic. In the coming months, you will be hearing from us about virtual learning opportunities, more contact via e-mail and video and more frequent Mind Matters. We hope you will return the favor and stay in touch with us, we would love to hear from you and stay in contact. Let's connect!

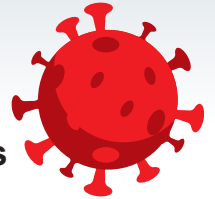
Be well, be safe, and best wishes,

A handwritten signature in cursive script that reads "Rich".

G. Richard Smith, M.D.

## HOPE DURING COVID-19 What To Do, Where To Turn During Crisis

By G. Richard Smith, M.D.



The news about the COVID-19 pandemic, to no one's surprise, is not very hopeful.

The effects of the coronavirus are going to be felt here in Arkansas and the rest of the country much longer than anyone expected. The best expectations are for some kind of consummation around mid-2021, but that's only an educated guess.

The pandemic causes stress, no matter where you live, no matter who you are. And while stress makes everything more difficult, it's especially harmful for vulnerable people and those in tense situations where strong emotions are at play. Unfortunately, as stress levels have increased, our limited outlets to relieve stress have changed or diminished.

None of this is news to anyone remotely aware of the state of mental illness in our state. One in five Arkansans currently have a mental illness or substance abuse problem or the history of one. Virtually every family has such an individual, some may have more than one.

Families cannot safely get the space they need to decrease the intensity of these strong emotions. For anyone who has lived with a loved one with a mental illness or substance abuse, you know what I mean. When you add the fear associated with the disease, especially for those suffering from a chronic illness and the elderly, to the disagreements about how to behave – masks or no masks, restaurants or no restaurants, birthday parties, school, kids at home – you get a recipe for problems and sometimes big problems with stress that can complicate mental illness and substance use.

A recent study found that the prevalence of mild to severe depression has tripled in the U.S. during the pandemic, from 9 percent to 28 percent of the population during COVID-19. As one would predict, this is especially so for people with lower social resources, lower economic resources, and greater exposure to stressors such as job loss. Another survey found that 65 percent of Americans thought that COVID-19 was causing significant stress in their lives and complicating much of what they do. Loneliness is also on the rise due to social distancing and limitations on public gatherings. About 45 percent of people of all ages report significant loneliness.

Now take into consideration our nursing homes and assisted living facilities. Not only are these people extremely vulnerable to COVID-19, but the very way that they are protected is by isolation. Many of these folks have limited coping abilities due to brain dysfunction or physical illness. The isolation and loneliness is only making it worse for them.

So what can we expect the next few months to be like? Normally easy-going people will likely be more irritable and cranky on numerous occasions. People who are normally hard to deal with may often become harder to deal with and disruptive. This will happen in your offices and at home. And those who have a mental illness may well relapse or have their stable conditions such as anxiety or depression worsen. Suicide rates are beginning to rise and will likely continue to increase.

People who have more serious mental illness such as schizophrenia or bipolar disorder may relapse or have even more difficulty coping with life. This is especially worrisome for law enforcement officials, who can expect to receive more crisis intervention calls.

Liquor sales have increased partly due to bar closures, but also because people are relying more on alcohol to cope with difficult emotions, stress

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# HOPE DURING COVID-19

Continued from Page 1

or even boredom. While alcohol can work as a short-term strategy, it usually has emotional, social, and physical long-term costs. As a result, we are likely to see increases in DWIs, alcohol poisoning cases, and alcohol-related accidents. People may also be more likely to seek out treatment and support through sources like Alcoholics Anonymous.

Prescription drug use is on the rise as are opioid and other drug overdoses. Our state's drug czar reports that naloxone (opioid overdose treatment) usage is on the rise. The state's illegal drug business is booming

as people attempt to cope. And if you have a medical marijuana dispensary in your community, I predict that the parking lot will be full and more people will be buying their full quota of the drug as often as they can. We are seeing medical marijuana cause

as many or more problems in our clinics and hospitals than the street drug except that it is less likely to be cut with toxic substances. Remember, just because it is legal does not mean it is good for people and it can cause problems.

## HOPE

Given the bleak news above, what can/should we do? I suggest we lean into HOPE. Hope is a science that can be developed and nurtured and can change your life and the world ("Hope Rising," Gwinn and Hellman, 2019). They define hope as an interaction between Willpower (Agency) and Waypower (Pathways) leading to Desirable Goals. In other words, if we can conceptualize a better state of being and have the tenacity to stick to a plan to move in that direction, we have hope.

While each of us will have our

own hope(s) for these difficult times, the following are worth considering. Please start with Dr. Sacha McBain's suggestions (see adjacent article). Her material is evidenced-based, and reliably works for each of us, our families, our co-workers, our employees, and the public. Let's use the practice of these new strategies and skills acquired during this time to sustain each other during the pandemic and beyond.

Be kind to yourself, give yourself a little more time, and be forgiving of yourself. Under stress, we lose more things, forget more things, and function

more poorly than usual. Find every opportunity to laugh at yourself and be gentle with yourself.

Be kind to people. This goes a long way toward helping people cope. Encourage the people around you to pause and breathe deeply, be present in the moment and out of the past and

the future. There is significant research to support these approaches as healthy, helpful, and hopeful.

Finally, encourage people to get the mental health and substance abuse treatment they need. There are real-world obstacles to getting treatment during the pandemic; however, where there is agency (willpower) and pathways (waypower), the goal can be achieved.

One of these goals, born during the pandemic, that will outlast COVID-19 is AR-Connect, PRI's new 24/7 tele-video service where anyone can get the mental health and substance abuse treatment they need whenever they need it (see article on Page 3).

*G. Richard Smith, M.D., is the chairman of the UAMS Department of Psychiatry and the director of the Psychiatric Research Institute.*



## SURVIVING THE STORM

By Sacha A. McBain, Ph.D.

As of September 15th, there are currently 70,125 confirmed cases and 1,003 deaths from COVID-19 in Arkansas. Projections by the UAMS College of Public Health show Arkansas having nearly 121,062 cumulative cases and 2,088 deaths by October 31st.

For many of us, the experience of COVID-19 may be best described through the analogy of a tsunami. A tsunami begins with an underground eruption that causes a large displacement in water that results in a destructive wave train with unpredictable crests and troughs. While a tsunami is most likely to damage coastal areas, its damage can have widespread and longstanding impacts on the surrounding areas. In this analogy, COVID-19 might be the underground eruption that has caused devastating waves of financial insecurity, societal division, uncertainty, loss of life, and deepened health disparities. This year has been an overlapping series of literal and figurative natural disasters within a seemingly unending news cycle of tragedy and injustice.

Much has already been written about the impact of the year 2020 on mental health including the pandemic, volatile politics, and the racial trauma experienced by Black Americans as a result of the fatal shootings of George Floyd and Breonna Taylor by police. These events sparked national outcry, protests, and increased consciousness regarding the impact of systemic racism on every aspect of Black American lives including a disproportionate burden of COVID-19 cases as well as unequal access to appropriate testing and necessary treatment.

When it feels like your life or worldview have been turned upside down, there is no "right" way to respond. Importantly, how we respond to stressful situations is influenced by our lived experience up until that point, what resources and additional stressors we face, and how we've learned to cope with adversity or uncertainty. Those with children, for example, are navigating their own reactions, parenting in a pandemic, as well as the reactions and adjustment of their children and families. The pressures of caregiving and the increased fear of infecting older relatives can feel insurmountable. Those at greatest risk like older adults and people who are immunocompromised due to illness or disability may feel susceptible and unprotected. The point is, not everyone is affected by COVID-19 the same way. It's important to realize this as we try to understand the mental health impact on our communities and find solutions that are both supportive and inclusive.

For many, this time may be marked by changes in mood – feeling more down, irritable, or fearful. Some may have difficulty concentrating or even feel helpless or powerless. Others may feel little at all as a result of numbing emotions through distraction, over working, or other means like alcohol or drug use. Crisis can also bring out the best in us. We can feel called to action, feel gratitude, or engage in more helping behavior.

Unlike a tsunami, COVID-19 is not a visible danger. As a result, we don't always know when we are actually in danger and because of that we must always behave as if we are in danger in order to be safe. This means living in a state of constant vigilance that over time

can lead to physical stress reactions like headaches, upset stomach, increased heart rate, muscle tension, changes in appetite (hello, nightly bowl of ice cream), and disrupted sleep. It can also lead to burnout, fatigue, frustration, or disillusionment (ever had the thought I don't care anymore?)

This time has also been marked by grief and a sense of loss. For many, this includes the ultimate loss of a loved one and the inability to mourn through the usual rituals. For others, we cannot underestimate the grief of losing a job, important celebrations of milestones, or even the loss of a daily routine or spontaneous physical and social connection with friends and family. These are the things that hold our lives together, give us purpose, and keep us in the present or hopeful for the future.

So, what do we do to contend with the seemingly endless uncertainty and adversity that characterizes this time? First, remember Aesop's fable "The Oak and The Reed." During a storm, the rigid oak is prone to break or blow over while the flexible reed bends with the wind and so survives. In psychology, we call this mental flexibility. Often times in crisis, we have the tendency to tighten up or try to grit through until the crisis ends. While this can work in some instances, given the number of stressors we're experiencing with no end in sight, this strategy may actually end up doing more harm than good.

To improve your mental flexibility, start by being kind to yourself. This is an unprecedented time with no rulebook or code of conduct. There is no "right" way to emotionally cope and we must remember having an emotional reaction is a normal part of being human. That means allowing yourself to experience your emotions (especially the uncomfortable ones) rather than pushing them away or endlessly distracting from them. While waves of emotion might feel as dangerous as the waves of a tsunami, I promise you can handle them and you'll get better at sitting with your emotions over time. When we can, it also helps to refrain from comparing ourselves to others. We are all coming to this time with different experiences, resources, strengths, and vulnerabilities. When we are kind to ourselves, we can also be kinder to those around us and adopt a mindset of flexibility and understanding.

Decades of research has shown that positive social support is crucial to mental health and wellness during times of stress. Although we can't access social support in the ways we are used to, we need to be intentional in finding ways to feel connected to each other and to talk about what's going on in our worlds. This is especially true if you tend to "get stuck" in your thinking and replay the same thoughts over and over. Talking it through with a trusted other or even writing it out can help ease circular thoughts or worry.

Communication is extremely important during periods of crisis. Ambiguity in communicating with your community, however large or small it may be, makes it difficult for people to be resilient. This was true during the SARS outbreak in 2003 when a lack of information or inconsistent information was one of the primary drivers of later post-traumatic stress disorder symptoms. Given our current situation, some of this ambiguity is to be expected and is unavoidable. However, coordinated, cool-headed, honest messaging from community leaders can go a long way in allaying undue anxiety and confusion.

Imagine this - you're in a small wooden row boat in a perfect storm. You try to stand up in the boat to scoop out the water, moving around the boat, and paddling against the waves in a frenzy. These actions probably actually increase your likelihood of going overboard. However, if you're to put on your life jacket, hunker down in the center of the boat, and ride the waves of the storm, you have a greater chance of surviving. Just like in a storm, a cool-headed and thoughtful response, can make all the difference now.

*Sacha A. McBain, Ph.D., is a clinical psychologist and associate director of the Psychiatric Research Institute's Center for Trauma Prevention, Recovery, and Innovation.*

## UAMS AR-CONNECT OFFERS ROUND-THE-CLOCK CARE



The University of Arkansas for Medical Sciences' AR-Connect call center is open 24 hours a day, seven days a week, answering the needs of Arkansans dealing with any number of mental health issues. The caller is evaluated by a nurse triage team and, if needed, contacted by another medical professional within 24 hours. To maintain social distancing, the contact will either be by phone or live video, depending on the patient's preference. The virtual clinic operates Monday through Friday, 8 a.m. to 5 p.m.

AR-Connect's clinical team, based at the Psychiatric Research Institute, has been trained to recognize the needs of those dealing with mental issues, whether they are a single parent struggling to support their family or a medical professional on the front lines of the COVID-19 pandemic.

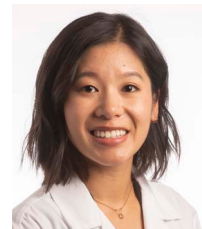
The goal of AR-Connect is to help those Arkansans needing immediate care get the assistance they need and eventually connect them with treatment options available in their local area. Health insurance is not required to access AR-Connect's mental-health professionals and patients will not be responsible for any payments outside of what is covered by their insurance plan.

For more information, contact AR-Connect at [arconnect@uams.edu](mailto:arconnect@uams.edu). Call (501) 526-3563 or 1-800-482-9921 to speak to a mental health professional.

## THREE JOIN PRI FACULTY



**Toby Belknap, M.D.**



**San Bui, M.D.**



**James Scott Steele, M.D., Ph.D.**

The Psychiatric Research Institute added three new members to its faculty this summer. **Toby Belknap, M.D.**, is an assistant professor and former resident in the University of Arkansas for Medical Sciences' Department of Psychiatry. Belknap, who completed a fellowship in Child and Adolescent Psychiatry at UAMS, sees patients in PRI's Child Diagnostic Unit and provides consults on patients at Arkansas Children's Hospital. **San Bui, M.D.**, is also a former resident and assistant professor in the Department of Psychiatry and is working in the Walker Family Clinic as well as the consult liaison service. **James Scott Steele, M.D., Ph.D.**, graduated from the UAMS College of Medicine and received his doctorate in Clinical and Translational Science at UAMS. A former trainee in the National Institute for Drug Abuse T32 Addiction Research Training Program at UAMS, he completed his residency in Adult Psychiatry at the University of Pittsburgh Medical Center. Steele sees patients in the Walker Family Clinic and will be conducting research in PRI's Helen L. Porter and James T. Dyke Brain Imaging Research Center.



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**Thank you for taking the time to  
read the latest issue of Mind Matters.**

If you received this version and would prefer to have the digital version, **please contact Tim Taylor at [tim@uams.edu](mailto:tim@uams.edu).**

## BRAIN IMAGING STUDY FOCUSING ON CHILDHOOD TRAUMA AND RESILIENCY

Andrew James, Ph.D., of the Psychiatric Research Institute’s Brain Imaging Research Center (BIRC) is currently recruiting healthy adult participants for an MRI research study on childhood trauma and resiliency. “We know that childhood exposure to abuse or neglect is a strong risk factor for developing addiction and other psychiatric disorders later in life. Over the past decade, the BIRC has mapped how the brain changes with childhood adversity to promote susceptibility to mental illness in adulthood.

“But many people who experience childhood adversity do not develop addiction or other disorders later in life, and we want to know

how their brains may have adapted following childhood adversity to promote resiliency. If we can identify a neural representation of resiliency, then that opens the door to neuromodulatory approaches like rTMS to ‘train the brain’ toward resiliency.”

The BIRC is seeking adult men and women between the ages of 18 and 40 who experienced childhood trauma like abuse or neglect and did not develop addiction or other psychiatric disorders or any other major medical conditions for its study on resiliency. For more information, please call or text the Brain Imaging Research Center at (501) 420-2653.

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## CLINICAL OPERATIONS

**Walker Family Clinic** 501-526-8200  
*(outpatient adult)*

**Child Study Center** 501-364-5150  
*(children/adolescent)*

**Center for Addiction Services  
and Treatment (CAST)** 501-526-8400  
*(addiction treatment/counseling)*

**The Couples Center** 501-528-8288  
*(marriage/relationship counseling)*

**Women’s Mental Health Program** 501-526-8201  
*(addiction treatment/counseling)*

**AR-Connect** 501-526-3563 or 1-800-482-9921  
*(urgent care therapy)*

**GIVING:** [psychiatry.uams.edu/giving](http://psychiatry.uams.edu/giving)