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How
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The Hands Holding our Future are Hurting:

The Critical Role of Higher Education in Healing and Rejuvenating our Youth

BY ELIZABETH L. PAUL, PHD

Today's young people will shape the possibility and promise of our collective future. Youthful idealism and optimism, fresh thinking and creativity, passion and energy are the lifeblood to social progress and a thriving future. The level of trauma and mental health degradation that we are seeing in our youth in 2020-2021 puts our collective future in peril, and calls for urgent action.

Higher education is a vital gateway for many individuals in the critical transition from adolescence to adulthood. The college experience is an all-encompassing developmental setting for critical cognitive and socioemotional growth that sets the stage for productive adulthood, in addition to many other documented lifelong benefits.

The multiple traumas of 2020 and 2021 have starkly interrupted this critical time of learning and growth for every student. All of a sudden, in mid-March 2020, the pandemic became a stark reality, displacing college students from their campus homes and social networks – fundamentally disrupting their college experience. This, in the midst of escalating social and political contention, more and more bias-motivated attacks and reminders of systemic racism. And for many, economic distress has deepened, often spurring food insecurity and other traumas.

The psychological impacts of this time are multidimensional and compounded. It is critical that we understand the

full complexity of psychological impacts. Below I identify six psychological impact dimensions that are powerfully intersecting in young people's experiences of this time. We must be mindful that there are differences in the ways in which people are experiencing this time. I conclude with eight dimensions of higher education's critical role in the treatment, healing and rejuvenation of our youth; and, thereby, our future.

Psychological impacts

Mental health challenges. Incidence rates of mental health challenges and conditions have skyrocketed, with some surveys, such as the 2020 Active Minds national survey, showing upwards of 80% of youths have experienced increased depression, anxiety, obsessive-compulsion and/or other symptomatology. Suicidal ideation has increased in prevalence; the CDC estimates that suicidal ideation is now experienced by nearly one-quarter of youths.

For many students, college provides the first trusted opportunity for addressing mental health challenges or conditions, and for support for coping with life stressors. The closeness of college communities also provides an important safety net for the diagnosis and treatment of mental health conditions that have been long-standing and unaddressed, as well as conditions that typically emerge at this age (e.g., bipolar depression, psychosis).

Social isolation. Social interaction is the primary mechanism of effective learning and development, as well as support and coping. College students have faced immediate separation from their primary social network, in many cases returning to their family home and in some cases facing homelessness. Social interactions have been restricted and shared physical spaces disallowed. We are realizing anew the potency of serendipitous daily interactions – everyday, ordinary moments in which we are recognized and valued, and feel a sense of belonging and community.

Grief. College students have faced significant loss over the past year – economic, social, physical and emotional, causing an array of grief experiences and reactions including numbness, anger, fear, anxiety, panic and guilt. Some have faced loss - either from isolation or death - of important people in their lives, through COVID or another cause. Ambiguous grief has been especially prevalent, prompted by rapid change without an opportunity to say good-bye or achieve closure. Likewise, some of the grief college students feel is not typically acknowledged as grief, including the loss of routine and social connection, loss of the feeling control over their lives or of a sense of future possibility.

Behavioral and learning disruption. Many students lament increased challenges with concentration and attention, feeling unmotivated and unproductive. Academic achievement and progress are suffering, as are their self-confidence and confidence in important mentor/mentee relationships with respected faculty and staff. Difficulty coping with learning differences is compounded by pandemic disruption.

Learned helplessness and hopelessness. The persistence of the pandemic, along with the centuries-long ongoing perniciousness of systemic racism and other inequities, has spurred feelings of helplessness or perceived lack of control and hopelessness or lack of a clear "light at the end of the tunnel." This can create emotional numbing and exhaustion, behavioral passivity and self-isolation.

Developmental interruption. The transition from adolescence to young adulthood is a potent time of cognitive and socioemotional development, with lasting impacts throughout adulthood. Higher education is designed to facilitate positive learning and development, equipping young adults for decades of well-being, fulfillment and positive impact. This year's stark disruptions have interrupted and, at best, paused expected development, putting young people at risk for a lifetime of challenging sequelae.

Differential experiences

The experience and impacts of this time are not the same for all young people. There are many factors that moderate both experience and impact.

First and foremost, racial disparities in the impact of COVID, compounded by ongoing systemic racism, repeated violence, and bias-motivated acts, deepen the trauma and isolation for students of color, and those with other identities that are marginalized in our society. Furthermore, the repetitive trauma of living through the constant stream of these events makes these students feel all the more unsafe, unsupported, and unheard at a time when they need compassion and empathy the most.

Socioeconomic status has differentiated the economic impacts of this time, with many students experiencing dire economic insecurity, while some students feel increased economic security. Housing insecurity and especially food insecurity have increased. Economic stressors may also increase the likelihood of drug use as well as abuse and neglect.

Colleges and universities are often safe havens for LGBTQ+ identity transitioning and support, especially in the presence of family conflict. Positive acceptance in the college community is instrumental to student well-being. The pandemic has spiked isolation and loneliness, increasing risk to LGBTQ+ youth.

Students with differing abilities work hard to define adaptations for full participation in college and society. The pandemic disrupted and displaced these students and these empowering adaptations. As a result, students with differing abilities have disproportionately experienced mental health challenges as well as economic hardship.

Personality dispositions, such as introversion and extraversion, moderate our experience of significant life events and their impact on mental health. As we start to emerge from the pandemic, it is likely that personality dispositions will impact our psychological reactions to greater public interaction, for example, with introversion relating to greater social anxiety.

Finally, the stage of the college experience during which a student has been disrupted by the pandemic has prompted different traumas. Students at different stages have missed significant milestones and rituals. Seniors have missed capstone celebrations and commencement, and many face significant anxiety and insecurity about their future. First year students have had a year full of unknowns and

insecurities, as yet to accomplish the transition to the full college experience.

Working toward treatment, healing and rejuvenation

Supporting our youth is a collective effort. At Nazareth College, we are thinking about the elements we need to prioritize and cultivate - in concert - as we come together to lift our youth from trauma and despair to agency and hope. Our mission inspires us to “foster integrated learning through action and reflection, educating whole persons who are guided by empathy, committed to equity, and prepared to lead innovation for our time.”

Mental health diagnosis, treatment and support. Proactively diagnose, treat and support mental health challenges and conditions, recognizing that our mental health system is overwhelmed and oversaturated. Utilize technological innovations like telecounseling to increase accessibility of support.

Trauma processing. Recognize and process layers of compounding traumas; a process likely to unfold over years.

Grief. Honor the many losses youths have suffered in 2020 and 2021. Guide them through a grief process.

Resilience. Appropriately timed with the above, guide students in identifying the strengths they have developed in 2020 and 2021, and the role of these strengths in their future.

Learning intervention and support. Support students in regaining lost learning, decayed learning skills, and rocked confidence as a learner - without shame.

Community. Define and cultivate the core building blocks of healthy interpersonal connection and community. Create communities that are inclusive and equitable in fostering belonging and empowerment.

Agency and self-efficacy. Help students regain a sense of control over their lives, reinspire agency to take proactive action, and rebuild self-efficacy or belief in one's ability to succeed.

Possibility and hope. Reinspire students' willingness and ability to see into the future, to feel excitement for the future, and to have a sense of possibility and purpose for their role in impacting the future.

At Nazareth College, we know that healing and empowering our youth is a critical route to a healthier and more just

future for us all, and for generations to come. Nearly 100 years ago, Nazareth College was formed on the heels of the Pandemic of 1918 to do just that. We lifted our youth then to be leaders of social innovation, social progress and social justice, and we will do it again now, for the good of our world.



Dr. Elizabeth “Beth” L. Paul serves as president of Nazareth College in Rochester, New York. Prior to joining Nazareth College in July 2020, Dr. Paul served as president of Capital University in Columbus, Ohio, having served the previous seven years as the senior academic officer at Stetson University in Central Florida. Well-known as a consultant focusing on learning innovation, community empowerment, governance, strategic planning and change management, Dr. Paul has held national leadership roles in key higher education initiatives. Dr. Paul considers it a moral imperative of higher education to actively partner in innovation, ideas and learning approaches that extend beyond established boundaries to build capacity and tackle social challenges. She is an engineer of neighborhood-based community-engaged and experiential learning programs, local and global, garnering national recognition. Dr. Paul holds a bachelor's degree in psychology, with a minor in statistics, and a doctorate in personality psychology, both from Boston University. She earned a certificate in higher education administration from Harvard Institute for Educational Management.

Nicotine Addiction, Vaping, and EVALI in the COVID-19 Pandemic

BY JEAN LEE, MD, MPH, KRYSTALYN BATES DO, DONNA PRATT MD, MSEH, SCOTT MCINTOSH, PHD

The COVID-19 pandemic has worsened the symptoms of addiction in patients. While it has had a profound effect on the use and overdoses of illicit recreational substances, such as heroin and other opioids, it has also had a severe impact on more legally, culturally, and socially acceptable behaviors, such as those related to tobacco use disorder and dependence on nicotine products, including cigarettes and electronic nicotine delivery systems (ENDS). This tendency is clearly reflected as the sales data on net spending on tobacco products, which went from a steady decline of 4-5% each year since 2015, to a dramatic increase in 2020. It is also further emphasized by the sharp decline in call rates to free tobacco cessation services, such as through the North American Quitline Consortium, which had a 27% decrease in call volume over the course of year 2020.

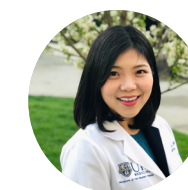
Vaping is the process of inhaling and exhaling vapor produced by heating a liquid or wax containing substances, such as nicotine, cannabinoids, flavoring, and additives (e.g., glycerol, propylene glycol), often using ENDS products. While some mixtures have been clearly shown to cause more damage than others, most current combinations are being linked to both severe lung and circularly system damage equal to or worse than their smoking counterpart. Despite the mounting evidence, the rate of vaping in the general population continues to rise. This is particularly important as vaping has been shown to directly worsen the effect of COVID-19 on patient populations in both correlative hospital data and causative animal model studies. Furthermore, while E-cigarette, or Vaping Product, Use-Associated Lung Injury (EVALI) remains a diagnosis of exclusion, the likelihood of vaping contributing or worsening the clinical picture of COVID-19 should not be underestimated.

Over the past year, the incidents of severe respiratory distress syndromes such as EVALI continue to occur; however, with symptoms such as fever, fatigue, malaise, cough, shortness of breath, nausea, vomiting, and GI distress have been obscured by the similar presentation of COVID-19. Both COVID and EVALI can have significant objective findings such as hypoxia and elevated inflammatory markers, as well as

bilateral ground glass opacities on CT imaging. When vaping history is positive, and COVID tests have been negative, consider the possibility of a case of EVALI.

Asking patients about their use of ENDS is important for both a patient's individual health and for systems' outcomes research. However, the various names/titles that encompass breathing in electronic recreational products have made eliciting the history and discussing their use complicated for providers. We recommend the opening discussion about tobacco, cannabis, and vape use using broad, open-ended approaches, such as “Do you use any products that you inhale?”

Addressing addiction is an arduous, longitudinal process that often takes multiple encounters of support to address. Approaching nicotine dependence and tobacco use disorder utilizing the steps of motivational interviewing, as well as using resources such as free referrals to the New York State Smokers' Quitline, at 1-866-NY-QUITS (1-866-697-8487) or visit www.nysmokefree.com, can help reduce the burden on providers while increasing patient support for nicotine cessation. For help with training on newest research regarding smoking and vaping information and cessation, as well as assistance in setting up and facilitating connections to free, state-sponsored cessation support services, please reach out to the Center for Tobacco Free Finger Lakes at treatnicotine@urmc.rochester.edu.



Jean Lee is a preventive medicine resident at the University of Rochester Medical Center. She graduated from the University of Michigan with a bachelor's degree in neuroscience, as well as MD/MPH in health management and policy. She completed her Pediatrics internship at Golisano Children's Hospital at Strong Memorial Hospital.