

Cognitive *focus*

29th Year | Newsletter of the Centre for Cognitive Therapy | Ottawa

New at the CCT

The CCT has expanded to 12 Cognitive Therapists. This improves the availability of Cognitive Therapy in response to high community demand.

We welcome Psychologists **Dr. Martyn Gabel**, a graduate of the clinical program at University of Waterloo and **Dr. Deanna Davis**, a graduate of the clinical program at University of Western Ontario. These are two of the top rated clinical programs in Canada.

We also welcome 5 Registered Psychotherapists: **Abby Levert, Abeer Mourad, Kelsey Marshall, Rachel Domingue and Meagan Black.**

Therapists meet individually once a week for clinical consultation with a senior Psychologist and once a week for ongoing professional development.

RateMD has rated the CCT the top mental health facility in Ottawa.

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Post-COVID Mental Health

Mental health problems were rising before the pandemic and spiked during the peak. Where are we now?

Governments worldwide have implemented social distancing measures and restrictions to control the spread of the deadly COVID-19, thereby reducing the number of infections. This strategy was aimed at flattening the curve. Population immunity has increased dramatically with the wide distribution of vaccines and greater population exposure to the virus. However, as the pandemic progressed, it became clear that the social restrictions implemented had a significant negative impact on psychological outcomes. For example, there has been an estimated 25% increase in depression and anxiety cases worldwide, accompanied by a disturbing rise in suicidal thinking. Adolescents were particularly hard hit.

Have we returned to normal? The available evidence indicates we have not. The American Psychological Association found that 45% of adults aged 35-44 received a mental health diagnosis in 2023, compared to 31% in 2019. Adults aged 18-35 had the highest rates at 50%. Increased loneliness is considered one of the most harmful consequences of COVID-19 and is currently considered an epidemic by the Surgeon General in the US.

Before the pandemic, it was becoming increasingly apparent that loneliness was increasing to alarming levels. Loneliness can be as detrimental to physical health as smoking 15 cigarettes a day, and its impact on mental health is even more severe. Social distancing

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The challenge of Loneliness

Loneliness can be relieved by increasing social connection. However, simply being surrounded by people does not guarantee that one won't feel lonely. Healthy social connection involves feeling like a part of a community, no matter how small, and having a few close friends. Popularity that comes from status isn't helpful and can even be harmful, but being popular because of one's likability is very beneficial.

When working with lonely individuals with mental health challenges, we take an individualized approach. We seek to identify primary factors contributing to loneliness and work on obstacles to increasing social connections, such as social anxiety, withdrawal due to depression, health-related fears, adaptation to being alone, resistance to change, and personal vulnerability. Building closeness in relationships requires increasing our sense of vulnerability with others, which many people avoid.

Another obstacle is a perceived lack of practical opportunities. In some cases, the challenge may be finding social groups or interesting activities that provide social opportunities.

measures imposed during the pandemic have significantly amplified loneliness across the globe, leading to a surge in mental health issues. There are several challenges in re-establishing optimal levels of social connection.

COVID-19 has made it harder to maintain social connections. Many social groups and organizations have reduced their activities, resulting in less participation. Working from home has become commonplace but limits the ability to provide a sense of community and a place where friendships develop. While remote communication technology helps, it only provides temporary relief. Substituting in-person interactions with technology in the long run can be harmful. Digital device use for more than 5 hours per day by adolescents doubles the risk of suicidal behavior compared to light users.

Many people are encountering psychological challenges while returning to their pre-COVID social lives. Due to the prolonged social disconnection, individuals have become accustomed to it, negatively impacting their physical and mental health. This is similar to adapting to suboptimal levels of physical fitness. The pandemic has increased people's health concerns, and they have become more cautious about attending social gatherings. Capaccio, in his book "Loneliness," mentions that loneliness usually leads to ever-increasing levels of social isolation. Social rejection causes extreme discomfort and anxiety, which can become an increasingly significant obstacle to re-establishing healthy connections.

The case of a 14-year-old boy without social anxiety before COVID-19 illustrates a common issue at the CCT. He adapted well to remote learning during the pandemic and coped with reduced social interaction. However, when he returned to school, he experienced severe social anxiety. Cognitive therapy helped him improve his comfort level at school, increasing his interaction with peers. His parents reported that he continued to experience anxiety in other social areas, but the boy reported feeling comfortable with his current level of social connection. He believed that he had accomplished what was necessary.

Neurological sequelae have also been reported to include cognitive deficits (known as brain fog), psychotic disorders, and seizures in some apparent as long as 2 years following COVID-19.

