

Background

- PWA are inherently dealing with pre-existing struggles of *communication, social, and/or cognitive disabilities*.
- About **31%** of stroke survivors exhibit depression or some depressive symptoms that can impede functional recovery.

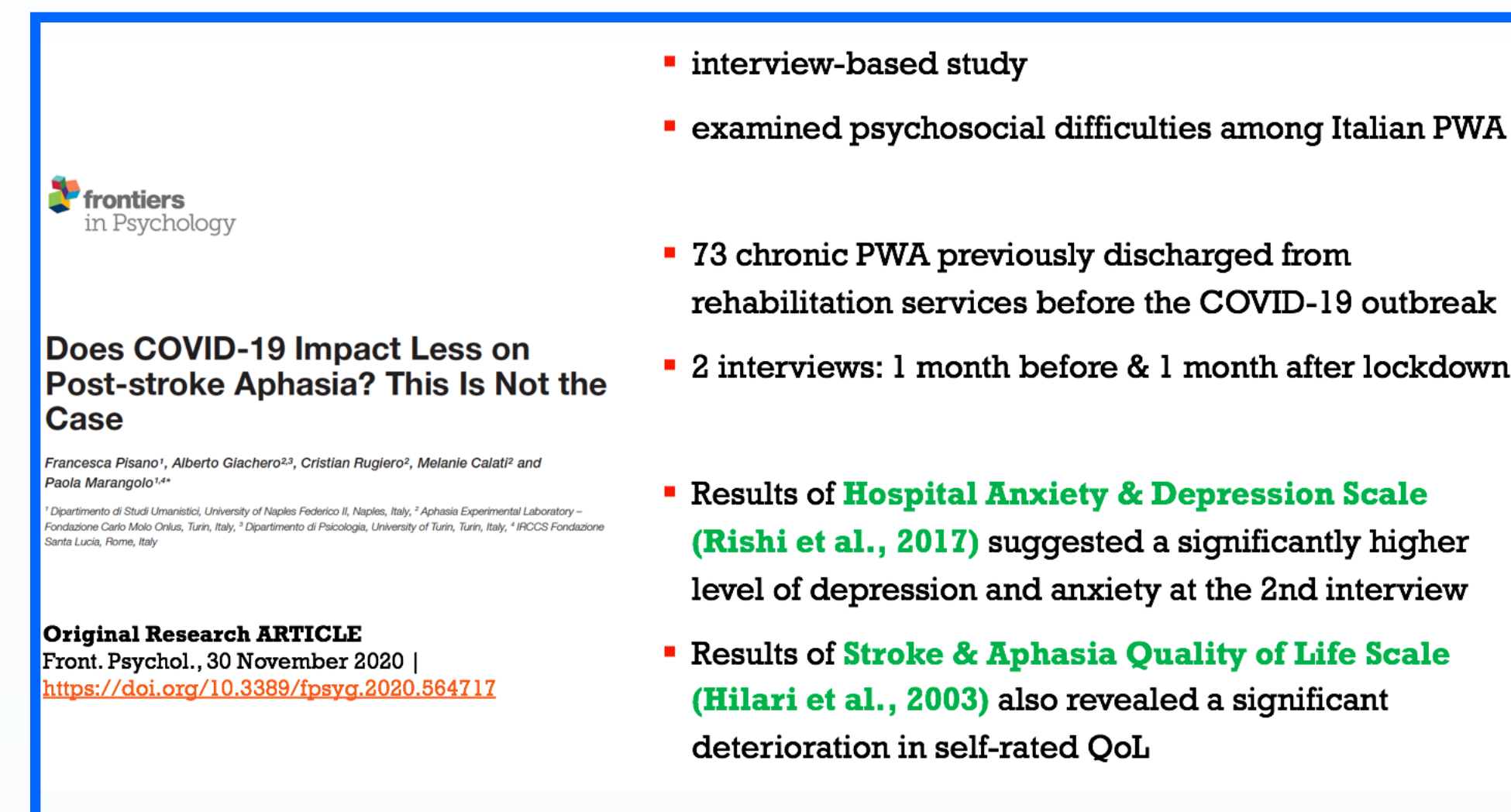
1. COVID-19 and its Psychological Impacts

- At present, the world has battled COVID-19 for over 15 months
- Many reports have revealed its psychological and mental impacts on different people, including:
 - elderly
 - children and adolescents
 - pregnant women
 - teachers and students
 - healthcare workers
- Similar studies focusing on specific vulnerable populations have also emerged, such as:
 - dementia
 - Parkinson's disease
 - cancer
 - intellectual and developmental disabilities
 - autism spectrum disorders
 - neurodevelopmental disorders
 - caregivers
- Commonly psychological consequences provoked by COVID-19:
 - Fear, Anxiety, Depression, Stress, Indignation, Boredom, Helplessness*
- Reported sources that contributed to these negative feelings:
 - prolonged home-stay
 - concerns for family members & friends
 - existing health conditions
 - worry about health & loved ones
 - quarantine and lockdown measures
 - disruption of daily life & normal routine
 - reduction of leisure & social activities
 - discrimination

2. Effects of COVID-19 on PWA

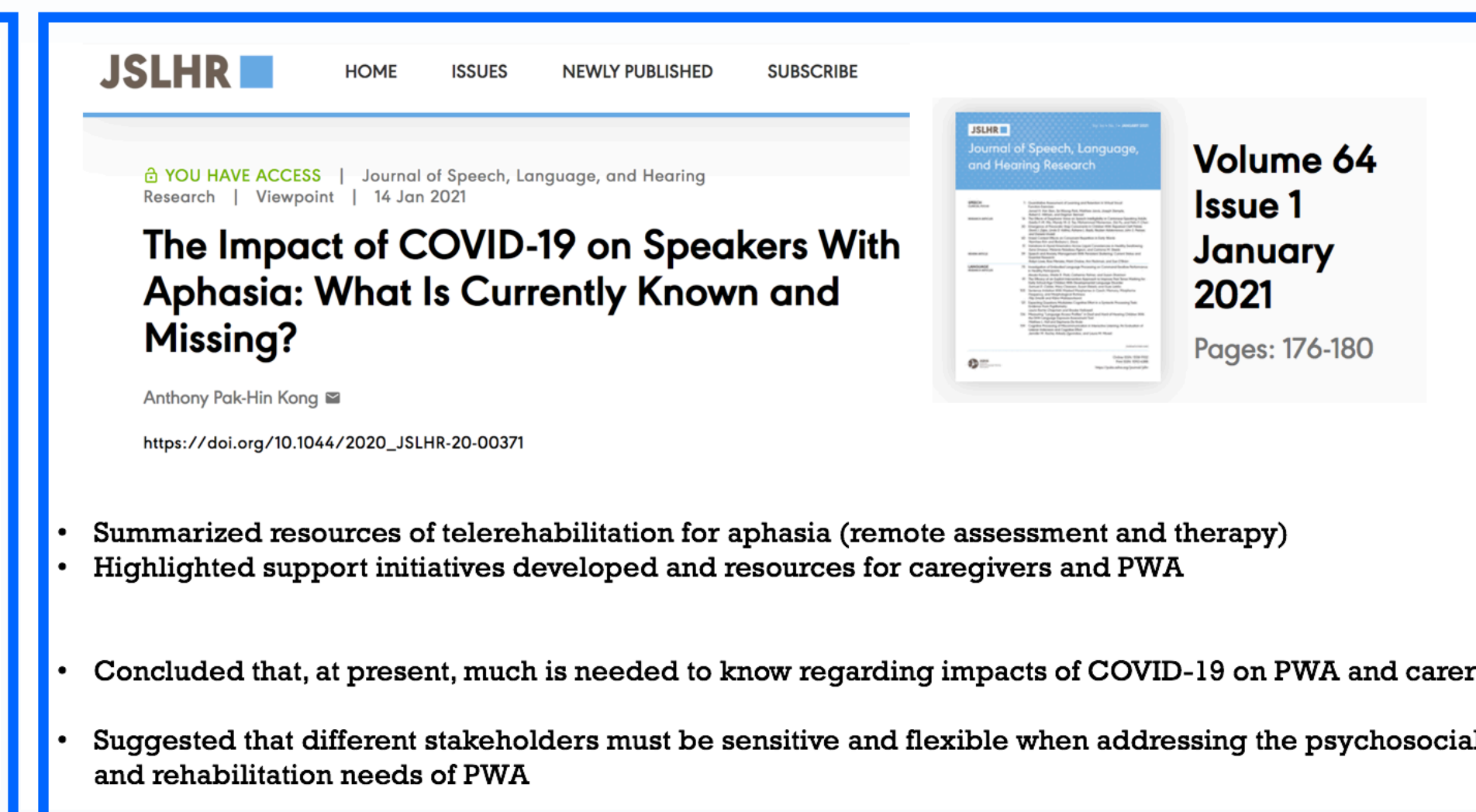
- At present, little has been published on the topic of mental health changes, distress, and/or concerns among persons with aphasia (PWA)
- What is important to promote & maintain positive psychosocial well-being in PWA?
 - Regular social engagement**
 - Meaningful relationships**
 - Meaningful social activities**
- Changing regulatory measures on social distancing have broadly disrupted and limited these opportunities!!

- Adoption of new activities or schedules may be needed in some PWA
- Ongoing societal disruptions (since its rapid onset in March 2020) created a huge challenge to:
 - conventional face-to-face, facility-based management of aphasia:** e.g., speech & language therapy assessment sessions, training sessions, support group meetings, social gatherings
 - community activities:** e.g., leisure peer interactions, recreation and sport activities
- Subsequent difficulties to ensure PWA's good mood, psychosocial well-being, & QoL.



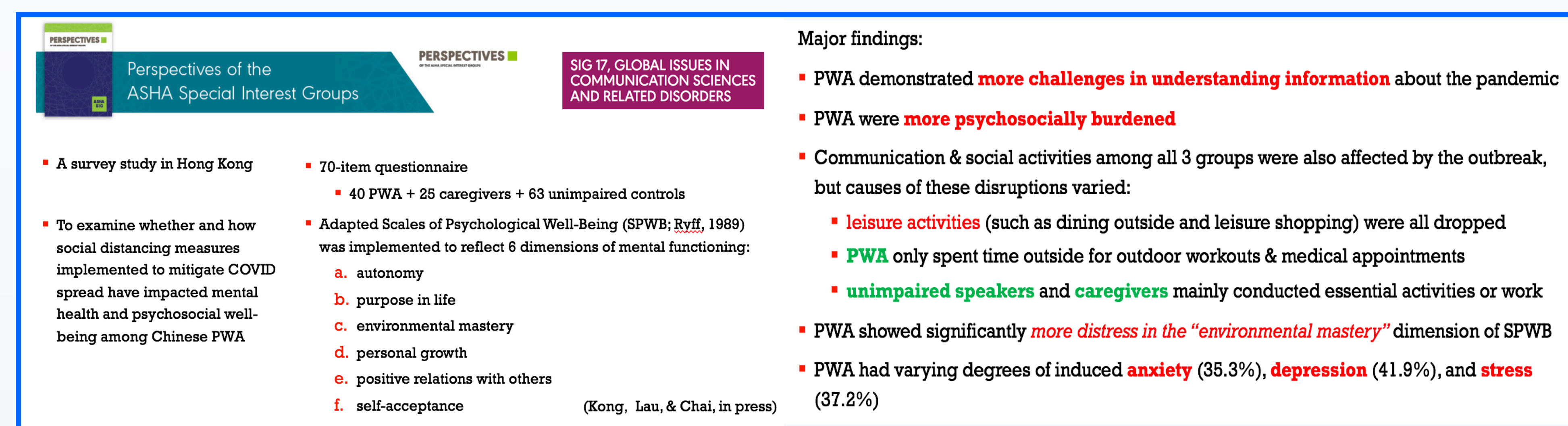
interview-based study

- examined psychosocial difficulties among Italian PWA
- 73 chronic PWA previously discharged from rehabilitation services before the COVID-19 outbreak
- 2 interviews: 1 month before & 1 month after lockdown
- Results of **Hospital Anxiety & Depression Scale (Rishi et al., 2017)** suggested a significantly higher level of depression and anxiety at the 2nd interview
- Results of **Stroke & Aphasia Quality of Life Scale (Hilari et al., 2003)** also revealed a significant deterioration in self-rated QoL



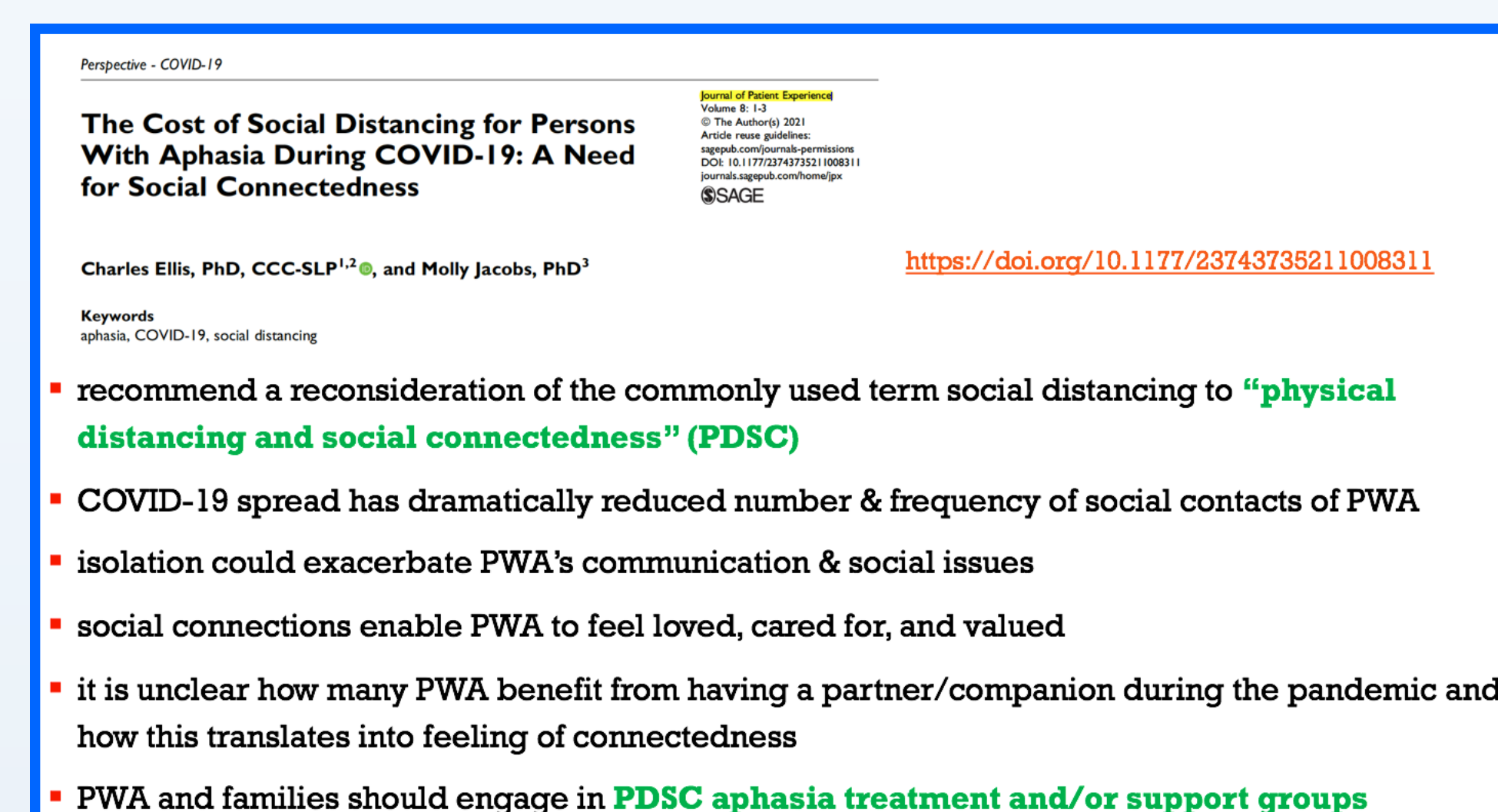
Summarized resources of telerehabilitation for aphasia (remote assessment and therapy)

- Highlighted support initiatives developed and resources for caregivers and PWA
- Concluded that, at present, much is needed to know regarding impacts of COVID-19 on PWA and carers
- Suggested that different stakeholders must be sensitive and flexible when addressing the psychosocial and rehabilitation needs of PWA



Major findings:

- PWA demonstrated **more challenges in understanding information** about the pandemic
- PWA were **more psychosocially burdened**
- Communication & social activities among all 3 groups were also affected by the outbreak, but causes of these disruptions varied:
 - leisure activities** (such as dining outside and leisure shopping) were all dropped
 - PWA only spent time outside for outdoor workouts & medical appointments**
 - unimpaired speakers and caregivers** mainly conducted essential activities or work
- PWA showed significantly **more distress in the "environmental mastery"** dimension of SPWB
- PWA had varying degrees of induced **anxiety** (35.3%), **depression** (41.9%), and **stress** (37.2%)



recomend a reconsideration of the commonly used term social distancing to "physical distancing and social connectedness" (PDSC)

- COVID-19 spread has dramatically reduced number & frequency of social contacts of PWA
- isolation could exacerbate PWA's communication & social issues
- social connections enable PWA to feel loved, cared for, and valued
- it is unclear how many PWA benefit from having a partner/companion during the pandemic and how this translates into feeling of connectedness
- PWA and families should engage in **PDSC aphasia treatment and/or support groups**

In summary...

- COVID-19 had an elevated risk for exacerbating social isolation & associated -ve psychological symptoms in PWA*
- there are still significant knowledge gaps about the short- & long-term impacts of COVID-19 on PWA*
- this warrants special attention to adequately address the psychosocial and rehabilitation needs of PWA*

3. Challenges for Addressing Emotional Distress in PWA

- COVID-19 has led to dramatic and unprecedented changes to many people's life worldwide
- It poses a threat to public health
- It affects how care can be adequately provided to address patients' (i.e., PWA's) needs
- The post-COVID-19 era will become different from the world we have known
- Thus far, the majority of the literature has discussed how previous and existing social distancing measures have affected PWA in a negative way
- However, one must also not neglect the potential disparate opportunities that have created new initiatives for managing aphasia

4. Opportunities for Addressing Emotional Distress in PWA

	Challenges amid the pandemic (Current limitations)	Opportunities to improve care of aphasia (Future directions)
1. Overall emotional distress in PWA	<ul style="list-style-type: none"> PWA have experienced various levels of emotional distress about COVID-19 and its impact on them, their loved ones, and their communities 	<ul style="list-style-type: none"> To conduct more research investigations to examine the short- and long-term effects of COVID-19 on PWA's psychosocial well-being (Kong, 2021) To review and expand existing phone or online outreach programs or "check-in" services (e.g., Ryan, 2020) to supplement regular aphasia therapy
2. Telepractice for PWA	<ul style="list-style-type: none"> Telehealth for PWA has been around for years but has not been the most popular option (Kurland, Liu, & Stokes, 2018) Some PWA might not be able to transition to teletherapy amid COVID due to digital inequality (Menger, Morris, & Salis, 2016) 	<ul style="list-style-type: none"> To continue to advocate and promote the application of telepractice, with reference to the COVID-related public health guidance and telehealth policy changes To explore application of online programs that treat and prevent stress-related disorders in PWA (e.g., Weiner et al., 2020) To monitor the sudden and unexpected growth of telepractice during COVID, which may evolve and prompt a new trend of remote or virtual PWA care in the future
3. Use of technology	<ul style="list-style-type: none"> COVID-19 prompted more PWA to turn to mobile applications and online resources for conducting home-based practice Available "Aphasia apps" are still limited (Vaezipour, Campbell, Theodoros, & Russell, 2020) and predominantly available in English (National Aphasia Association, 2015) 	<ul style="list-style-type: none"> To explore the use and effectiveness of digital tools (e.g., evidence-based websites, smartphone applications, or conversational agents) by PWA to ameliorate psychological symptoms (Zhang & Smith, 2020) To develop more aphasia-specific applications in the future (Vaezipour, Campbell, Theodoros, & Russell, 2020) To develop new and to further refine existing mobile health applications To monitor the clinical use of some new initiatives on family-mediated digital aphasia training
4. Accessible information about COVID-19	<ul style="list-style-type: none"> On average, most current government/official materials with information about COVID-19 are too complex for many readers (Hirsch, 2020) PWA had limited access to comprehensible and reliable health information about COVID-19 PWA need communicatively accessible (i.e., aphasia friendly; Rose, Worrall, Hickson, & Hoffmann, 2011) written health information about COVID-19 	<ul style="list-style-type: none"> To improve and empower PWA to obtain, read, understand, and use information to make appropriate health decisions (i.e., health literacy; National Institutes of Health, 2021)
5. Family support	<ul style="list-style-type: none"> Caregivers of PWA assumed multiple important roles in the rehabilitative process and were overwhelmed (Shafer, Shafer, & Haley, 2019) 	<ul style="list-style-type: none"> To examine and gain a better understanding of psychological trauma caused by COVID-19 among caregivers of PWA (Sun et al., 2020; Xiang et al., 2020)
6. PWA receiving training at home	<ul style="list-style-type: none"> Home-based intervention was relatively less common (or unavailable) in the pre-COVID era 	<ul style="list-style-type: none"> To increase use of virtual clinical visits conducted from PWA's home, given the convenience to receive therapy (which is also an incentive that PWA continue with teletherapy; Chiu, 2020) To examine if and how PWA respond differently to home-based therapy, as PWA feel less intimidated in a familiar environment

Selected references:

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