

Mental Health in a Global Pandemic

An honest look at America's current mental health state
and the call for de-stigmatization



babylon

40%

of U.S. adults reported struggling with mental health or substance abuse amidst the pandemic.



According to the CDC, 40% of U.S. adults reported struggling with mental health or substance abuse amidst the pandemic. 11% said that they seriously considered suicide in the 30 days prior to being surveyed. These are numbers we can't ignore. At Babylon, it's our mission to put affordable and accessible healthcare into the hands of every person on Earth, because we strongly believe that we must meet patients where they are, when they need support most.

It is our social responsibility to learn from one another, listen to the experts, and continuously strive to be better providers and more aware citizens, so that we can better support one another and build a more inclusive and warm healthcare future.

We hope this collection of tips and advice from our amazing network of providers and partners inspires both those within and outside of the healthcare community to learn the signs of depression and begin to speak more openly about mental health as a topic we can't shy away from.



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“People don’t plan their crises.”

Anitha Iyer – Director, Behavioral Health Population Management, Mount Sinai Health Partners

This is the ‘why.’ While virtual healthcare has been met with skepticism in times past, 2020 has put a glaring spotlight on the need for more accessible care options. Ones that can meet patients right where they are, because people don’t plan their personal crises in the exact same way that we can’t plan global pandemics.



Babylon surveyed American adults (18+ y/o) and found:

47% reported struggling with mental health issues since the start of COVID-19.

65% are open to virtual therapy, meaning that most Americans are open to new, tech-forward healthcare methods.



Technology and Healthcare: Overcoming Skepticism & Making Tech Work for You

Victoria Adams, FNP-C, MSN, Clinical Lead for Babylon

When I first started in telehealth as a provider, I felt an enormous pressure because of how I would be perceived giving care from a laptop. After all, providers are human beings too, with thoughts and emotions of our own, and can easily get lost in the novel technological details of patient care. However, we are also providers with knowledge and experience that can help our patients so much, regardless of the setting. Getting over initial trepidation around telehealth opens up a whole new world of patient communication, one that can even be more powerful and impactful than in-person appointments.

With telehealth, patients can access us 24/7: from the comfort of their home, from their walk home from work, from their car, from virtually anywhere there is an internet connection. It is so important to put that into perspective for providers and patients; that we are here and can help 24/7. As providers, we can break that barrier of mental healthcare access and use technology to our advantage.

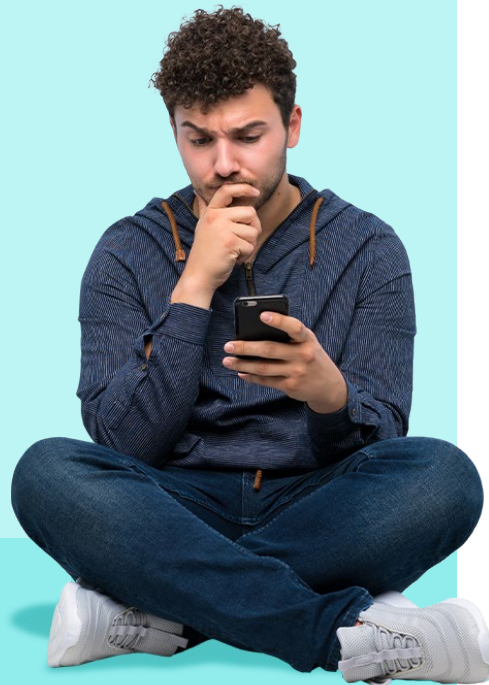
Technology allows us to build an equalizing common ground that can facilitate more comfortable conversations. No longer do patients have to see us in cold, distant settings where they may not feel comfortable opening up. My patients are seeing me in my personal space, and I am seeing them in theirs – there is an unspoken common ground and our equality is evident. A sense of compassion and genuine care can be felt, even at a physical distance via an internet connection. We see it and feel it when we personally communicate virtually with the ones we love, and tapping into that same emotion in our practice can help alleviate the technology fears and bring us closer to our patients. We have such an enormous and important advantage being able to give our patients the assurance that we can see them even at 2 am from the comfort and safety of their own homes.



“

Below are some reflections and tips that have helped me use technology and telehealth to better my own practice. ”

- 1 First, acknowledge and reflect on your personal barriers:
 - What are your concerns about providing mental health care?
 - What are your concerns about telehealth?
 - What makes you comfortable in opening a dialogue with patients remotely?
- 2 Make your personal workspace comfortable for you – if your patient senses tension, they may not be as open to come forward with mental health concerns.
- 3 Be mindful of appearance on camera – a warm smile can go a long way!
- 4 Speak to your patient as if they were sitting right in front of you – sometimes the camera can be distracting. Making the camera disappear with physical cues (such as waving to the patient, nodding when appropriate, etc.) is showing the patient that you are present and listening.
- 5 Silence your mobile device: this sounds like a given, but distractions can derail a deep conversation and make the patient feel insecure.
- 6 Remember that the person in front of you is coming from a place of feeling insecure or guarded. Verbally reminding them that you are here for them and are listening can be very comforting for a patient experiencing a crisis.
- 7 Remember that we are all human beings going through the motions of the changes going on in the world right now: there are significant changes happening in healthcare, technology, the economy, etc. It is OK to have certain feelings about all of these changes. Opening yourself to reflection is so important for us as human beings and as providers to be the best version of ourselves in order to provide the best care for our patients! Reach out if you are struggling – there are resources available.



How to 'Spot the Signs' of Patient Depression in Remote Care

Bethany Thacker,
LCSW, CRAADC, Behavioral Health Lead for Babylon

You can learn a lot about how a patient is truly feeling by observing their behavior and demeanor on the screen.

A handful of things to make note of during intake:

- **Posture** – Are they slumped over or slouching?
- **Location** – Did they choose to complete the appointment laying down on the couch or in bed instead of sitting up at the kitchen table?
- **Eye contact** – Are they looking down or away from the camera for the majority of the visit?
- **Tone / voice** – Are they speaking softly or slowly?
- **Hygiene** – Do they look disheveled? Low moods can affect one's energy levels, which can lead to a decrease in self care / hygiene.



Complaints you might hear from your patient that could reflect side effects of depression:

- Issues with sleep (trouble falling / staying asleep, sleeping too much, insomnia, etc)
- Low moods
- Not doing things they used to enjoy doing
- Isolating from friends / family
- Increase in ETOH or other substance use (including tobacco)
- Irritability
- Issues with concentration (does it seem like they aren't listening or absorbing what you're saying?)

Other things to listen for that can indicate someone is depressed:

Expressions of hopelessness: "Sometimes I just don't see what the point is anymore," "It doesn't feel like anything is improving or getting better," "I'm doing XYZ but never seem to do anything right."

Vague suicidal ideations can sound like: "I just wish I could just make it all stop" or "I sometimes wish I could go to sleep and just not wake up".

I've found that asking about someone's sleep or moods more recently has helped open the door with patients who might be slightly more guarded. Asking simple questions like, "So how's your sleep been lately?" or "How have your moods been these past two weeks?" can help lead into more focused questions like, "Have you been feeling more depressed lately?" or in the more acute cases, "Have you been having any thoughts about wanting to die or go to sleep and not wake up?".

The best way to combat any preexisting mental health stigmas is to address it as often as possible. Making mental health "check-ins" a standard part of our visits with any patient, no matter the chief complaint, will help with reinforcing that mental health issues – depression, anxiety, etc. – are medical issues that should be treated the same as assessing for Hypertension or Diabetes.

Crises Are Not Scheduled: Crafting an Effective Suicide Prevention Strategy

Anitha Iyer, PhD Director, Behavioral Health Population Management,
Mount Sinai Health Partners, Associate Professor of Psychiatry
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Crises are not scheduled, and they are certainly not restricted to business hours. Suicide and self-harm risk factors¹ can strike at any moment, which makes anticipation and prevention a challenge. How, then, can patients in crisis receive the care they need, when and where they need it?

The solution is, quite literally, in our hands. Recent human evolution has essentially turned our cell phones into an extension of our selves. Across the globe, we interact with our phones approximately once every 10 minutes². For health care systems and individual providers, technology affords us the opportunity to expand access and bridge crucial care and support gaps for patients with suicidal ideation.



Four key steps to an effective
suicide prevention strategy are:

Provide 24/7 Access to Care

In the throes of a suicidal crisis, patients often describe finding themselves at the bottom of an emotional pit, feeling deep hopelessness and psychic pain, and wondering whether their loved ones would be better off without them. It is in exactly this moment that the individual needs care and support. The next available appointment, or even the next morning, may be too late.

Not everyone who finds themselves in these dark spaces needs to connect with emergency services, and over-reliance on 911 as the only option for moments of crisis creates the potential for overescalation. Unnecessary interactions with law enforcement and EMS during emergency response, particularly for communities of color, may discourage patients from reaching out during subsequent life-threatening crises. Evidence-based alternatives to 911 such as safety planning and phone, text, and chat-based programs put crisis support in the patient's hands.

1. <https://afsp.org/risk-factors-and-warning-signs>

2. <https://www.prnewswire.com/news-releases/americans-check-their-phones-96-times-a-day-300962643.html>



Incorporate Applications for Safety and Care Planning

Safety planning is an evidence-based approach to helping people stay safe and manage themselves through a suicidal crisis by outlining, in advance, coping strategies and contacts that the patient can lean on when a crisis occurs. Technology can facilitate safety planning, via apps that a patient can collaboratively complete with their provider. A safety planning³ app, in the patient's hands, can provide in-the-moment support for tracking stressors that trigger suicidal thoughts, identifying coping strategies to manage them, and accessing trusted contacts and resources to reach out to in moments of need. A completed safety plan in the patient's phone can serve as an anywhere-accessible, self-management tool.

Develop Solutions for Proactive Follow-Up Care

Follow-up care can be lifesaving for individuals with suicidal ideation, particularly after an inpatient stay⁴. Follow-up care supports patient adherence to appointments, medications, and other modes of care, helps keep the patient connected to a supportive network, and assists the patient in overcoming applicable social determinants of health that may exacerbate risk⁵. Technology can facilitate follow-up care through phone, text, chat, and email outreach, as well as through automated reminders for clinical and other important ancillary

appointments. Follow-up outreach reminds an individual struggling with suicidality that they are not alone, they are thought of and cared for, and that they matter. For patients who feel that others would be better off without them, proactive outreach and follow-up from another, trusted human being may help directly counter any sense of being a burden that belies their suicidal ideation and actions.

An effective suicide prevention strategy is one that meets the patient where they are, whenever they are in need, and on their terms. Technology can be a means to expand access to patient-centered care and address the critical and urgent needs of patients with suicidality. Rather than expecting suicidal crises to align with the availability of existing services, this approach brings care where it is most needed, when it is most needed.

3. <https://www.ama-assn.org/practice-management/digital/how-can-we-leverage-technology-better-suicide-prevention>

4. <https://followupmatters.suicidepreventionlifeline.org/#fewer-suicides>

5. <https://followupmatters.suicidepreventionlifeline.org/follow-up-starts-here/>



When Home is Not Shelter: The COVID-19 & Domestic Violence Epidemics

Anitha Iyer, PhD Director, Behavioral Health Population Management,
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Shelter at home. These words ushered in a new reality for us—one that brought with it experiences that most of us had not encountered in our lifetimes. The impacts of sheltering at home were many and wide-ranging. For survivors of domestic violence (DV), however, “shelter” at home was not shelter at all. In fact, it meant being trapped without reprieve in the worst version of the same painful and, at times, life-threatening, reality that they knew before.

Prior to the coronavirus outbreak, approximately 3 in 10 women and 1 in 10 men in the United States reported experiencing intimate partner violence (IPV), including rape, other forms of physical violence, and/or stalking by their intimate partner.

Nearly half of all women in the United States reported psychological aggression by their intimate partner, and most female IPV survivors reported prior IPV from the same perpetrator¹. For those trapped at home with their abusive partner, we can reasonably expect such behaviors to continue or even intensify.

Indeed, in the week following school closures in March 2020 to combat the coronavirus outbreak, police precincts across the United States recorded significant increases in DV reports. Jurisdictions as diverse as Portland, San Antonio, and Jefferson County (Alabama) reported increases in DV calls from 18 percent to 27 percent². In New York State, a 30 percent year-over-year increase in DV reports spurred the creation of a new task force to address the DV crisis³. The National Domestic Violence Hotline reported a 9 percent increase in calls pertaining to domestic violence since COVID-related closures began⁴. It became abundantly clear that the coronavirus impact would be far-reaching, and not only affecting those who contracted the virus themselves.

1. <https://www.thehotline.org/resources/statistics/>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195322/>

3. <https://www.governor.ny.gov/news/following-spike-domestic-violence-during-covid-19-pandemic-secretary-governor-melissa-derosa>

4. https://www.thehotline.org/wp-content/uploads/sites/3/2020/06/2005-TheHotline-COVID19-report_final.pdf



This crisis of DV in the time of coronavirus has dramatic health care consequences. Chronic exposure to IPV is associated with mental health impacts such as depression, anxiety, post-traumatic stress disorder, and substance use. In addition to internalized blame and a shattered sense of self, difficulty regulating emotions, and relational difficulties, survivors may also evidence compulsive behaviors, a tendency toward self-harm, and suicidality⁵. Women who survive DV are almost four times as likely to experience suicidal thoughts as women who have not experienced DV⁶.

As health care systems have begun to address the impact of psychosocial stressors on health outcomes, it is crucial to remain vigilant to how IPV endangers our patients' lives. Health care providers are uniquely positioned to be a lifeline for DV survivors because we may be one of the few sources of external support that a survivor can safely access without triggering suspicion and subsequent punitive violence from their abusive partner. Given the weight of this responsibility, it is essential for health care providers to devise a proactive and well-planned approach to ensure DV survivors in our care are safe from both external harm, as well as self-harm and consequent suicidality. Four key elements of a well-crafted DV safety strategy are: their suicidal ideation and actions.

An effective suicide prevention strategy is one that meets the patient where they are, whenever they are in need, and on their terms. Technology can be a means to expand access to patient-centered care and address the critical and urgent needs of patients with suicidality. Rather than expecting suicidal

crises to align with the availability of existing services, this approach brings care where it is most needed, when it is most needed.

- **Focused screening protocols folded into routine care, including care via telehealth**—Screening and intentional inquiry can provide a safe space for the patient to discuss their partner's abusive behaviors, expand on physical and psychological evidence of abuse, explore focused community resources, and plan for safety⁷. It is crucial to attend to these elements, and maintain a commitment to intentional discussions, particularly in the context of shelter-at-home risk factors.
- **Creative approaches to communication**—This is key when the only contact with a health care provider may happen through phone, text, or video visits where the abusive partner may be within earshot. Strategies employed by various domestic violence organizations and hotlines for discreet communication without further endangering the survivor offer important lessons in this realm. For example, the Mask 19 campaign in Europe coached survivors to use the code word "mask 19" at local pharmacies to indicate the need for help⁸. Similar keywords can also be devised for the patient to convey risk to a health care provider during a telephone or video visit. Ideally, you'll be able to communicate code words when the patient confirms no one is within earshot, but the onus is on you as the provider to be thoughtful and get creative on how to ensure privacy.



- Attention to confidentiality—A survivor’s contacts with the outside world being “discovered” by the abusive partner can endanger the patient. Health care providers interacting with patients experiencing DV must take seriously the need to remind themselves and the patient about these risks.

Survivors concerned about a number of stressors may not readily attend to such a “minor” detail, but these can prove lifesaving. Many DV organizations coach survivors to clear their browsing and chat history and health care providers may consider doing the same⁹. Similar attention should be paid to details shared on voicemail and in text messages.

- Normalize in a non-judgmental way the desire to keep things quiet—even when your symptoms betray you (visible signs of abuse, etc.). It is equally important to refrain from making the patient feel they must do anything. Helping them know that they can and you are there to support them is key. Providers are not saviors and survivors must be ready on their own terms.

With DV exacerbated by the coronavirus pandemic and its subsequent shelter-at-home orders, an effective and safe DV strategy is more crucial to your practice than ever before. In addition to the physical injuries survivors may endure, they are likely to struggle with chronic emotional injuries as well. Including focused screening protocols in existing routine care workflows and safety precautions in patient communications can be lifesaving interventions for your patients.

By embracing and actively leveraging your life-saving role for DV survivors, you can serve as a crucial bridge for your patients trapped in violent homes. It is important to note too, however, that this important role and the weight of its responsibility can be taxing, and bearing this heavy responsibility during an already enormously stressful time makes the challenge particularly difficult. It is vital for you, as a provider, to consider your own emotional needs, and seek adequate support and supervision from colleagues and supervisors to ensure you can continue to support patients, including DV survivors, for the long haul.

5. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/intimate-partner-violence>

6. <https://theconversation.com/how-domestic-violence-affects-womens-mental-health-104926>

7. <https://www.thehotline.org/>

8. <https://www.reuters.com/article/us-health-coronavirus-abuse-trfn/coronavirus-codewords-help-or-hindrance-in-domestic-abuse-idUSKCN21X2Z6>

9. <https://www.sakhi.org/remaining-on-the-front-lines-throughout-the-covid-19-outbreak/>



The Mental Well-Being of Children in COVID-19

The mental health struggles of adolescents can often be overlooked, because children might not fully understand what they're feeling or how to describe their emotions. It's important to make note of children's changes in moods and/or activities.

Dr. Mark Shen, MD, MBA, Managing Director of Pediatric Clinical Affairs for Babylon shares a few thoughts around this topic:

Q: How can parents help their children adjust to the strange times, i.e. remote learning, not seeing friends in person, new precautionary actions?

A: By now, many parents and children have had the opportunity to adapt to virtual school or connections with family and friends. Although this is a good solution, it's not perfect. The importance of regular outdoor time, and regular time with friends – whether virtually or outside with appropriate precautions and social distancing – is key to safeguarding a child's mental wellbeing.

Q: What should a parent do if their child is showing signs of depression, i.e. inability to focus, sleeping more, high emotions, etc.

A: For a child who is struggling with new issues, it's always helpful to talk to a medical provider first. Children may complain about symptoms like abdominal pain that are actually related to depression or anxiety. If a referral is needed to a psychiatrist or therapist trained to treat children, Babylon providers can help with referrals.

Q: What are the benefits of telehealth for families?

A: As a parent, it often takes two or three times as long to get kids ready to get in the car, travel, and wait in a clinic where kids are often anxious, and then go home. Telehealth offers the opportunity for both parent and child to ask questions and receive care for many conditions in the comfort of one's home, where it's easier for children to be engaged and often safer in the era of COVID, with no exposure in a waiting room. Babylon's services are also available 24/7, removing the need for families to find the perfect time when kids are not at school, parents are not at work, and clinics are open.



Tools & Resources

For patients and
providers, alike.
Because we're all
in this together.

The rest of this package is dedicated to printable tips and resources for providers to implement in their own practice and for everyone else to simply arm themselves with. The end goal is that we can become a more socially aware and supportive society around mental health.



Help for suicidal thoughts

There's no right or wrong way to talk about suicidal feelings – starting the conversation is what's important. Help and support is available right now if you need it. You do not have to struggle with difficult feelings alone. These free helplines and organizations are here to help when you're feeling down or desperate.

National Suicide Prevention Lifeline

Helpline: 1-800-273-8255

Spanish Helpline: 1-888-628-9454

Disaster Distress Helpline: 1-800-985-5990

Text: Text 'TalkWithUs' to 66746

National Alliance on Mental Illness (NAMI)

Helpline: 1-800-950-NAMI

Text: Text 'NAMI' to 741741

Samaritans

Phone: 116 123

Email: jo@samaritans.org

Disaster Distress Helpline

Helpline: 1-800-985-5990

Text: Text 'TalkWithUs' to 6674

The Trevor Project (reaching LGBTQ youth)

Text: Text 'START' to 678678

Disaster Distress Helpline: 1-800-985-5990

Trans Lifeline (reaching trans and questioning callers)

Helpline: 877-565-8860

Crisis Text Line

Text: Text 'HOME' to 741741

National Domestic Violence Hotline

Helpline: 1-800-799-7233

Text: Text 'LOVEIS' to 22522

Reducing Anxiety Skills Guide

Bethany Thacker, LCSW, CRAADC, Behavioral Health Lead for Babylon

Deep Breathing

What it is: A relaxation technique performed by purposefully taking slow, deep breaths. When practiced regularly, deep breathing provides both immediate and long-term relief from stress and anxiety. Not only is deep breathing effective, it is also discreet and easy to use at any time or place.

How it works: During periods of anxiety, the body triggers a set of symptoms referred to as the stress response. Breathing becomes shallow and rapid, heart rate increases, and muscles become tense. In opposition to the stress response is the relaxation response. Breathing becomes deeper and slower, and the symptoms can fade away. Deep breathing triggers this response.

Instructions: Sit back or lie down in a comfortable position. Close your eyes, if you would like to do so. When you're learning, try placing a hand on your stomach. If you breathe deeply enough, you should notice it rising and falling with each inhalation and exhalation.





The Technique

1 Inhale

Breathe in slowly through your nose for 4 seconds

2 Pause

Hold the air in your lungs for 4 seconds.

3 Exhale

Breathe out slowly through your mouth for 6 seconds.

4 Repeat

Practice for at least 2 minutes, but preferably 5 - 10 minutes.

Tips

If it isn't working, slow down. The most common mistake is breathing too fast. Time each step in your head, counting slowly as you do so.

Counting out your breaths serves a second purpose. It takes your mind off of the source of your anxiety. Whenever you catch your mind wandering, simply return your focus to counting.

The time we use for each step are suggestions, and can be lengthened or decreased. Lengthen the time if it feels natural to do so, or decrease the time if you feel discomfort.



Reducing Anxiety Skills Guide: Grounding Technique

What it is: These techniques help control symptoms of anxiety, panic, and worry by turning attention away from thoughts, memories, or fears, and refocusing on the present moment.

5-4-3-2-1 Technique: Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distance sounds, or the texture of an ordinary object around you.



What are 5 things you can see?

Look for small details such as a pattern on the ceiling, the way the light reflects off a surface, or a small object near you.



What are 4 things you can feel?

Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting on. Pick up an object, examine it.



What are 3 things you can hear?

Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or the wind blowing outside.



What are 2 things you can smell?

Carry gum, hard candy, or a small snack for this step. Focus your attention closely on the flavors.



What is 1 thing you can taste?

Try to notice smells in the air around you, like an air freshener or lit candle. You may also look around for something that has a scent.



Reducing Anxiety Skills Guide: Body Awareness Technique

What it is: The body awareness technique will bring you into the here-and-now by directing your focus to sensations in the body. Pay special attention to the physical sensations created by each step.

- 1 Take 5 long, deep breaths through your nose, and exhale through puckered lips.
- 2 Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
- 3 Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
- 4 Clench your hands into fists, then release the tension. Repeat this 10 times.
- 5 Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.

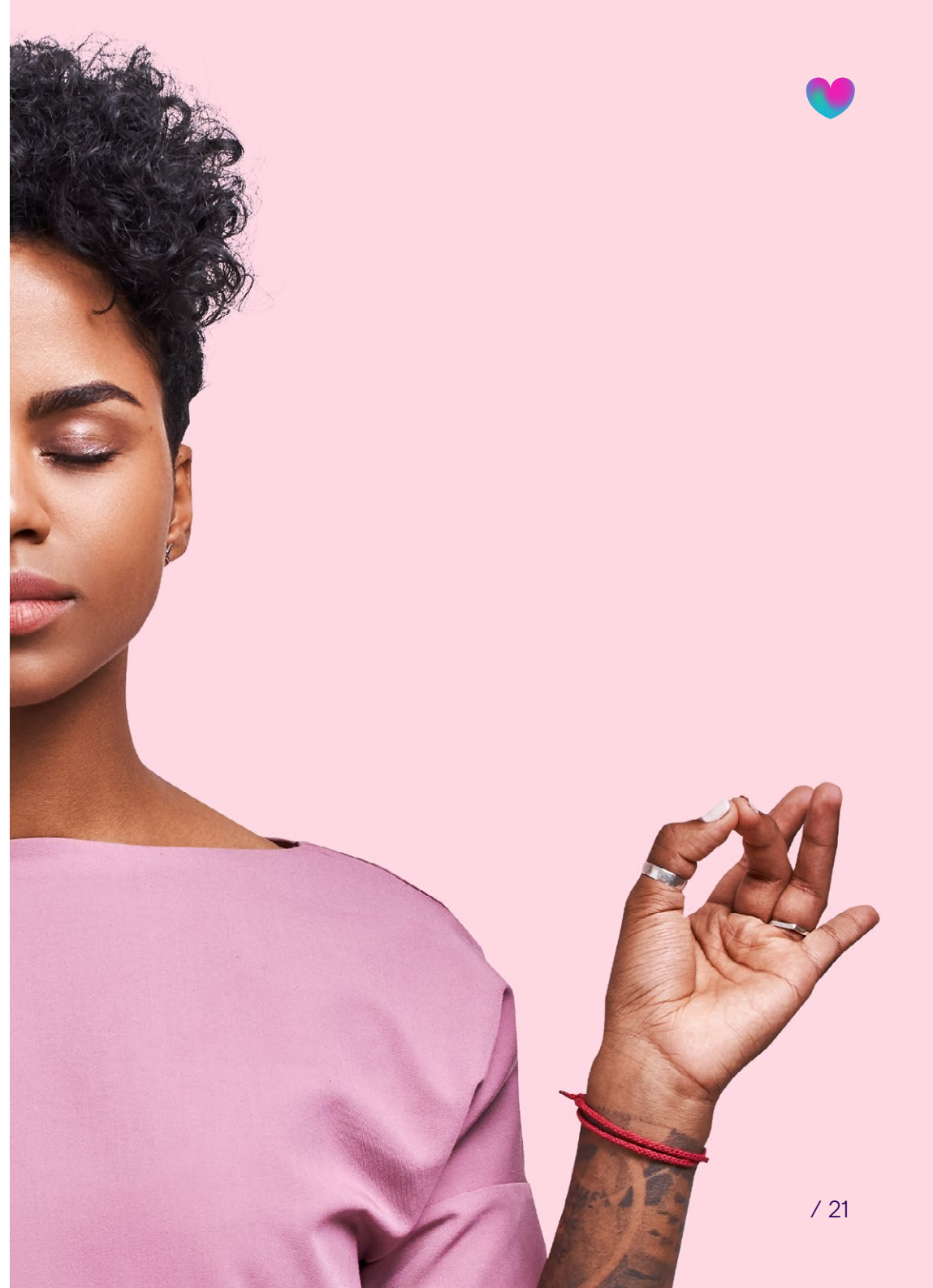
Reducing Anxiety Skills Guide: Mindfulness Meditation

What it is: The goal of mindfulness meditation is to pay attention to the present moment, without judgement. However, as you practice, you'll find that this is easier said than done. During mindfulness meditation, you will focus on your breathing as a tool to ground yourself in the present moment. It is normal that your mind will wander. You'll simply bring yourself back into the moment by refocusing on your breathing again.

Instructions: Sit in a chair or lay down. Let your chin drop and arms fall naturally by your side. Close your eyes if you wish to do so, and begin breathing normally. The goal is not to change or alter your natural breathing pattern, but to simply notice the sensation of air as it passes through your nose or mouth, the rise and fall of your belly, and the feeling of air being exhaled back into the world.

Progressive Muscle Relaxation

By tensing and relaxing the muscles throughout your body, you can achieve a powerful feeling of relaxation. Additionally, progressive muscle relaxation will help you spot anxiety by teaching you to recognize feelings of muscle tension.





Reducing Anxiety Skills Guide: Mindfulness Meditation

Instructions: Sit back or lie down in a comfortable position. For each area of the body listed below, you will tense your muscles tightly, but not to the point of strain. Hold the tension for 10 seconds, and pay close attention to how it feels. Then, release the tension, and notice how the feeling of relaxation differs from the feeling of tension. Repeat each muscle group three times before moving on to the next.



1 Feet

Curl your toes tightly into your feet, then release them.

2 Calves

Point or flex your feet, then let them relax.

3 Thighs

Squeeze your thighs together tightly, then let them relax.

4 Torso

Suck in your abdomen, then release the tension and let it fall.

5 Back

Squeeze your shoulder blades together, then release them.

6 Shoulders

Lift and squeeze your shoulders towards your eyes, then let them drop.

7 Arms

Make fists and squeeze them toward your shoulders, let them drop.

8 Hands

Make a fist by curling your fingers into your palms, then relax them.

9 Face

Scrunch your facial features to the center of your face, then relax.

10 Full Body

Squeeze all muscle together, then release all tension.



Reducing Anxiety Skills Guide: Imagery

Your thoughts have the power to change how you feel. If you think of something sad, it is likely you'll start to feel sad. The opposite is also true: When you think of something positive and calming, you feel relaxed. The imagery technique harnesses this power to reduce anxiety.

Instructions: Think of a place that you find comforting. It could be a secluded beach, your bedroom, a quiet mountaintop, or even a loud concert. For 5 to 10 minutes, use all your senses to imagine this setting in great detail. Focus on details that involve all your senses.

Imagery



What do you see around you? What do you notice in the distance? Look all around to take in your surroundings. Look for small details you would usually miss



What sounds can you hear? Are they soft or loud? Listen closely to everything around you. Keep listening to see if you notice any distant sounds.



Are you eating or drinking something enjoyable? What is the flavor like? How does it taste?



What can you feel? What is the temperature like? Think of how the air feels on your skin, and how your clothes feel on your body.



What scents are present? Are they strong or faint? What does the air smell like?



Reducing Anxiety Skills Guide: Challenging Irrational Thoughts

Anxiety can be magnified by irrational thoughts. For example, the thoughts that “something bad will happen” or “I will make a mistake” might lack evidence, but still have an impact on how you feel. By examining the evidence and challenging these thoughts, you can reduce anxiety.

Instructions: Choose a thought that has contributed to your anxiety. Gather evidence in support of your thought (verifiable facts only), and against your thought. Compare the evidence and determine whether your thought is accurate or not.

Ask yourself

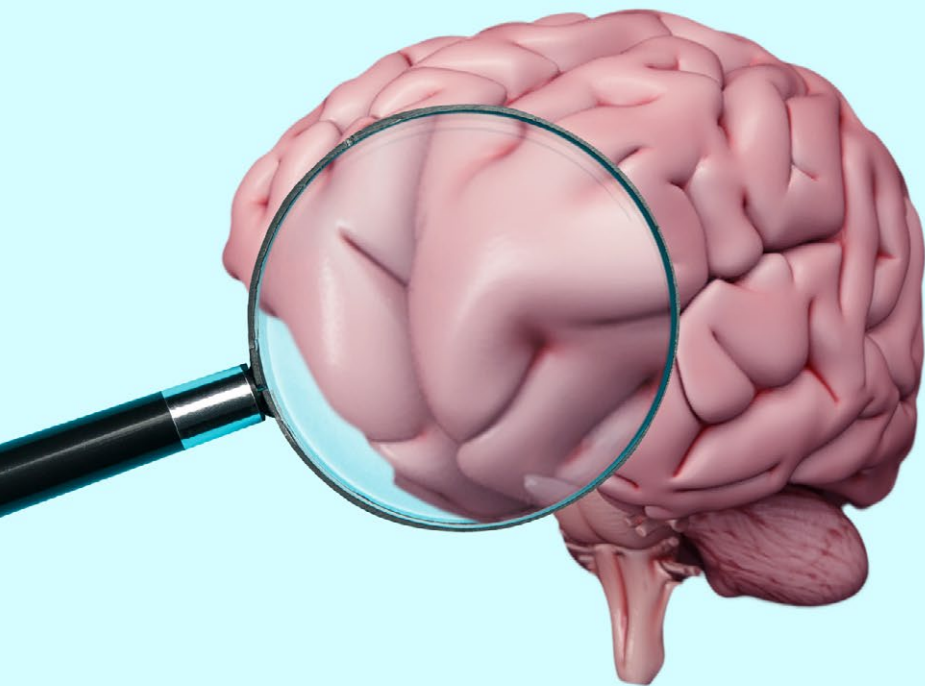
“Is my thought based on facts or feelings?”

“How would my best friend see this situation?”

“How likely is it that my fear will come true?”

“What is most likely to happen?”

If my fear comes true, will it still matter in a week?
A month? A year?”





For press: Want to speak to a Babylon provider about mental health awareness or a different medical topic? We're here to help connect you with our network of doctors.

Reach out: kayleigh.winslow@babylonhealth.com

For providers and patients: Want to learn more about Babylon and how we partner with amazing organizations to help further our mission of putting accessible and affordable healthcare into the hands of every person on Earth?

Find out more at babylonhealth.com/us