

# Feature Article

This Changes Everything: Psychologists and Long COVID, a Call to Action



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## Did you read this title, roll your eyes, and think this topic doesn't apply to you?

**Honestly, if I wasn't personally living with the devastating impact of Long COVID, I wouldn't understand the gravity of the situation either.** In 2026, it is estimated that one in nine Canadian adults are suffering from Long COVID symptoms. Dr. Gasperovitz, a Canadian Developmental Biologist, predicts that by 2027, these numbers will be one in three.<sup>1</sup> Long COVID now surpasses asthma as the number one illness affecting children.<sup>2</sup> Each reinfection of COVID increases the risk of disability. As psychologists, we have an ethical responsibility to educate ourselves on issues that impact the welfare of all members of society. This includes learning about the physical, psychological and societal impacts of this post-viral illness. This unchecked virus has literally changed everything.

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## The Basic Facts

The National Academies of Sciences, Engineering, and Medicine (NAEM) describes Long COVID as "a chronic, systemic disease state with profound consequences," with a formal definition as "an infection-associated chronic condition that occurs



after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems”.<sup>3</sup> Many people have not recovered years after their viral infection. Long COVID has over 200 symptoms, impacts multiple organ systems, triggers a severe hyperimmune response, and can cause long-term metabolic changes in the body. Many symptoms are chronic, causing prolonged and unremitting suffering and reduced daily, cognitive, emotional, social, educational, and occupational functioning, along with significantly reduced quality of life. In addition to the multitude of physical symptoms and diagnoses, people experience significant neurocognitive and neuropsychiatric symptoms. In order to better serve our clients, we need to understand the psychological impact of this post-viral illness, with particular consideration of the psychological sequelae associated with viral-induced neuropsychiatric symptoms, cognitive impairment, sleep issues, depression, anxiety, post-COVID ADHD type symptoms, traumatic stress, and in children, Pediatric Acute-onset Neuropsychiatric Syndrome (PANS). A foundational understanding of viral-induced chronic illness is imperative to our ethical responsibility to transform our approach to assessment, treatment, research, and advocacy.

### **Impact on Psychological Assessment**

Long COVID is not a psychological, behavioural, or personality issue, nor is it an issue of stress management or lack of general ability to cope. There is a mistaken assumption that post-COVID symptoms are “psychological”, “psychosomatic”, or “malingering” and that clients who prevent illness by masking have “anxiety.”

We can begin by asking each client, “When did you/your child have COVID? How many times?” We can inquire, “Did you/your child recover fully? If not, how is life different for you/your child now?” These questions provide an overall sense of risk and impact. Although as psychologists we cannot diagnose medical conditions, we can screen for symptoms that impact functioning, wellbeing, and quality of life. Through careful inquiry, we can help the client to arrive at a clearer clinical picture of functioning prior to and after COVID infection(s) and inform treatment. A general assessment with screening for symptoms can go a long way to inform treatment and advocacy.

Comprehensive psychological assessment needs to focus on disability assessment, with an understanding that engaging clients in extensive cognitive and psychological measures over several hours or days is contraindicated. There is a risk that cognitive overload may lead to a PEM/PESE “crash”, potentially resulting in days or weeks of impaired functioning.

The impact of Long COVID moves beyond individual symptoms and management. Individuals with Long COVID have reported medical gaslighting, not being allowed to return to work or being forced to return to work, being declined disability, ostracization from friends and family, and accusations of being lazy, weak, and faking symptoms.<sup>4</sup> The stigma associated with Long COVID is high, contributing to a lower quality of life. All of these factors need to be taken into consideration when considering assessment and treatment.



### Impact on Treatment

In the face of Long COVID, traditional approaches to counselling and clinical psychology may be insufficient. For example, lifestyle recommendations to eat well and exercise are contraindicated in the face of chronic fatigue. Cognitive behavioural therapy may be insufficient in the face of neuroinflammation, viral-induced cognitive impairment, and central sensitization. Approaches such as Acceptance and Commitment Therapy, brain retraining, existential therapy, and psychedelic therapy show promise as part of a multidisciplinary approach to treatment. Children require specialized treatment and school-based accommodations.

### Advocacy

There is no question that COVID has contributed to a national healthcare crisis on many levels. We were and are not prepared for the impact of chronic post-viral illness on our current and future population, education systems, and workplaces. As psychologists, we are in a position to advocate for an integrated approach to assessing and treating chronic illness, improving educational and workplace accommodations for disability, transforming safer workplaces, promoting research-based prevention and treatment initiatives, and engaging in ongoing research to improve people's lives.

In summary, this virus has changed everything. As psychologists, this is our call to action to understand and seek to mitigate the impact of Long COVID now and for future generations.

### References

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