

THE MENTAL HEALTH CONCERNS OF HEALTH CARE WORKERS DURING THE COVID 19 PANDEMIC

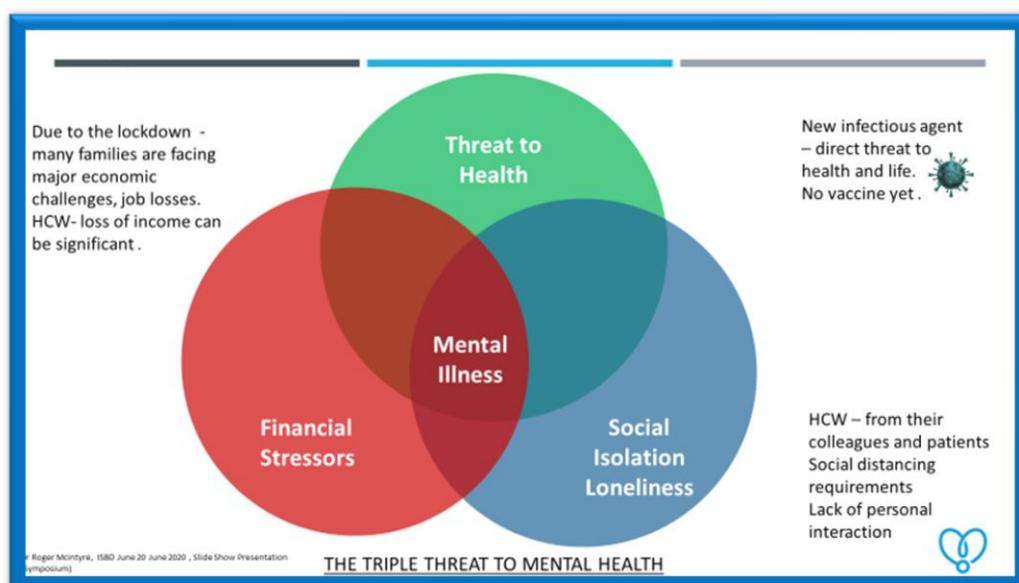
HOW IS THIS PANDEMIC TRAUMATIC FOR HEALTHCARE WORKERS?

- Trauma is often associated with something overtly violent, such as a car accident or a shooting.
- *A situation is traumatic when “violates” familiar expectations about someone’s life and world, sending them into a “state of extreme confusion and uncertainty.”* - Ciano Aydin
- *“In the case of this pandemic, prolonged uncertainty is compounded by the moral anguish health care professionals face when they do not have adequate resources to treat critically ill patients”* Wendy Dean (psychiatrist and co-founder of the nonprofit Moral Injury of Healthcare)

Why now? What about this pandemic causes mental health issues in health care workers

Image 1 below explains a hypothesis by Prof Roger McIntyre from Toronto. Each of these three components by themselves is enough to cause mental health effects in healthcare workers:

- Threat to health – Healthcare workers are threatened in their professional and their personal life. This is a new infectious agent which is a direct threat to one’s health and life, and in some healthcare workers their livelihood.
- Financial Stressors – Due to the extended period of the lockdown period, many families are facing major economic challenges, job losses. Certain categories of healthcare workers have had their earnings severely halted.
- Isolation – both personally and professionally – Healthcare workers have been separated from their colleagues, families and their patients



INFORMATION FROM PREVIOUS PANDEMICS

References

Wu P Et Al. The Psychological Impact Of The SARS Epidemic On Hospital Employees In China. *Can J Psychiatry*. 2009

Maunder R. The Experience Of The 2003 SARS Outbreak As A Traumatic Stress Among Frontline Healthcare Workers In Toronto: Lessons Learned. *Philos Trans R Soc Lond B Biol Sci*. 2004;359(1447):1117-1125. Doi:10.1098/Rstb.2004.1483

SARS (Severe Acute Respiratory Syndrome) Statistics

SARS Total worldwide numbers	8096
Deaths	774
Case Fatality	9.6%
R0	2-4

When you look at the numbers of cases during the SARS epidemic, you can see that they were much less, and were isolated to a few hotspot areas. However the case fatality rate was much higher and the infectiousness of the virus was thought to be more than COVID-19

Prevalence studies of healthcare workers in previous viral outbreaks – SARS 2002/2003 (Beijing)

- Beijing hospital healthcare workers, n = 549
 - 10 % in the 3 years afterward had PTSS (Posttraumatic Stress Syndrome) symptoms
- 5 % still had symptoms at 3 years related to the stress of the SARS epidemic
- Major stressors
 - Healthcare workers who were quarantined
 - Healthcare workers in close contact with a SARS infected patient
 - Close family member/ friend affected

Prevalence studies of healthcare workers in previous viral outbreaks – SARS 2002/2003 (Toronto)

Canadian Healthcare Workers in Toronto 2-3 months after SARS

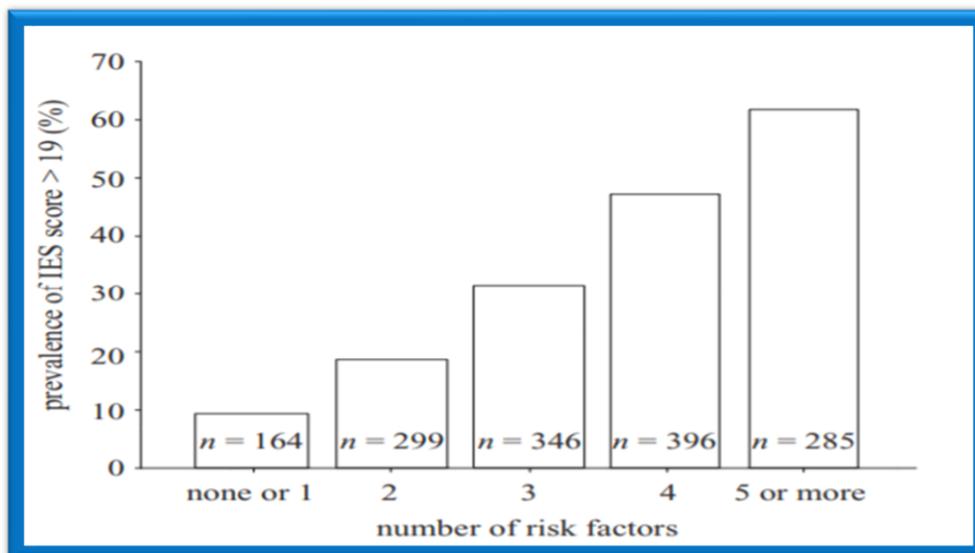
n= 1557

- PTSS scores taken 2-3 months after event – 36 % highly traumatized.

Risk factors which increased PTSS score:

- Exposure to Virus
- HCW who are parents
- Nurse
- Society Rejection
- Behavioural Avoidance
- Attachment Insecurity

As you can see on the image below – the persons with the above risk factors or combination of factors increased the chance of high PTSS scores.



RESEARCH FROM THE CURRENT PANDEMIC – COVID-19

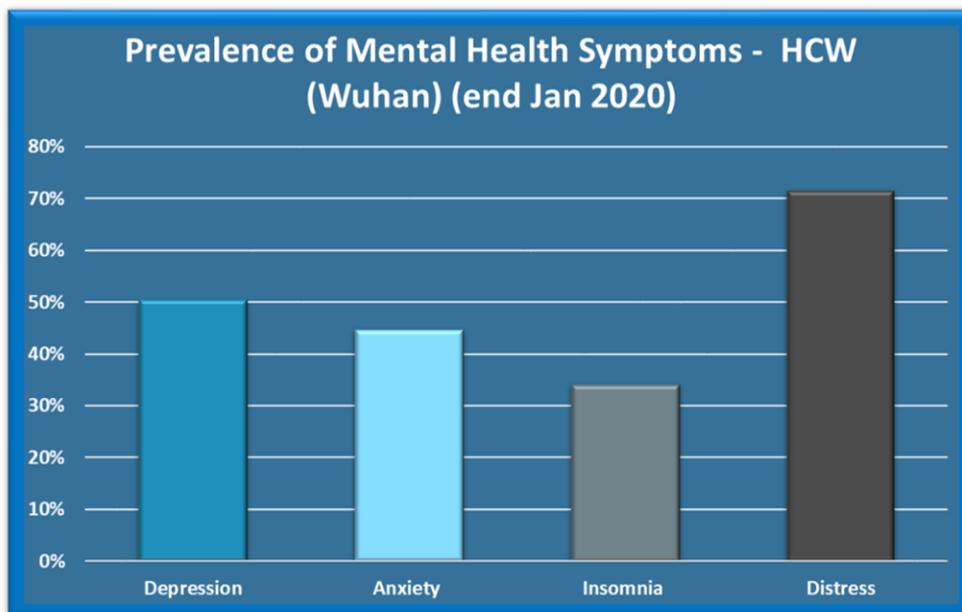
References:

Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open

Scheter A Et Al. Psychological Distress, Coping Behaviors, And Preferences For Support Among New York Healthcare Workers During The COVID-19 Pandemic, Gen Hosp Psych, June 2020 (Preprint)

Prevalence of Mental Health Symptoms: HCW (Wuhan) (end Jan 2020)

This was a cross-sectional /hospital-based survey of 1257 healthcare workers who were hospital-based nurses and doctors. Nurses made up 60.8 % of the sample. 65% of the sample were between the ages of 26 and 40 years old. The majority of the sample was female (76.5%). This survey was taken over one week at the end of January in a Wuhan hospital.



An extract from the article shows the following results:

“A considerable proportion of participants had symptoms of depression (634 [50.4%]), anxiety (560 [44.6%]), insomnia (427 [34.0%]), and distress (899 [71.5%]). Nurses, women, frontline workers, and those in Wuhan reported experiencing more severe symptom levels of depression, anxiety, insomnia, and distress (e.g., severe depression among physicians vs nurses: 24 [4.9%] vs 54 [7.1%]; $P = .01$; severe anxiety among men vs women: 10 [3.4%] vs 56 [5.8%]; $P = .001$; severe insomnia among frontline workers vs second-line workers: 9 [1.7%] vs 3 [0.4%]; $P < .001$; severe distress among workers in Wuhan vs Hubei outside Wuhan and outside Hubei: 96 [12.6%] vs 19 [7.2%] among those in Hubei outside Wuhan and 17 [7.2%] among those outside Hubei; $P < .001$) (Table 2). Compared with those working in tertiary hospitals, participants working in secondary hospitals were more likely to report severe symptoms of depression (53 [5.6%] vs 25 [7.7%]; $P = .003$), anxiety (48 [5.1%] vs 18 [5.5%]; $P = .046$), and insomnia (10 [1.0%] vs 2 [0.6%]; $P = .02$) but not distress.”

Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Network Open

COVID-19 Healthcare Provider Study – New YORK (Preprint)

Reference

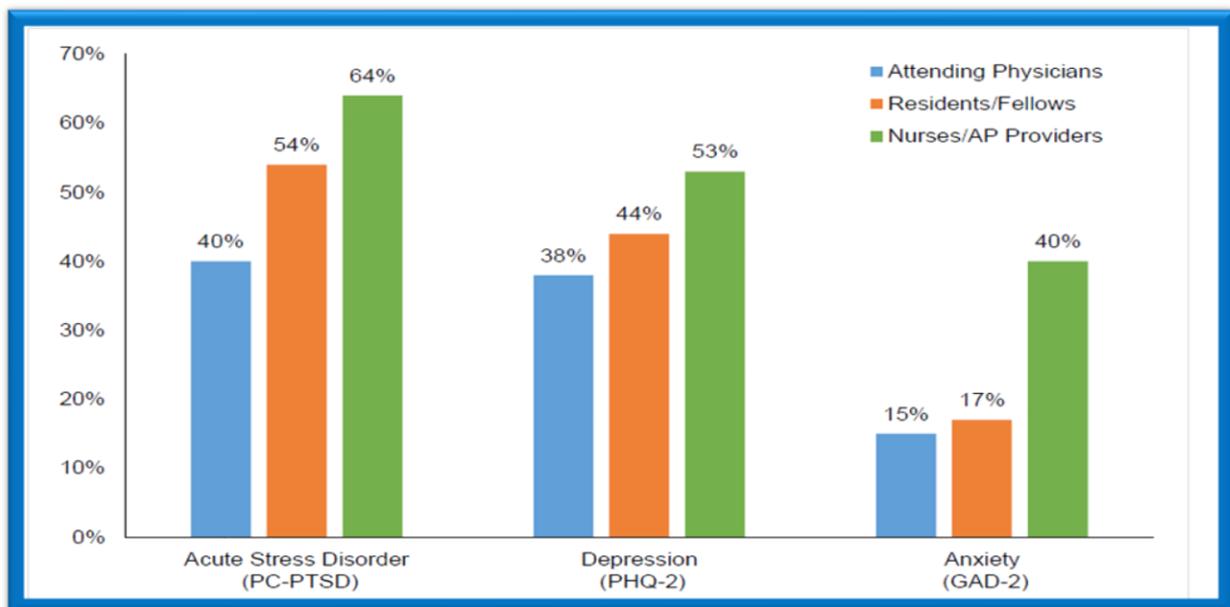
Scheter A Et Al. Psychological Distress, Coping Behaviors, And Preferences For Support Among New York Healthcare Workers During The COVID-19 Pandemic, Gen Hosp Psych, June 2020 (Preprint)

Data came from the first wave of the COVID-19 Healthcare Provider Study, an ongoing cross-sectional survey of healthcare workers within a large medical center in NYC.

Of the 974 participants, 657 (67%) completed all questions on the survey between April 9-24, 2020 and are included in this cross-sectional analysis.

- Healthcare workers – Wide Range, all working in a Tertiary Centre in NY
- N = 657 (response rate 13.7%)
- These are the first results of these Healthcare Workers in New York from the COVID-19 Healthcare Provider Study
- In Mid April the number of COVID19 Cases in New York were > 230 000
- NY (mid April) >13 000 deaths.

Interesting study – because It looked at Acute Stress Disorder stats.



PC-PTSD – Primary Care Post Traumatic Stress Disorder Screen; PHQ-2 = Patient Health Questionnaire-2 GAD-2 = 2 Item Generalized Anxiety Disorder scale

COMMON FACTORS ACROSS ALL STUDIES

- Females are more likely to experience mental health difficulties
- Nurses are affected more than doctors
- Younger less experienced healthcare workers are more affected
- Healthcare workers on the frontline – struggle more
- Healthcare workers experience more signs of significant distress when
- A colleague is unwell or hospitalised
- A colleague passes away
- A colleague is in quarantine
- Healthcare workers are more prone to depression if they are
- Directly exposed to the virus
- Are infected with the virus

References

Ferreiro V Et Al Mental Health Impact Of COVID-19 Pandemic On Spanish Healthcare Workers. Psychol Med, 2020. Rossi R, Mental Health Outcomes Among Frontline And Second-line Healthcare Workers..., JAMA Netw Open, 2020 May

Scheter A Et Al. Psychological Distress, Coping Behaviors, And Preferences For Support Among New York Healthcare Workers During The COVID-19 Pandemic, Gen Hosp Psych, June 2020 (Preprint)

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WHY WORRY ABOUT THE MENTAL HEALTH OF SOUTH AFRICAN HEALTH CARE WORKERS



BEFORE THIS PANDEMIC

Mental Health of Health Care workers in South Africa prior to this pandemic was already worrying.

2019 Study, SAMJ , C Zeijlemaker et al

- High rates of Burnout – most commonly researched topic
- Looked at 170 registrars in Clinical Medicine.
- 84 % rate burnout – high Emotional exhaustion and Depersonalization scores
- Highest in emergency medicine registrars and Anesthetists
- 2015, Van der Walt et al, SAJAA, Anesthetists – public and private sector. –40% public and around 20 % pvt high levels of emotional exhaustion/burnout
- Consistently South African studies compared to more developed health care systems show high levels of Burnout
- Zeijlemaker, C; Moosa, S. SAMJ, 2019 , Van der Walt et al, SAJAA, 2015.

CURRENT CHALLENGES FACING HCW

- 1) Traumatic Exposure - Insufficient PPE, risk of infection and infecting loved ones
- 2) Moral Injury - Psychological distress that results from actions or the lack of them, which violates someone's moral or ethical code
- 3) Workplace Stress - Challenges of acquiring PPE, of wearing PPE for long periods, of making life or death decisions, long work hours
- 4) Home Stress- Family and children at home – their anxieties, their needs, financial stresses

FACTORS THAT INCREASE RISK OF ADVERSE PSYCHOLOGICAL OUTCOMES

Individual workplace

- Contact with COVID-19 positive patients
- Forced redeployment
- Highest in Nurses
- Less experience
- Lower education level
- Part-time workers

Workplace

- Perceived lack of employer support
- Perceived lack of adequacy of training
- Lack of confidence in infection control
- No compensation for staff by organization
- Societal stigma against hospital workers

Personal

- Younger, single females with children at home
- Infected family member
- Lower household income
- Comorbid health conditions or mental condition
- Lower perceived personal self-efficacy
- History of psychological distress
History of mental health disorders, or substance

STRESS RESILIENCE SLIDES

This slide series describes stress and resilience in healthcare workers. The slides describe the difference between “good” stress and “bad” stress, as well as strategies for shifting the pattern of stress from “bad” to “good”. Detailed explanation of micro-recharges to manage stress is provided.

The slides are based on work done by Dr. Bruce Perry (part of the Neuro-sequential Network), psychiatrist from the University of California, on the neurobiological basis of stress and resilience, and why fairly simple measures can help healthcare workers to improve their stress-response systems. The webinars on You-Tube provide a detailed background to this, using a trauma-informed psychological first aid approach.

<https://www.youtube.com/watch?v=6SsWfAP3AMQ> (Bruce is from 15min onwards)

<https://www.youtube.com/watch?v=orwln02h6V4>

The webinars describe key regulatory networks in the brain as well as the hierarchy of functions in the brain. There are top-down and bottom-up regulatory mechanisms which can maintain equilibrium, or if they are overwhelmed, can result in dysregulation. It is noted that it is important to experience stress in order to develop resilience. It is the pattern of stress that is important. In the current COVID-pandemic scenario, where there is a high chance of unremitting, unpredictable, severe and uncontrolled stress, there is a risk of the brain’s regulatory mechanisms being overwhelmed, which then can result in a state of hyperarousal, and later exhaustion and Burnout.

The importance of instituting protective measures to prevent dysregulation is highlighted. It is noted that very short interventions can help to maintain equilibrium. They can be as short as 90 seconds. These strategies need to be intentional and built into daily routine. Instituting some rhythm in one’s day at work and at home can help to counter some of the unpredictable parts of the day.

Social connectedness is also highlighted as a key regulatory mechanism, but can also increase dysregulation (described as “relational contagion”). The importance of leaders in teams is highlighted, as a self-regulated leader can help the whole team to regulate, and dysregulate the team if they are hyper-aroused.

It needs to be borne in mind that frontline healthcare workers may have a history of trauma, both from their professional or personal lives. It is likely that increased numbers of healthcare workers will develop trauma-related disorders during the pandemic. One should expect that these will emerge post-pandemic, requiring treatment. Social supports may be missing in terms of contact with family and friends. Again, preventive, proactive measures may help to mitigate against this. Regular, even small doses of human contact, wherever possible, can also be regulatory. Although this pandemic is taking a long-time to run its course, it is important to emphasize that this current situation is not going to last forever, giving people hope.

Some of the micro-recharges during the day that can help one to self-regulate include mindful practices, physical activity, reading, watching TV, and even playing computer games (within reason!).

LEADER AND HCW SELF CARE / STRESS MANAGEMENT

Practical tips for leading teams during the pandemic

"I wish it need not have happened in my time," said Frodo.

"So do I," said Gandalf, "and so do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us." J.R.R. Tolkien, The Fellowship of the Ring

What happens to teams during Pandemics/ crises?

Internationally hospital leaders report that in Covid-19 treatment facilities and ICU's as admissions start increasing, team hierarchies get flattened, shifts change, increased staff absences become a reality and it's "all hands on deck", so traditional roles can get diffused. We see increased levels of stress and Burnout and old conflicts between staff may flare up and new ones emerge. This is why it's imperative that teams are able to work together in collaborative and supportive ways and your leadership is essential.

The leader as container for anxiety, striving for compassionate, capable calm and modelling appropriate self-care.

From studies in the military (Harrison et.al. 2008) came the mnemonic PIES for treating acute crisis and trauma in personnel on the frontlines. This stands for Proximity, Immediacy, Expectancy and Simplicity. This means: treat close to the front lines, quickly and simply, with an **expectation** of return to duty. This, rather than trauma debriefing or temporary incapacity is considered the appropriate primary approach to treating frontline healthcare workers during the pandemic (Greenberg & Tracy, 2020).

Importance of communication and connection

1. Set up regular meetings and direct communication channels (such as dedicated team or unit WhatsApp groups).

2. Clarify what your team knows and that they are accessing accurate information and not fake news and rumours

3. Communicate clear, concise information in ways that staff can assimilate. Focus on the facts, beware of information overload. Express your opinion in simple ways and check if the other person understood correctly. Share your frustrations and reflect together on solutions. Searching for solutions together is more helpful than focusing on problems only.

4. Clarify treatment protocols and institutional plans with staff as they are communicated to you

5. Look at the pragmatics: Staff members have families and homes. Find out how they're getting to work, how their children are being cared for and so on. Look at work hours, shifts and so on to see if there any changes that can be made to ensure happier, more effective workers. Have non-essential tasks been removed or reduced and do individuals have access to protective equipment (PPE)? International reports indicate that frontline staff are very anxious regarding access to, and use of PPE, so these issues should be addressed directly and often.

6. Create and use time out spaces: establish where in your hospital/ clinic there are physical spaces for your teams to be able to have some time out and encourage staff to use them.

7. Set up support systems. Early on, set up a “buddy system” - invite staff to identify someone on the team to take care of and support. Another set of eyes is important.

8. Share stress reduction techniques with staff (these include limiting social media exposure to Covid19 information, breathing, grounding and centering exercises, mindfulness practice, timeouts, self distancing/ self talk, and other self-care strategies)

9. Acknowledge and normalize staff feelings: it is appropriate, and not in any way unprofessional, to have fears of getting infected or transmitting the virus to families. Common symptoms, as a simple fever or a cough, can be mistaken for COVID-19 symptoms. Talking about these worries in contained ways, either in a short morning meeting or debrief or with a councillor, can reduce levels of panic or despair and create an invaluable sense of shared humanity.

10. Encourage staff to talk with their families about risk and have the difficult conversations about possible illness or death. This is a time for all to get their own affairs in order such as wills, living wills and proxies etc.

11. Check in with staff regularly: pay particular attention to any staff that may be experiencing difficulties in their personal life, has a history of poor mental health or who lacks social support. Ask them how they are doing and what they need to feel better. Facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services.

12. Be real with staff: Staff need to face that this is a time of loss. There will be deaths and the systems and protocols are imperfect and will inevitably have flaws and problems. This will inevitably lead to failures and frustrations and what researchers are calling a sense of moral injury. Anticipating and naming this can reduce the negative impact.

13. Help staff remember the WHY of the job and honour your work. Make an effort to notice and highlight staff efforts and be generous with compliments. As the pandemic progresses also share stories of help and hope

14. Be brave and work towards Post Traumatic Growth (Tedeschi&Calhoun, 2004).

Harrison, J., Sharpley, J., & Greenberg, N. (2008). The management of post traumatic stress reactions in the military. *Journal of the Royal Army Medical Corps, 154*(2), 110.

Greenberg, N., & Tracy, D. (2020). What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic.

Tedeschi, R. G., & Calhoun, L. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times, 21*(4), 58-60.



HEALTHCARE WORKERS CARE NETWORK

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Free confidential individual counselling sessions
available for all healthcare workers.

Coronavirus and looking after your mental wellbeing

It's really important for people who are self-isolating because of coronavirus to look after their mental health and wellbeing as well their physical health.

Staying at home and avoiding contact with others as much as possible is essential to limit the risk of catching the virus or spreading it to others.

But for many people, especially if you live alone, social isolation can be a lonely, anxious, scary or depressing time. This leaflet has a few simple tips to help look after our mental well-being. It's written for people who are self-isolating, or are maybe just feeling isolated, and who don't have access to the internet and online entertainment or 'distraction' options. If you can get online, you can download a copy of this information and get lots more ideas at learn.4mentalhealth.com/wellbeing

The 30-3-30 approach

The suggestions below are grouped into things that take about 30 seconds, things that you can do in about 3 minutes, and things that might take 30 minutes or longer. The 30 second ones are quick fix 'emergency' actions you can do if you suddenly feel panicky, scared or unable to cope.

30 seconds	3 minutes	30 minutes
Take a few slow deep breaths. Breathe in, count to 3, breathe out, count to 3.	Phone a loved one or friend for a quick chat. Leave a message if they don't answer.	Pamper yourself with a luxurious bath, and maybe have scented candles and soothing music.
Close your eyes, hold one hand in the other, squeeze gently and repeat 'I can get through this'.	Do a household task, like a quick bit of washing up, cleaning the bathroom mirror or making a bed.	Do 'proper sort-out' of a cluttered kitchen cupboard, drawer, wardrobe or bookcase. Feel the satisfaction of having done something!
Sit on a chair and focus on the sensation of the chair pressing onto your back and bottom.	Make a hot drink in a mug and sip it slowly, feeling the warmth of the mug in both hands.	Enjoy a TV or radio programme, either a recording of an old favourite or something new.
Take a few sips of cold water, focusing on the cooling feeling as you swallow it. Even better if very cold or if you can add ice.	Quick brain workout, such as 3 minutes doing a wordsearch, crossword, sudoku. Try the 'Alphabet Game' choose a category, then using the alphabet in order, list as many as you can.	Do something 'mindful'. This means just focusing on the one thing you are doing: such as bit of gardening, spending time on an indoor hobby, doing a jigsaw puzzle, listening to a recorded book.
Look out of a window or doorway. What can you see and hear? Anything new or unusual?	Listen to a favourite piece of music, something soothing or uplifting depending how you feel.	Prepare a tasty meal or snack, perhaps a new recipe, and eat it slowly, savouring every mouthful.
Pick up a special photo or object that evokes happy memories and focus on what it means to you.	Brush your teeth and brush or comb your hair. (even if you don't really need to!)	Sing. At the top of your voice, sing all the songs you know, or just your favourites several times.
Learn a favourite, inspiring quote by heart, or keep a written version handy to read.	Write a worry list. Getting things down on paper can help stop them going around in your head. Now tackle them one by one.	Go out for some fresh air, if it's safe and allowed. If not, are there any indoor exercises, yoga or stretches you can do?
Think of 2 things that are 'Just about OK'.	Phone someone for a quick 'hello'	Phone a helpline. Ask the person who sent you this leaflet to recommend a couple of helplines if you can't think of any yourself.

• Keep busy • Keep up a routine • Keep in touch • Do things you enjoy • Stay safe