Let's Talk About COVID-19

Because we haven't been talking about it enough.

The Mental Health Perspective in the Current Pandemic

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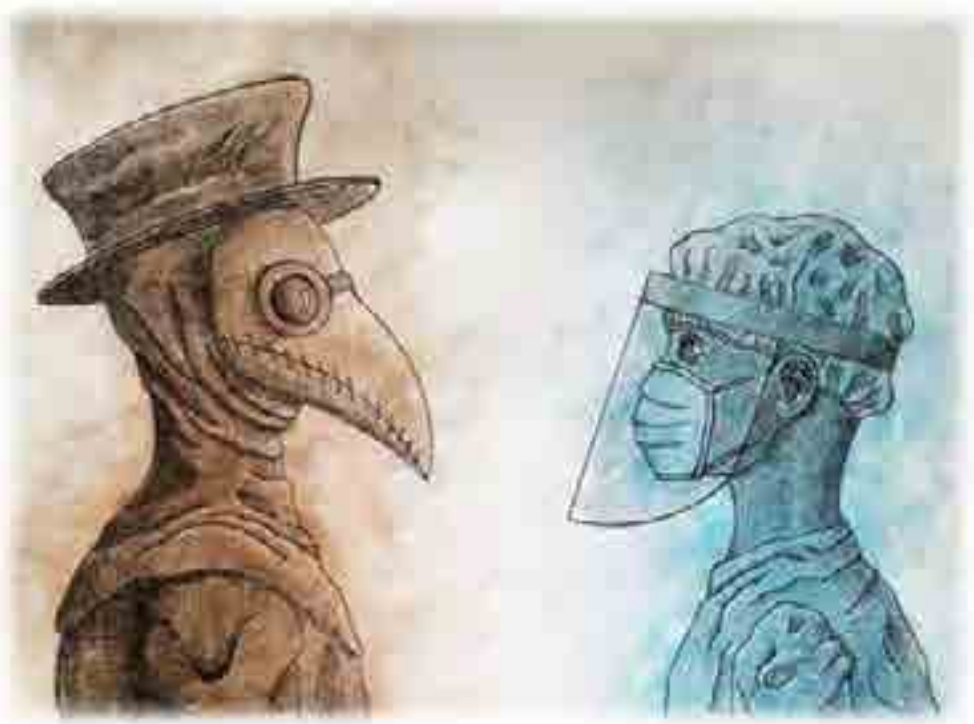
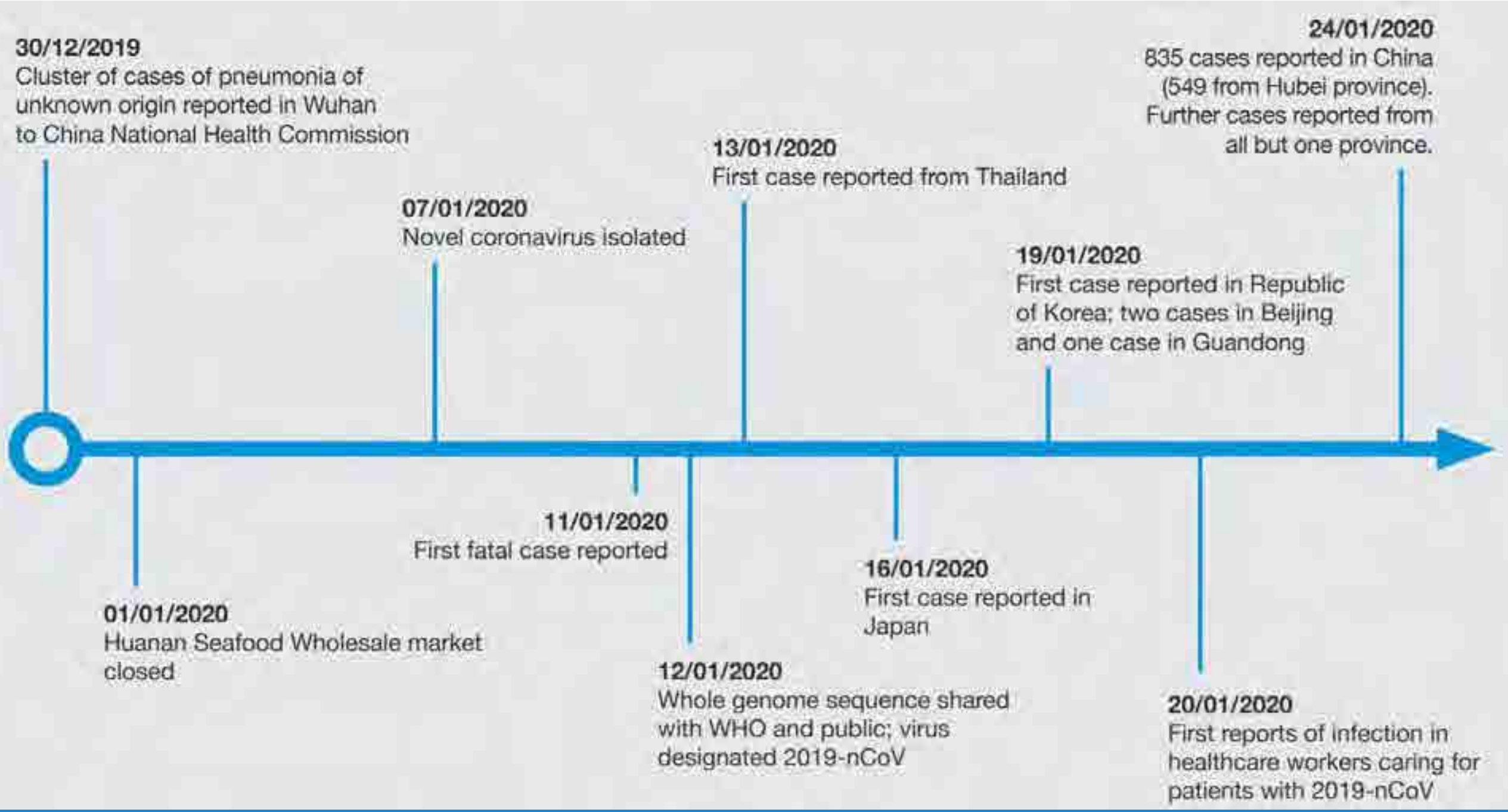
April 22nd, 2020

Outline

1. **COVID-19 WHO updates**
2. **Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to COVID-19**
   Lai, et al (March 2020)
3. **Taking Care of Yourselves and Loved Ones**
   "Stress First Aid" by the US National Center for PTSD
4. **Relevant topics for mental health professionals**
   1. The Telepsychiatry Dilemma
   2. Anti-Fake News
   3. Other resources



COVID-19 @WHO updates


30/12/2019
Cluster of cases of pneumonia of unknown origin reported in Wuhan to China National Health Commission
01/01/2020
Huanan Seafood Wholesale market closed
07/01/2020
Novel coronavirus isolated
11/01/2020
First fatal case reported
12/01/2020
Whole genome sequence shared with WHO and public; virus designated 2019-nCoV
13/01/2020
First case reported from Thailand
16/01/2020
First case reported in Japan
19/01/2020
First case reported in Republic of Korea; two cases in Beijing and one case in Guandong
20/01/2020
First reports of infection in healthcare workers caring for patients with 2019-nCoV
24/01/2020
835 cases reported in China (549 from Hubei province). Further cases reported from all but one province.

Let’s recap…

- WHO is working 24/7 to analyze data, provide advice, coordinate with partners, help countries prepare, increase supplies and manage expert networks
- The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020
- On 11 February 2020, WHO announced a name for the new coronavirus disease: COVID-19

- **By 22 April 2020:** Total Cases: **2,559,991** and Total Deaths: **177,707** with Recovered **696,151**

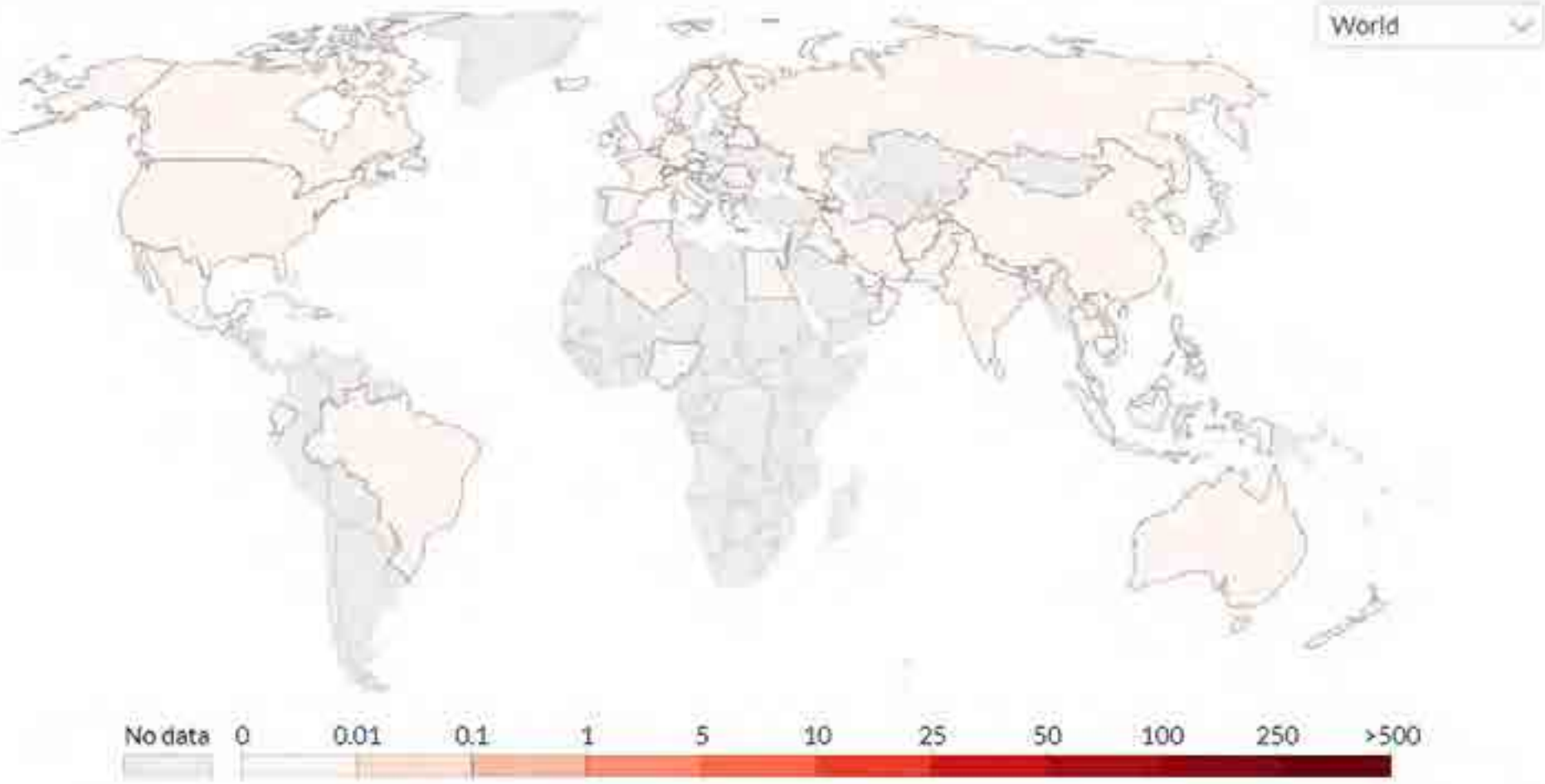
Sharing real-time updates and technical advice: **www.who.int**
Guidance documents: **https://www.who.int/emergencies/diseases/novel-coronavirus-2019**


iStock.com/izzetugutmen

Confirmed COVID-19 deaths per million people, Dec 31, 2019

Our World in Data

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true total number of deaths from COVID-19.



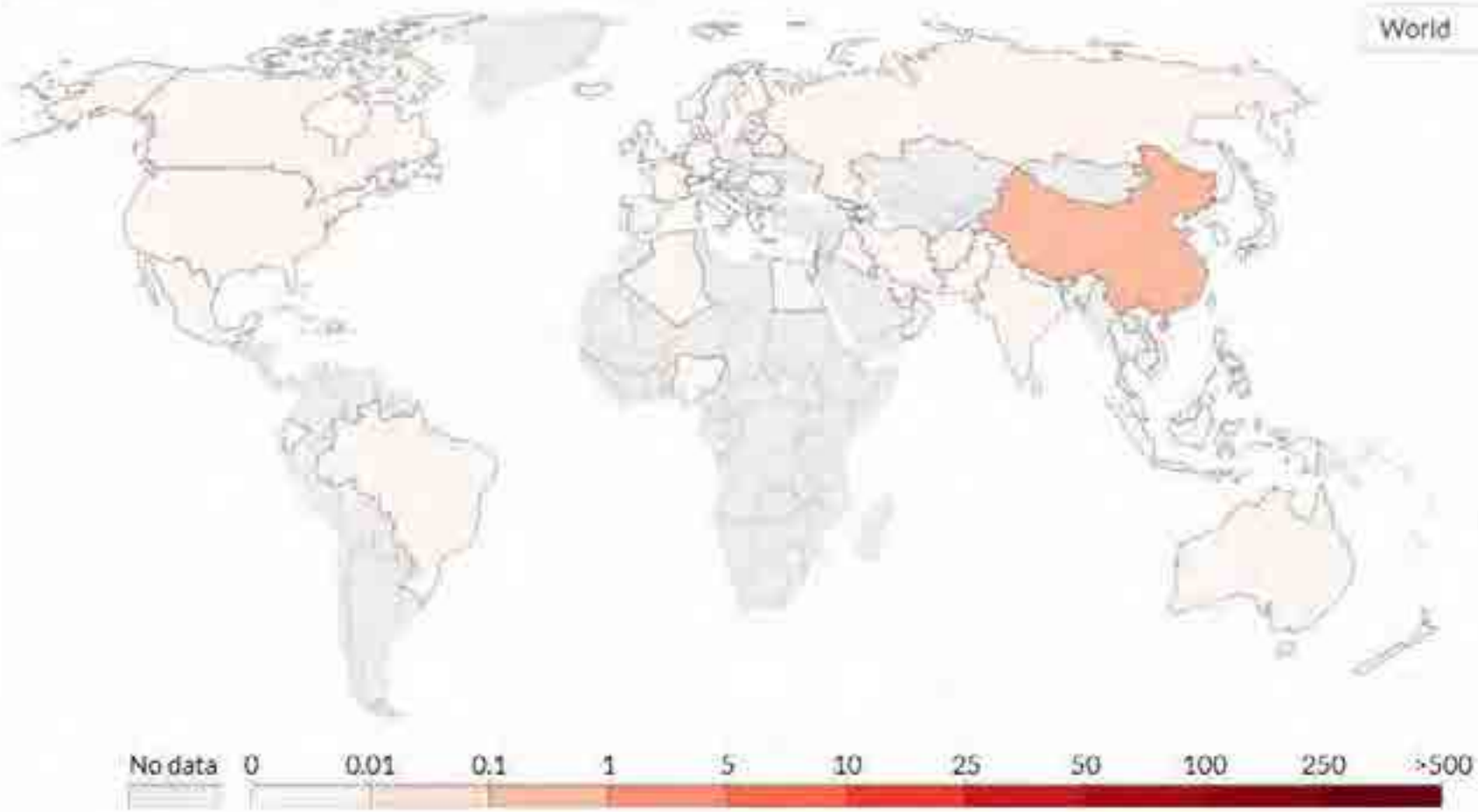
Source: European CDC – Situation Update Worldwide – Last updated 15th April, 11:15 (London time)

CHART MAP DATA SOURCES

Confirmed COVID-19 deaths per million people, Jan 31, 2020

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true total number of deaths from COVID-19.

Our World in Data



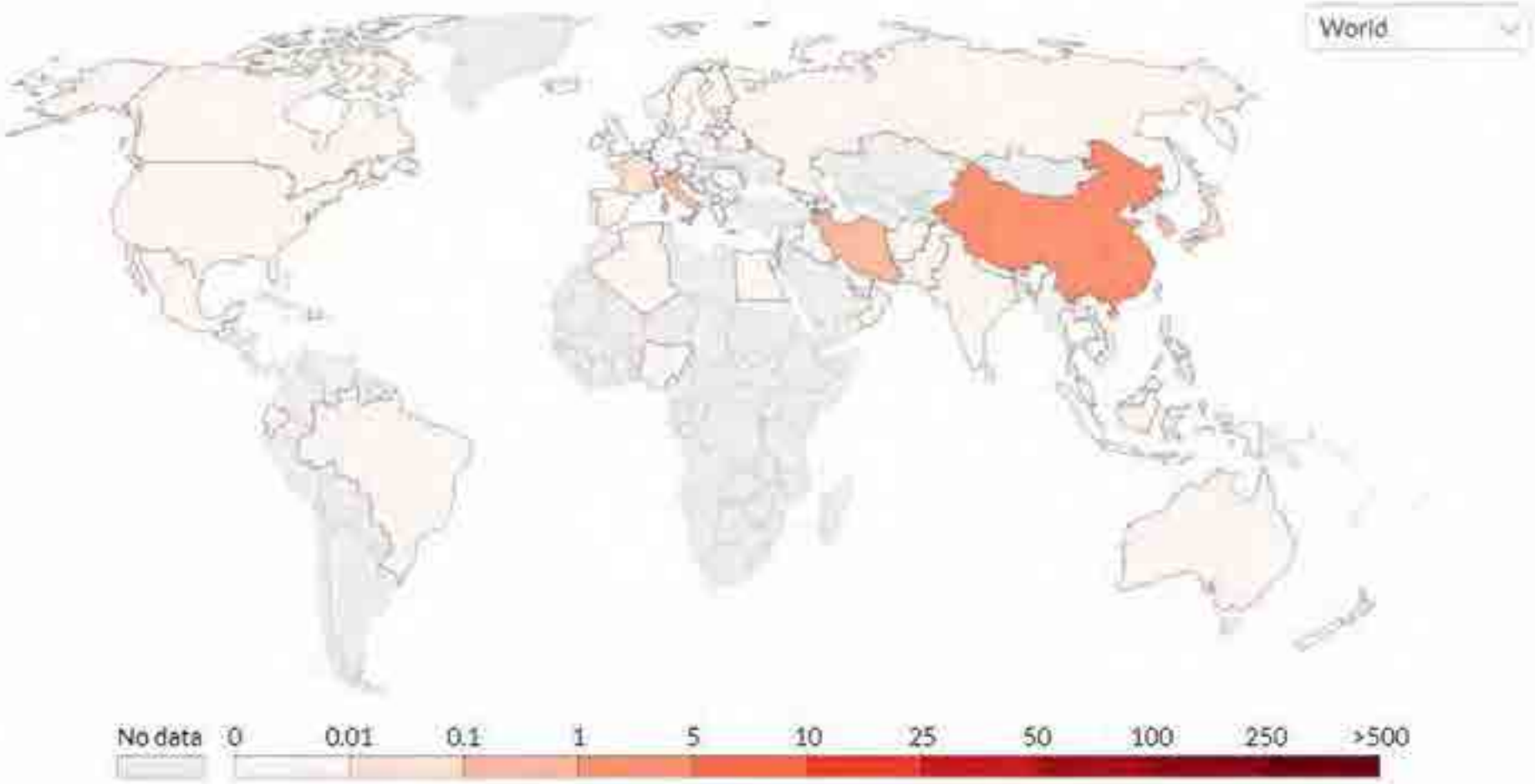
Source: European CDC – Situation Update Worldwide – Last updated 15th April, 11:15 (London time)

CHART MAP DATA SOURCES

Confirmed COVID-19 deaths per million people, Feb 29, 2020

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true total number of deaths from COVID-19.

Our World in Data



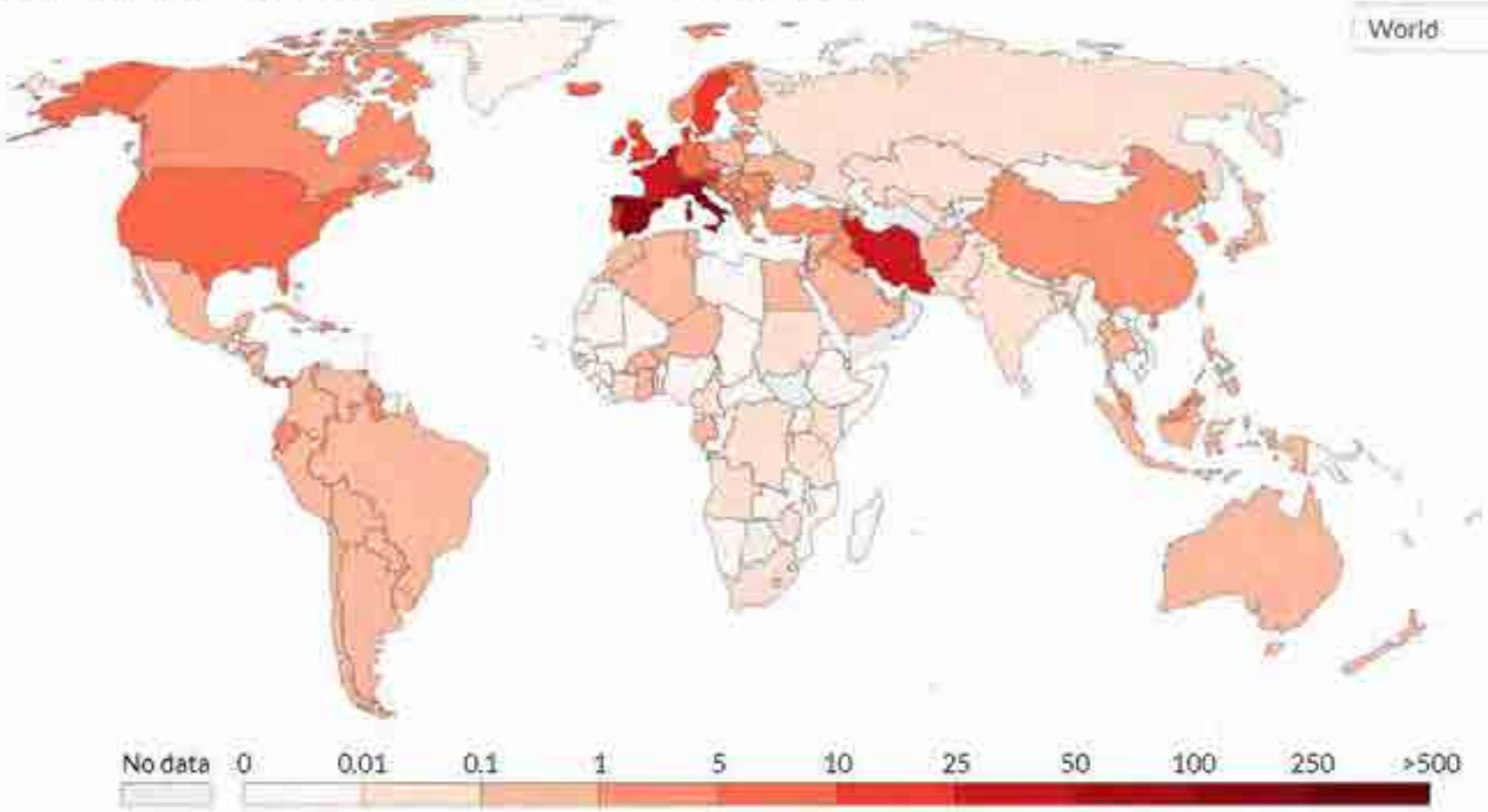
Source: European CDC – Situation Update Worldwide – Last updated 15th April, 11:15 (London time)

CHART MAP DATA SOURCES

Confirmed COVID-19 deaths per million people, Mar 31, 2020

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true total number of deaths from COVID-19.

Our World in Data



Source: European CDC – Situation Update Worldwide – Last updated 15th April, 11:15 (London time)

CHART MAP DATA SOURCES

Confirmed COVID-19 deaths per million people, Apr 15, 2020

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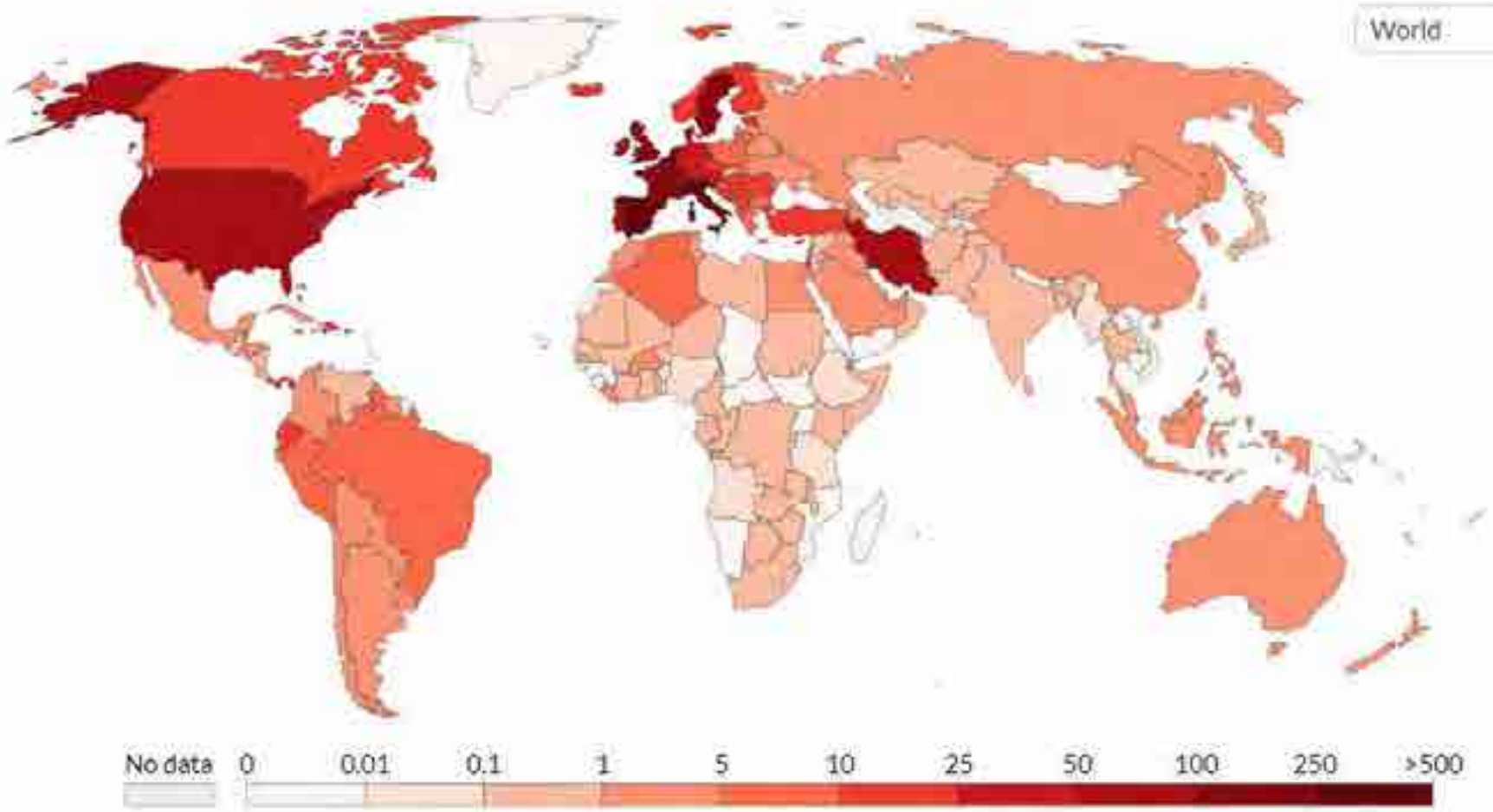
Our World in Data

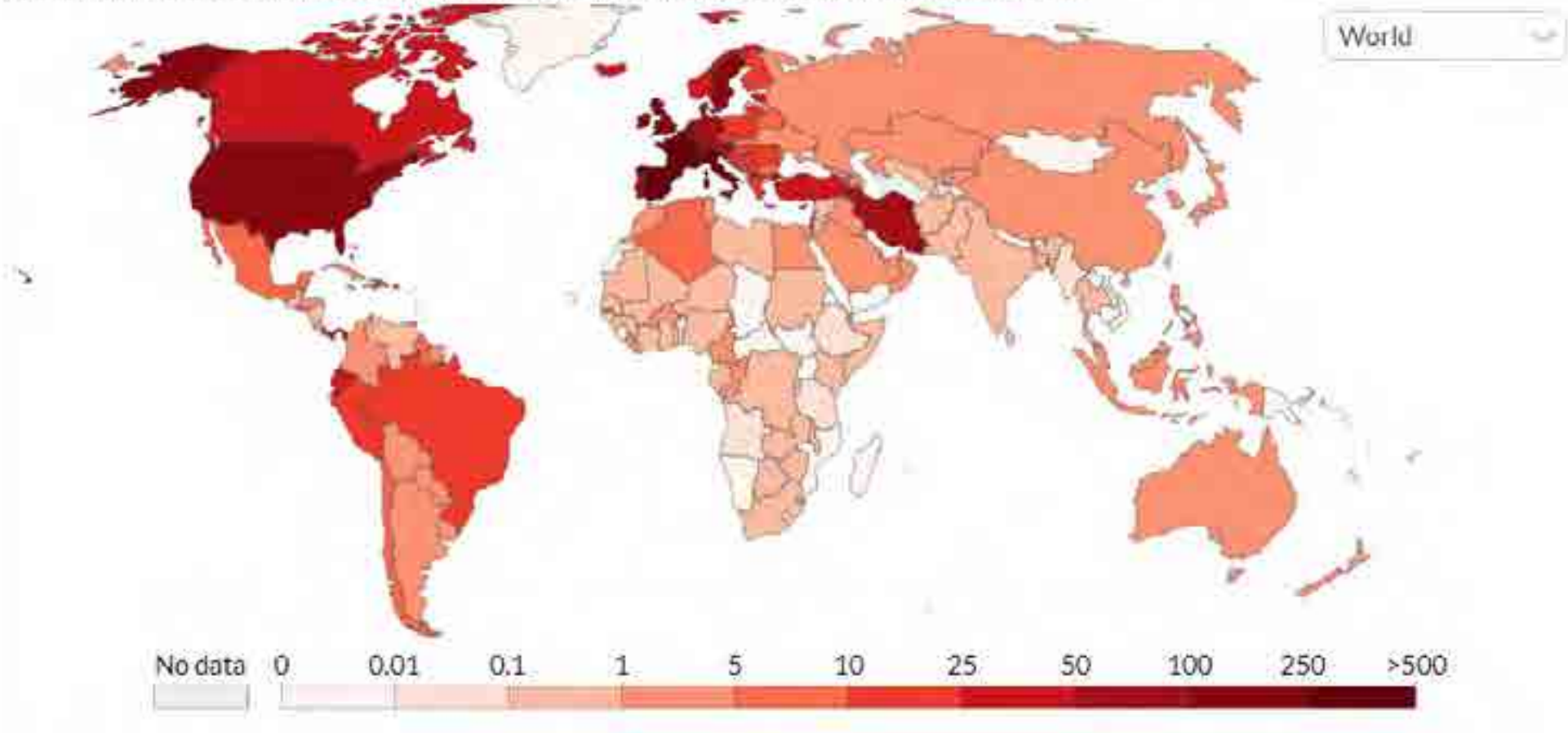


Source: European CDC – Situation Update Worldwide – Last updated 15th April, 11:15 (London time)

Confirmed COVID-19 deaths per million people, Apr 21, 2020

Our World in Data

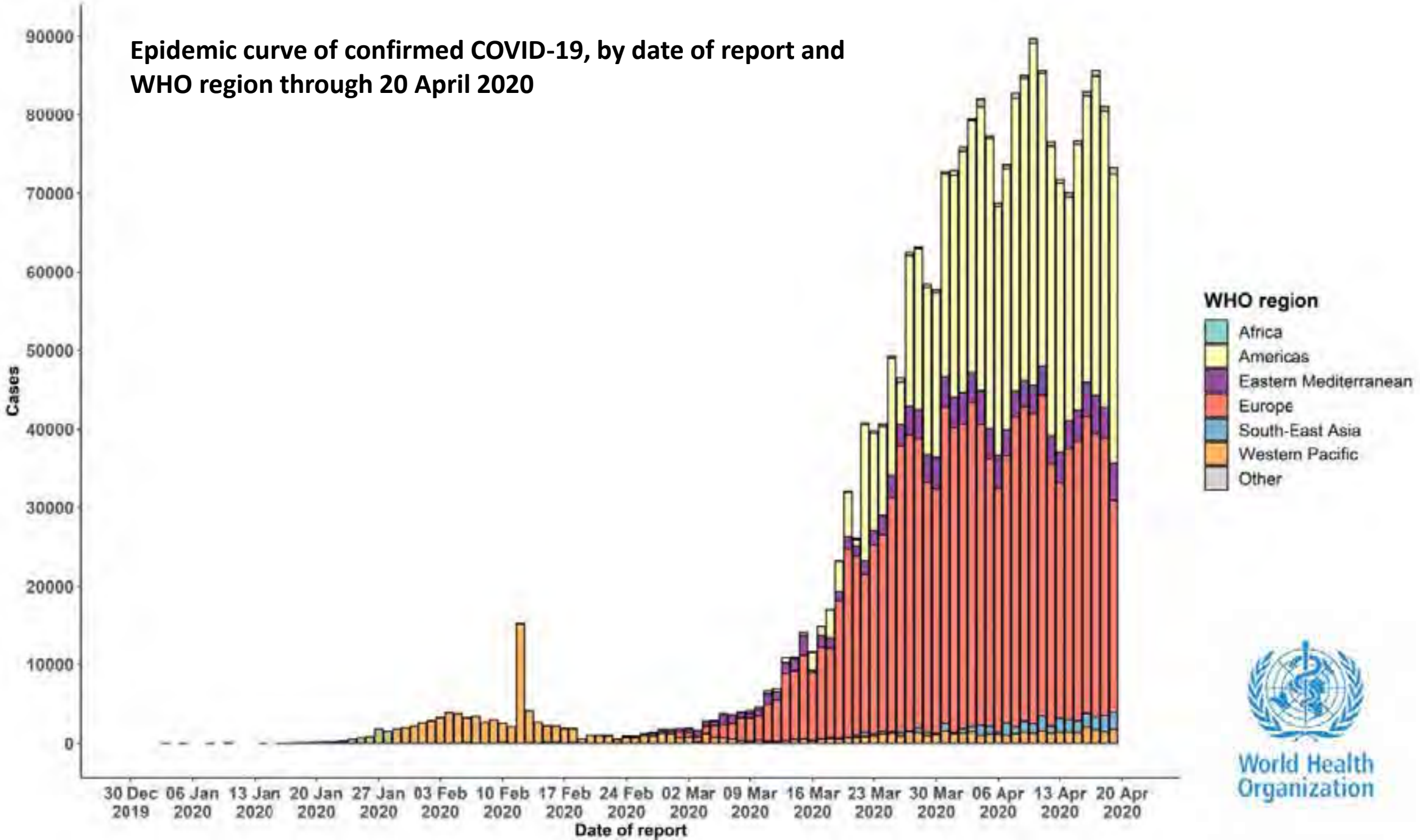
Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true total number of deaths from COVID-19.



Source: European CDC – Situation Update Worldwide – Last updated 21st April, 11:45 (London time)
OurWorldInData.org/coronavirus • CC BY

CHART | MAP | DATA | SOURCES

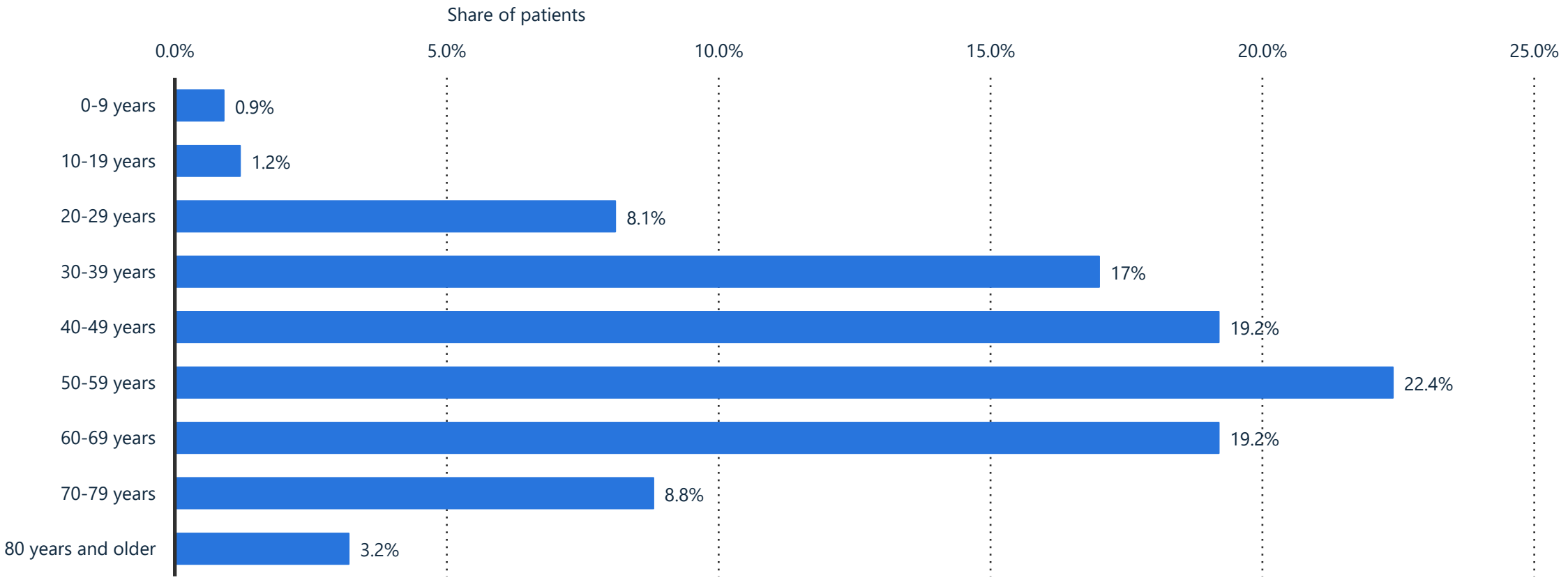
Epidemic curve of confirmed COVID-19, by date of report and WHO region through 20 April 2020



World Health Organization

Breakdown of 44,672 sample patients infected with novel coronavirus COVID-19 in China as of February 11, 2020, by age group

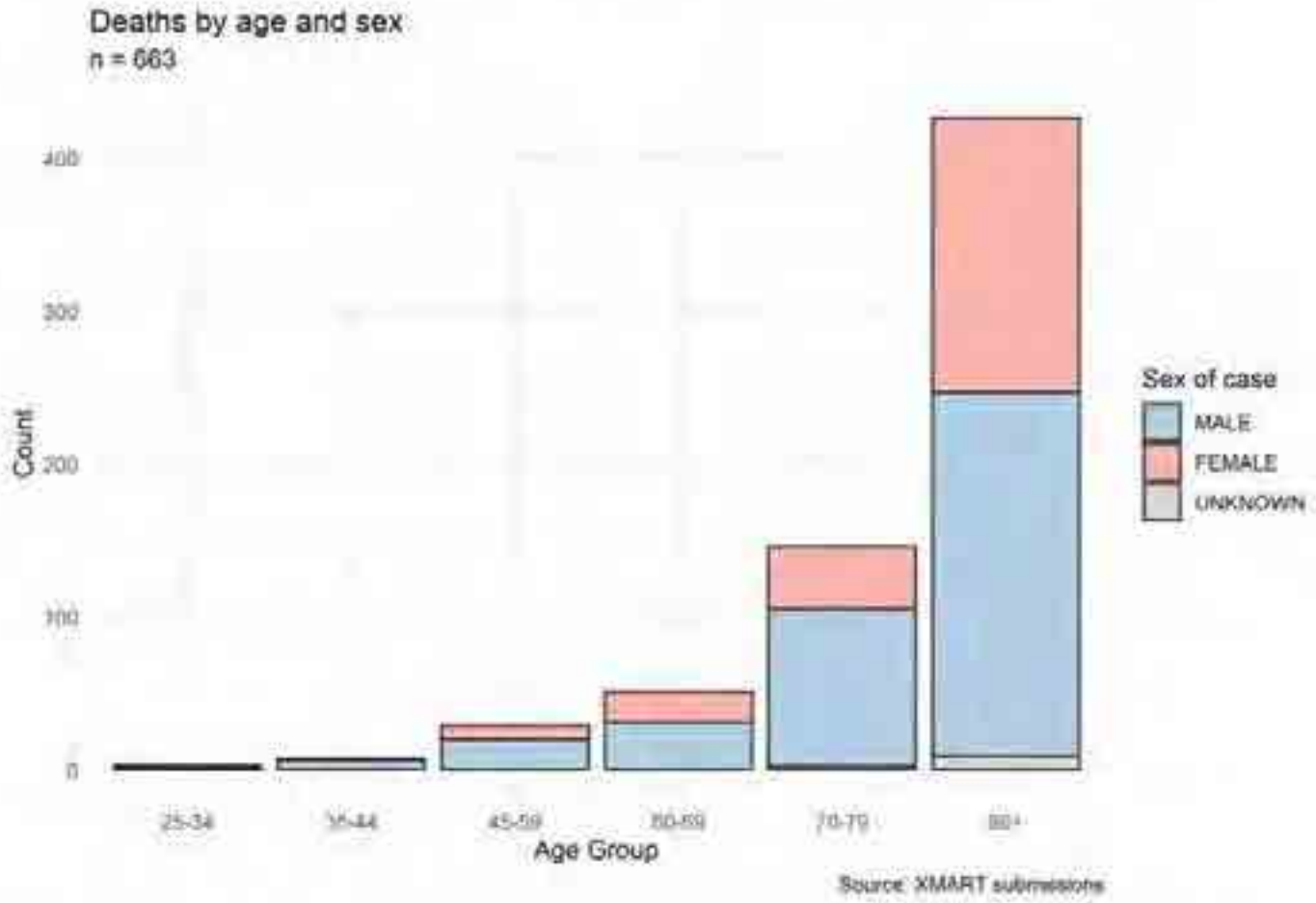
Age distribution of COVID-19 patients in China 2020



Note: China; as of February 11, 2020; 44,672 patients

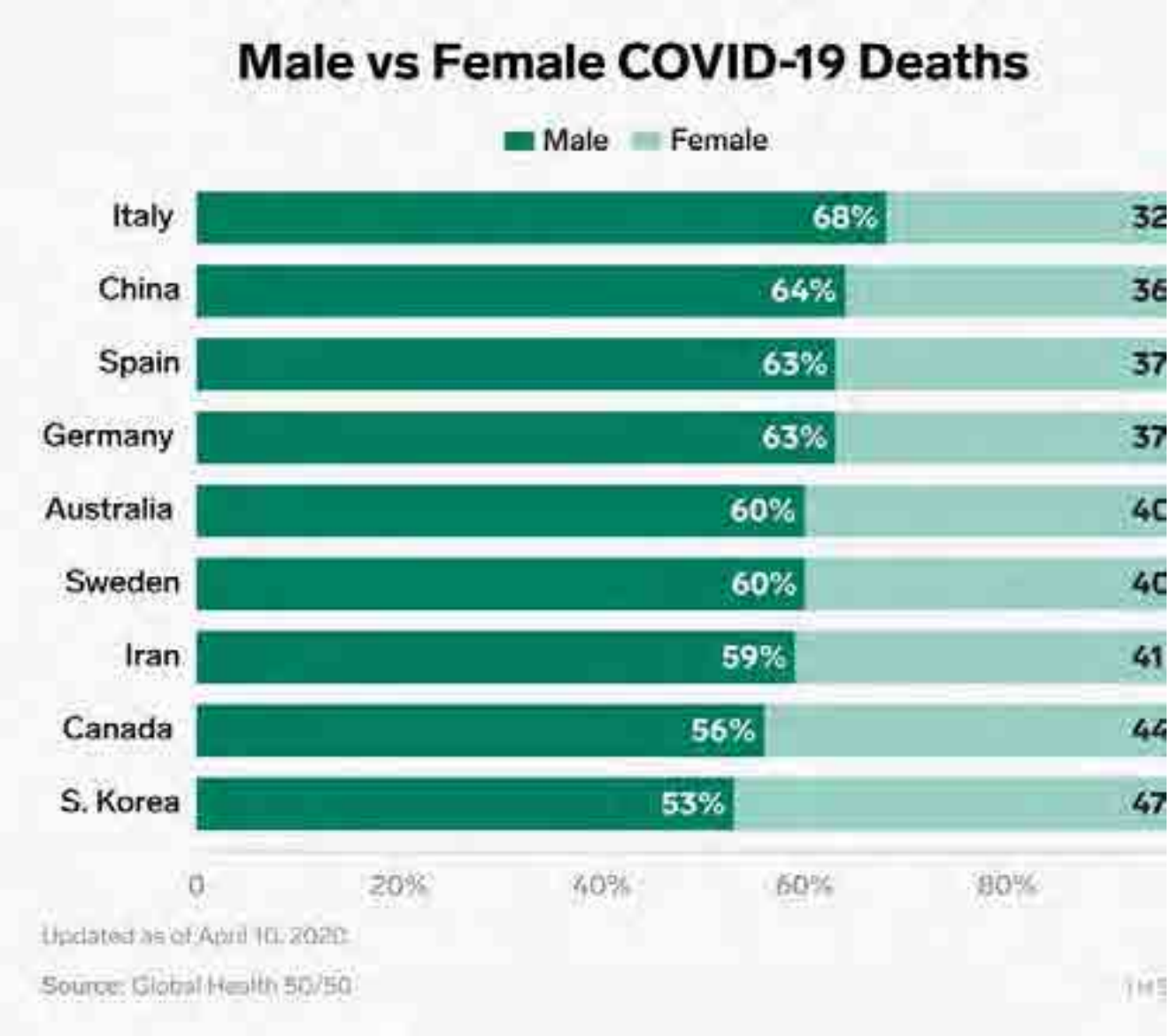
Source(s): Website (qbitai.com); Chinese Center for Disease Control and Prevention; ID 1095024

Total # of recorded deaths by sex and age group



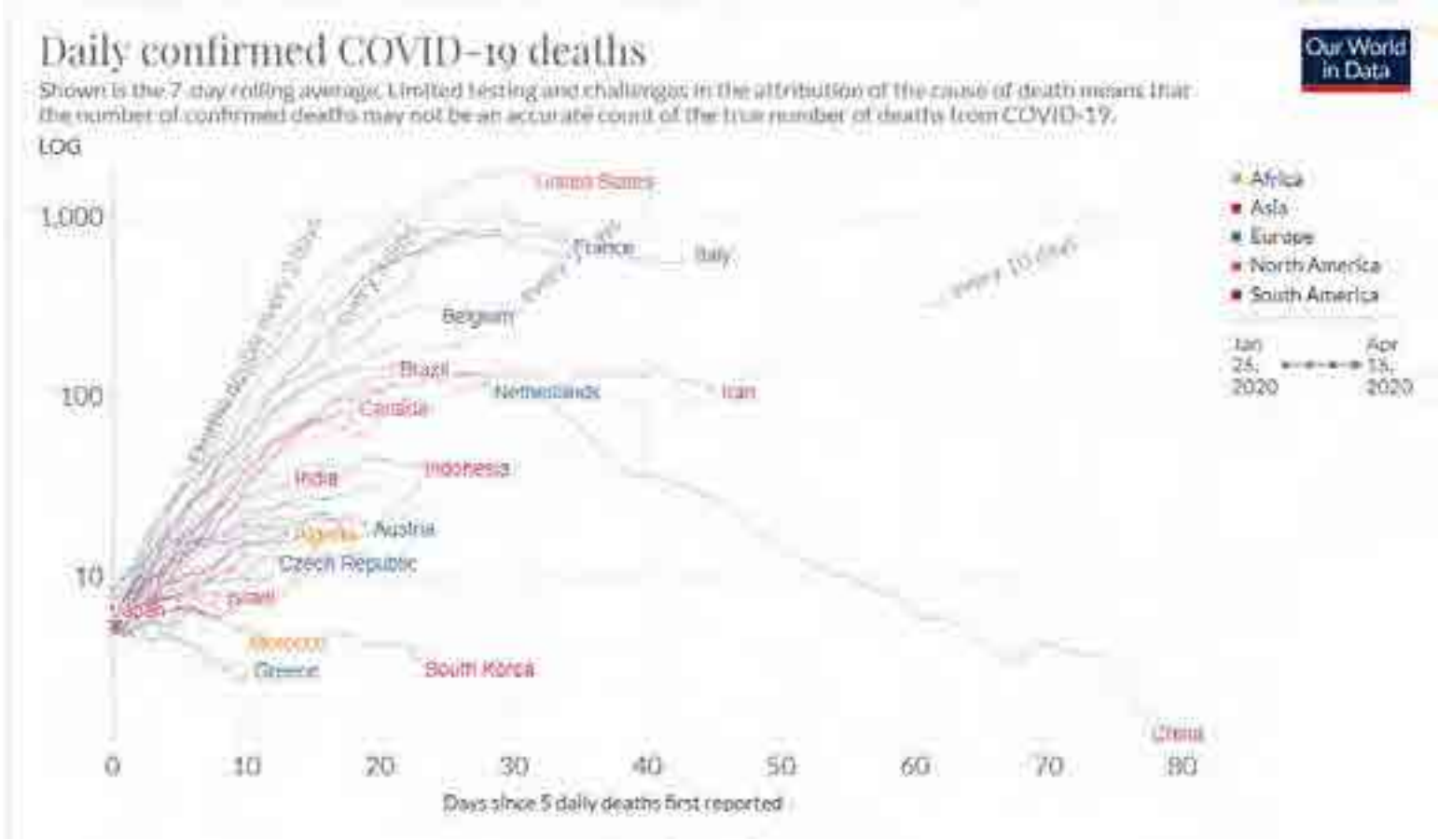
Female: 253 (38.1%)
Male: 499 (60.2 %)

Note: Most death reports are from EURO Member States

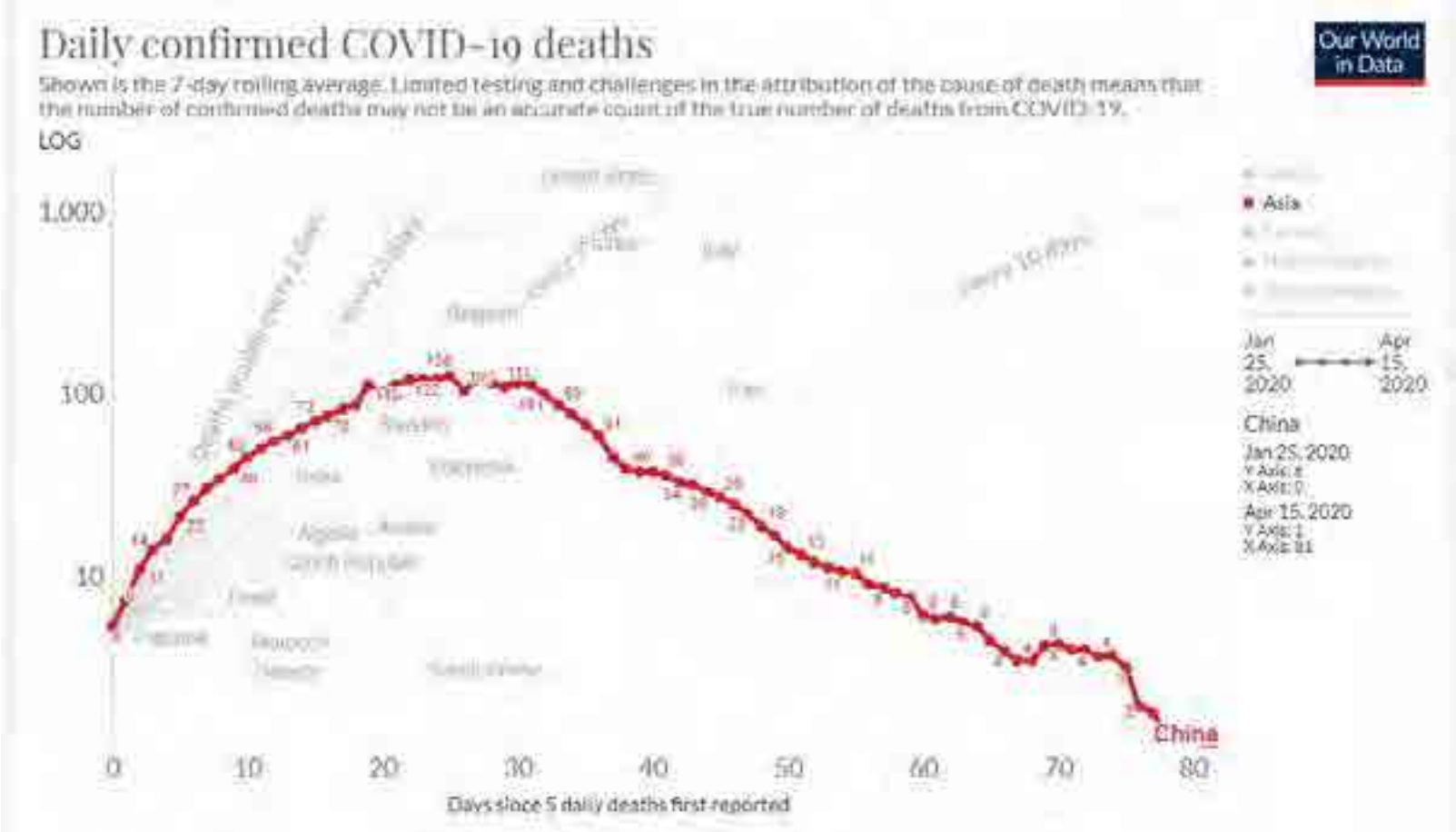


COVID-19 clustered deaths per sex

Learning from the China experience



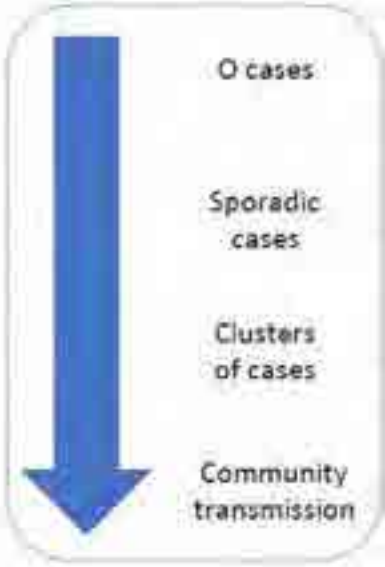
Learning from the China experience



Learning from the China experience

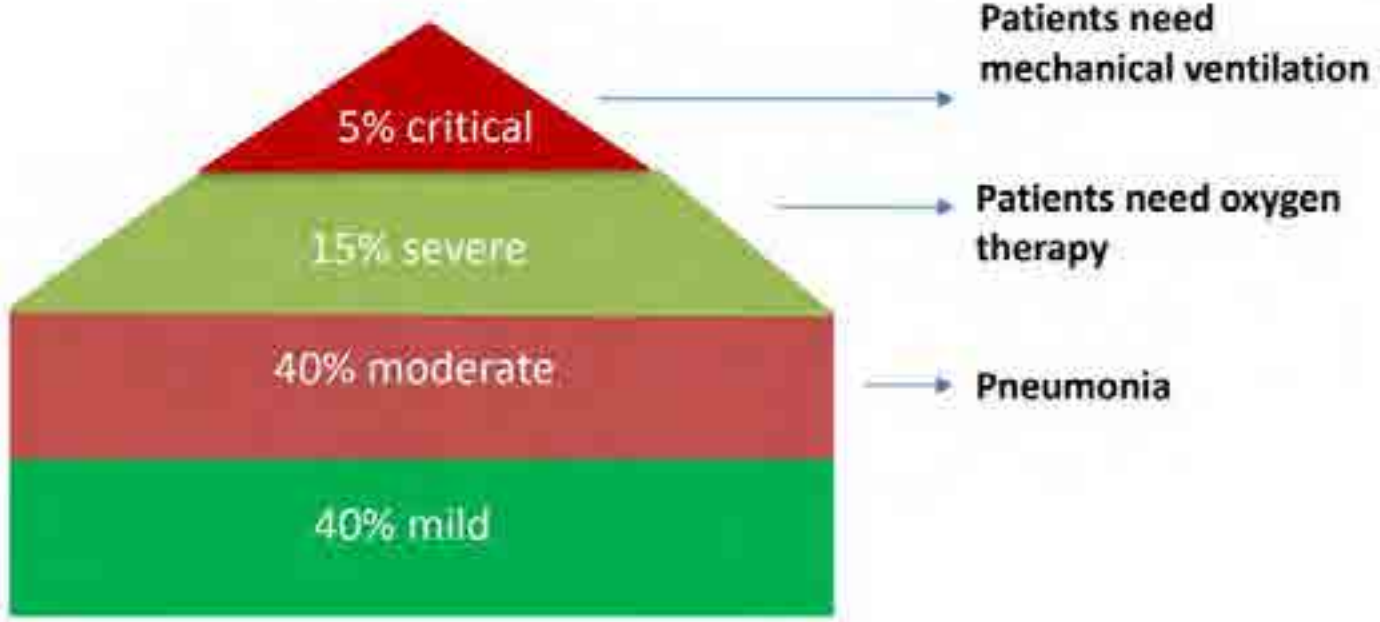
China is using fundamental public health measures...

- Universal population measures
- Case isolation & management
- Close contact quarantine
- Suspension of public gatherings
- Movement restrictions



World Health Organization

Severity profile of COVID-19



World Health Organization

“Bedtime” by Chris Ware

The New Yorker
April 6, 2020

March 23, 2020

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Background:

Studies done during the **2003 SARS outbreak** among health care workers (HCW) showed:

- feared contagion and infection of their family, friends and colleagues
- uncertainty and stigmatization
- reluctance to work or contemplating resignation
- experienced high levels of stress, anxiety and depression

Maunder R, Hunter J, Vincent L, et al. The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *CMAJ*. 2003;168(10):1245-1251.

Bai Y, Lin CC, Lin CY, Chen JY, Chue CM, Chou P. Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatr Serv*. 2004;55(9):1055-1057. doi:10.1176/appi.ps.55.9.1055

Lee AM,Wong JG, McAlonan GM, et al. Stress and psychological distress among SARS survivors 1 year after the outbreak. *Can J Psychiatry*. 2007;52(4):233-240. doi:10.1177/070674370705200405

Chua SE, Cheung V, Cheung C, et al. Psychological effects of the SARS outbreak in Hong Kong on high-risk health care workers. *Can J Psychiatry*. 2004;49(6):391-393. doi:10.1177/070674370404900609

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Background:

With COVID-19, multiple psychological assistance services including telephone, internet and application-based counseling and interventions were deployed

State Council of China announced nationwide psychological assistance hotlines

Evidence-based evaluations and mental health interventions targeting front-liners have been scarce

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Aims of the study:

Evaluate mental health outcomes among HCW treating patients with COVID-19

Assess risk factors

Multiple regions throughout China

➔ Assessment of mental health burden of Chinese HCWs serving as important evidence to direct the promotion of mental well-being among HCWs.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

METHODS/Study design:

Cross-sectional, hospital-based survey conducted from January 29, 2020 to February 3, 2020.

Samples were stratified by their geographic location (ie, Wuhan, other regions inside Hubei province, and regions outside Hubei province).

More hospitals in Wuhan were sampled.

Hospitals equipped with fever clinics or wards for COVID-19 were eligible to participate in this survey.

A total of 20 hospitals in Wuhan, 7 hospitals in other regions of Hubei province, and 7 hospitals from 7 other provinces with a high incidence of COVID-19 were included.

Total: 34 hospitals

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

METHODS/Participants:

One clinical department was randomly sampled from each selected hospital, and all health care workers in this department were asked to participate in this study.

METHODS/Outcomes and Covariates:

9-item Patient Health Questionnaire (PHQ-9)

7-item Generalized Anxiety Disorder (GAD-7)

7-item Insomnia Severity Index (ISI)

22-item Impact of Event Scale–Revised (IES-R)

The cutoff score for detecting symptoms were **10, 7, 15, and 26**, respectively.

PHQ-9, normal (0-4), mild (5-9), moderate (10-14), and severe (15-21) depression; GAD-7, normal (0-4), mild (5-9), moderate (10-14), and severe (15-21) anxiety; ISI, normal (0-7), subthreshold (8-14), moderate (15-21), and severe (22-28) insomnia; and IES-R, normal (0-8), mild (9-25), moderate (26-43), and severe (44-88) distress.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

RESULTS:

1257 respondents (68.7%) completed the survey.

493 (39.2%) were physicians, and 764 (60.8%) were nurses

A total of 522 participants (41.5%) were frontline HCWs directly engaged in diagnosing, treating, or caring for patients with or suspected to have COVID-19.

Characteristic	No. (%)					
		Occupation		Location		
	Total	Physician	Nurse	Wuhan	Hubei province outside Wuhan	Outside Hubei province
Overall	1257 (100)	493 (39.2)	764 (60.8)	760 (60.5)	261 (20.8)	236 (18.8)
Sex						
Men	293 (23.3)	223 (45.2)	70 (9.2)	146 (19.2)	52 (19.9)	95 (40.3)
Women	964 (76.7)	270 (54.8)	694 (90.8)	614 (80.8)	209 (80.1)	141 (59.7)
Age, y						
18-25	198 (15.8)	10 (2.0)	188 (24.6)	162 (21.3)	32 (12.3)	4 (1.7)
26-30	407 (32.4)	126 (25.6)	281 (36.8)	258 (33.9)	111 (42.5)	38 (16.1)
31-40	406 (32.3)	200 (40.6)	206 (27.0)	224 (29.5)	71 (27.2)	111 (47.0)
>40	246 (19.5)	157 (31.8)	89 (11.6)	116 (15.3)	47 (18.0)	83 (35.2)
Marriage status						
Unmarried	418 (33.3)	87 (17.6)	331 (43.3)	314 (41.3)	66 (25.3)	38 (16.1)
Married[a]	839 (66.7)	406 (82.4)	433 (56.7)	446 (58.7)	195 (74.7)	198 (83.9)
Education level						
≤Undergraduate	953 (75.8)	217 (44.0)	736 (96.3)	611 (80.4)	238 (91.2)	104 (44.1)
≥Postgraduate	304 (24.2)	276 (56.0)	28 (3.7)	149 (19.6)	23 (8.8)	132 (55.9)
Technical title						
Junior	699 (55.6)	153 (31.0)	546 (71.5)	481 (63.3)	169 (64.8)	49 (20.8)
Intermediate	378 (30.1)	187 (37.9)	191 (25.0)	221 (29.1)	61 (23.4)	96 (40.7)
Senior	180 (14.3)	153 (31.1)	27 (3.5)	58 (7.6)	31 (11.8)	91 (38.5)
Place of residence						
Urban	1220 (97.1)	474 (96.1)	746 (97.6)	751 (98.8)	247 (94.6)	222 (94.1)
Rural	37 (2.9)	19 (3.9)	18 (2.4)	9 (1.2)	14 (5.4)	14 (5.9)
Working position						
Frontline	522 (41.5)	176 (35.7)	346 (45.3)	390 (51.3)	72 (27.6)	60 (25.4)
Second-line	735 (58.5)	317 (64.3)	418 (54.7)	370 (48.7)	189 (72.4)	176 (74.6)

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

RESULTS:

Scores of depression (634 [50.4%]), anxiety (560 [44.6%]), insomnia (427 [34.0%]), and distress (899 [71.5%]) were reported.

Nurses, women, frontline workers, and those in Wuhan reported experiencing more severe symptom levels of depression, anxiety, insomnia, and distress.

Table 2. Severity Categories of Depression, Anxiety, Insomnia, and Distress Measurements in Total Cohort and Subgroups

		Occupation			Sex			Working position			Type of hospital			Location			
		No. (%)			No. (%)			No. (%)			No. (%)			No. (%)			
Severity category	Total, No. (%)	Physician	Nurse	P value	Men	Women	P value	Frontline	Second-line	P value	Tertiary	Secondary	P value	Wuhan	Hubei province outside of Wuhan	Outside Hubei province	P value
PHQ-9, depression symptoms																	
Normal	623 (49.6)	268 (54.4)	355 (46.5)	.01	171 (58.3)	452 (46.8)	<.001	217 (41.5)	406 (55.2)	<.001	483 (51.7)	140 (43.2)	.003	335 (40.0)	146 (55.9)	142 (60.1)	<.001
Mild	448 (35.6)	157 (31.8)	291 (38.1)		92 (31.3)	356 (36.9)		211 (40.4)	237 (32.2)		326 (34.9)	122 (37.6)		296 (38.9)	85 (32.5)	67 (28.3)	
Moderate	108 (8.6)	44 (8.9)	64 (8.4)		21 (7.1)	87 (9.0)		59 (11.3)	49 (6.6)		71 (7.6)	37 (11.4)		73 (9.6)	19 (7.2)	16 (6.7)	
Severe	78 (6.2)	24 (4.9)	54 (7.1)		9 (3.0)	69 (7.1)		35 (6.7)	43 (5.8)		53 (5.6)	25 (7.7)		56 (7.3)	11 (4.2)	11 (4.6)	
GAD-7, anxiety																	
Normal	697 (55.4)	293 (59.4)	404 (52.9)	.03	189 (64.5)	508 (52.6)	.001	253 (48.4)	444 (60.4)	<.001	533 (57.1)	164 (50.6)	.046	391 (51.4)	155 (59.3)	151 (63.9)	<.001
Mild	406 (32.3)	143 (29.0)	263 (34.4)		71 (24.2)	335 (34.7)		185 (35.4)	221 (30.0)		291 (31.1)	115 (35.4)		257 (33.8)	85 (32.5)	64 (27.1)	
Moderate	88 (7.0)	34 (6.9)	54 (7.1)		23 (7.8)	65 (6.7)		48 (9.1)	40 (5.4)		61 (6.5)	27 (8.3)		66 (8.6)	11 (4.2)	11 (4.6)	
Severe	66 (5.3)	23 (4.7)	43 (5.6)		10 (3.4)	56 (5.8)		36 (6.8)	30 (4.0)		48 (5.1)	18 (5.5)		46 (6.0)	10 (3.8)	10 (4.2)	
ISI, insomnia symptoms																	
Absence	830 (66.0)	358 (72.6)	472 (61.8)	<.001	208 (70.9)	622 (64.5)	.04	310 (59.3)	520 (70.7)	<.001	635 (68.0)	195 (60.1)	.02	473 (62.2)	186 (71.2)	171 (72.4)	.001
Subthreshold	330 (26.2)	107 (21.7)	223 (29.2)		66 (22.5)	264 (27.3)		148 (28.3)	182 (24.7)		227 (24.3)	103 (31.7)		214 (28.1)	60 (22.9)	56 (23.7)	
Moderate	85 (6.8)	24 (4.9)	61 (8.0)		17 (5.8)	68 (7.0)		55 (10.5)	30 (4.0)		61 (6.5)	24 (7.4)		65 (8.5)	13 (4.9)	7 (2.9)	
Severe	12 (1.0)	4 (0.8)	8 (1.0)		2 (0.6)	10 (1.0)		9 (1.7)	3 (0.4)		10 (1.0)	2 (0.6)		8 (1.0)	2 (0.7)	2 (0.8)	
IES-R, distress symptoms																	
Normal	358 (28.5)	163 (33.1)	195 (25.5)	.01	122 (41.6)	236 (24.4)	<.001	124 (23.7)	234 (31.8)	<.001	259 (27.7)	99 (30.5)	0.81	190 (25.0)	76 (29.1)	92 (38.9)	<.001
Mild	459 (36.5)	167 (33.9)	292 (38.2)		88 (30.0)	371 (38.4)		178 (34.0)	281 (38.2)		349 (37.4)	110 (33.9)		272 (35.7)	106 (40.6)	81 (34.2)	
Moderate	308 (24.5)	120 (24.3)	188 (24.6)		59 (20.1)	249 (25.8)		146 (27.9)	162 (22.0)		231 (24.7)	77 (23.7)		202 (26.5)	60 (22.9)	46 (19.4)	
Severe	132 (10.5)	43 (8.7)	89 (11.6)		24 (8.1)	108 (11.2)		74 (14.1)	58 (7.8)		94 (10.0)	38 (11.7)		96 (12.6)	19 (7.2)	17 (7.2)	

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Normal	697 (55.4)	293 (59.4)	404 (52.9)		189 (64.5)	508 (52.6)		253 (48.4)	444 (60.4)		533 (57.1)	164 (50.6)		391 (51.4)	155 (59.3)	151 (63.9)	
Mild	406 (32.3)	143 (29.0)	263 (34.4)	.03	71 (24.2)	335 (34.7)	.001	185 (35.4)	221 (30.0)	<.001	291 (31.1)	115 (35.4)	.046	257 (33.8)	85 (32.5)	64 (27.1)	<.001
Moderate	88 (7.0)	34 (6.9)	54 (7.1)		23 (7.8)	65 (6.7)		48 (9.1)	40 (5.4)		61 (6.5)	27 (8.3)		66 (8.6)	11 (4.2)	11 (4.6)	
Severe	66 (5.3)	23 (4.7)	43 (5.6)		10 (3.4)	56 (5.8)		36 (6.8)	30 (4.0)		48 (5.1)	18 (5.5)		46 (6.0)	10 (3.8)	10 (4.2)	
ISI, insomnia symptoms																	
Absence	830 (66.0)	358 (72.6)	472 (61.8)		208 (70.9)	622 (64.5)		310 (59.3)	520 (70.7)		635 (68.0)	195 (60.1)		473 (62.2)	186 (71.2)	171 (72.4)	
Subthreshold	330 (26.2)	107 (21.7)	223 (29.2)	<.001	66 (22.5)	264 (27.3)	.04	148 (28.3)	182 (24.7)	<.001	227 (24.3)	103 (31.7)	.02	214 (28.1)	60 (22.9)	56 (23.7)	.001
Moderate	85 (6.8)	24 (4.9)	61 (8.0)		17 (5.8)	68 (7.0)		55 (10.5)	30 (4.0)		61 (6.5)	24 (7.4)		65 (8.5)	13 (4.9)	7 (2.9)	
Severe	12 (1.0)	4 (0.8)	8 (1.0)		2 (0.6)	10 (1.0)		9 (1.7)	3 (0.4)		10 (1.0)	2 (0.6)		8 (1.0)	2 (0.7)	2 (0.8)	
IES-R, distress symptoms																	
Normal	358 (28.5)	163 (33.1)	195 (25.5)		122 (41.6)	236 (24.4)		124 (23.7)	234 (31.8)		259 (27.7)	99 (30.5)		190 (25.0)	76 (29.1)	92 (38.9)	
Mild	459 (36.5)	167 (33.9)	292 (38.2)	.01	88 (30.0)	371 (38.4)	<.001	178 (34.0)	281 (38.2)	<.001	349 (37.4)	110 (33.9)	0.81	272 (35.7)	106 (40.6)	81 (34.2)	<.001
Moderate	308 (24.5)	120 (24.3)	188 (24.6)		59 (20.1)	249 (25.8)		146 (27.9)	162 (22.0)		231 (24.7)	77 (23.7)		202 (26.5)	60 (22.9)	46 (19.4)	
Severe	132 (10.5)	43 (8.7)	89 (11.6)		24 (8.1)	108 (11.2)		74 (14.1)	58 (7.8)		94 (10.0)	38 (11.7)		96 (12.6)	19 (7.2)	17 (7.2)	

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

RESULTS:

Median scores:

PHQ-9: 5; GAD-7: 4; ISI: 5; IES-R: 20

Participants who were nurses, women, frontline HCWs and working in Wuhan had higher scores in all 4 scales

Multivariable logistic regression analysis showed that being a woman was associated with severe symptoms of anxiety, depression and distress.

Working outside Wuhan was associated with a lower risk of feeling distressed than working in Wuhan.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Discussion:

Overall, 50.4%, 44.6%, 34.0%, and 71.5% of all participants reported symptoms of depression, anxiety, insomnia, and distress, respectively.

Nurses, women, those working in Wuhan, and frontline workers reported more severe symptoms on all measurements.

Being a woman was associated with experiencing severe depression, anxiety, and distress.

Working in the front line was an independent risk factor for worse mental health outcomes in all dimensions.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Discussion:

Sources of distress may include feelings of vulnerability or loss of control and concerns about health of self, spread of virus, health of family and others, changes in work, and being isolated.

COVID-19 is human-to-human transmissible, associated with high morbidity, and potentially fatal ➔ perception of personal danger

Additionally, predictable shortages of supplies and an increasing influx of suspected and actual cases of COVID-19 contribute to the pressures and concerns of health care workers.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Discussion:

HCWs in Wuhan reported more severe symptoms.

Multivariable logistic regression analysis showed that working outside Hubei province was associated with lower risk of experiencing distress.

More stress among health care workers in Wuhan, the origin and epicenter of the pandemic.

Working as a frontline HCW with COVID-19 was an independent risk factor for all symptoms.

Frontline HCWs in Wuhan were at especially high risk for symptoms of depression, anxiety, insomnia, and distress.

Original Investigation | Psychiatry

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Limitations:

Most participants (81.2%) were from Hubei province

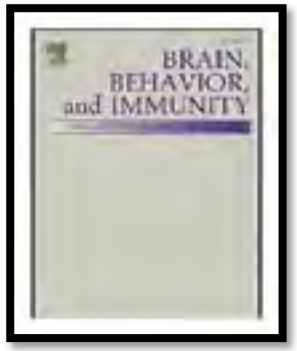
The study was carried out during 6 days and lacks longitudinal follow-up

The response rate of this study was 68.7%

Unknown previous psychiatric history

Conclusions:

Protecting HCWs mental health should be a public health priority



9 March 2020

Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control

Zhenyu Li[a,1], Jingwu Ge[a,1], Meiling Yang[a,1], Jianping Feng[a,1], Mei Qiao[a], Riyue Jiang[b], Jiangjiang Bi[c], Gaofeng Zhan[c], Xiaolin Xu[c], Long Wang[d], Qin Zhou[b], Chenliang Zhou[e], Yinbing Pan[a], Shijiang Liu[a], Haiwei Zhang[a], Jianjun Yang[f], Bin Zhu[g], Yimin Hu[h], Kenji Hashimoto[i], Yan Jia[j], Haofei Wang[k], Rong Wang[l,*], Cunming Liu[a,*], Chun Yang[a,*]

Sample characteristics:

Total: 740 individuals filled the questionnaire

214 from general public

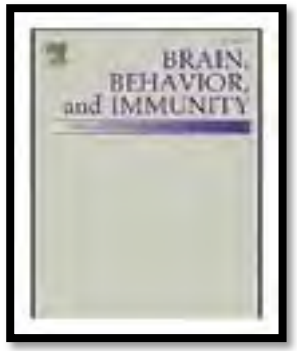
526 from nurses: 234 front-line nurses, and 292 non-front-line nurses

Methods:

App-based questionnaire

Carried out from February 17th, 2020 until February 21st, 2020

Chinese version of the vicarious traumatization evaluation scale



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Results:

- The vicarious traumatization scores showed a statistical difference between the general public, front-line nurses, and non-front-line nurses.
- Front-line nurses had *significantly* lower vicarious traumatization scores than the general public and non-front-line nurses.
- No statistical significance was noted in vicarious traumatization scores between the general public and non-front-line nurses.
- Collectively, the study found that vicarious traumatization and sub-item scores showed a significant increase in non-front-line nurses than those of front-line nurses.

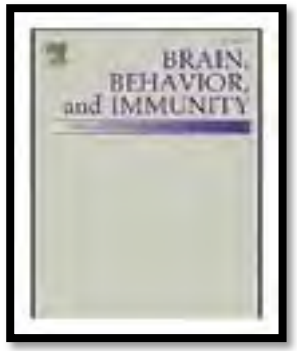

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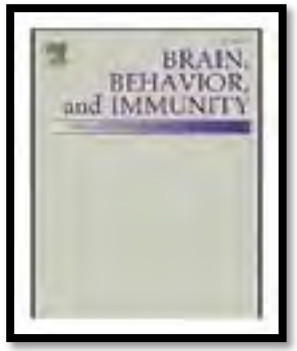
Table 2
Comparison of vicarious traumatization severity between the general public, front-line nurses and non-front-line nurses.

	GP (n = 214)	FLNs (n = 234)	nFLNs (n = 292)	Z scores	*P* value
Vicarious traumatization	75.5 (62–88.3)	64 (52–75)	75.5 (63–92)	57.258	<0.001
Physiological responses	18 (13–24)	17 (12–21)	19 (13.3–25)	15.875	<0.001
Psychological responses	57 (47–65.3)	46.5 (38–55)	56.5 (47–68.8)	70.729	<0.001
Behavioral responses	15 (12–18)	13 (10–15)	15 (12–18)	39.421	<0.001
Emotional responses	19 (15–23)	15 (12–18.3)	19 (15.3–23)	73.992	<0.001
Cognitive responses	8 (6–10)	7 (5–9)	9 (7–11)	23.680	<0.001
Life beliefs	13.5 (11–17)	11 (9–13)	14 (11–17)	79.529	<0.001

Abbreviations: FLNs, front-line nurses; GP, general public; nFLNs, non-front-line nurses.



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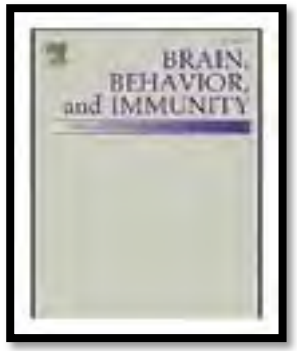

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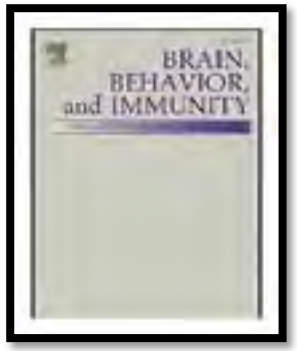
Discussion:

The severity of vicarious traumatization in front-line nurses, non-front-line nurses, and the general public is relatively differential.

No significant differences were observed between the severity of vicarious traumatization in the non-front-line nurses and the general public, its severity was significantly higher than that of the front-line nurses.

The severity of vicarious traumatization in non-front-line nurses was more serious.



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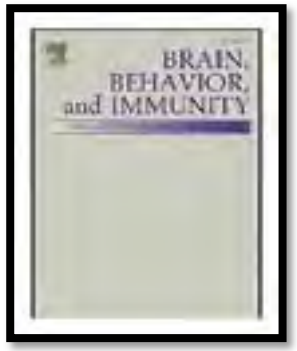
Discussion:

Although the severity of vicarious traumatization in the general public is higher than that of the front-line nurses, the study must emphasize that no difference was observed in the scores of vicarious traumatization between the general public and non-front-line nurses.

- ➔ China has adopted a strict isolation policy to deal with the epidemic
- ➔ Public has gained more time to gather knowledge about the epidemic
- ➔ Propaganda strategies should be well organized and effective. In addition, early intervention measures should be taken to alleviate the psychological issues faced by the general public



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Discussion:

Vicarious traumatization severity of non-frontline nurses is more serious than that of frontline nurses
Non-frontline nurses are more likely to suffer from psychological problems

➔ Frontline nurses are voluntarily selected and provided with sufficient preparations?
➔ Backbone staff with working experience and psychological capacity?
➔ Non-frontline bear the worry and sympathy for frontline colleagues?
➔ Knowledge about COVID-19?

… conflicting evidence…

… so how do we take care of ourselves and others?

Caring for yourselves and others during the COVID-19 pandemic

BASED ON THE **STRESS FIRST AID (SFA)** SELF-CARE AND PEER SUPPORT MODEL, ORIGINALLY NAMED COMBAT OPERATIONAL STRESS FIRST AID (COSFA) FROM THE US NATIONAL CENTER FOR PTSD

PATRICIA WATSON, PHD

Caring f the COVID-1

BASED ON TH JPPORT MODEL, ORIC RST AID (COSFA) FRO

PATRICIA WATSO

Chaotic context of disaster

Understand that it is a learning **and** leadership challenge

It is important to respond to **ever-changing** contexts

We need to stay present, centered and grounded in **fluid conditions**

Stress Reactions of HCWs

Anxiety

About one's health/wellbeing

Other's health/wellbeing

Helplessness

Feeling loss of control

Being exhausted/not able to function

Stress Reactions of HCWs

Lowered Confidence

- About being able to function
- The systems one is in/affected by

Grief/Depression about Loss

- Of Lives
- Of Health
- Of Time
- Of Income/Resources
- Of beliefs/Attitudes
- Plans
- Affection

Stress Reactions of HCWs

Anger

- About perceiving others's actions that put others or self in harm's way

Guilt

- Fears of illness
- Death of themselves and/or others
- Not being able to do as much
- Not wanting to work/care for others
- Not feeling empathy
- Not coping as well as one wants to

Self-Care Obstacles: Attitudinal

- “It would be selfish to take a break from this work.”
- “Others are working hard, so should I”
- “I’m okay, I’m fine, I’m not even tired”
- “The need of those I’m supporting are more important than my own.”
- “I’m not doing enough”
- “I can contribute the most by working all the time.”
- “I don’t want anyone to know how affected I am”
- “Only I can do this, and that”

Self-care Obstacles: Behavioral

- Working too long by yourself without checking-in
- Keeping stress to oneself
- Inflexibly concentrating only on what to do next
- Relying only on alcohol/substances to relax

Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	**Selflessness**	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting others	**Loyalty**	Guilt and complicated bereavement after loss of others
Toughness and ability to endure hardships without complaint	**Stoicism**	Not aware of / acknowledging significant symptoms /suffering
Following an internal moral compass to choose "right" over "wrong"	**Moral Code**	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	**Excellence**	Feeling ashamed / denial or minimization of imperfections

READY
(Green)

DEFINITION

- Optimal functioning
- Adaptive growth
- Wellness

FEATURES

- At one's best
- Well-trained and prepared
- In control
- Physically, mentally and spiritually fit
- Mission-focused
- Motivated
- Calm and steady
- Having fun
- Behaving ethically

REACTING
(Yellow)

DEFINITION

- Mild and transient distress or impairment
- Always goes away
- Low risk

CAUSES

- Any stressor

FEATURES

- Feeling irritable, anxious or down
- Loss of motivation
- Loss of focus
- Difficulty sleeping
- Muscle tension or other physical changes
- Not having fun

INJURED
(Orange)

DEFINITION

- More severe and persistent distress or impairment
- Leaves a scar
- Higher risk

CAUSES

- Life threat
- Loss
- Moral injury
- Wear and tear

FEATURES

- Loss of control
- Panic, rage or depression
- No longer feeling like normal self
- Excessive guilt, shame or blame

ILL
(Red)

DEFINITION

- Clinical mental disorder
- Unhealed stress injury causing life impairment

TYPES

- PTSD
- Depression
- Anxiety
- Substance abuse

FEATURES

- Symptoms persist and worsen over time
- Severe distress or social or occupational impairment

Why Stress First Aid?

Recognize

Recognize a potential stress injury in a peer

Act

If you see something, say something:

- To the distressed person
- To a trusted source of support

Connect

Connect peer to appropriate support

Stress First Aid Essentials

Recognize	Act	Know
Recognize when a peer has a stress injury	If you see something, say something • To the distressed person • To a trusted support of the distressed person	Know at least 2 trusted resources you would offer to a peer in distress

STRESS FIRST AID MODEL

Seven Cs of Stress First Aid:

1. CHECK
Assess: observe and listen

2. COORDINATE
Get help, refer as needed

3. COVER
Get to safety ASAP

4. CALM
Relax, slow down, refocus

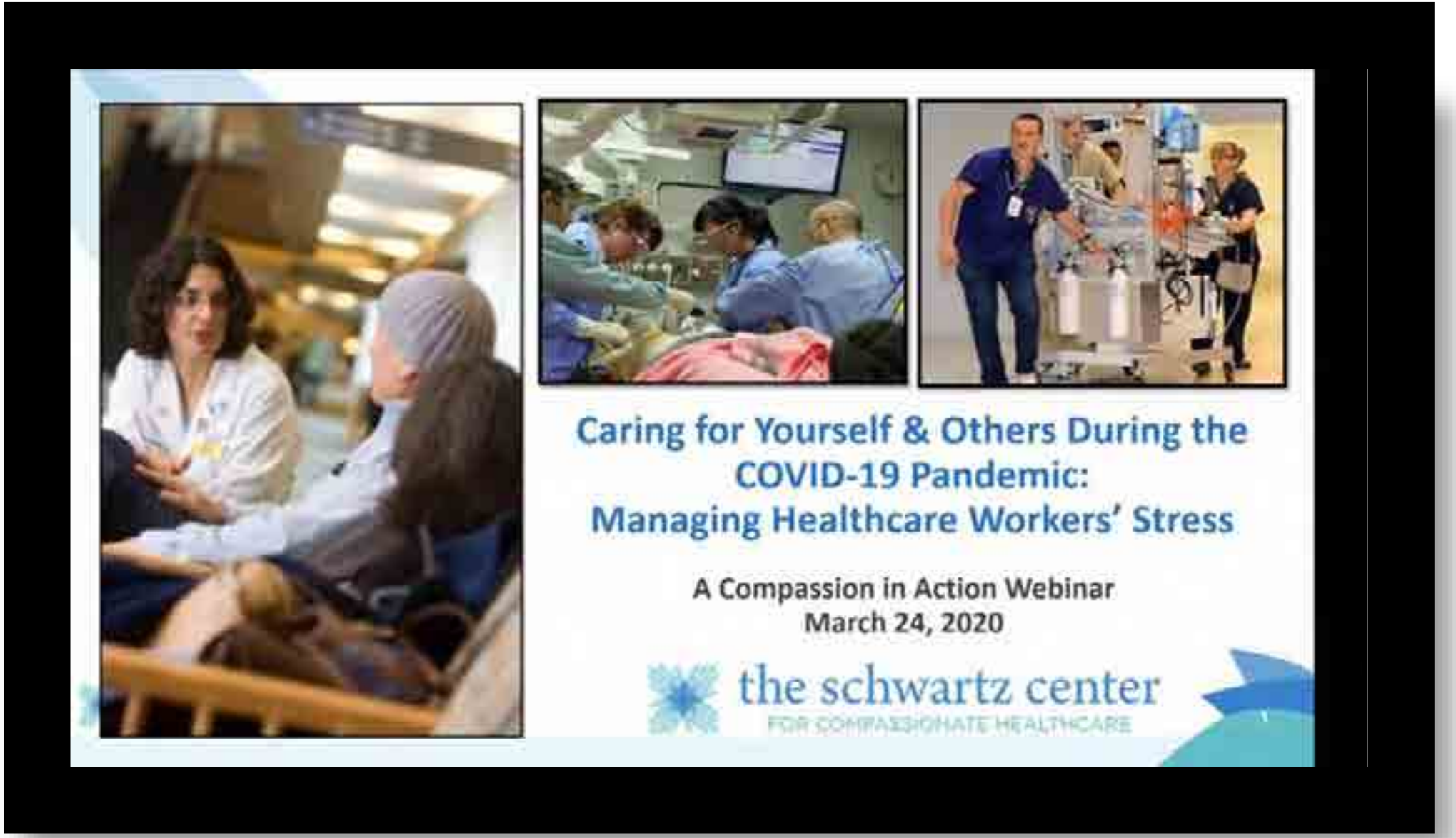
5. CONNECT
Get support from others

6. COMPETENCE
Restore effectiveness

7. CONFIDENCE
Restore self-esteem and hope

SFA ACTIONS	POSSIBLE STRATEGIES
	Continuous SFA Actions
Check	• Assess current level of distress and functioning • Assess immediate risks • Assess need for additional SFA interventions or higher levels of care • Reassess progress
Coordinate	• Decide who else should be informed of the situation • Refer for further evaluation or higher levels of care, if indicated • Facilitate access to other needed care
	As Needed SFA Actions
Cover	• Ensure immediate physical safety of stress-affected person and others • Foster a psychological sense of safety • Protect the person from additional stress
Calm	• Reduce physiological arousal (slow heart rate and breathing, relax) • Reduce intensity of negative emotions such as fear or anger • Listen empathically to the person talk about his or her experiences • Give information that calms
Connect	• Be a support, or encourage a connection to supportive others • Help the person problem-solve to remove obstacles to social support • Foster positive social activities and practical support
Competence	• Help mentor the person back to full functioning • Facilitate rewarding work roles and retraining, if necessary • Help the person problem-solve ways to deal with their own stress reactions • Encourage gradual re-exposure to potentially stressful situations
Confidence	• Mentor the person back to full confidence in self, leadership, and/or core values • Discuss any obstacles to confidence, such as the person's sense of guilt or anger, and if possible, shift them to a lessons learned perspective • Find out how the person makes meaning regarding their experiences, or connect them with someone who can

Adapted from: Watson, P., Gist, R., Taylor, V. Eslinger, J., Litz, T., Martin, B., Vaught, D., Nash, W.P., Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.



https://www.youtube.com/watch?v=F4LU-EoAFew&t=1229s

Relevant topics for mental health professionals

1- The Telepsychiatry Dilemma

2- Anti-Fake News

3- Resources

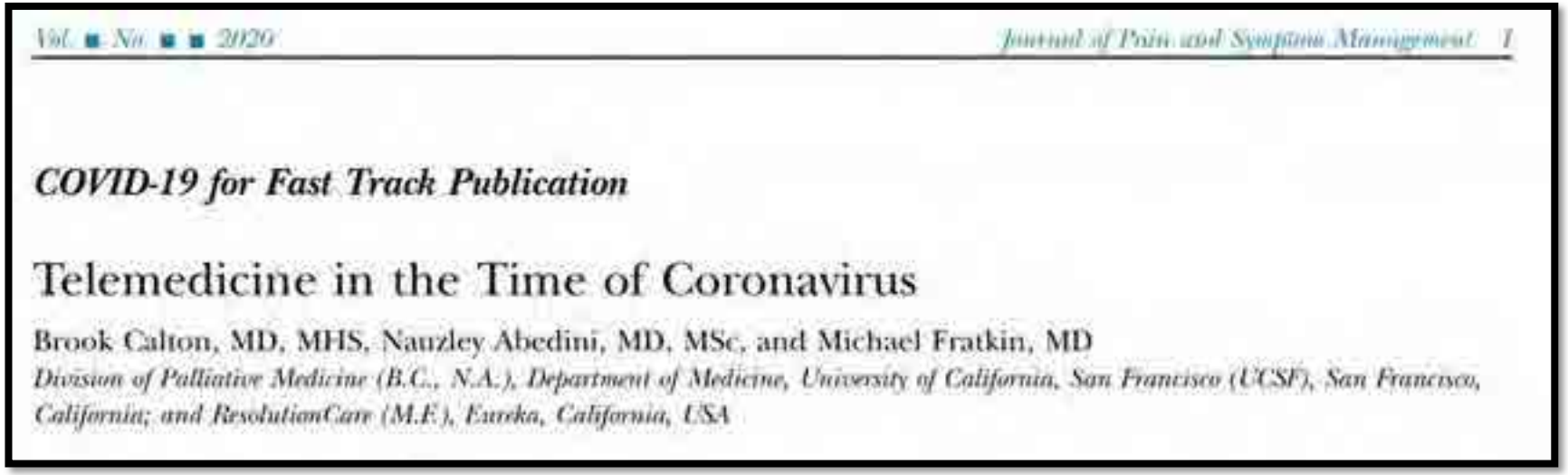
The Telepsychiatry Dilemma

The Telepsychiatry Dilemma

“The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency.”

- Bill Gates

The Telepsychiatry Dilemma



COVID-19 for Fast Track Publication

Telemedicine in the Time of Coronavirus

Brook Calton, MD, MHS, Nauzley Abedini, MD, MSc, and Michael Fratkin, MD
Division of Palliative Medicine (B.C., N.A.), Department of Medicine, University of California, San Francisco (UCSF), San Francisco, California; and ResolutionCare (M.F.), Eureka, California, USA

Critically essential service

Many regulatory measures have been relaxed in the US

- Medicare reimbursement
- Controlled substances prescriptions allowed
- Liberalization of HIPAA compliance guidelines

Telepsychiatry tips

Authors:
Laurel Pellegrino, MD
Thomas Soeprono, MD

University of Washington

THE PHYSICAL ENVIRONMENT

Private space for the patient and yourself

Dress professionally (from top to bottom)

Wear ID badge and make it visible

Look at the camera while speaking

It is easy to get distracted by the image of yourself

Use paper and pen for notes, typing can be distracting to patient

Telepsychiatry tips

Authors:
Laurel Pellegrino, MD
Thomas Soeprono, MD

University of Washington

THE THERAPEUTIC ALLIANCE

Decrease distractions

May need to “exaggerate” verbal/facial cues

Talk openly with your patients about how virtual visits are different

Ask them how the experience is like for them

Special patient populations (eg, abuse, psychosis)

Talk about COVID-19

Telepsychiatry tips

From Software Finder's WEBINAR
Adopting Telemedicine successfully in the times of Covid-19

DOCUMENTATION

Document that the session was done through telepsychiatry and the platform used.

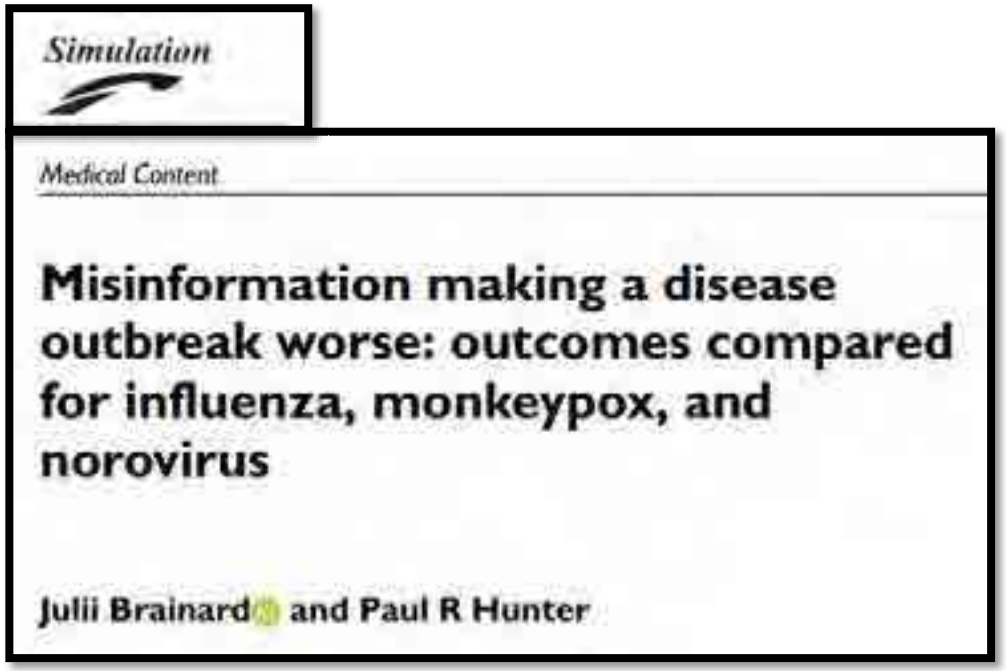
Document duration of the session.

Document people present during the session.

"This interview was conducted using a live HIPAA-compliant video platform with patient and writer. The sound and image quality were adequate for assessment of key findings. The patient was instructed as needed to demonstrate physical findings for this evaluation."

Anti-Fake News

Anti-Fake News



February 2020

Anti-Fake News

English

Send "hi" to +41 79 893 18 92 on WhatsApp

wa.me/41798931892?text=hi

French

Send "salut" to +41 22 501 72 98 on WhatsApp

wa.me/41225017298?text=salut

Other resources

Helpful MH Apps

- **Calm** *(https://www.calm.com/)*
- **Headspace** *(https://www.headspace.com/health-covid-19)*
  - *For the rest of 2020, Headspace is offering a free subscription to providers with NPI numbers.*
- **Breath2Relax** *(https://apps.apple.com/us/app/breathe2relax/id425720246)*
- **CBT-i Coach** *(https://mobile.va.gov/app/cbt-i-coach)*
- **Take a Break** *(https://apps.apple.com/us/app/take-a-break-meditations-for-stress-relief/id453857236)*
- **Mindfulness** *(https://apps.apple.com/us/app/the-mindfulness-app/id417071430)*
- **Breathe** *(https://support.apple.com/en-us/HT206999)*
- **MoodTools** *(https://apps.apple.com/us/app/moodtools-depression-aid/id1012822112)*
- **Moodkit** *(https://apps.apple.com/us/app/moodkit/id427064987)*
- **Virtual Hope Box** *(https://apps.apple.com/us/app/virtual-hope-box/id825099621)*

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Together against COVID-19
help
solidarity
relief
donate
love

Thank you