Coping with COVID-19:

Mental Health Interventions to Support Healthcare Workers

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Objective: To review the literature on infectious disease outbreaks and psychological impacts on healthcare workers (HCWs) and identify lessons learned. For each lesson learned, we assessed the current status at our institution and identified potential opportunities or interventions. *This document may be shared with other health care institutions to use as a self-assessment tool and to identify opportunities to better support their HCWs. The opportunities identified are merely suggestions and may not apply to other institutions.*

Summary

Lessons Learned

- **Communication** is key to reduce uncertainty and fear amongst HCWs.

- **Preventive** and **proactive** actions are required to mitigate burnout and mental health symptoms.
  - Promote positive coping skills and resiliency.
  - Deploy multidisciplinary mental health teams to support HCWs and patients.*
  - HCWs engaged in direct patient care, as well as patients* with suspected and confirmed COVID-19, should be regularly screened for depression, anxiety, and suicidality by team members with mental health expertise.

- Enhancing **self-efficacy** may reduce HCW distress.

- **Social isolation**, both at work and home, negatively impacts HCW well-being.

- Fostering a spirit of **gratitude** and optimism can be helpful.

Recommendations

- **Communication**: Consider scheduling town halls with key leaders, increasing visibility and accessibility of department leaders, and creating a pathway for HCWs to voice concerns anonymously.

- **Prevention** for mental health symptoms: Deploy primary, secondary, and tertiary prevention strategies during all phases of disaster response. These strategies should include individual, group, and system-based interventions.

- **Self-efficacy**: Utilize training and dry runs for PPE and workflows; consider partnering HCWs to help transfer knowledge.

- **Social isolation**: Consider a proactive model of peer support programming. Leverage technology to facilitate continued connection and creative expressions of shared experience such as "55 Words."

- **Gratitude**: Consider regular messages of gratitude from leadership and an online space for gratitude amongst colleagues and the community.

* Addressing the mental health of patients is beyond the scope of our report. Institutions should consider screening patients with suspected or confirmed COVID-19 for mental health symptoms and connect patients with mental health services, when indicated.

LESSON LEARNED #1: COMMUNICATION IS KEY TO REDUCE UNCERTAINTY AND FEAR AMONGST HCWS.

CURRENT STATUS: *WHAT IS YOUR INSTITUTION DOING TODAY?*

POTENTIAL OPPORTUNITIES OR INTERVENTIONS

- Communicate daily updates via one email from top leadership to HCWs.
- Conduct town halls with top leadership, key leaders, and/or department leaders.
- Enhance presence and accessibility of leaders within high-risk, high-volume COVID-19 units.
- Maintain up-to-date information on internal intranet sites and public-facing websites, ideally with links to state health departments and the CDC.
- Provide a pathway for anonymous concerns from HCWs *(e.g., email where concerns can be conveyed, and common concerns can be addressed during town hall).*
- Consider reporting number of cases, deaths, and recovered cases within the healthcare institution.

LESSON LEARNED #2: TAKE PREVENTIVE AND PROACTIVE ACTIONS TO MITIGATE BURNOUT AND MENTAL HEALTH SYMPTOMS.

CURRENT STATUS: *WHAT IS YOUR INSTITUTION DOING TODAY?*

POTENTIAL OPPORTUNITIES OR INTERVENTIONS

- Primary prevention:
    - Provide curated COVID-19-specific wellness/resilience resources for HCWs *(Appendix A)* on intranet and in work areas.
    - Create system-based changes especially in high-risk areas such as ED, ICU, and hospitalist teams, such as: limiting shifts to 12 hours maximum, process of regular check-ins with colleagues, ensuring readily available consultation or mentorship, working in buddy system, encouraging time-outs for bodily care and nutrition, modeling/teaching self-monitoring and pacing skills, assembling a multidisciplinary mental health team for high-risk areas.
    - Offer interventions for HCWs that teach resiliency and self-monitoring, such as "**A**nticipate, **P**lan, and **D**eter" (APD) training and PsySTART intervention *(Schreiber et al. 2019)*.
- Primary or secondary prevention:
    - Conduct mental health screening for HCWs, via buddy system *(Appendix B)*, time-out during daily huddles to self-assess for burnout symptoms, or more formal screening if institutional will and available resources exist.
    - Offer virtual psychosocial support groups: consider both scheduled and drop-in virtual groups.
    - Consider a psychiatric support resource for individuals, similar to what is being offered by the University of Washington *(Appendix C)*.

- Tertiary prevention:
  - Provide accessible information regarding employee assistance program, peer support program, or other individual mental health services (*ideally, virtual services*).
  - Highlight crisis lines on the intranet and in work areas.
    - SAMHSA Disaster Distress Helpline - Toll-Free: 1-800-985-5990 // Text "TalkWithUs" to 66746.
    - National Suicide Prevention Lifeline Toll-Free: 1-800-273-TALK (1-800-273-8255).
    - Crisis text line: Text HOME to 741741.

LESSON LEARNED #3: ENHANCING SELF-EFFICACY MAY REDUCE HCW DISTRESS.

CURRENT STATUS: *WHAT IS YOUR INSTITUTION DOING TODAY?*

POTENTIAL OPPORTUNITIES OR INTERVENTIONS

- For high-risk areas (e.g. ED, ICU, hospitalist teams), consider buddy system to pair a more experienced HCW with a less experienced one to help transfer skills and reduce social isolation.
- Offer opportunities for HCWs with more experience caring for patients with COVID-19 to share strategies that have been helpful.
- Offer training and dry runs related to donning/doffing PPE, new workflows, surge capacity and triage, and ethical decision-making in the event of limited patient care resources.

LESSON LEARNED #4: SOCIAL ISOLATION, BOTH AT WORK AND HOME, NEGATIVELY IMPACTS HCW WELL-BEING.

CURRENT STATUS: *WHAT IS YOUR INSTITUTION DOING TODAY?*

POTENTIAL OPPORTUNITIES OR INTERVENTIONS

- Provide resources on staying connected on intranet and in work areas.
- Utilize peer support program to proactively reach out to HCWs under quarantine.
- Offer virtual psychosocial support groups.
- Consider creative connections, such as "55 Words" like University of Washington has implemented *(Appendix D),* which highlight shared experiences while maintaining anonymity, if desired.
- Leverage organizational social engagement tools like Yammer to provide an online chat forum to decrease isolation at work.
- Implement buddy system in high-risk areas.

LESSON LEARNED #5: FOSTERING A SPIRIT OF GRATITUDE AND OPTIMISM CAN BE HELPFUL.

CURRENT STATUS: *WHAT IS YOUR INSTITUTION DOING TODAY?*

POTENTIAL OPPORTUNITIES OR INTERVENTIONS

- Leverage websites (intranet and public) and social media to invite messages of gratitude and optimism for HCWs from colleagues and the community.
- Disseminate well-being or gratitude messages to front-line HCWs from key leaders.
- Encourage departmental leaders to foster this type of culture.

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APPENDIX A – RESOURCES FOR HCWS COPING WITH COVID-19

CDC Emergency Responders - Tips for Caring for Yourself
- https://emergency.cdc.gov/coping/responders.asp
- Includes link to "buddy system" tip sheet

Center for the Study of Traumatic Stress - Sustaining the Well-Being of Healthcare Personnel during Coronavirus and other Infectious Disease Outbreaks
- https://faculty.uwmedicine.org/wp-content/uploads/2020/03/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf.pdf

Center for the Study of Traumatic Stress - Taking Care of Your Family during Coronavirus and other Infectious Disease Outbreaks
- https://faculty.uwmedicine.org/wp-content/uploads/2020/03/CSTS_FS_Corona_Taking_Care_of_Your_Family.pdf.pdf

10 Ways to Build Resilience
- https://wellmd.stanford.edu/content/dam/sm/wellmd/documents/10-ways-to-build-resilience.pdf

Psychological First Aid and COVID19
- https://www.health.state.mn.us/communities/ep/behavioral/community.pdf

Self-Care and Applying Psychological First Aid
- https://www.youtube.com/watch?v=m8vEFrQr9co&feature=youtu.be

SAMHSA Understanding Compassion Fatigue
- https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/sma14-4869

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)

APPENDIX B: CDC - BUDDY SYSTEM IN DISASTER RESPONSE

https://www.cdc.gov/vhf/ebola/pdf/buddy-system.pdf

"What is the Buddy System? The buddy system is an effective method by which a deployed staff member shares in the responsibility for his or her partner's safety and well-being. This type of active support is important in any deployment. Buddies are responsible for looking after each other in two main areas:

- *Personal safety*
- *Resilience*

This fact sheet will help you understand the buddy system and how to use it…"

APPENDIX C: UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE PSYCHIATRIC SUPPORT SERVICES

https://faculty.uwmedicine.org/covid-19/

"PSYCHIATRY SUPPORT

During this time of increased stress and anxiety, the UW Medicine Department of Psychiatry and Behavioral Sciences is available to provide UW Medicine staff and faculty with free, informal, telephone or video-based conversations with one of our more than 50 volunteer clinician colleagues.

The team is available Monday through Friday, 9 a.m. to 4 p.m. to facilitate scheduling but conversations can occur outside these hours. Requests for support can be made online via the COVID Support Request Survey or by leaving a confidential voice mail message at 206.221.2768. "

APPENDIX D: UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE 55 WORD STORIES

https://faculty.uwmedicine.org/55-word-stories/

"Sharing our experiences in health care, especially during intense, emotional, or stressful times increases our connectedness and well-being. Hearing stories from others helps us know we are not alone and strengthens our community. The authenticity, compassion, creativity, and bravery of our colleagues helps us access our own emotions and helps us carry on.

If you are interested in sharing a short reflection (55 words or fewer) about how the COVID-19 outbreak has impacted you to understand, appreciate, or process something about the impact, response, or practice of medicine and care at this moment, please click here. We invite ALL members of the healthcare team to contribute across all professions and roles. The stories are posted below with permission..."