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Mental Health and Psychosocial Aspects – Frontline Health Care Workers responding to COVID-19

History and scientific data point out that mental health problems and psychosocial emergencies are highly interconnected. Psychological problems might include-

1. Pre-existing problems (mental disorder, alcohol abuse)
2. Emergency induced problems (e.g. grief, non-pathological distress, depression, anxiety disorders, PTSD)
3. Humanitarian aid-related problem (e.g. anxiety due to a lack of information)

Health Care Workers (HCW) working in emergency settings tend to work many hours and under difficult conditions. Many of them might experience inadequacies in managerial and organisational support and this often act as the biggest stressor. At the same time providing continuous support at the time of emergency can be emotionally draining and affect the mental health and wellbeing of the HCWs.

Tips for First Responders to crisis

1. Respond quickly and adequately to life and death circumstances
2. Collect and analyse information to determine whether a response is needed and if so, what kind of response
3. Need based assessments are needed and tailored to local context
4. Recognise that people react differently when in crisis
5. Some resilient people might function better than others who may be severely affected
6. Ask questions in the local language and in a safe supportive manner that respects confidentiality and privacy.
7. Pay attention to gender differences- one must remember that being a male, female or third gender have its unique advantages and disadvantages, and coping resources.

Mental health and Psychological Wellbeing of Health Care Workers (HCW)

Role of Supervisors/Team Leaders/Managers:

HCWs in supervisory role need to take note of the following important issues:

1. All health care staff to receive adequate information on safety and security
2. All health care staff to receive regular updates and adequate information regarding the role of the health care provider
3. Rotation of workers from high stress to lower stress functions as far as practicable.
4. All health care staff to be trained on identification of stress and burn out and awareness on stress management techniques.

5. Dissemination of information can be done through printed material, internet based resources, radio, television etc.
6. Ensuring adequate food and hygiene for staff
7. Introduce and monitor work breaks as far as practicable.
8. Encourage communication between staff and their families and other pre-existing support mechanisms
9. Encourage communication between staff and evaluate potential sources of stress
10. Building a peer support group
11. Buddy system may be introduced and partnering inexperienced workers with experienced ones can provide additional support.
12. All health care staff to have accessibility to mental health experts for psychosocial support services- a list of mental health service providers with contact information and timings to be made available
13. Orient responders as to how to provide basic emotional and practical support to affected people or other HCW using Psychological First Aid (PFA) (Action 1)

Self-monitored Psychological Wellbeing of Health Care Workers (HCW)

- Most health workers are likely to feel stressed out in the present crisis situation.
- They might experience irritability, anxiety, anger, sadness, helplessness and hopelessness and depression
- Feeling stressed out is not a sign of weakness
- Accept the emotions experienced and identify the signs of stress and burnout (Action 2)
- Ensure psychological wellbeing through effective strategies (Action 3)
- Seek help when needed.

Action 1: Psychological First Aid (PFA) – “LOOK – LISTEN – LINK”

- PFA is usually the first line of psychosocial support offered to individuals or families following a crisis
- It is non-intrusive, practical care and support
- It is not professional counselling

Principles of PFA are-

1. Reduce initial distress
2. Assess current needs
3. Listening, but not pressuring people to talk
4. Comforting people and helping them to feel calm, safe and hopeful
5. Helping people connect to information, services and social supports
6. Protecting people from further discomfort
7. Help people regain a sense of control by being able to help themselves
8. Show respect keeping in mind cultural and social norms
9. Assist people without discrimination
10. Protect their rights

Action 2: Signs of Stress and Burnout

Burnout-Feelings of extreme exhaustion and being overwhelmed

Signs of burnout:

1. Sadness, depression and apathy
2. Easily frustrated

3. Blaming others
4. Indifferent
5. Isolation/ Disconnection from others
6. Poor self-care (Hygiene)
7. Tired/exhausted/overwhelmed
8. Feeling like failure/ helplessness
9. Requiring alcohol/drugs to cope

Secondary Traumatic Stress (STS)-

Stress reactions and symptoms resulting from exposure to another individual's traumatic experiences rather than direct exposure to traumatic event

Signs of STS:

1. Excessive fear or worry about something bad happening
2. Easily startled
3. Physical signs of stress (racing heart, sweating etc)
4. Nightmares and recurrent thoughts
5. Feeling that others trauma can be yours

Action 3: Strategies to maintain Psychological Wellbeing

1. Take care of your basic needs-

- a) Ensure rest and respite during work or between shifts
- b) Eat sufficient and healthy food
- c) Engage in physical activity

2. Employ helpful coping strategies-

- a) Work in Teams
- b) Develop a Buddy System-
Two responder partner work together to provide support each other and monitor each other's stress, workload and safety
- c) Share experiences and feelings with the peer support group
- d) Stay updated about the present crisis and collect accurate and appropriate information
- e) Focus on positive information rather than on the negative
- f) Stay connected with family and friends.
- g) Maintain positive and realistic expectations
- h) Keep self occupied when not working by reading, listening to music, watching movies etc.
- i) Religious /Spiritual beliefs and practices, if any, might help
- j) Although the present situation might seem unique, the same coping methods effective in other crises can yield positive results
- k) Avoid using too much caffeine, tobacco, alcohol or other drugs.
- l) Seek professional help when situation seems uncontrollable and distress increases

Make use of Relaxation Techniques- Practice Deep Breathing and provide self-instructions to relax self-

- <https://www.uofmhealth.org/health-library/uz2225>
- <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/relaxation-technique/art-20045368>

Action 4: Breaking the Bad News: Communicating with the Patients and their Family

1. Bad news may be defined as “any information which adversely and seriously affects an individual’s view of his or her future”.
2. In the present context it refers to communicating with and to a ‘suspect’, a ‘contact’ a ‘probable case’ or a ‘confirmed case’ regarding issues of quarantine, testing and treatment related issues, necessity of ventilation and even death.
3. One can improve upon the task of ‘breaking bad news’ by incorporating principles of communication and counselling.
4. One can plan ahead of breaking the bad news to the family members to make the task easier.
5. The impact of the bad news is determined by the recipient’s expectations
6. Breaking bad news can be particularly stressful when the clinician lacks enough experience to handle such situations, the patient is young, or options are limited as far as successful treatment is concerned
7. Breaking bad news takes into consideration –
 - i. effectively responding to emotional reactions of patients
 - ii. involvement of the patient in decision-making
 - iii. handling the stress related to patients’ expectations for cure
 - iv. involvement of family members face to face or remotely
 - v. the dilemma of providing hope when the situation is less hopeful or bleak.

Goals:

1. Gathering information from the patient: This helps the attending healthcare worker to determine the patient’s knowledge, expectations and readiness to hear the ‘bad’ news.
2. The second goal is to provide information appropriate and adequate to patient’s needs and desires.
3. The third goal is to be supportive towards the patient and use strategies and skills to reduce the emotional impact experienced after receiving the bad news.
4. The final goal is to develop a treatment plan and seeking active cooperation from the patient.

Responding to the patient’s emotions

- Emotional reaction of patients may vary from keeping quiet to expressing disbelief, often crying, being in denial, or expressing anger. Often they are in a state of shock.
- In such a situation the HCW can offer support and establish a communication based on empathy.
- An empathic response consists of the following steps -
 - First, to observe for any emotion expressed by the patient.
 - Second, identifying the emotion experienced by the patient by giving it a name.
 - Use open questions to understand what the patients are thinking or feeling
 - Trying to identify the reason for the emotion which is usually connected to the bad news revealed.
 - Give the patient some time to express his or her feelings
 - Let the patient be aware that you have connected the emotion with the reason for the emotion by making a suitable statement

Action 5: Practice self-care and team-care

Before: – Are you ready to help?

- Are you connected with a group or organization for safety and coordination?

During: – How can you stay physically and emotionally healthy? How can you know your limits?

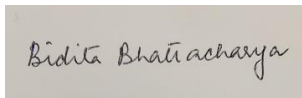
- How can you and your colleagues support one another?

After: – How can you take time to rest, recover and reflect?

Keep a record of the number of persons you could help in a diary, as the expected number of recovery is likely to be higher, but the negative outcomes stay in our mind more prominently. Try to focus on what you could do/have done with your limited capacities. Remember, gratitude is a rare quality, practice it first on yourself.

Resources Accessed:

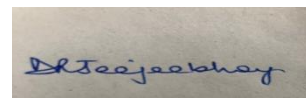
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