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## President's Message

# Beyond Physical Healing: Centering on Mental and Emotional Health



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As the country continues its COVID-19 vaccine roll-out efforts, Americans are eagerly and anxiously tracking vaccine availability and vaccination rates in their states. To date, 47% of the total U.S. population has received at least one vaccine dose, and 37% are fully vaccinated ([Centers for Disease Control and Prevention, 2021](#)). The exact timeframe when the U.S. is expected to reach herd immunity varies, with some experts cautiously optimistic that we will reach a turning point this summer ([Conlen, 2021](#)). However, the consensus is that we will need 70-90% of the population to have reached total immunity (the number of those who are fully vaccinated plus those who were previously infected with COVID-19 and recovered) to achieve herd immunity ([Conlen, 2021](#); [Mayo Clinic, 2021](#)). And even with herd immunity, public health measures will always be good practices for preventing infectious disease spread for COVID-19 and other virulent agents.

Reaching this milestone will undoubtedly mark the beginning of a new chapter in the recovery of this pandemic. And yet, while the physical toll of the virus will start to recede, another side of the pandemic will grow. We are familiar with the mental and emotional toll the pandemic has taken on patients, their families, healthcare professionals, and the world as a whole. Rates of self-reported anxiety and depression started to increase at the beginning of the pandemic, with four in ten adults experiencing symptoms of an anxiety or depressive disorder as of January 2021, up from one in ten between January-June, 2019 ([Panchal et al., 2021](#)). Over the past year, reports of suicidal ideation, drug and alcohol misuse, and domestic violence have also risen ([Warren & Smalley, 2020](#)). Our youngest citizens have been forced to adapt to new environments; changes in routine with school and play and a decreased sense of their safety and security require

that we help children understand how to process their emotions during uncertain times ([Centers for Disease Control and Prevention, 2020](#)).

The pandemic has shone a light in the darker corners of our healthcare system and our economy, illuminating the truth that COVID-19 disproportionately affects communities of color in more than a few ways. Regarding mental health, Kaiser Family Foundation notes that “Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%)” ([Panchal et al., 2021](#)). Compounding this issue is the fact that they are also far less likely to be able to access mental and behavioral health providers and treatment centers ([Substance Abuse and Mental Health Services Administration, 2021](#)).

## Carrying the Burden: COVID's Impact on Nurses' Mental Health

We know that nurses are not exempt from the pandemic's hold on mental and behavioral health. A February 2021 *New York Times* [video interview](#) ([Stockton & King, 2021](#)) with Sara Reynolds, an intensive care unit registered nurse, gives viewers a glimpse into the heartache, fatigue, and hopelessness that overshadow Sara and her colleagues daily as they treat patients in a unit that has been specifically dedicated to the most critically ill patients with COVID-19. These courageous professionals are caring for patients and simultaneously assisting patients' families by connecting them with their loved ones virtually, often so that they can say their final goodbyes.

The stress, despair, and trauma as a result of the pandemic weigh heavily on clinicians. The burden of bearing witness to the loss of life, the loss of normalcy, and in many cases, facing the expectation to just “deal with it” have led many to become the silent sufferers of the pandemic. Healthcare workers on the frontlines, including nurses, are at a greater risk of developing depression and anxiety disorders, moral distress, and Post-Traumatic Stress Disorder (PTSD) ([Mehta et al., 2021](#)). And while the COVID-19 pandemic has presented unique challenges all on its own, this is not the first time we have witnessed how a public health crisis or a devastating, natural disaster has affected the

mental health of healthcare professionals. Research demonstrates how healthcare workers who responded to Wenchuan earthquake in 2008 and the Ebola outbreak in 2014-2016 experienced PTSD as a result of battling extreme personal danger and mental distress (Meshnick et al., 2020). Furthermore, some have reported thoughts of suicide (Panchal et al., 2021) or have died by suicide. Therefore, vigilance is key. We must be prepared to address the long-term effects of COVID-19 that will continue to take shape even as the country finds cause to celebrate a slow but steady victory.

## Where Do We go from Here?

We will need to focus on short- and long-term strategies to address the mental health needs of nurses and the public. In December, I submitted a [letter](#) on behalf of the Academy to the Biden/Harris Presidential Transition Team, outlining ways in which we stand ready to work with the new Administration to tackle pressing healthcare challenges, noting the need for improved mental health services and access to them.

The Academy's [2021-2024 Strategic Plan](#) states that the organization will "Influence policy that achieves health equity, promotes wellness, eliminates racism, and improves health care delivery," which includes disseminating in partnership with key policy stakeholders, "nursing knowledge that will inform sound and sustainable transformation addressing wellness, health promotion, behavioral health, and serious illness" (American Academy of Nursing, 2020). Our [2021-2022 Policy Priorities](#) agenda also recognizes the need to improve access to mental health care under the priority "Advance Health Equity and Champion Wellness" (American Academy of Nursing, 2021). Below are just a few ways in which the Academy will work in the short- and long-term to ensure that health professionals, including nurses, as well as individuals, can achieve better mental health.

## Increasing Access to Mental Health Services

According to the Health Resources and Services Administration, there are over 121 million individuals in the U.S. who reside in a mental health-designated Health Professional Shortage Area ([Health Resources and Services Administration, 2020](#)). While we may not be able to physically mobilize mental and behavioral health professionals on a large scale in the immediate, we can advocate that the policies surrounding their practice promote better utilization. Last year, the Academy [highlighted](#) the need for expanded infrastructure investments such as broadband to ensure telehealth is widely available. We [urged](#) the Centers for Medicare and Medicaid Services to capture virtual mental health visits as telehealth visits under the FY

2021 Physician Fee Schedule Proposed Rule. The Academy's [Expert Panel on Child, Adolescent & Family](#) is committed to examining issues impacting our younger generations, including prevention, access, and equity of mental health services for [vulnerable children](#) (Delaney et al., 2018).

## Protect Against Health Inequities

The Academy continues to [call upon](#) our Congressional leaders to provide resources to, and to address the health inequities of, individuals who are more likely to suffer the devastating consequences of COVID-19. We recommend further federal investments in mental health programming and infrastructure, and call for a widespread, comprehensive, accurate, and timely data collection of health and economic factors associated with race and ethnicity.

## Leading by Example: Normalizing Mental Health Needs

Lastly, the profession can continue to be open about our lived experiences with mental health and wellness during the pandemic and beyond. Exercising empathy for our colleagues and fostering environments around us that allow for honest conversations is where nursing leadership can play a significant role.

We must extend ourselves grace when it comes to our struggles and triumphs. Though it may not be in our nature, permitting ourselves to "be OK with not being OK" lets us acknowledge that when we aren't showing up in the way we want to, or don't have the bandwidth to take on additional mental or emotional burden, that we are human. More importantly, when we learn that we are "not OK," we should feel empowered to seek help from others. If you or a colleague you know is struggling with their mental health, help is available. For example, the American Nurses Foundation, in partnership with other leading nurse organizations, launched the [Well-Being Initiative](#) to provide nurses with several mental health and wellness resources and outlets to connect with professionals. We have come a long way, and we still have further to go. But, I am confident in our collective ability to embrace the current and lasting challenges of COVID-19. We will continue to make strides in the science, policy, and leadership needed to create "Healthy Lives for All People."

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