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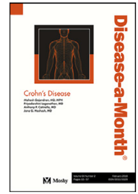
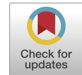


COVID-19 mental health considerations for health care workers and Patients: A brief overview



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Introduction

It is clear that our patients are experiencing a variety of mental health problems – new or worsened because of COVID-19. It is unrealistic to expect health care professionals (HCP) to be immune to this.[1–6] Not surprisingly declining mental health across medical and healthcare professions are being reported as the COVID-19 pandemic progresses.[1–6] This is not unexpected.

As a result, no edition on COVID-19 would be complete without a brief discussion on the mental health implications for health care workers involved in the delivery of care during this global pandemic. So while this section of the Disease A Month COVID-19 issue will provide some insights and resources we hope will be useful, they are not exhaustive; new research is ongoing and updated data are emerging.

Discussion

It is well known that health care professionals are not immune to the mental health effects of traumatic events.[7–10] But the psychological impact associated with delivering health care is not relegated to discrete traumatic events such as terrorism or similar.

And unlike discrete but traumatic events, such as 9/11[7, 9] pandemics of this magnitude are uncommon in the experience of United States, and even internationally, where outbreaks of infectious diseases, wars, civil strife, and natural disasters are more common.[7–18] Moreover, while disasters and outbreaks share some commonalities in their ability to cause mental health adverse effects, COVID-19 poses some additional challenges that continue to be studied – from a medical and mental health perspective.

Pandemics – especially sustained outbreaks such as SARS, Ebola, and now COVID-19 pose unique challenges to patients, health care professionals (HCP) and health care workers (HCW) – from prehospital emergency responders, emergency department personnel, department chairs, physicians, advanced practice and nursing staff, to support teams and housekeeping; anyone involved in the continuum of health care is, and feels vulnerable.[1–3] And not without reason.

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In China, reports suggest ~4% of medical staff became infected.[3] Contributing factors to the magnitude of adverse mental health impact on HCW include the level of suffering that often seemed endless during the surge, and remains as a background concern during these times. Resource depletion of personal protective equipment, further placing responders and health care professionals in jeopardy, and the reality many of our colleagues and friends have become ill, some seriously, and even died, is a constant awareness.[1–3]

Then there is the omnipresent sense of the unknown – asymptomatic patients posing a contagion risk, persistent knowledge gaps, lack of vaccines, and the unpredictability of the duration of COVID-19.

Long hours, inadequate staffing, also contribute. Tasking HCP and HCW with roles unfamiliar or more challenging than routine responsibilities adds to stress. The surges of patients in overwhelming, and seemingly endless numbers, the omnipresent threat of bringing illnesses home to our families, the stark emptiness of cities and social isolation society faces, which includes HCP, the vast number of critically ill patients, and the uncertainty associated with this virus against a continuingly vulnerable society, creates a perfect storm for adverse mental impact on us, and our colleagues.

A recent study revealed 12.5% of hospital staff experienced anxiety, and another study demonstrated 44.6% of respondents reported anxiety symptoms during COVID-19.[3]

In the aftermath of 911 and earlier pandemics, increased attention was given to the mental health needs of emergency workers, and health care responders.[7,9] Post traumatic stress disorder (PTSD), enhanced sense of threat, and other long term mental health impact is not unexpected. Anxiety, depression are also associated with these events (1–3,). Altered mood, disorders in cognitive behavior and other adverse effects have been reported.[1–3]

Interestingly there are protective factors – good preparedness and crisis training before pandemics and traumatic events, strong social support from family and coworkers, strong belief and faith practices, cultural and developed coping mechanisms – leadership experience – all of these have contributed to and enabled some HCP to emerge with some positive mental health effects that include an enhanced ability to respond to stressors, strengthening of emotional and psychological approach to trauma.[1,19,20]

Various approaches evolved, including disaster mental health paradigms, and the provision of psychological services in near live time at various traumatic events – earthquakes and other natural disasters, mass casualty events, including school shootings, and other incidents that are related to psychological trauma were developed.[21–24]

Resources to consider

Although research is ongoing and best practices in terms of addressing the mental health needs of HCP, HCW, as well as our patients continue to be evaluated, there are some programs and suggestions that may help. First and foremost – do not delay in seeking psychological care services if you are experiencing increased irritability, sleeplessness, social avoidance or increased distancing from friends, family, or familiar activities, symptoms of depression, or anxiety, changes in cognitive ability, and similar effects.

The National Center for PTSD is adapting trauma informed care to address the needs of HCP and HCW during COVID-19. This includes support services.[21–24] Brief training and cognitive interventions, along with guided mindfulness has shown promise. There are also online platforms which can serve as adjunctive aids to more personalized behavioral treatment.[23–25]

The Disaster Distress Hotline **1.800.985.5990** is a 24 hour a day, 7 day a week resource staffed by specially trained counselors and a valuable resource for patients and health care providers. To verify the utility of this service the author phoned this number (06/28/20), and was directed to a counselor in less than 2 min. Located in multiple sites, and part of the Suicide Prevention Hotline service, this service has frontline and supervisory level assistance that also can refer to additional resources as well as provide essential intervention.

The American Psychological Association has several programs and ongoing research that can provide greater insights into the mental health challenges associated with COVID-19.[26, 27]

If a health care provider or patient needs local assistance, but is in psychological crisis, another valuable resource is **1.800. 273.8255** (also known as **1.800.273.TALK**) and a **TTY 1.800.799.4889**, is the National Suicide Prevention Lifeline. In addition to trained staff, this number directs people regional/local centers, which can also refer to local mental health resources.[29]

Another valuable source of trained mental health professionals that also provides a list of resources is Substance Abuse and Mental Health Services Administration (SAMHSA).[28,29] They provide the following: **1–800–662-HELP which is 1.800.662.4357. Also available is TTY: 1–800–487–4889, and online** www.samhsa.gov/find-help/national-helpline.

These are referred to as their "Treatment Referral Routing Service," the Helpline (**1.800.662.HELP**, or **1.800.662.4357** or **TTY 1.800.487.4889**. SAMHSA states these numbers provide 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.[29]

Health care facility leaders, and department chairs play a critical role in mitigating some of the risk, as well as responsibility to promote mental health care as essential services for the wellbeing of HCP and HCW. There remains a need to destigmatize the use of psychological services. In fact seeking out psychological care should be encouraged. To be sure every aspect of medical delivery is overtaxed during COVID-19. That notwithstanding, if we are going to keep our HCP and HCW healthy (mentally and physically), especially front line providers such as emergency providers, professionals who are increasingly experiencing the negative mental health effects of this pandemic, increased access to psychological services is essential, and regular use of these should be encouraged.[1,2]

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