

**EDITORIAL**

# #SendHelpNow: Mental wellness and virtual connection in the age of coronavirus

## 1 | INTRODUCTION

Coronavirus, coronavirus disease (COVID-19) and social/physical distancing are among the words that have become household names amidst this pandemic. Not only has our vocabulary changed, but also the ways we connect with others. We have become even more reliant on technological advances for business, education, pleasure and other activities. In fact, 93% of Americans report that an outage in internet or cellular service during the outbreak would cause problems in their daily lives (Pew Research Center, 2020). Our ability to remain virtually connected while physically distant has been helpful; however, it is not without an unintended fallout: physical, mental and emotional exhaustion beyond what living through a pandemic is causing. The toll of virtual connection, particularly through videoconferencing, has been underestimated. Some have even questioned how all of this screen time may affect mental health providers (Lakeman, 2020). Psychiatric and mental health nurses may be particularly vulnerable to these effects as activities such as classes (for those enrolled in and/or teaching courses), therapy sessions and patient safety inservices have migrated online.

Without an immediate end to the heightened need for virtual connection in sight, it is key that we have strategies to promote mental wellness during these uncertain times. The following recommendations can be used to help us care for ourselves while we virtually connect in the age of coronavirus:

## 2 | USE DIFFERENT PLATFORMS, AND EVEN DEVICES, FOR DIFFERENT PURPOSES

Before all of this started, we had more freedom to move around and set boundaries as we transitioned between activities. Now, you stare at the computer, tablet or cell phone for teletherapy appointments, meetings and virtual visits with family and friends for hours on end. Or, you work more days (and for longer hours) to keep different systems up and running. That means less physical movement. Less time to decompress between singing happy birthday to Nana and helping a client mourn the death of a loved one—whom they never saw again after an emergency room drop-off with coronavirus symptoms. There is also infringement on boundaries we would not otherwise cross, such as leading a webinar on new staff policies from your dining room table. Further, doing all of these activities on the same platform and/or device makes it difficult for the brain to differentiate work from pleasure, being on the clock versus off.

Reserving work applications for work (e.g. BlueJeans) and social applications for pleasure (e.g. Google Duo) can be a start to reclaim time and boundaries. If multiple devices are available, you may also want to restrict work-related meetings to a laptop, while engaging with loved ones via a mobile device for clearer distinction.

## 3 | TURN THE CAMERA OFF

The psychological energy devoted to end a video call, being peered into by 20 or more eyes in the meeting's gallery view and having to be more accessible despite not physically being present are just some of the ways that videoconferencing is wearing us out. Depending on your shelter-in-place space options, you may find yourself having these exchanges in a cluttered room, with family members (often engaging in embarrassing activities) in the background, or in spaces that clients and others typically would not be invited (i.e. your bedroom). Turning the camera off helps provide some cognitive rest as it minimizes these barriers to being mentally present during virtual exchanges. Some people prefer to have the camera on to see faces, feel more connected, or even ensure that attendees are focused and on task. However, many people are finding themselves on videoconferences more now than at any other time point in their lives. Attendees are fatigued, and requiring cameras to be on could actually decrease desired levels of productivity and engagement. Further, being on camera may invade privacy (particularly for those subjected to be videoed in less than favourable conditions) or go against certain temperaments/personalities. As an anecdotal example, there are accounts of clients attending therapy appointments in their bathrooms, because it is the only place they can find privacy in their homes. For those engaged in virtual therapy, offering telephone and/or short message service (i.e. secure text messaging, chat windows) options may be a welcomed alternative for clients and providers to minimize videoconferencing strains. While there are advantages to having the camera on, considerations should be given when you (or others) need to be on audio only.

## 4 | LOOK AT YOUR SCHEDULE AS A WHOLE TO DECIDE WHEN TO ACCEPT OR DECLINE ACTIVITIES

Sometimes we only see what we are thinking about in the moment, or what is on the calendar. This approach, however, is not effective

when a “yes” from moments past collides with a present-day exhaustion. For example, you worked four shifts back-to-back, having to restrain more patients than normal because recent changes on the unit have increased agitation, and now you have to sit through a two-hour virtual continuing education course before it expires. Or, you prepare and eat breakfast, log on to the first one hour meeting—and repeat three times—then are exhausted when you need to write a manuscript, help children with their school work, care for a loved one, etc. If you look at the days, weeks and months as a whole, however, you can schedule things with realistic expectations for your energy levels. Additionally, if you have not already learned your daily rhythm, you may begin to notice that you work better on things that require creativity first thing in the morning, pay more attention to detail an hour after lunch and struggle to fall asleep if you are exposed to blue light after 10 p.m. Knowing these things about yourself, you can begin to work smarter (and not harder) by tailoring your schedule to your body's needs. If your work schedule is assigned or otherwise out of your control, you can mindfully schedule other activities around work, allowing for breaks and breathing room. Further, it may seem tedious, but if you keep a master calendar with all activities that require you to “show up,” whether physically or virtually, you can give yourself much needed pauses and cushion between activities.

## 5 | BUILD IN A DAILY RESTORATIVE PRACTICE

In the backdrop of all of this, our bodies are constantly stimulated by the rising death toll, calls from loved ones diagnosed with (and sometimes even succumbed to) the virus, work or clinical cases that follow us home, and the regular ups and downs of life. To counteract this, we can build simple activities into our daily routine to help us centre and recharge. While longer and more intensive practices are also encouraged (e.g. hiking once a week, monthly facials), these activities are not always within reach. Committing to a simple, daily restorative practice, however, means identifying something that you can do every day regardless of the weather, who is available to join you, finances, etc. This can be prayer time, a 5-minute guided meditation, YouTube yoga video, breathing exercises (breathe in for three counts and out for six; repeat 10 times), mindfulness colouring or anything else that helps you feel centred and at peace. Those who are unable to work from home, and/or find themselves working longer days, may want to consider options that can be done at your place of employment (i.e. walking up a few flights of stairs every hour, taking a lap around the unit between patients, breathing in peppermint, lavender or other essential oils to start the day). The key is to make it practical and sustainable for your life.

There have been calls to address the mental health impacts of the COVID-19 pandemic (Usher, Durkin, & Bhullar, 2020). In addition to the looming cost essential workers will continue to pay as they face the virus head on day in and day out, the cost of virtual connection is something we should also attend to. As we are “alone together,” let's be kind and give each other grace, email the things that do not need to be actual meetings, and take what we learn during this time to come out better (and more humane) on the other side.

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### CONFLICTS OF INTEREST

There are no conflicts of interest to report.

### AUTHOR CONTRIBUTION

The author meets the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors.

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### REFERENCES

- Lakeman, R. (2020). Are health professionals getting too much screen time? Computer-driven care and its impacts on mental health practice. *Journal of Psychiatric and Mental Health Nursing*, 27(2), 101–102. <https://doi.org/10.1111/jpm.12579>
- Pew Research Center (2020). *Most Americans view a major interruption to their internet, cellphone service as a very or moderately big problem during COVID-19 outbreak*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/03/31/americans-turn-to-technology-during-covid-19-outbreak-say-an-outage-would-be-a-problem/>
- Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315–318. <https://doi.org/10.1111/inm.12726>