SUPPORTING HEALTH CARE WORKERS’ MENTAL HEALTH: NAVIGATING WITH RESILIENCE

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My hopes for today...

01 You gain insight into the mental health of healthcare workers (HCWs)

02 You will gain insight into how COVID-19 has impacted HCWs’ mental health

03 You will walk away with strategies to support HCWs’ resilience
THE MENTAL HEALTH OF HEALTH CARE WORKERS
How mentally healthy are the workers looking after Canadians’ health?
Who are Healthcare workers?

“A healthcare worker is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or...medical waste handlers” (Joseph & Joseph, 2016).
Who are Healthcare workers?

- Hospitals: 454,500
- Ambulatory Services: 228,300
- Nursing & residential care: 167,700

10% of Canadians are employed in healthcare

80% of HCWs are women
Who are Healthcare workers?

27.4% Of all HCWs are Nurses

11.8% Of all HCWs are Physicians

Categories: Health Professional, Technical Personnel, Support Personnel

EHN CANADA
What’s the Mental Health of HCWs?

HCWs are 1.5X more likely to be off work due to illness

CFNU survey of nurses (2019)
- 20,000 responses
- 33% screened positive for MDD
- 23% screened positive for PTSD
- 26% screened positive for GAD
- High rates of burnout and stress

CMA survey of physicians (2018)
- 2900 responses
- 34% screened positive for depression
- 30% reported burnout symptoms
- Rates higher for women & residents
What’s the Mental Health of HCWs?

Rates of **substance use** among HCWs is unclear

• U.S. studies: 10-15% will misuse substances in lifetime

• Among Canadian nurses, rates reflect the general population, though misuse of narcotics could be higher

• Among Canadian physicians, rates on par with or slightly higher than general populations

• Misuse varies across specialties
What about Burnout?

DeHart (2020)
What is Burnout?

**Emotional Exhaustion**
- Physical fatigue
- Brain fog
- Cynicism and pessimism
- Physical pains
- Digestive problems

**Decreased sense of accomplishment**
- Sense of futility
  - “Nothing will make a difference”
- Hopelessness
- Lack of motivation

**Depersonalization**
- Depleted empathy
- Depleted compassion
- Depleted caring

73% Allied Health Reported burnout symptoms in the last month
65% Physicians
77% Nurses

69% Allied Health Bothered by emotional problems
65% Physicians
78% Nurses

Contributors: Unfair treatment, Inadequate staffing.
HCWS’ MENTAL HEALTH AMIDST THE PANDEMIC

Things are not looking great.
First, what did we learn from SARS?

I’m not sure what we learned....

Chau and colleagues (2021) conducted a systematic review and meta-analysis:

Discrepancies in studies reviewed & can’t make definitive conclusion

HCWs with SARS reported increased anxiety, depression, general psychiatric concerns, worse symptoms of hyperarousal and intrusive thoughts

Higher rate of psychological distress, burnout, and maladaptive behaviours, missed shifts/absences among Toronto HCWs 1-2 years after SARS

Distress high during SARS, morbidities returned to lower levels

21% with a psychiatric diagnosis left health-care

Stigmatization needs to be addressed
HCWs at Increased Risk for MI

Statistics Canada survey, published February 2021

18,000 HCWs surveyed

70% reported their mental health is “somewhat worse” or “much worse” now versus prior to March 2020

70% reported fair or poor mental health
HCWs at Increased Risk for MI

International Studies – Rapid Scoping Reviews

• Prevalence of psychological disorders higher in frontline staff vs general population (Zhou et al., 2020)

• Close to 25% HCWs report increased anxiety, depression, traumatic stress symptoms and 40% reported insomnia (Allan et al., 2020)

• HCWs, particularly women, reported higher rates of stress, burnout, depression (Sriharan et al., 2020)
Triggers for Stress, Burnout, MH concerns

- Lack of adequate PPE
- Job demands > skill level
- Increased workload
- Understaffing
- Lack of adequate rest and recuperation
- Lack of infection control guidelines, protocols
- Lack of support and recognition
- Poor communication from leaders (lack of, contradictory)
- Increased community rates of infection
- Media reports
- Changes in public health guidelines
- Access to rapid testing
- Risk of infecting loved ones
- Access to childcare
- Moral distress
- Increased exposure to suffering
- Grief
- Increased exposure to suffering
- Grief
Covid-19, Gender, Race, & Mental Health

What do the stats and studies say?

**Female HCWs**
- Disproportionately contracted COVID-19
- Higher risk of mental illness
- Higher rates of stress, burnout

**Racialized immigrant women over-represented as PSWs, PCAs**

Ethnic minorities over-represented in lower-ranking nursing positions

Data collected from local public health units across Canada indicates that **racialized and Indigenous communities have been disproportionately impacted by COVID-19**
Racialized HCWs are Hurting

Reports of Anti-Asian hate crimes are surging in Canada during the COVID-19 pandemic

A driver slams into a Muslim family, killing four people, in what Canadian PM calls 'a terrorist attack'

By Rebekah Riess and Gregory Lemos, CNN

Updated 2:50 PM ET, Tue June 8, 2021
Resilience requires system-level and individual-level interventions.
What is Resilience?

Ability to respond and adapt effectively to life’s events

Helps people bounce back from setbacks and disappointments

It is not extraordinary—many people are resilient
"The underlying focus of...interventions appeared to be individual psychopathology, without further systemic exploration of the impact of organizational or collegial factors on adverse mental health outcomes. The focus on individual risk and resilience factors and pathology in research may hinder the discovery of underlying organizational faults, which could be more appropriate targets of intervention." (Muller et al., 2020, p. 8).
The Organization/System is Essential

“[C]omprehensive understanding of resilience requires a systems approach and should be guided by equity concerns, which include concerns for gender, human rights and racialization in health and healthcare” (Haldane et al., 2021)
<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
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</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process.</td>
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<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions.</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (e.g., all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts. Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together.</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs. Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress.</td>
</tr>
</tbody>
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Shanafelt et al. (2020)
The Organization/System is Essential

Additional Interventions

• Resources to support managers and senior leaders improve their communication, empathy, transparency, and team management skills

• Resources to support employees improve teamwork, decision-making, cooperation, conflict resolution, and emotional support skills
The Organization/System is Essential

Listen to the stories and voices of Black, Indigenous, and racialized HCWs

Listen with intention to HEAR, not with intention to rebut or debate or defend

Listen with compassion

Educate yourself—there are so many resources out there
Ways to Support Your Own Resilience

Plant & Water your SEEDS

Social Connectivity
Exercise
Education
Diet
Sleep
Manage your Media Consumption

- Turn off CP24/the news
- Twitter is not your friend
- Facebook is not helpful
- Instagram can be toxic
- Hide your phone

- Consult media on a "need to know basis"
- You don’t need to know every detail about the pandemic
Redefine winning & failing

Focus on the process, not the outcome
Set small goals, and celebrate small successes
Re-examine your expectations
Focus on what you can learn
Treat yourself with kindness and compassion
Know Your Values

Explore and understand your values

“Evaluate” how aligned your decisions and actions are with your values

Knowing we are acting according to our values helps us cope with disappointment
Access Spiritual or Religious Resources

• International studies suggested that connection to religious and spiritual practices supported emotional functioning
• Helps us to feel connected to something larger than ourselves
• Reduces sense of alienation/isolation common to mental health and addiction difficulties
Our nervous systems have been in overdrive during this pandemic. We are in a heightened state of vigilance.

Take your time “re-entering” the world.

Experiment with slowing down the steps of your ADLs—what impact could this have on your coping and nervous system?
Thank you!
Sources


Sources


Sources


