

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

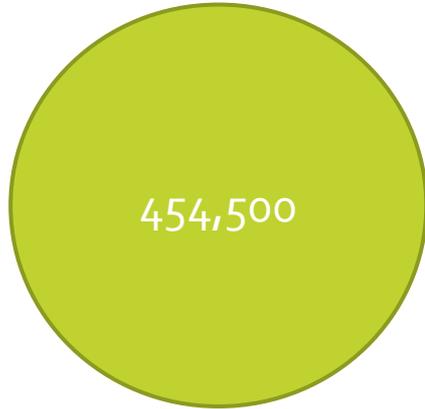
How mentally healthy are the workers looking after Canadians' health?



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).

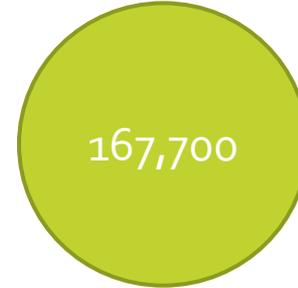
Who are Healthcare workers?



Hospitals



Ambulatory
Services



Nursing & residential
care

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

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

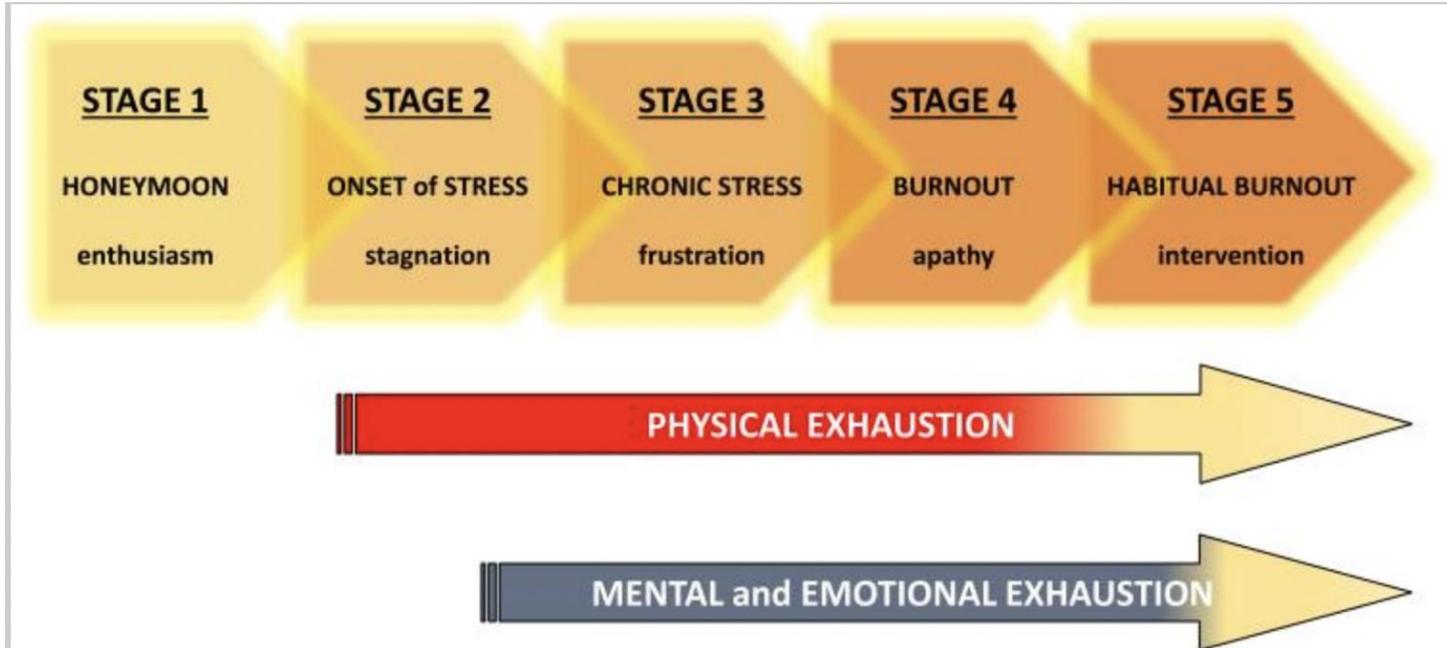
Rates higher for **women & residents**

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

Burnout in Toronto Acute Care

Rubin & colleagues (2021) surveyed an acute care unit in Toronto

73%

Allied Health

65%

Physicians

77%

Nurses

Reported
burnout
symptoms
in the last
month

69%

Allied Health

65%

Physicians

78%

Nurses

Bothered
by
emotional
problems

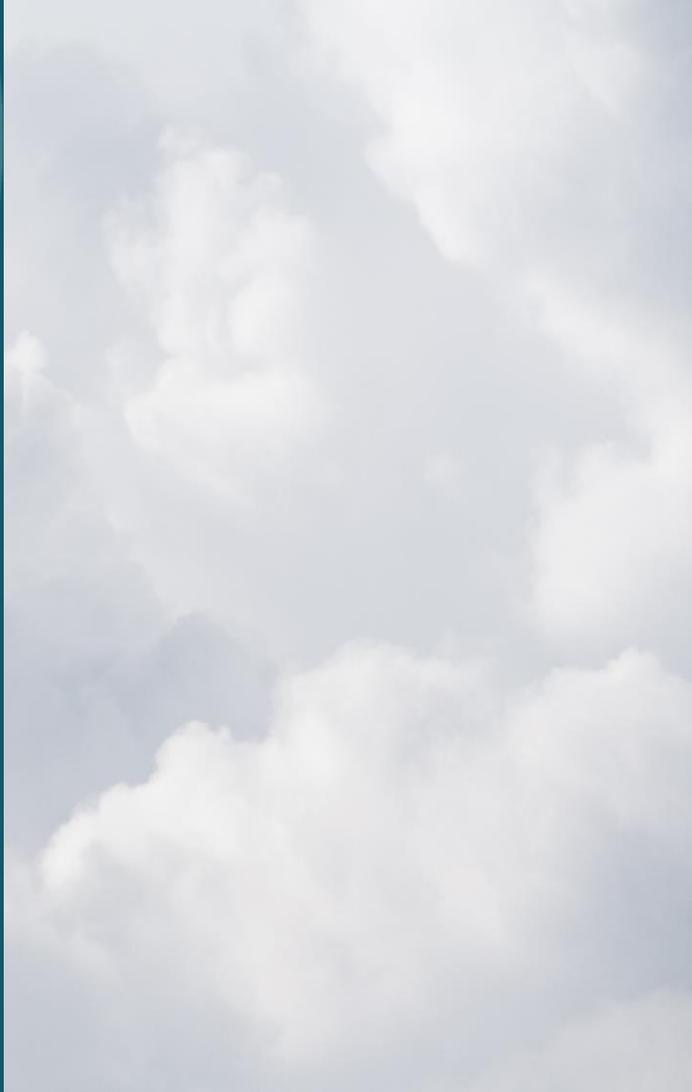
Contributors:

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

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



Toronto

'It could be me': Murder trial in George Floyd's killing sparks fresh feelings of anger, grief

Source

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

CANADA | News

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





BUILDING RESILIENCE

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 Organization/System is Essential

“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)

Request	Principal desire	Concerns	Key components of response
Hear me	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	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	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
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	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	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
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	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
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	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

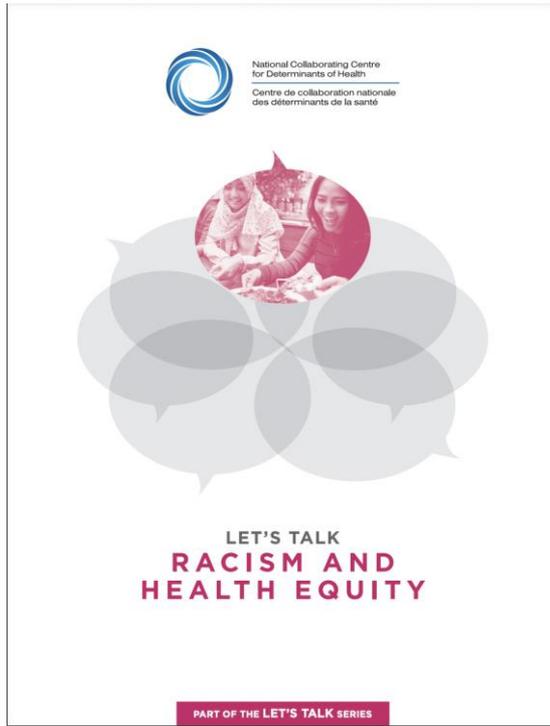
Shanafelt et al. (2020)

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

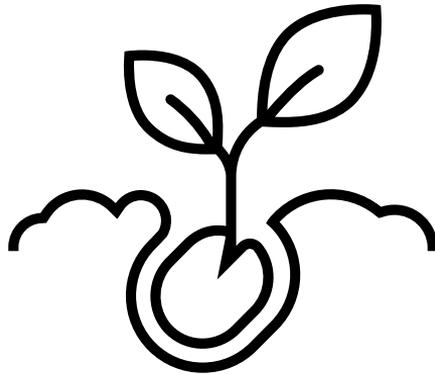
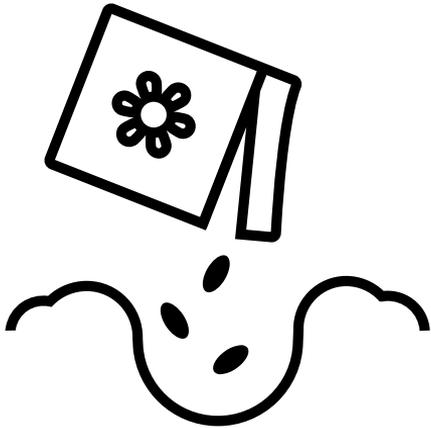
Listen with intention to **HEAR**, not with intention to rebut or debate or defend

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

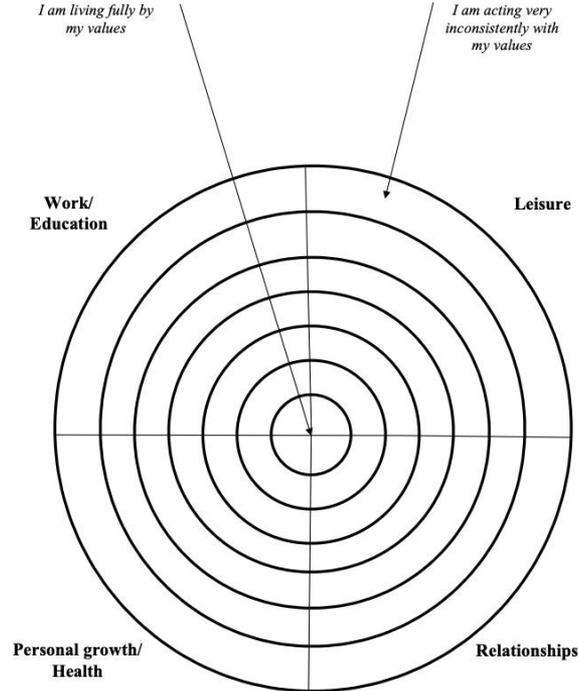
Explore and understand your values

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

Knowing we are acting according to our values helps us cope with disappointment

THE BULL'S EYE: Read through your values, then make an X in each area of the dart board, to represent where you stand today. An X in the Bull's Eye (the centre of the board) means that you are living fully by your values in that area of life. An X far from Bull's Eye means that you are way off the mark in terms of living by your values.

Since there are four areas of valued living, you should mark **four Xs** on the dart board.



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2

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



Sloooooow Down



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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!



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