

Mental Health Status of and Support for Health Care Workers during the COVID-19 Pandemic

For HCWs
health care leaders
peers, families, and friends

- ✧ The COVID-19 outbreak has evolved into a global pandemic and causing a growing number of deaths every day.
- ✧ Health care workers (HCWs) are the frontline responders to this global crisis, during which they have **often been working in highly challenging environment** throughout the COVID-19 pandemic and **exposing to unprecedented psychological pressure**.
- ✧ So as the frontline **HCWs, health care leaders, peers, families, and friends**, it is critical to learn what mental health problems the HCWs may encounter, and how to take steps to maintain the good mental health of HCWs.

Mental health problems reported by HCWs in COVID-19: a global snapshot

- **Anxiety**

Data from **Singapore** and **China** showed that the anxiety prevalence was **23.2%** (Pappa et al., 2020); An online survey from **USA** also found that **86.1%** HCWs reported that they experienced anxiety (MHA, 2020).

- **Depression**

Data from **Singapore** and **China** showed that the depression prevalence rate was **22.8%** (Pappa et al., 2020).

- **Stress**

An **Indian** study found that **32.9%** of the doctors were having stress (Chatterjee et al., 2020). An online survey from **USA** also found that **92.8%** HCWs reported that they experienced stress (MHA, 2020).

- **Sleep disturbances**

Data from **China** and **Iraq** revealed the prevalence of sleep disturbances was **34.8%** for nurses) and **41.6%** for physicians (Salari et al., 2020); An online survey from **USA** found that **70.2%** HCWs also reported that they experienced increasing troubles with sleep (difficulty falling or staying asleep) (MHA, 2020).

- **Insomnia**

Data from **Singapore and China** showed insomnia prevalence was **38.9%** (Pappa et al., 2020).

- **Distress**

71.5% of **Chinese** nurses who supported Wuhan for fighting against the COVID-19 reported psychological distress (Chen, Sun, Du, Zhao, & Wang, 2020).

- **Fear**

One online survey from **USA** found that **55.2%** HCWs reported that they experienced fear (MHA, 2020).

- **Burn-out**

One study from **Japan** revealed that the burnout prevalence was **31.4%** among frontline HCWs (Matsuo et al., 2020); An online survey from **USA** also found that **76.5%** HCWs reported that they experienced exhaustion/burn-out (MHA, 2020).

- **Suicidal ideation**

Chinese studies have found that the suicidal ideation (suicidal or self-harm ideation) and suicide risks among hospital workers were **6.5% and 13.0%** respectively (Xiaoming et al., 2020; Zhou et al., 2020); One study conducted in **Bangladesh** also found **6.0%** of HCWs had think about committing suicide (Mamun et al., 2020); Sadly, there are already HCW suicide cases reported in **Italy, England, USA, Mexico, and India** (Rahman & Plummer, 2020);

- **Changes in appetite**

An online survey from **USA** found that **56.7%** HCWs reported that they experienced increasing changes in appetite (overeating or undereating) (MHA, 2020).

- **Loneliness**

An online survey from **USA** found that **54.6%** HCWs reported that they experienced loneliness (MHA, 2020).

- **Powerless**

An online survey from **USA** found that **50.6%** HCWs reported that they experienced (MHA, 2020).

- **Disconnected**

An online survey from **USA** found that **49.3%** HCWs reported that they experienced disconnected (MHA, 2020).

At-Risk Groups among HCWs: Among all frontline HCWs, some groups are more vulnerable and may face more difficulties compared with others during the COVID-19 pandemic. They are:

Nurses

- Studies from Singapore and China shows compared to doctors, nurses **have higher prevalence of anxiety** (nurses 25.8% / doctors 21.7%) and **depression** (nurses 30.3% / doctors 25.4%) (Pappa et al., 2020)
- Moreover, one study from Iran revealed nurses had significantly **more workload** compared to the other HCWs (Shoja et al., 2020).
- An online survey from USA found that nurses reported found that a higher percentage of nurses (45%) than HCWs (39%) reported a **lack of adequate emotional support** (MHA, 2020).

Female HCWs

- Studies from Singapore and China have shown that, compared with male HCWs, female

HCWs have **higher prevalence of anxiety** (females 29.1% / males 20.9%), and **depression** (females 26.9% / males 20.3%) (Pappa et al., 2020).

- One Bangladesh study found female HCWs **experienced more suicidal behaviors** (having think about committing suicide) than male HCWs (Mamun et al., 2020)

HCWs Directly Taking Care of Patients with COVID-19

- A study from China shows that frontline HCWs engaged in direct diagnosis, treatment, and care of patients with COVID-19 were associated with a **higher risk of experiencing symptoms of depression, insomnia and distress** (Chen et al., 2020).

HCWs lacking PPE

- A study from USA reported that nurses lacking access to adequate PPE were **more likely to have symptoms of depression, anxiety and post-traumatic stress disorder** (Arnetz et al., 2020).

- ✧ Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, said “The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives. **No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe.**” (WHO,2020a)
- ✧ As addressed by WHO, protecting HCWs is the key to ensuring that the health care system remains sustainable during this pandemic.
- ✧ Additionally, the health, safety, and ability of HCWs to provide quality medical services are influenced by their mental health status. So, **taking actions to manage the mental health of HCWs is urgent.**
- ✧ The followings describe essential actions that can be taken by three key groups, namely, HCWs, health care leaders, and peers, family, and friends, to help HCWs maintain their good mental health.

Measures to maintain the mental health well-being of HCWs.

Actions for HCWs

Be resilient. HCWs with a high score on the resilience scale for adults (RSA) were found to be more resilient to depression when working during the COVID-19 pandemic (Yörük & Güler, 2021).

Tips to **enhance resilience and cope with stress** from WHO and United States Centers for Disease Control and Prevention (WHO, 2021a)

- **Recognize the crucial role of yourself in fighting this pandemic.** Put spiritual or ethical meaning in your clinic work. Believing you are doing meaningful things to fight the COVID-19 (Rajabipoor Meybodi & Mohammadi, 2020).
- **Stay informed,** seek information from reliable sources, and learn about the COVID-19 researches and treatments updates from the trusted providers
- **Avoid information overload,** take breaks from watching, reading, or listening to COVID-19 related news or stories.
- **Stay connected,** keep in touch with your families, friends, and through social media, or by phone or mail.
- **Maintain a healthy lifestyle,** get adequate sleep, eat healthy meals, and get some exercises regularly.
- **Take better care of yourself,** take breaks during your shift to rest, try to do the

activities you enjoy, engage in some mindfulness techniques (e.g., breathing exercises and meditation), and avoid excessive alcohol, tobacco, and substance use.

- **Know your limits**, accept that you do not have control over everything.
- **Advocate for yourself**, talk openly with your supervisors or employees about how the pandemic is affecting your work, what is causing the stress, what maybe the solutions, and how to access mental health resources in your workplace.
- **Adhere to your treatment**, if you are being treated for a mental health condition, stick to your medications and communicate with your mental health care provider regularly.
- **Seek professional help**, if your feelings of distress persist and it becomes difficult to cope, find psychological support, such as hotlines and remote counseling services.

Please check this out for details.

WHO, frontline workers and COVID-19: coping with stress

CDC, Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic

<http://www.emro.who.int/mnh/news/frontline-workers-and-covid-19-coping-with-stress.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html>

Actions for health care leaders

Helping frontline HCWs cope with stress, recommendations from WHO (WHO, 2021b) and existing literatures:

- **5 steps to a mentally healthy workplace** during COVID-19
 - Step 1: Show your commitment
 - Step 2: Assess the situation
 - Step 3: Make an action plan
 - Step 4: Implement and evaluate
 - Step 5: Learn and mainstream
- **Actions to help HCWs cope with stress** the COVID-19 pandemic
 - Prepare HCWs for the job
 - ※ e.g., Provide training to help HCWs learn how to use PPE properly (Li et al., 2020)
 - Help HCWs to gain a clear understanding of their own roles and responsibilities.
 - Help HCWs to care for themselves
 - Protect them on the job
 - ※ e.g., provide sufficient PPE and infection protection and control supplies as recommended by the WHO (2020b), protect them from incidents of harassment and violence, and protect and uphold their rights..

The recommended PPE in health care facilities by WHO (2020b)

Setting		Activity	Type of PPE or procedure
Inpatient facilities	Patient room	Providing direct care to COVID-19 patients	<ul style="list-style-type: none"> • Medical mask • Gown Gloves • Eye protection (goggles or face shield)
		Aerosol-generating procedures	<ul style="list-style-type: none"> • Respirator N95 or FFP2 (standard or equivalent)

		performed on COVID-19 patients	<ul style="list-style-type: none"> • Gown • Gloves • Eye protection • Apron
	Triage	Preliminary screening not involving direct contact.	<ul style="list-style-type: none"> • Maintain spatial distance of at least 1 m • No PPE required
Outpatient facilities	Consultation room	Physical examination of patient with respiratory symptoms	<ul style="list-style-type: none"> • Medical mask • Gown • Gloves • Eye protection
		Physical examination of patients without respiratory symptoms	<ul style="list-style-type: none"> • PPE according to standard precautions and risk assessment.
	Triage	Preliminary screening not involving direct contact	<ul style="list-style-type: none"> • Maintain spatial distance of at least 1 m • No PPE required

- Create a healthy work environment
 - ※ e.g., ensure appropriate work hours and workload, rotate staff between high- and low-stress environments and encourage HCWs to talk about their concerns or needs or to participate in decision-making through regular meetings or other communication channels.
- Be a good role model
 - ※ e.g., adhere to health and safety guidelines and practice healthy coping strategies, such as taking work breaks, eating a healthy diet, doing physical exercise, and avoiding the use of tobacco, alcohol, and other substances.
- Encourage peer support
- Be perceptive and supportive
 - ※ Be aware of the signs and symptoms of stress and burnout, familiarize yourself with active listening and supportive communication when approaching HCWs you are concerned about, and pay extra attention to HCWs who are at risk of facing more mental health issues.
- Give feedback and recognition
 - ※ Show appreciation for their hard work, highlight their good performance, and provide opportunities to improve.
- Establish a mental health support system
 - **Monitor the mental health** of all HCWs in your facility (by interviews or online questionnaires), and **identify high-risk individuals** (Kameno et al., 2021).;
 - **Built a mental health support program** to provide online or face-to-face consultations for HCWs (Mellins et al., 2020);
 - **Provide the online mental health support program at suitable times.** Online stress reduction exercises should ideally be provided at night or in the morning to help HCWs relax or feel reenergized; offering these during work hours should be avoided so as not to interfere with their work, as is the case for when HCWs are just getting off work, because fatigue could affect their participation and performance (Liu et al., 2020)

Please check this out for details.

WHO, helping frontline workers cope with stress during COVID-19: actions for team leads
<http://www.emro.who.int/mnh/news/helping-frontline-workers-cope-with-stress-during-covid-19-a-resource-for-team-leads.html>

Actions for peers, families, and friends

- **Helping frontline HCWs cope with stress, the suggested actions for peers from WHO**
 - **Be considerate**
 - **Offer support**
 - **Strengthen social networks**
 - **Participate and become a change agent**, Advocate for the creation of a mental health-supportive work environment, such as by organizing an anti-stigma campaign, and urge employers to offer stress management education and mental health services.
 - **Check in and go the extra mile**, talk to your colleague, invite them to share their stress or problems with you (if they are willing to), and work with them to identify positive coping mechanisms or self-help steps (if they are receptive to support).
 - **Encourage awareness and help-seeking**
 - **Volunteer**, consider being the representative to advocate mental health support for your colleagues, and join in the peer support group if your workplace has one.
 - **Have zero tolerance for bullying or harassment**
 - **Deal with suicide**, if your colleague indicates that they are about to intentionally harm themselves or commit suicide, do not leave them alone, and seek immediate support from health services; if you learn that a colleague has attempted suicide, try to offer kind non-judgmental support, listen to their speaking patiently, and encourage to or accompany them to reach out to health or counselling services.

Please check this out for details.

WHO, Helping frontline workers cope with stress during COVID-19: actions for peers
<http://www.emro.who.int/mnh/news/frontline-workers-and-coping-with-stress-during-covid-19-peer-support.html>

The support from families and friends is also indispensable for HCWs to keep mental health in good form.

- * An online survey from USA reported 700 HCWs (62.56%) indicated that the top personal/home-related stressor was I am too tired when I got home to cook, do chores, etc. (MHA, 2020) Du et al. (2020) also stated that depressive and anxiety symptoms were more common among those HCWs who were lacking family support.

- **Suggestions for family and friends to support HCWs published on the website of Morneau Shepell Morneau Shepell Inc**
 - **Listen and share their burden**
 - **Help them to maintain a routine**, HCWs' lives may be far from normal right now, so just to maintain simple things such as regular meals, family activities, and sleep patterns to create a reassuringly familiar and supportive home environment.
 - **Nourish their body and spirits**, help HCWs have healthy diet, get exercise, and cheer them up.
 - **Stay connected**, many HCWs are having to stay away from loved ones when working to fight COVID-19, as their families or friends, you can stay in touch

- by phone or video call allows them to be a part of the family life emotionally.
- **Help them maintain perspective**, remind HCWs that they are doing their best, and that everyone has his/her limits.

Please check this out for details.

Morneau Shepell Inc, supporting health care workers who are fighting the COVID-19 pandemic
<https://www.morneaushepell.com/ca-en/supporting-health-care-workers-who-are-fighting-covid-19-pandemic>

References:

- Arnetz, J. E., Goetz, C. M., Sudan, S., Arble, E., Janisse, J., & Arnetz, B. B. (2020). Personal protective equipment and mental health symptoms among nurses during the COVID-19 pandemic. *Journal of Occupational Environmental Medicine*, 62(11), 892-897.
- CDC. (2020). Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fmental-health-healthcare.html
- Chatterjee, S. S., Bhattacharyya, R., Bhattacharyya, S., Gupta, S., Das, S., & Banerjee, B. B. (2020). Attitude, practice, behavior, and mental health impact of COVID-19 on doctors. *Indian journal of psychiatry*, 62(3), 257.
- Chen, H., Sun, L., Du, Z., Zhao, L., & Wang, L. (2020). A cross-sectional study of mental health status and self-psychological adjustment in nurses who supported Wuhan for fighting against the COVID-19. *Journal of Clinical Nursing*, 29(21-22), 4161-4170. doi:10.1111/jocn.15444
- Du, J., Dong, L., Wang, T., Yuan, C., Fu, R., Zhang, L., . . . Qin, J. (2020). Psychological symptoms among frontline healthcare workers during COVID-19 outbreak in Wuhan. *General hospital psychiatry*.
- Kameno, Y., Hanada, A., Asai, D., Naito, Y., Kuwabara, H., Enomoto, N., . . . Neurosciences, C. (2021). Individual psychotherapy using psychological first aid for frontline nurses at high risk of psychological distress during the COVID-19 pandemic. 75(1), 25-27.
- Li, D. F., Shi, C. X., Shi, F. Z., Zhao, L., Zhao, R., & Kang, W. Q. (2020). Effects of simulation training on COVID-19 control ability and psychological states of nurses in a children's hospital. *European review for medical and pharmacological sciences*, 24(21), 11381-11385. doi:10.26355/eurrev_202011_23630
- Liu, Y., Luo, S. X., Ye, J. L., Chen, Y. Z., Li, J. F., & Li, Y. X. (2020). The use of online MBSR audio in medical staff during the COVID-19 in China. *Eur Rev Med Pharmacol Sci*, 24(20), 10874-10878. doi:10.26355/eurrev_202010_23451
- Mamun, M. A., Akter, T., Zohra, F., Sakib, N., Bhuiyan, A., Banik, P. C., & Muhiit, M. (2020). Prevalence and risk factors of COVID-19 suicidal behavior in Bangladeshi population: are healthcare professionals at greater risk? *Heliyon*, 6(10), e05259. doi:10.1016/j.heliyon.2020.e05259
- Matsuo, T., Kobayashi, D., Taki, F., Sakamoto, F., Uehara, Y., Mori, N., & Fukui, T. (2020). Prevalence of health care worker burnout during the coronavirus disease 2019 (COVID-19) pandemic in Japan. *JAMA network open*, 3(8), e2017271-e2017271.
- Mellins, C. A., Mayer, L. E. S., Glasofer, D. R., Devlin, M. J., Albano, A. M., Nash, S. S., . . . Baptista-Neto, L. (2020). Supporting the well-being of health care providers during the COVID-19 pandemic: The CopeColumbia response. *General hospital psychiatry*, 67, 62-69. doi:10.1016/j.genhosppsy.2020.08.013
- MHA. (2020). The mental health of healthcare workers in COVID-19. Retrieved from <https://mhanational.org/mental-health-healthcare-workers-covid-19>

- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain Behav Immun*, 88, 901-907. doi:10.1016/j.bbi.2020.05.026
- Rahman, A., & Plummer, V. (2020). COVID-19 related suicide among hospital nurses: case study evidence from worldwide media reports. *Psychiatry research*, 291, 113272.
- Rajabipour Meybodi, A., & Mohammadi, M. (2020). Identifying the components of spirituality affecting the resilience of nurses. *J Nurs Manag*. doi:10.1111/jonm.13235
- Salari, N., Khazaie, H., Hosseini-Far, A., Ghasemi, H., Mohammadi, M., Shohaimi, S., . . . Hosseini-Far, M. (2020). The prevalence of sleep disturbances among physicians and nurses facing the COVID-19 patients: a systematic review and meta-analysis. *Globalization and health*, 16(1), 92. doi:10.1186/s12992-020-00620-0
- Shoja, E., Aghamohammadi, V., Bazayr, H., Moghaddam, H. R., Nasiri, K., Dashti, M., . . . Asgari, A. (2020). Covid-19 effects on the workload of Iranian healthcare workers. *BMC Public Health*, 20(1), 1636. doi:10.1186/s12889-020-09743-w
- WHO. (2020a). Keep health workers safe to keep patients safe: WHO. Retrieved from <https://www.who.int/news/item/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who>
- WHO. (2020b). *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance*. Geneva: World Health Organization Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPE_use-2020.2-eng.pdf
- WHO. (2021a). Frontline workers and COVID-19: coping with stress. Retrieved from <http://www.emro.who.int/mnh/news/frontline-workers-and-covid-19-coping-with-stress.html>
- WHO. (2021b). Helping frontline workers cope with stress during COVID-19: actions for team leads. Retrieved from <http://www.emro.who.int/mnh/news/helping-frontline-workers-cope-with-stress-during-covid-19-a-resource-for-team-leads.html>
- Xiaoming, X., Ming, A., Su, H., Wo, W., Jianmei, C., Qi, Z., . . . Jun, C. (2020). The psychological status of 8817 hospital workers during COVID-19 Epidemic: A cross-sectional study in Chongqing. *Journal of Affective Disorders*, 276, 555-561.
- Yörük, S., & Güler, D. (2021). The relationship between psychological resilience, burnout, stress, and sociodemographic factors with depression in nurses and midwives during the COVID-19 pandemic: A cross-sectional study in Turkey. *Perspectives in psychiatric care*, 57(1), 390-398.
- Zhou, Y., Wang, W., Sun, Y., Qian, W., Liu, Z., Wang, R., . . . Zhang, X. (2020). The prevalence and risk factors of psychological disturbances of frontline medical staff in china under the COVID-19 epidemic: Workload should be concerned. *J Affect Disord*, 277, 510-514. doi:10.1016/j.jad.2020.08.059