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Nebraska Medicine

Supporting the healthcare workforce during COVID-19: A 3-tiered intervention framework

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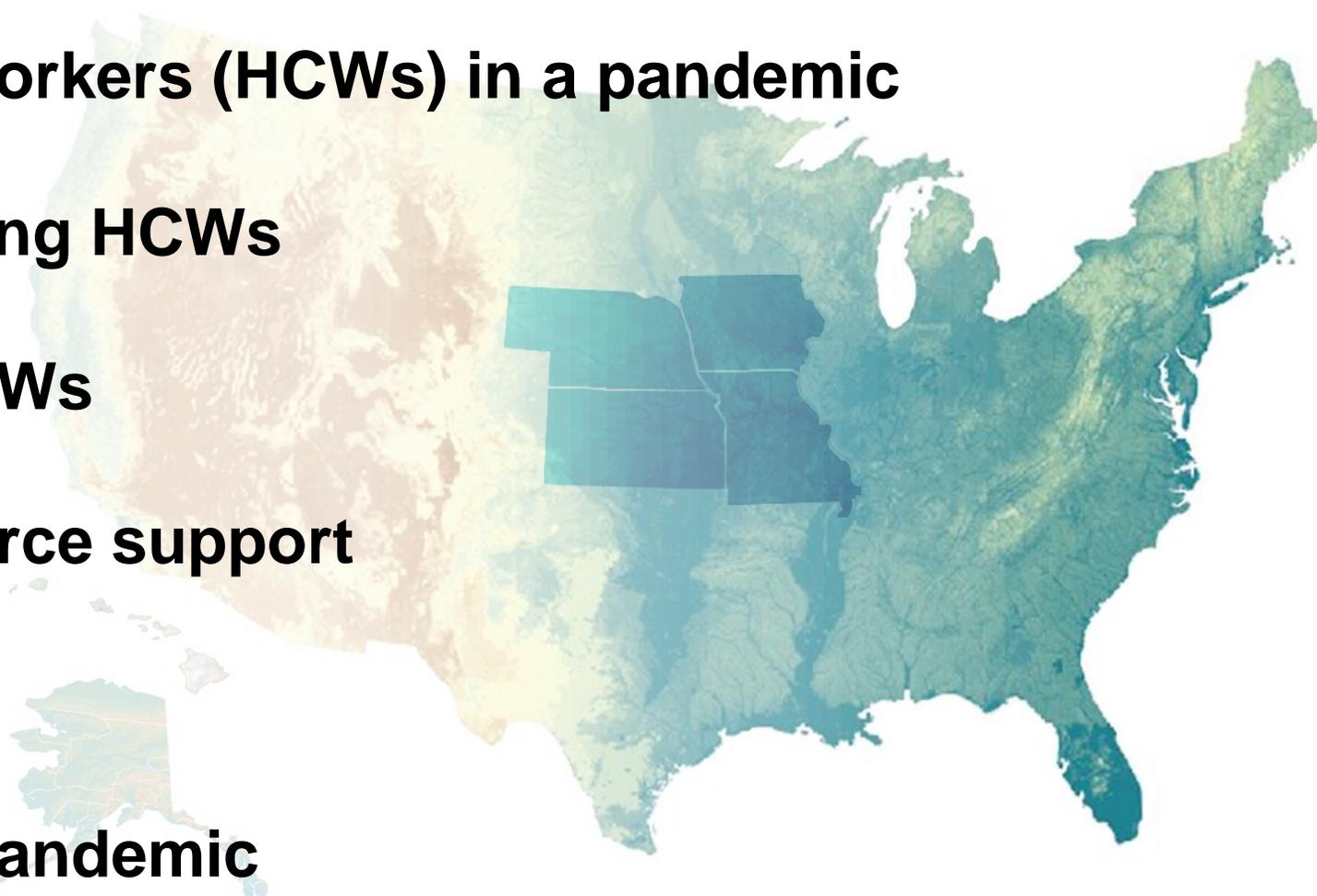


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No conflicts of interest
No disclosures

Agenda

- **Challenges for healthcare workers (HCWs) in a pandemic**
 - **Psychological distress among HCWs**
 - **Obstacles to supporting HCWs**
 - **3-Tier framework for workforce support**
 - **Strategies within each tier**
 - **Ongoing support after the pandemic**
- 

HCW Challenges in a Pandemic

- PPE - Proper use, discomfort
- Fear of contracting the illness
- Limited resources (including testing)
- Lack of organization and role clarity
- Witnessing the death of patients
- Stigmatization, lack of appreciation
- Prolonged uncertainty / anxiety
- Inadequate staffing / surge of patients
- Feeling misunderstood; pressure to justify work
- Increased workload and limited rest time; fatigue
- Moral injury: Altered standards of care and ethical challenges (including visitation policies)
- Infection control protocols
- Safety of family and friends
- Changes in workflow and responsibility
- Separation from usual colleagues
- Illness and death in colleagues
- Working with new/unfamiliar colleagues
- Self-doubt



Psychological Distress

Increased challenges

Increased distress

- Most healthcare workers are resilient and will not experience lasting distress
- However, depending on stress during the response, some are at risk for a new disorder they didn't have before the event

Posttraumatic stress

Insomnia

Alcohol/drug use

Depression

Anxiety

- Symptoms may appear after the outbreak is under control

HCW Psychological Distress: COVID-19



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Study	Population	Sample Findings
He, K., Stolarski, A., Whang, E., et al. (2020). <i>Journal of Surgical Education</i> .	Qualitative study of general surgery residents in 2 Boston academic medical centers	Concerns: health of family (100%) • transmitting COVID-19 to family (80%) • transmitting COVID-19 to patients (63%) • anticipated overwork (50%) • acquiring COVID-19 from patients (27%)
Kapila, A., Farid, Y., Kapila, V., et al. (2020). <i>The British Journal of Surgery</i> .	National survey of surgical residents in Belgium (n=123)	56% reported psychological strain as a result of the pandemic
Barello, S., Palamenghi, L., & Graffigna, G. (2020). <i>Psychiatry Research</i> .	376 HCWs in Italy during peak of pandemic	60% reported moderate or high levels of emotional exhaustion (on MBI) • 59% increased irritability • 55% difficulty sleeping • 48% muscle tension
Lu, W., Wang, H. Lin, Y., et al. (2020). <i>Psychiatry Research</i> .	2,299 HCWs in a hospital in South China during peak of pandemic	70% of medical staff reported moderate to extreme fear • 12% mild to moderate depression
Sharma, M., Creutzfeldt, C., Lewis, A., et al. (2020). <i>Clinical Infectious Diseases</i> .	1,651 ICU HCWs from all 50 states between April 23 and May 7, 2020 (initial peak in many states)	Concern about transmission to family (66%) • concern about own health (49%) • emotional distress/burnout (58%)
Lai, J., Ma, S., Wang, Y., et al. (2019). <i>JAMA Network Open</i> .	1,257 HCWs from 34 hospitals in China, Jan 29 - Feb 3 (rapid rise in COVID cases)	Moderate-to-severe: distress (35%) • depression (15%) • anxiety (12%) • insomnia (8%)
Cénat, J., Blais-Rochette, C., Kossigan, C., et al. (2021). <i>Psychiatry Research</i> .	Systematic review and meta-analysis of symptoms among HCWs and general public during COVID.	Depression 14% • Anxiety 15% • Insomnia 37% • PTSD 21% • Psychological distress 17% • Prevalence of insomnia in HCWs > general public

HCW Psychological Distress: Previous Outbreaks

Study	Population	Findings
Chong, M., Wang, W., Hsieh, W., et al. (2004). <i>British Journal of Psychiatry</i> .	1,257 HCWs in Taiwan during peak of SARS outbreak	75% psychiatric morbidity (anxiety, depression, somatic symptoms) • high levels of distress
Goulia, P., Mantas, C., Dimitroula, D., et al. (2010). <i>BMC Infectious Diseases</i> .	469 HCWs in a Greek hospital during the A/H1N1 (swine flu) pandemic	21% mild to moderate psychological distress • 56.7% moderately high worry • most frequent concerns were infecting family/friends and health consequences
Maunder, R., Lancee, W., Balderson, K., et al. (2006). <i>Emerging Infectious Diseases</i> .	769 HCWs in Ontario (Canada) hospitals during the SARS outbreak	HCWs who treated SARS patients 1-2 years later : 30% emotional exhaustion • 45% high psychological distress • 14% posttraumatic stress • higher rates than HCWs who did not treat SARS
Chan, A. & Huak, C. (2004). <i>Occupational Medicine</i> .	661 HCWs in a Singapore hospital two months into SARS pandemic	27% psychiatric morbidity • 20% reported symptoms indicative of posttraumatic stress disorder
Bai, Y., Lin, C., Lin, C., et al. (2004). <i>Psychiatric Services</i> .	338 workers in an East Taiwan hospital during the SARS outbreak	20% felt stigmatized • 15% reported exhaustion • 13% reported anxiety
Lee, S., Kang, W., Cho, A., et al. (2018). <i>Comprehensive Psychiatry</i> .	359 HCWs in a Korean hospital during the MERS outbreak	51% exceeded cut-off for PTSD on IES-R • 64% showed PTSD-like symptoms • In many cases, symptoms persisted for at least 6 weeks

HCW Psychological Distress: COVID-19

Conclusion and Call to Action:

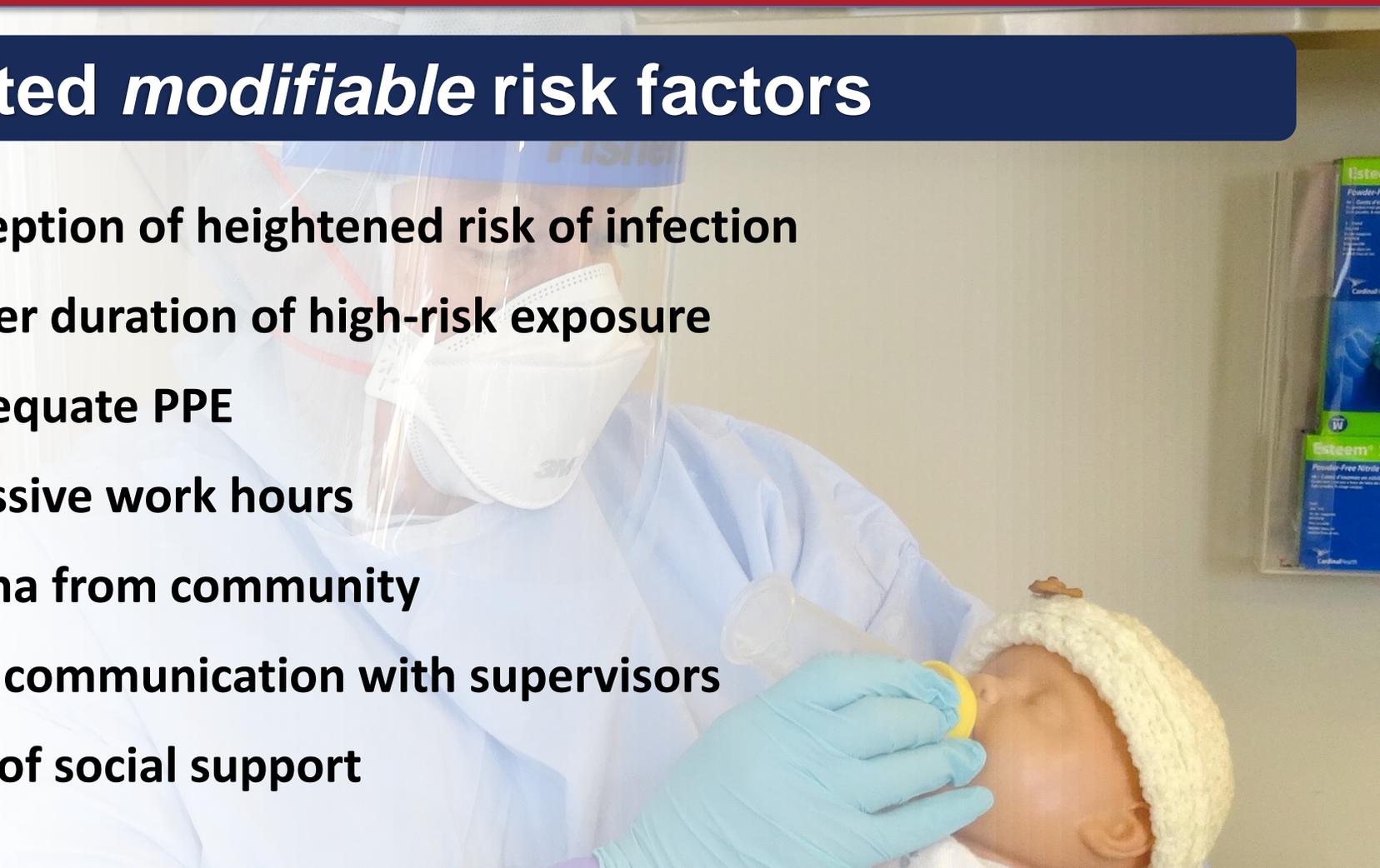
20-70% of healthcare workers experience severe emotional distress during highly hazardous communicable disease outbreaks, and for many the distress continues after the outbreak



Psychological Distress

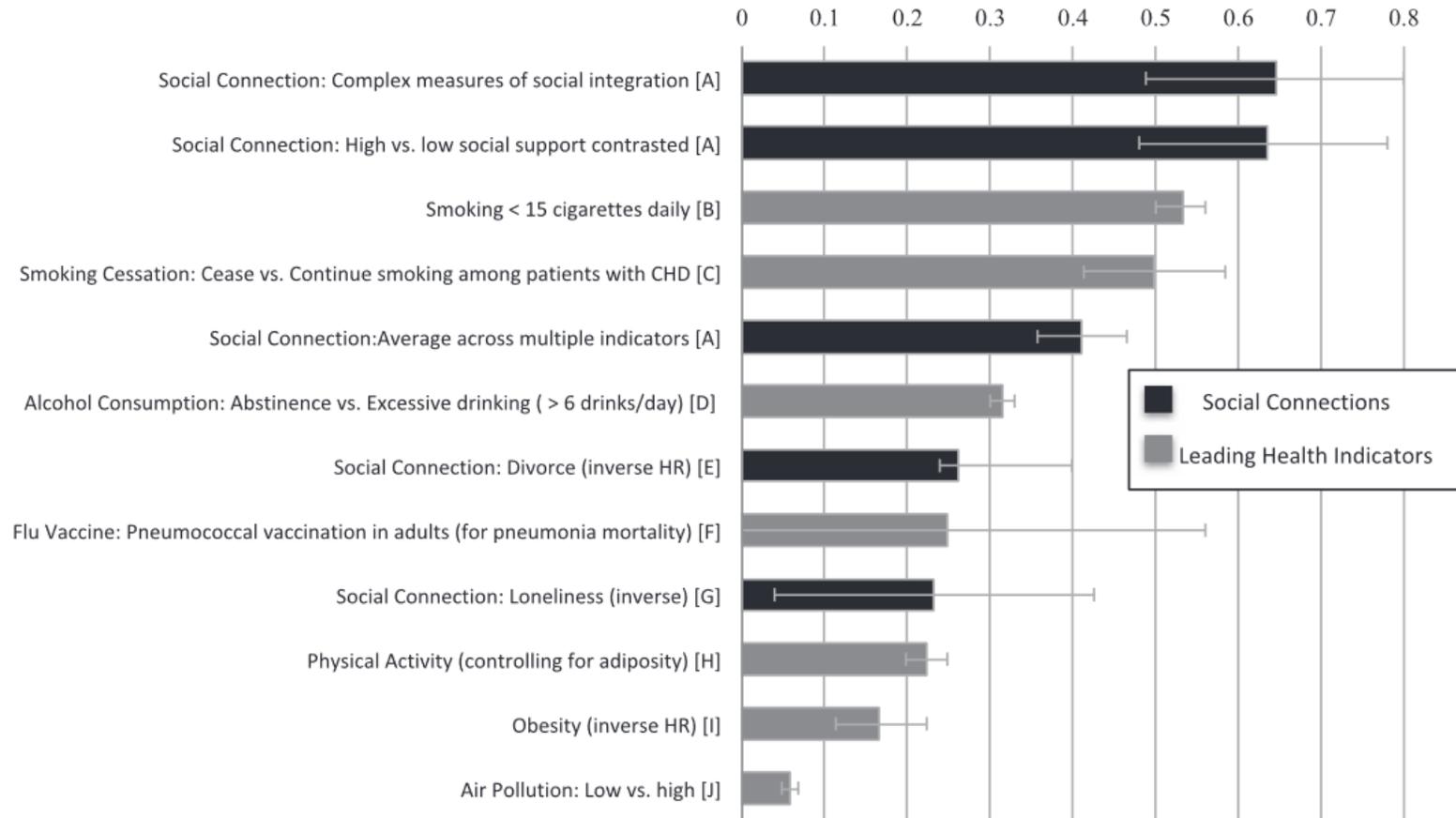
Selected *modifiable* risk factors

- Perception of heightened risk of infection
- Longer duration of high-risk exposure
- Inadequate PPE
- Excessive work hours
- Stigma from community
- Poor communication with supervisors
- Lack of social support



Social Support

A Comparison of Decreased Mortality across Social Connection and Leading Health Indicators



➤ Across measurement approaches, gender, age and country of origin, those who are less socially connected are at greater risk for early mortality.

➤ Social disconnection is at least as harmful as physical inactivity, obesity, and smoking up to 15 cigarettes a day

Social Support



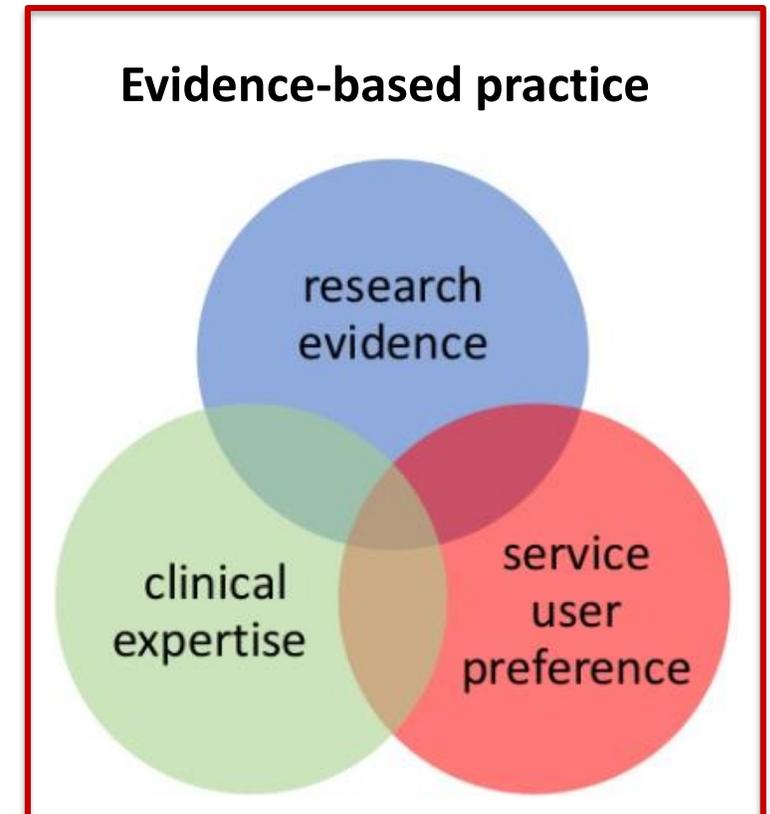
Essential in building resilience

Buffers the effects of stress



Workforce Support Evidence Base

- Limited research
- Based on descriptions in the literature, direct experience, contact with other institutions and user preferences
- Team effort
 - Dr. Sarah Richards, Senior Medical Director, Care Experience, Nebraska Medicine
 - Dr. Steven Wengel, Assistant Vice Chancellor for Campus Wellness, UNMC
 - Dr. Jerry Walker, Psychology Services Manager, Nebraska Medicine

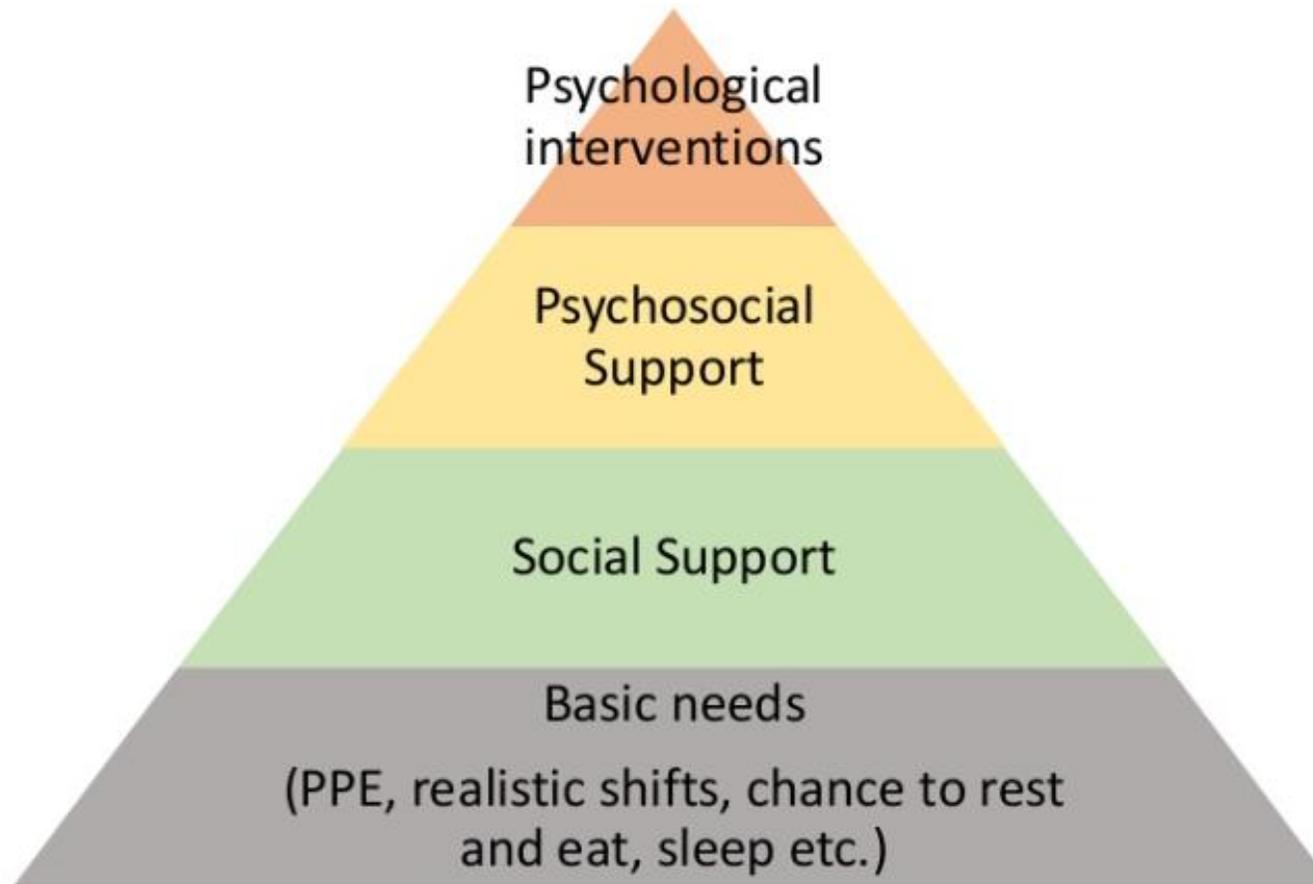


Framework for Workforce Support



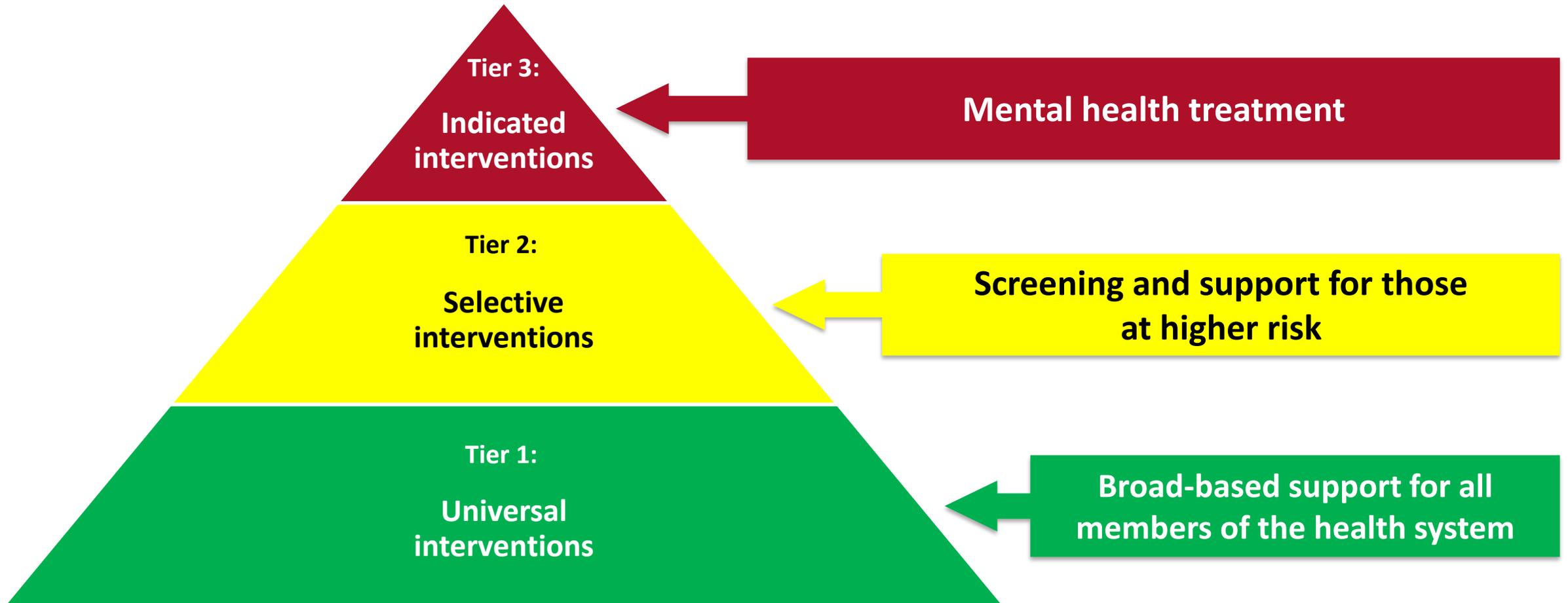
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UK's National Health Service model for workforce support



Source: The British Psychological Society (2020). The psychological needs of healthcare staff as a result of the Coronavirus outbreak.

Framework for Workforce Support



Source: Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services. (2015). *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: National Academies Press.

Obstacles to Supporting HCWs

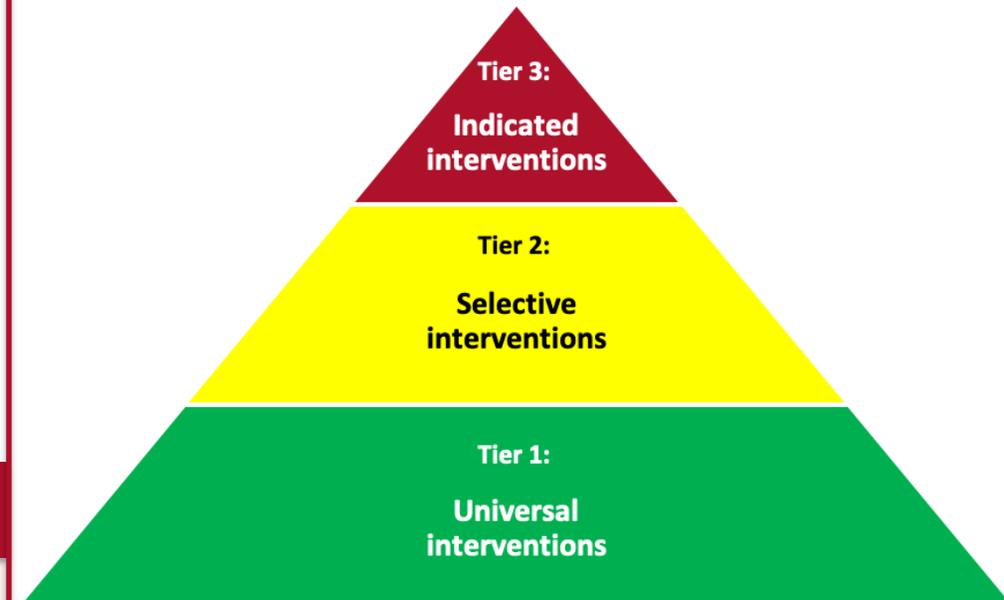


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- **HCWs often minimize their distress**
 - “Emotional labor”
 - Sometimes necessary
 - Culture of heroes
 - Unlikely to seek services
- **Concerns about confidentiality**
- **Inconvenience / insufficient time**
- **Lack of awareness of services**
- **Cost**
- **Stigma**

Therefore, programs and services should be:

- **Proactive – we can't wait for HCWs to come to us**
- **Embedded in existing environments**
- **Highly visible**
- **Easily accessible**
- **Confidential**
- **Nonstigmatizing**





Tier 1:
Universal
interventions

Consider *entire workforce*, including supply chain, environmental services, lab, IT, security, etc.

➤ Leadership principles and strategies

➤ Resilience and stress management training

➤ Universal peer support

➤ Centralized repository of psychoeducational resources

Tier 1:
Universal
interventions



“When people are stressed and upset, they want to know that you care before they care what you know.”

— Will Rogers

Leadership

Tier 1:
Universal
interventions

HCW need	Key components of leadership response
Prepare me	<ul style="list-style-type: none">• Clear, current, reliable, reassuring and honest information via regular town halls, staff meetings, email, video messages, etc.• Training to support critical knowledge• Timely information about caring for COVID patients• Access to experts (e.g., PPE extenders)• Daily digest that links to comprehensive resource page• Model self-care and help-seeking
Hear me	<ul style="list-style-type: none">• Feedback channels for 2-way communication• Include HCWs in decision-making and creating new protocols• Validate stress and mental health effects• Express awareness of and gratitude for the work• Examples: Town halls with Q&A, visiting hospital units, meeting with teams, listening sessions, etc.

Adapted from Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 Pandemic. *JAMA*. doi:10.1001/jama.2020.5893.

Leadership

Tier 1:
Universal
interventions

HCW need	Key components of leadership response
Protect me	<ul style="list-style-type: none">• Adequate PPE• Rapid access to employee health with efficient evaluation and testing• Information and resources regarding staying safe• Accommodations for HCW's at high risk
Support me	<ul style="list-style-type: none">• Access to healthy meals and hydration while working• For those putting in long hours, consider lodging, transportation (if sleep-deprived), childcare (also for school closures), meals, laundry service, cleaning service, etc.• Psychological support via webinars and directly to units• Wellness groups like yoga, mindfulness, healthy cooking, fitness• Individual support for those experiencing greater distress• Town Halls for family members of HCWs to address fears, risks, coping strategies and planning for contingencies
Care for me	<ul style="list-style-type: none">• For HCWs in quarantine or isolation, consider lodging, meals, childcare, and emotional/psychological support• Reinforce self-care and normalize symptoms of stress and help-seeking• Communicate that no one needs to make difficult decisions alone• Acknowledge fallibility

Adapted from Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 Pandemic. *JAMA*. doi:10.1001/jama.2020.5893.

Organizational wellness workgroup

- Coordinate response plan
- Include representatives from various disciplines and departments (clinical and nonclinical)
- Focus on both individual and institutional factors
- Adapt to changing circumstances
- Collect data and communicate to leadership
 - Mental health related concerns (aggregated)
 - Outcome data on Tier 2 and 3 interventions
- Ensure resources are well publicized



Resilience and Stress Management Training

Tier 1:
Universal
interventions

Various models/curricula

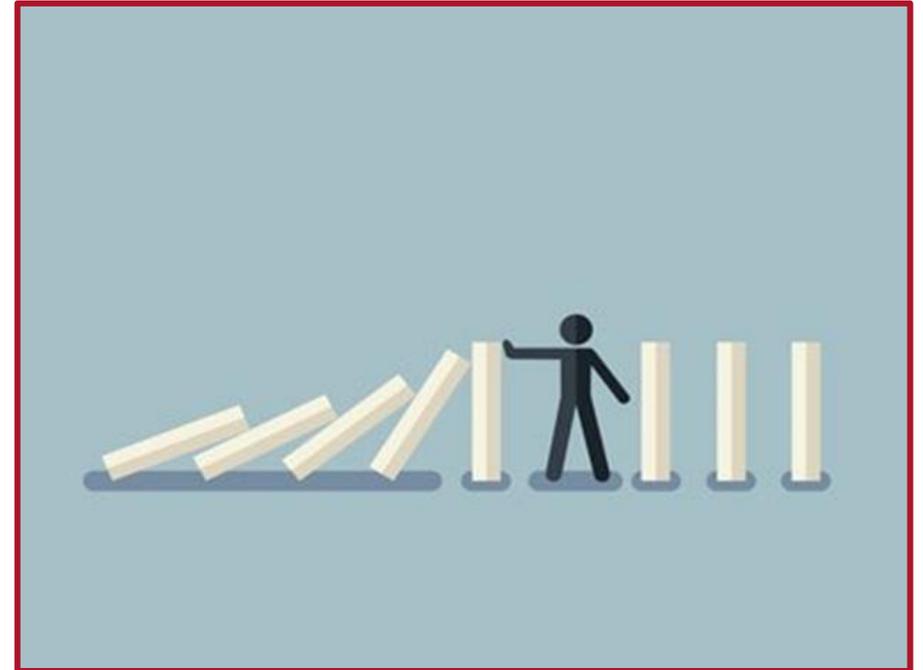
Venues:

- In-person
- Live Zoom
- Recorded
 - Linked on intranet wellness site
- Web-based

Cohorts

- Existing teams
- Multiple teams
- Open to anyone

Organized by unit leaders versus individual sign-up



Model

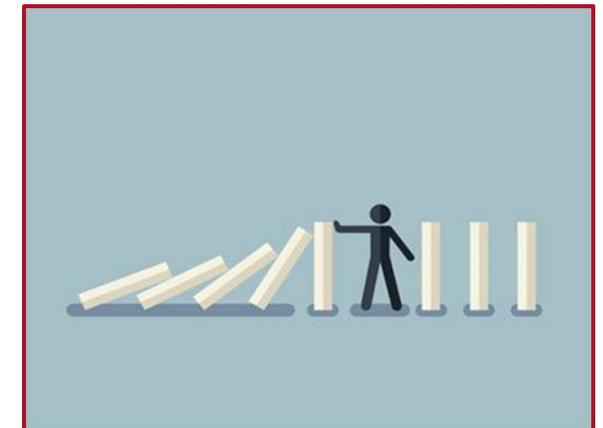
- Based on PsySTART® Responder / Anticipate, Plan, Deter™
© 2003-2018, Merritt Schreiber, Ph.D. with permission
- U.S. Air Force Pre-Exposure Preparation (PEP) Training
- Plan ahead for what is likely to be most stressful and how to respond

Trained 11 behavioral health responders

- Psychologists, social workers, MD, RN, pharmacist

Training resources available at:

- <https://repository.netecweb.org/items/show/907>



Workshop components

- Unique challenges for HCWs
- Risk factors for psychological distress
- Definition and elements of resilience
- Identify personal signs of stress
- Identify what is likely to be most challenging
- Identify existing techniques to relieve stress
- Additional tips for coping and stress management
- Learn formal relaxation techniques
 - Deep breathing and body scan exercises
- Healthy thinking (based on CBT and resilience literature)
- Gratitude
- Social Support
- Healthful sleep, eating and exercise habits
- When to seek additional help
- Where to find help
- Address common barriers to getting help (stigma, pride, embarrassment)

Nebraska Medicine Resilience Roadmap

Tier 1:
Universal
interventions

Resilience Roadmap

Participants complete throughout the workshop

Participants identify

- Individual signs of stress
- Elements of the response likely to be most difficult
- Existing coping strategies
- New coping techniques
- Social supports

Also includes

- Tips for healthy thinking
- Apps and websites to practice relaxation techniques
- Indicators for when to seek help
- Resources available to employees (e.g., PiNS program, EAP, etc.)



Resilience Roadmap available at:

<https://repository.netecweb.org/items/show/907>

Nebraska Medicine Resilience Roadmap

Tier 1:
Universal
interventions

Resilience Roadmap

Modeled after Anticipate, Plan, Deter™ © 2003-2018 Merritt Schreiber, Ph.D. with permission

My signs of stress (circle those that apply):

Physical: Back pain, muscle tension, stomachache, headache, changes in appetite, sleep disturbance, fatigue, other: _____

Emotional: Worry, irritability, sadness, anger, anxiety, fear, depression, guilt, sadness, mood swings, hopelessness, other: _____

Cognitive: Difficulty concentrating, trouble remembering things, feeling confused, catastrophizing, etc.

Other: _____

Behavioral: Snapping at others, overworking, withdrawing, poor self-care, increased substance use, pacing, increased conflicts, other: _____

Which aspects of the response are likely to be most stressful for you (circle those that apply)?

Proper use of PPE / infection control protocols	Lack of organization and role clarity
Altered standards of care/ethical conflicts (moral injury)	Limited resources/supplies
Safety and security	Separation from usual colleagues
Witnessing the death of patients	Challenging team dynamics
Illness or death in colleagues	Fear of contracting illness
Separation from family	Feel misunderstood; pressure to justify work
Stress with re-entry to home / regular unit	Stigmatization, lack of appreciation
Fatigue and limited rest time	Concerns for safety of family and friends

What techniques already work for you (circle those that apply)?

• Reading a book • Games on smartphone • Taking a walk • Yoga • Socializing • Hobby

• Listening to music • Journaling • Writing poetry • Knitting • Puzzles • Alone time

Other: _____

Additional tips:

• Take frequent short breaks • Limit media consumption • Keep a gratitude journal

• Spend time outdoors

Formal relaxation techniques you may want to learn:

• Deep breathing • Body scan • Mindfulness • Visualization

Healthy Thinking includes:

- Accepting what you can't change
- Avoiding comparison
- Focusing on mission
- Adapting to the situation
- Maintaining a hopeful outlook
- Sense of humor

Identify your social supports

_____	_____
_____	_____
_____	_____

Eat well, exercise and get sufficient sleep when possible.

For trouble sleeping, try this app:



When should I seek help?

- Intrusions (nightmares, flashbacks, intrusive thoughts)
- Hyper-arousal (anxiety, insomnia, irritability, etc.)
- Feeling numb, spaced out or like things aren't real
- Avoiding reminders of a traumatic event
- Avoiding feelings by using substances
- Daily functioning is affected

Where can I find help?

- Peers in Need of Support (PINS) program
 - Confidential 1:1 support from trained colleague
 - Email PINS@Nebraskamed.com
- Your supervisor
- Federal disaster distress helpline
 - (800) 985 5990 or text 'talkwithus' to 66746
 - <http://disasterdistress.samhsa.gov>
 - Confidential 24/7 for anyone experiencing distress due to a disaster
- Arbor Family Counseling
 - EAP for Nebraska Medicine and UNMC
 - 402-330-0960 or 1-800-922-7379
 - Arborfamilycounseling.com
- UNMC House Officers
 - House Officer Assistance Program (HOAP)
 - Confidential 24/7 service
 - Help with stress, burnout, wellness
 - No fees; no insurance filing
 - Call/text Susan Smith at 402.689.1033

Nebraska Medicine Resilience Workshop

Tier 1:
Universal
interventions

Behavioral Health Connection	A staff to help connect you to resources in our community, including: <ul style="list-style-type: none">• Psychiatrists• Mental health therapists• Support groups• Substance use disorder recovery• Employment support agencies• Housing assistance programs• Medical care options• Peer support services• Prescription assistance programs• Transportation options These services are provided free to anyone in the Omaha-metro area with compassion and confidentiality.	Behavioral Health Connection (402) 836-9292 Monday through Friday 8 a.m. to 5 p.m.
Employee Assistance Program (EAP)	Arbor Family Counseling offers a variety of confidential services. You can call EAP 24-hours a day, 7-days a week to reach a professional counselor. All UNMC or Nebraska Medicine employees and family members receive five free sessions per incident.	Arbor Family Counseling (402) 330-0960 1-800-922-7379
Federal Disaster Distress Helpline	Confidential 24/7 support for anyone experiencing distress due to a disaster.	Federal Disaster Distress 1-800-985-5990 Text 'talkwithus' to 66746
National Suicide Prevention Hotline	The Lifeline provides 24/7 free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.	1-800-273-8255
Spiritual Care	A chaplain is available for spiritual counsel, emotional support, prayer, or a nonjudgmental presence while you work through a concern or worry.	To reach spiritual care Monday through Friday, 8 a.m. to 4:30 p.m., please call the main office at (402) 552-3219 . After hours, call the on-call Chaplain at (531) 557-4559 .

Resilience Webinars

- [View resilience workshop for healthcare workers](#)
- [Resilience roadmap for Nebraska Medicine/UNMC colleagues](#)

To date
73 live workshops
2,397 views of recording

The screenshot shows a web browser window with the URL <https://repository.netecweb.org/items/show/907>. The page title is "RESILIENCE AND CARE OF THE CAREGIVER WEBINAR". The item type is "Webinar". The title is "Resilience and Care of the Caregiver Webinar". The subject is "Infection Control". The description states: "Monday, April 6th NETEC webinar 'Resilience and Care of the Caregiver.' This webinar will provide tips on teaching resiliency among healthcare workers, risk factors, how to overcome and develop a peer support plan, resiliency road map and overall strategies. Download the associated documents below. Download by right-clicking and choosing Save as, or click to view." Below the description is a list of download links:

- PiNS Just-in-time training
 - Download the [PiNS Just-in-time training Video](#) here.
 - Download the [associated PiNS slides](#).
- Pandemic Response Resilience Workshop downloadables
 - Download the [Pandemic Response Resilience Workshop video](#).
 - Download the [Pandemic Response Resilience slides](#).
 - Download the [Pandemic Response Resilience Roadmap](#).

On the right side of the page, there are three sections labeled "Files for download", each containing a thumbnail image of a presentation slide.

<https://repository.netecweb.org/items/show/907>

Universal Peer Support

Tier 1:
Universal
interventions

Stress is an occupational hazard, not a mental health problem

Ensure everyone has a work partner with whom to check-in and provide/receive support

Pair individuals based on similar areas of practice and career stage

Encourage frequent contact to assess and validate stressors and successes, and foster social connection

Based on US military program

Examples:

- **University of Minnesota Medical Center Battle Buddy Program***
- **Nebraska Medicine Pandemic Partners Program**

*Albott, C.S, Wozniak, J.R, McGlinch, B.P., et al. (2020). Battle Buddies: Rapid deployment of a psychological resilience intervention for health care workers during the Coronavirus Disease 2019 pandemic. *Anesthesia-Analgesia*, 131, 43-54.

Pandemic *partners*

Pandemic Partners

COVID-19 threatens our sense of safety and control. Whether we are front-line staff or hold administrative or leadership roles, we are all coping with ongoing uncertainty and increased workload. Emotional stress is an occupational hazard, not a mental health problem. We are all at risk for burnout and distress. To mitigate these risks, we must support one another.

What are Pandemic Partners?

The Pandemic Partners program is for peer sharing, mentoring and emotional support. Having a Pandemic Partner helps you to:

- 1) Validate your experiences
- 2) Identify and address stressors early
- 3) Keep work at work
- 4) Develop and maintain resilience



Pandemic Partners Check-in Guide

Step 1: Identify

First, self-assess to see if you are experiencing stress in one of these areas.

Physical	Emotional	Cognitive	Behavioral
Sleep disturbance	Sadness	Difficulty concentrating	Impulsivity/irritability
Fatigue	Anxiety	Forgetfulness	Withdrawal/isolation
Headache/back pain	Guilt	Racing thoughts	Avoiding responsibilities

Step 2: Initiate

Connect with your Pandemic Partner. It works best when partners connect at least once a week (but can connect as often as every day) for a brief one to 10-minute check-in. Contact can be a quick text to check in, a short call to debrief, or a Zoom meeting.

Sample questions for your check-in:

- What has been the most difficult thing for you lately?
- What worried you today/this week?
- What went well today/this week?

Share your own stressors to normalize difficulties and allow for honest sharing.

- Recently, [insert here] has been really hard for me lately. How has that been for you?

Step 3: Intervene

Take action to make change or get help.

- If your colleague is struggling:
 - Actively listen
 - Validate and legitimize their emotions (“It’s OK to not be OK.”)
 - Ask what’s worked for them in the past or share what has worked for you
 - Remind them about our resources
 - Peers in Need of Support at pins@nebraskamed.com
 - EAP at arborfamilycounseling.com; 402.330.0960 or 800.922.7379
 - Emotional PPE Project (free psychotherapy for any health care provider): emotionalppe.org
 - Federal Disaster Distress Helpline: 1.800.985.5990 or text “talkwithus” to 66746
 - Behavioral Health Connection referral line: 402.330.0960
- If you are struggling, you are not alone. Find a trusted peer and/or professional for help

Adapted in part from “Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the COVID-19 Pandemic” *Anesth Analg*. 2020.

Centralized Resource Repository

Tier 1:
Universal
interventions

- **All programs and services offered by your organization (EAP, peer support, resilience workshops, etc.)**
 - **Include resources for basic needs (food, transportation, housing, child and eldercare, fitness, etc.)**

➤ **National programs and services for emotional / mental health support**

- **Physician Support Line – national, free and confidential (1-888-409-0141)**
- **National Suicide Prevention Lifeline (1-800-273-8255)**
- **Crisis Text Line (Text “home” to 741741)**
- **Federal Disaster Distress Helpline (1-800-985-5990)**
- **Emotional PPE Project (<https://www.emotionalppe.org>)**

➤ **Selected stress management and well-being resources, such as tip sheets, websites and apps**

- **The Center for the Study of Traumatic Stress – resource library including material for HCWs**
- **ACGME well-being resources**
- **National Academy of Medicine Web site - resources to support provider well-being**
- **CDC website – resources for coping with stress, including first responders**
- **Apps such as COVID Coach (free) and Headspace (free for HCWs)**

Centralized Resource Repository

Tier 1:
Universal
interventions

Example: Nebraska Medicine

Resource	Brief Description	Contact Information
1:1 Peer Support	Colleagues are matched with one of our behavioral health responders, made up of Nebraska Medicine and UNMC psychologists, psychiatrists, social workers, marriage and family therapists, staff chaplains and other trained staff. This is not a formal evaluation or treatment, but a supportive peer to listen, offer suggestions, share resources and make referrals when needed. Requests are handled confidentially and are separate from HR, One Chart or other record-keeping systems.	pins@nebraskamed.com (requests for 1:1 support should only be made by colleagues themselves, and not by their peers or supervisors)
Team Support	For workgroups/teams who would like to learn resiliency and stress management tips, managers can request a 45-minute interactive workshop with one of our behavioral health team members.	pins@nebraskamed.com
Behavioral Health Connection	<p>A staff to help connect you to resources in our community, including:</p> <ul style="list-style-type: none"> • Psychiatrists • Mental health therapists • Support groups • Substance use disorder recovery • Employment support agencies • Housing assistance programs • Medical care options • Peer support services • Prescription assistance programs • Transportation options <p>These services are provided free to anyone in the Omaha-metro area with compassion and confidentiality.</p>	<p>Behavioral Health Connection</p> <p>(402) 836-9292 Monday through Friday 8 a.m. to 5 p.m.</p>
Employee Assistance Program	Arbor Family Counseling offers a variety of confidential services. You can call EAP 24-hours a day, 7-days a week to reach a professional counselor. All UNMC or Nebraska	<p>Arbor Family Counseling</p> <p>(402) 330-0960</p>

Recommended Resources (App and Web-based)

- Mindfulness/Anxiety Mobile Applications
 - [Headspace](#)
 - [10 percent happier meditation](#) (use the gift code HEALTHCARE)
 - [Insight Timer](#) (free with thousands of guided meditations)
 - [PTSD Coach](#) (Not just for PTSD; Has numerous relaxation exercises in the Manage Symptoms – Tools section)
 - [Mindfulness Coach](#)
 - [CBT-i Coach](#) (Cognitive Behavioral Therapy for Insomnia)
- Mindfulness/Anxiety Websites
 - [The BHECN Serenity Project – Free Yoga](#) (UNMC)
 - [Three 2-3 minute lessons on deep breathing](#) (Harvard Vanguard Medical Associates)
 - [2 minute deep breathing lesson](#)(Be the Change)
 - [3 minute body scan](#)(UC Berkeley Greater Good Science Center)
 - [5 minute body scan](#)(The Sleepy Aardvark)
- Additional Resources
 - [UNMC Wellbeing Symposium: Handling Stress in Uncertain Times](#) (4/09/2020)
 - [Educational resources for children at home](#) (United Way of the Midlands)
 - [Crisis Line and Mental Health Resources for Children and Teens](#) (Boys Town)
 - [Zoom support group for all medical personnel dealing with COVID-19](#) (free confidential support for nurses, medical assistants, doctors, etc.). Wednesdays 6-7 pm. Join: <https://zoom.us/j/905024002>
- Tip Sheets:
 - [Managing anxiety and stress](#) (CDC)
 - [Helping children cope with emergencies](#) (CDC)
 - [Self-care for emergency responders \(and healthcare workers\)](#) (CDC)
 - [Advice for newly remote workers](#) (APA)
 - [Coping with social distancing](#) (APA)
 - [Guide for Parents/Caregivers](#) (NCTSN)

Framework for Workforce Support: Tier 2

Tier 2:
Selective
interventions

- **Peer support (reactive and proactive)**
- **Behavioral health liaisons**
- **Support groups / support centers**
- **Spiritual care**
- **Strategies to prevent moral injury**
- **Screening and referral**



Peer Support

Tier 2:
Selective
interventions

Self-referral

Proactive

- Often after adverse events and medical errors (e.g., Shapiro and Galowitz, 2016*)
 - Invitation to talk openly about event, listening, reflection on feelings, reframing, sense-making, coping, closing, offer for referrals and resources

Considerations

- Staffed by BH providers versus non-BH peers
- Type of training (e.g., Psychological First Aid)



Peer Support

Tier 2:
Selective
interventions

Nebraska Medicine Peer Support Program (#2): Self-referral→Proactive

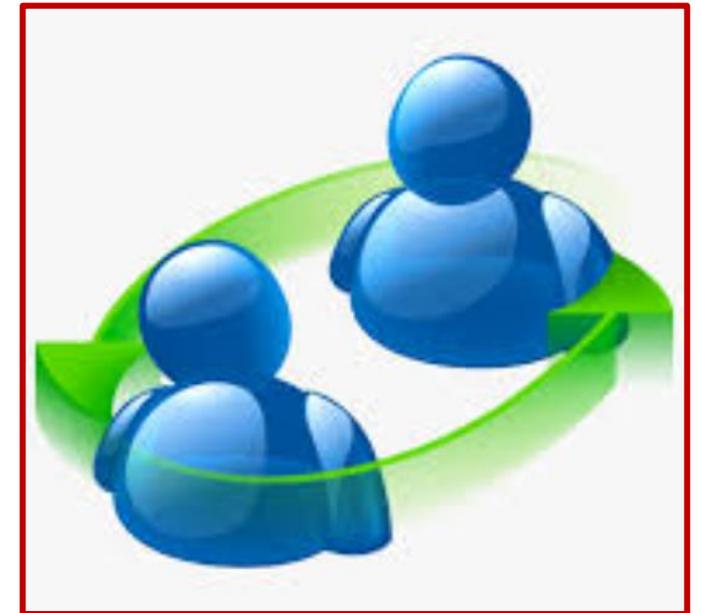
➤ 120+ behavioral health responders identified in disaster surge plan

➤ Training

- 1) Unique challenges for HCWs in a pandemic
- 2) Psychological First Aid
- 3) When and how to make a referral
- 4) Self-care

➤ Evolved from self-referral to proactive

- Only 30 self-referrals after 2-3 months
- Began reaching out to high-risk groups, including:
 - Primary nurse after death of patient
 - HCWs placed in quarantine or isolation
 - COVID unit staff
 - Staff involved in stressful work-related critical incidents
 - Trauma service MDs and APPs
 - Hospitalist service MDs and APPs



Training available at <https://repository.netecweb.org/items/show/907>

Peer Support

Tier 2:
Selective
interventions

712 Referrals between 3/23/20 and 10/3/2020

Sample comments from Peer Supporters:

- *“Very appreciative of the call. Is stressed but has good support and coping well at this time. Would like a follow-up call, so will plan to follow-up next week.”*
- *“...Feels stressed re missed work/projects. Encouraged focusing on health, taking one day at a time; encouraged deep breathing and writing down worries. Agreed to check in again next week...”*
- *“Offered emotional support. Baseline anxiety symptoms have worsened. Colleague feels sx's are currently manageable but will contact Dr if needs adjustment to psychotropic medication. Colleague would like a phone call next week for additional support... Contacted on [date] as planned. Colleague doing well and does not need additional follow-up. Invited to contact me anytime, if desired.”*
- *“Provided emotional support and normalized reactions. Pt is experiencing distress related to being isolated and feelings of frustration regarding how she became exposed to the virus. Indicated that they will reach out to provider if they need to talk sooner. Otherwise will plan on speaking in one week. “*
- *“... Provided support and reminded her to work on locating ways to reduce stress from her body. She plans on resting more and worrying less. She reports she does not need follow-up but is **thankful that NMC cares**”*

Peer Support

Tier 2:
Selective
interventions

Nebraska Medicine Embedded Peer Support Program (#3)

90+ employees identified by managers as informal leaders

Provide support within existing teams; managers provide "license"

Training

- Unique challenges for HCWs in a pandemic
- Risk factors for psychological distress
- Psychological First Aid just-in-time training (brief)
- 3-step model:
 - Identify signs of distress
 - Reach out and connect
 - Listen and make a plan
- Resources available to colleagues
- Self-care

Embedded peer supporters can consult with BH team



Training resources available at <https://repository.netecweb.org/items/show/907>

Behavioral Health Liaisons for High Risk Areas

Tier 2:
Selective
interventions

- ➔ **In-person rounding (e.g., COVID units and ED)**
 - Brief consultation, support, coping strategies and referral as needed
 - Address concerns that otherwise would never hear
 - Solidarity from being in the trenches with team
- ➔ **Attend staff meetings**
 - Facilitate sharing, mutual support, and coping strategies
 - Stress management training



Support Groups

Tier 2:
Selective
interventions

In-person or telehealth

- Tailored to specific departments/disciplines versus more inclusive
- Promote reflection and discussion on the emotional impact of healthcare work; mutual support
- Psychoeducation about mental health during a crisis
 - Can focus on specific themes, such as grief, caregiving, family life
- Ideally co-facilitated by member of involved department/discipline and BH provider
- Balint Groups

Related intervention

- Schwartz Rounds

Confidential group support in our common room



- Connect with other professionals in closed professional groups or 'open to all' sessions
- Hosted by experienced group leaders and overseen by experienced clinical leaders
- Small group format to provide opportunities to meet, share, slow down and reflect on your own purpose and wellbeing.

Visit: <https://www.practitionerhealth.nhs.uk/upcoming-events#>

Support Centers / Relaxation Rooms

Tier 2:
Selective
interventions

➤ Often adjacent to clinical care areas

- e.g., ED and inpatient units

➤ Space for rest and health promotion during shifts

➤ Can include snacks, music, scents, calming visual images

➤ Sometimes staffed by a behavioral health professional delivering Psychological First Aid (PFA)



➔ Individual support

- **Spiritual counsel, prayer, emotional support, religious support**
- **Values clarification**
- **Create rituals to honor patients, colleagues, milestones**

➔ Group support focused on specific topics

- **Spiritual - focus on emotional and spiritual responses, including meaning, connection, isolation and hope (MSHS)**
- **Grief (MSHS)**

Prevent Moral Injury

Tier 2:
Selective
interventions

➔ **Psychological distress from witnessing, perpetrating or failing to prevent acts that transgress core moral beliefs**

- **Allocating limited resources to a surge of critically ill patients**
- **Inability to deliver the level of care one would like to due to structural constraints (e.g., visitation policies)**
- **Balancing one's own physical/mental health with that of patients**

➔ **Feelings of guilt, shame and disgust**

➔ **Negative thoughts about self and/or others**

➔ **Can contribute to mental health difficulties**

*Source: Greenberg, Docherty, Gnanapragasam & Wessely. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. BMJ 2020;368:m1211 doi: 10.1136/bmj.m1211 (Published 26 March 2020)

Prevent Moral Injury

Tier 2:
Selective
interventions

➔ **Proactively provide opportunities to discuss ethical challenges before, during and after**

- **Include honest assessment of what is likely to occur**
- **Create safe space to share emotional challenges (during and after the crisis)**
- **Encourage clinicians to seek support from colleagues, managers or chaplains**
- **Team leads and more experienced members check-in with others**
- **Schwarz Rounds**

➔ **Monitor psychological well-being of team**

- **Those suffering often don't discuss it due to shame and guilt**

➔ **Provide rapid access to professional help**

- **Create a meaningful narrative rather than a traumatic one**

*Source: Greenberg, Docherty, Gnanapragasam & Wessely. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. BMJ 2020;368:m1211 doi: 10.1136/bmj.m1211 (Published 26 March 2020)

Prevent Moral Injury: Managing End-of-Life Care

Tier 2:
Selective
interventions

- ➔ **RN assigned an RN “extender” (palliative care nurse)**
 - Assists with timing and coordination of removal of life prolonging treatments
 - Coordinates family visitation or video visit
 - Prepares family and helps say goodbye
 - Debriefs with RN afterwards
- ➔ **RN’s manager reaches out within 24 hours**
 - BH team provided managers resources for speaking about grief
 - Theory of grief and general principles for talking about death
 - Specific questions to ask
 - Resources and strategies to offer RNs
- ➔ **Behavioral health provider reaches out within 72 hours**



Screening and Referral

Tier 2:
Selective
interventions

Considerations:

- Formal screening tool (e.g., PHQ-9, Maslach Burnout Inventory, WHO-5)
- Whom to screen and at what frequency
- How to protect confidentiality; who has access to data (e.g., third party)
- How to ensure access to services for those screening positive

Example: online, anonymous screening and referral

- AFSP Interactive Screening Program
 - Screens for COVID-related stress and anxiety
 - Trained counselors at facility respond to requests for dialogue, provide support, and connect users with resources - all anonymously
- Mindwise (<https://www.mindwise.org/screenings/>)
 - Questionnaires on a range of topics (depression, substance use, anxiety, trauma, eating disorders, overall well-being, etc.)
 - Provides local resources customized by the organization when participants screen positive

Direct Mental Health Services: Tier 3

Tier 3:
Indicated
interventions

➔ **Goal: Expedited, accessible services for HCWs and family members**

➔ **Strategies**

- **Referral line – confidential number for HCWs to find/access services**
 - **Example: Nebraska Medicine's *Behavioral Health Connection* – a free, confidential program to identify providers, assist with transportation, assist with prescriptions, coordinate care**
- **Rapid access to services (e.g., EAP, local network, own health system)**
 - **Example: Nebraska Medicine's Psychiatry and Psychology departments see any provider or family member within 1 week**

➔ **Traditional barriers: hero culture, stigma, time, cost, lack of awareness, confidentiality**

- **Educational campaigns to address hero culture and stigma**
 - **Leaders discuss their own struggles and advocate for help-seeking**
- **Free services (e.g., EAP, community providers)**
- **Telehealth**
- **Distribute lists of mental health professionals willing to treat HCWs for a reduced fee**

Get the word out!

- Posters (e.g., nurses station, break rooms)
- Periodic emails on topics like sleep, anxiety, substance use, mindfulness, relationship stress, getting help, grief, etc.
- Employee forums
- Daily e-newsletter
- Nursing meetings
- Tent cards in break rooms
- Team leaders talking about own struggles
- Podcasts



It is normal during this time to feel exhausted, stressed out, sad or anxious.

**You are not alone.
Support is available.**

Simply scan the QR code using your phone's camera to share your contact information with the Peers in Need of Support (PiNS) team. You can also email pins@nebraskamed.com. Someone will reach out to you promptly.



You can also call the Employee Assistance Program (EAP) 24/7 to reach a professional counselor.

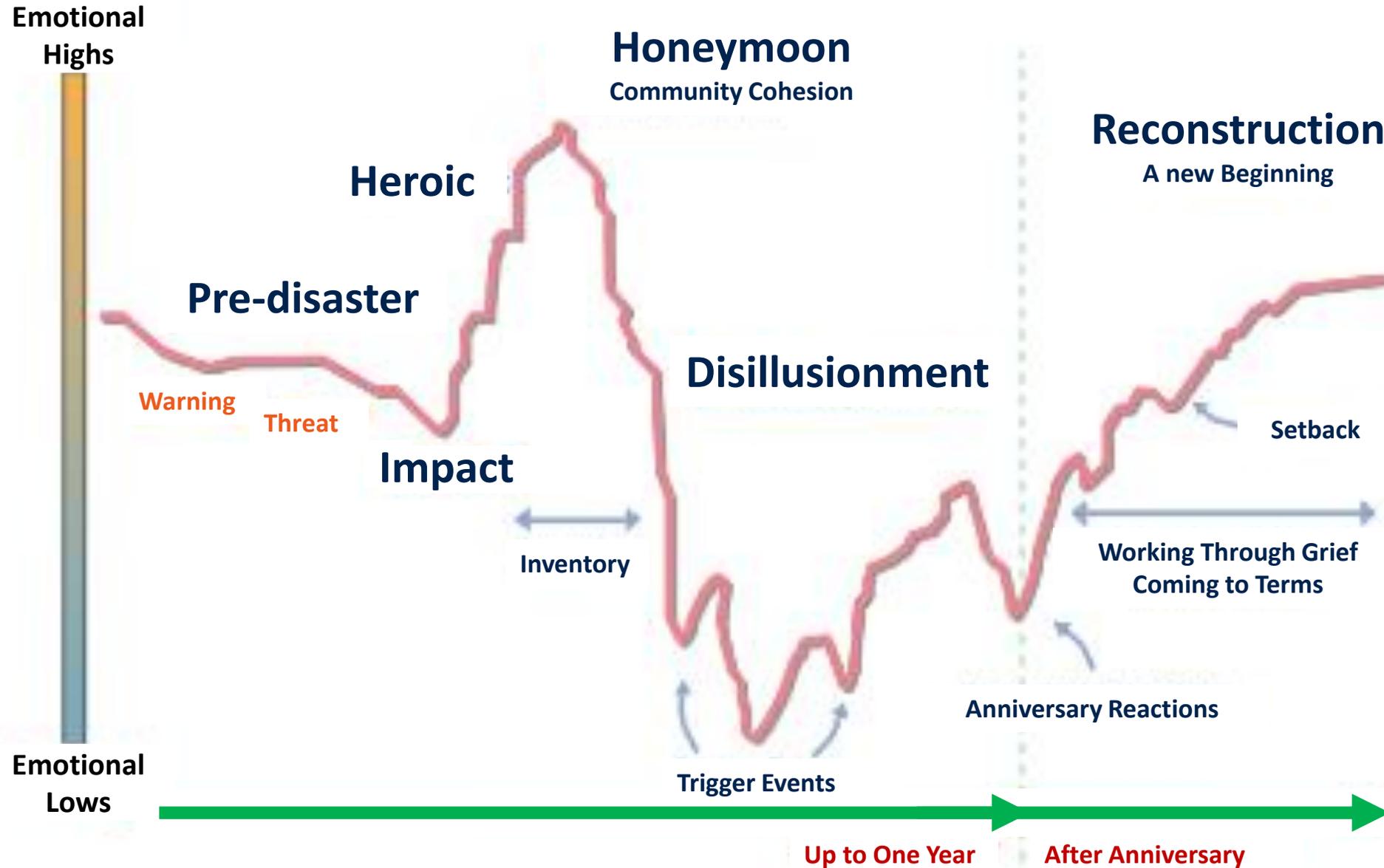
402.330.0960 or 1.800.922.7379





What about
after the pandemic?

Psychological Response Phases



Recovery Phase: Psychological Responses

- Staff have time to reflect
- Most will cope successfully
 - Some may experience positive change and posttraumatic growth
- Some will struggle
 - Intrusive thoughts
 - What I “should” have done differently; shame or guilt
 - Dissonance with “hero” narrative may make disclosure more difficult
 - Thinking differently about job
 - Resentment towards individuals or the organization
 - Family and social disruptions
 - Burnout
 - Posttraumatic stress



Source: The British Psychological Society (2020). The psychological needs of healthcare staff as a result of the Coronavirus outbreak.

Recovery Phase: Principles for Responding

➤ Consider long-term psychological needs of the workforce; not business as usual

➤ Allow time and space for reflection and processing

- Behavioral health providers can help facilitate

➤ Formal debriefing events with staff at all levels

- Results inform future preparedness plans

➤ Continued communication from leadership

- Events to thank and praise staff

➤ Ongoing needs assessment and evolving forms of support

- Screening and referral, outreach, psychoeducation

➤ Continue to raise awareness of wellness resources



Summary

- During a pandemic, HCWs are at risk for significant emotional distress
- Consider interventions at each tier: Universal, selective, indicated
- Build in social support
- Be proactive – don't wait for HCWs to come to you
- Overcome traditional obstacles
 - Embed in existing environments
 - Highly visible
 - Easily accessible
 - Confidential
 - Nonstigmatizing
- Continue providing support after the pandemic ends



Selected References

Schwartz, R. et al. (2020). Addressing postpandemic clinician mental health: A narrative review and conceptual framework. *Annals of Internal Medicine*, 173, 981-988.

Questions?