Institute *for* Healthcare Improvement

Psychological PPE

Joy Network Monthly Call

Your Psychological PPE
to Promote Mental Health and Well-being

Individual

- Take a day off and create space between work and home life
- Avoid unnecessary publicity and media coverage about COVID-19
- Receive mental health support during and after the crisis
- Facilitate opportunities to show gratitude
- Reframe negative experiences as positive and reclaim agency

Team Leader

- Limit staff time on site/shift
- Design clear roles and leadership
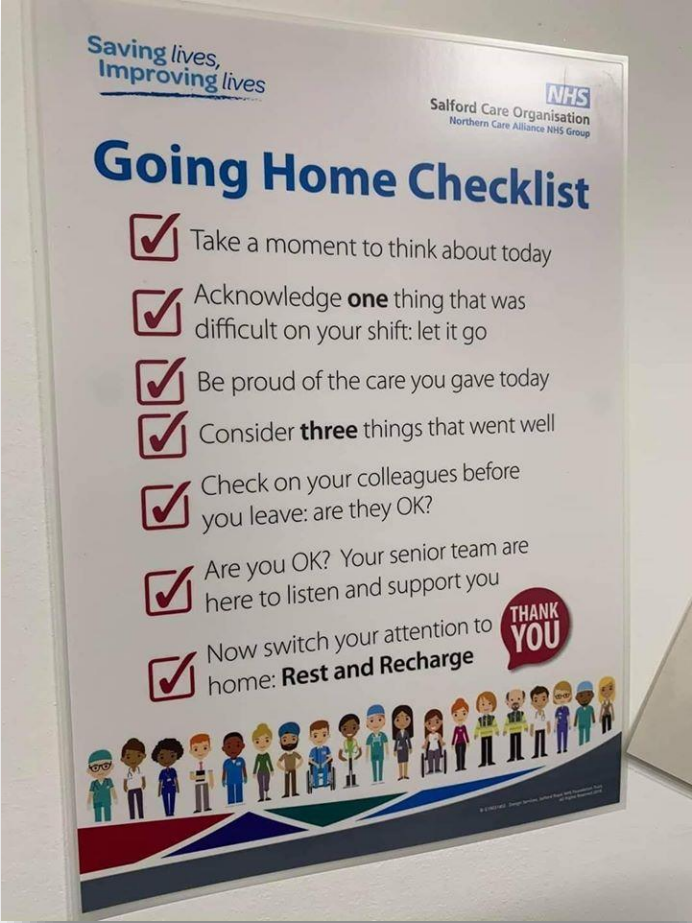- Train managers to be aware of key risk factors and monitor for any signs of distress
- Make peer support services available to staff
- Pair workers together to serve as peer support in a "buddy system"

Individual

Recommendation	Evidence in Literature	Actionable Examples
Take a day off and create space between work and home life	Working long hours and not taking a day off led to mental distress, fatigue, job dissatisfaction, and subjective health complaints. Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*. 2016;4:18. https://doi.org/10.1186/s40359-016-0120-9	NHS Salford Care Organisation (North of England, UK) instituted a "Going Home Checklist" to support the space between the workday and home. Emory University (Atlanta, GA) made wellness days available to residents with the goal of providing residents with added flexibility when seeking medical, mental health, or dental care appointments and other self-care activities.

Recommendation	Evidence in Literature	Actionable Examples
Avoid unnecessary publicity and media coverage about COVID-19	56 percent of respondents to a 2017 American Psychological Association survey reported that following the news regularly causes them stress. • "APA *Stress in America*™ Survey: US at 'Lowest Point We Can Remember;' Future of Nation Most Commonly Reported Source of Stress." American Psychological Association. November 1, 2017. https://www.apa.org/news/press/releases/2017/11/lowest-point Publicity and media coverage were often perceived as stressful and post-disaster was reported to be a significant stressor and trigger of disaster recall. • Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*. 2015;24(6):385-413. https://doi.org/10.3109/09638237.2015.1057334 Watching negative TV news bulletins was associated with increases in anxious and sad mood, and a significant increase in the tendency to catastrophize a personal worry. • Johnston WM, Davey GC. The psychological impact of negative TV news bulletins: The catastrophizing of personal worries. *British Journal of Psychology*. 1997 Feb;88(Pt 1):85-91. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.2044-8295.1997.tb02622.x	Members of the British embassy in Japan who were offering relief in the aftermath of the Fukishima nuclear disaster identified that attention from the British press and Parliament left some participants stressed as it felt like they were working in the public view and criticism from the media was "really [taken] to heart." • Bakhshi S, Lynn-Nicholson R, Jones B, et al. Responding to a radiological crisis: Experiences of British Foreign Office staff in Japan after the Fukushima nuclear meltdown. *Disaster Med Public Health Prep*. 2014;8:397-403. https://pubmed.ncbi.nlm.nih.gov/25303327/

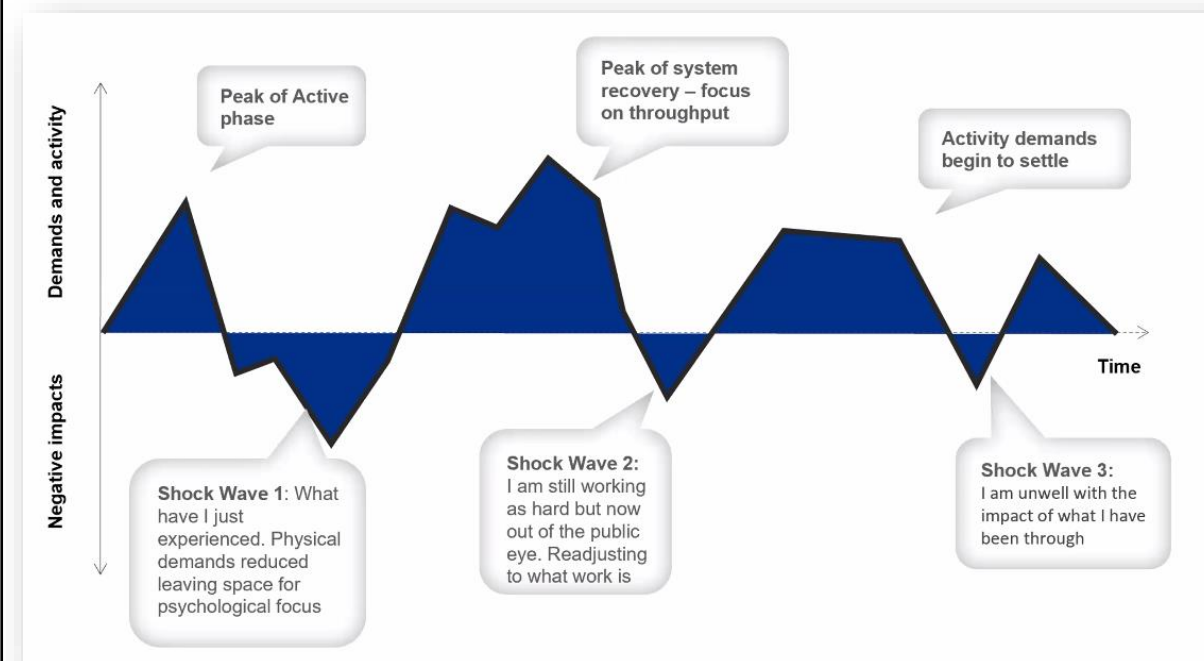| Recommendation	Evidence in Literature	Actionable Examples
Receive mental health support during and after the crisis	A large body of research indicates that experiencing a crisis such as a natural disaster is associated with increased experiences of mental health-related symptoms. Providing mental health services early on and, importantly, after the immediate crisis has abated, is associated with improvements in symptomatology. • McFarlane AC, Williams R. Mental health services required after disasters: Learning from the lasting effects of disasters. *Depression Research and Treatment*. 2012; Article ID 970194. http://downloads.hindawi.com/journals/drt/2012/970194.pdf • Cohen RE. Mental health services for victims of disasters. *World Psychiatry*. 2002;1(3):149-152. https://pubmed.ncbi.nlm.nih.gov/16946836/ Not receiving psychological counseling during the rescue mission was predictive of PTSD in military responders following an earthquake. • Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*. 2016;4:18. https://doi.org/10.1186/s40359-016-0120-9	Keck Medicine of the University of Southern California (Los Angeles, CA) launched a comprehensive program to ease the job stress that health care workers are experiencing during the COVID-19 pandemic. The Care for the Caregiver program offers free housing, comfort amenities, and mental health support to high-risk staff. *"The most significant impact of the program is that caregivers feel supported by the university and the health system, which is especially important in such a state of uncertainty, Murphy said.* *"I think a big part of this stress right now is simply the unknown nature of this virus," Murphy said. "That program gives [us] one less thing to worry about."* Dr. Sonya Wallbank, Health & Wellbeing Clinical Lead NHS England

Recommendation	Evidence in Literature	Actionable Examples
Facilitate opportunities to show gratitude	Individuals who engaged in a "gratitude visit" exercise saw positive changes (increased happiness and decreased depression measures) that lasted for a month. • Seligman MEP, Steen TA, Park N, Petersen C. Positive psychology progress: Empirical validation of interventions. *American Psychologist*. 2005 Jul-Aug;60(5):410-421. https://pubmed.ncbi.nlm.nih.gov/16045394/ Studies found that gratitude decreased (or prevented an increase) in reports of depressive symptoms. • Lambert NM, Fincham FD, Stillman TF. Gratitude and depressive symptoms: The role of positive reframing and positive emotion. *Cognition and Emotion*. 2012;26(4):615-633. https://pubmed.ncbi.nlm.nih.gov/21923564/	MidMichigan Health (Midland, MI) uses "Three Good Things" as a stress management technique that is promoted among employees. At the end of the day, individuals are asked to reflect on: "What are three things that went well today and what was my role in making them happen?" The health system saw positive changes (increased happiness and decreased depression measures) as a result. • Lambert NM, Fincham FD, Stillman TF. Gratitude and depressive symptoms: The role of positive reframing and positive emotion. *Cognition and Emotion*. 2012;26(4):615-633. https://pubmed.ncbi.nlm.nih.gov/21923564/

Recommendation	Evidence in Literature	Actionable Examples
Reframe negative experiences as positive and reclaim agency	When coupled with gratitude, positive reframing of an otherwise negative experience as a potentially positive experience is related to fewer depressive symptoms. • Lambert NM, Fincham FD, Stillman TF. Gratitude and depressive symptoms: The role of positive reframing and positive emotion. *Cognition and Emotion*. 2012;26(4):615-633. https://pubmed.ncbi.nlm.nih.gov/21923564/ Positive thinking may alter the outcomes of morally distressing situations. • Young PD, Rushton CH. A concept analysis of moral resilience. *Nursing Outlook*. 2017;65(5):579-587. https://pubmed.ncbi.nlm.nih.gov/28434608/	The Workshop Organization in New Zealand's "Narratives to Support Good Decision-Making and Collective Action" is a useful resource. The Workshop How to Talk About COVID-19: Narratives to Support Good Decision-Making and Collective Action the ANTIDOTE to FEAR is LOVE and COMPASSION

Team Leader

Recommendation	Evidence in Literature	Actionable Examples
Limit staff time on site/shift	Duration on site and number of hours spent in one shift were risk factors for poor mental health among disaster responders. • Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*. 2016;4:18. https://doi.org/10.1186/s40359-016-0120-9	Cardinal of Minnesota (Rochester, MN) uses float teams, strongly encourages cross-training in different departments (so staff are able to cover shifts for other employees who need extra time off or who may be sick), and uses staggered start times and overlapping shifts to compress work weeks, alternating days off and expanding paid time off for exempt workers. Exempt staff at Cardinal also set and manage their own schedules. **Tips for float pools (from Journal of Nursing Management):** • Engage in daily rounds with staff on assigned units. • Introduce fellow float pool staff members on the same unit. • Conduct biweekly check-ins with charge nurses and nurse managers of each unit. • Maintain an effective rapport between the float pool manager and unit-specific managers. • Hold monthly team meetings, including introduction of new staff, updates, and a round table discussion. • Recognize staff members for a job well done utilizing a team-based forum (monthly newsletter). • Engage in ongoing collaboration with staffing coordinators to optimize continuity and preference (if feasible). • Listen and respond to employees' emotional and learning needs and preferences. • Create social and team-building events in and out of the work setting. • Provide staff members with opportunities to mentor or precept incoming float pool nurses.

Recommendation	Evidence in Literature	Actionable Examples
Design clear roles and leadership	Lack of clarity around tasks is associated with significant stress, and poor leadership is linked to staff stress (includes ad hoc planning). • Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*. 2015;24(6):385-413. https://doi.org/10.3109/09638237.2015.1057334 Cohesion between personnel, both horizontally (between colleagues) and vertically (between leaders and their teams), is highly correlated with mental health. • Greenberg N, Wessely S, Wykes T. Potential mental health consequences for workers in the Ebola regions of West Africa – a lesson for all challenging environments. *Journal of Mental Health*. 2015;24(1):1-3. https://pubmed.ncbi.nlm.nih.gov/25587816/	The American Medical Association (Chicago, IL) encourages and provides resources around workload redistribution, allowing medical assistants (MAs) and nurses to make contributions according to their ability, with physician or advanced practice provider (APP) oversight and discretion. This may include nurses or MAs taking verbal orders, performing computerized order entry, doing medication reconciliation, or assisting further with visit note documentation. This will alleviate some of the workload on physicians and APPs. The Arbinger Institute (Salt Lake City, UT) suggests four simple questions for leaders to ensure they are truly staying in touch with others' concerns and challenges during a crisis. 1. How are you doing (with this crisis) right now? 2. What are the biggest challenges you are facing right now as a result of it? 3. From your perspective, how can (I, our organization) be most helpful to you? 4. How and at what frequency should we stay in touch and check in to make sure we are helping you accomplish your objectives and meet your challenges?

Recommendation	Evidence in Literature	Actionable Examples
Train managers to be aware of key risk factors and monitor for any signs of distress	This recommendation stems from examining the risk factors of psychological distress among disaster workers. • Brooks SK, Dunn R, Amlot R, Greenberg N, Rubin GJ. Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*. 2016;4:18. https://doi.org/10.1186/s40359-016-0120-9	A study based on a survey of health care workers in China presents one of the first published analyses to quantify the toll of the COVID-19 pandemic on these individuals' mental health, underscoring the need to provide health care workers with psychological support both during the crisis and in its aftermath. • Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open*. 2020 Mar 2;3(3):e203976. https://pubmed.ncbi.nlm.nih.gov/32202646/

DEFINITIONS OF COMMON TERMS

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Stress
A sense that something is not right and something needs to change.

Distress
When the overwhelm overwhelms.

Disorder
When you need outside help.

Burnout
When stress, distress, or disorder leads to not being able to cope at work.

Compassion Fatigue
When burnout leads to a loss of caring feelings for patients and loved ones.

Trauma
Psychological and physical overwhelm from stress.

Vicarious Trauma
The emotional residue of repeated exposure to hearing trauma stories, witnessing pain, or fear, terror, and trauma, leading to psychological overwhelm.

Complex Trauma
Cumulative trauma often over long periods of time (previous + current = too much).

> JAMA Netw Open. 2020 Mar 2;3(3):e203976. doi: 10.1001/jamanetworkopen.2020.3976.

Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Jianbo Lai [1], Simeng Ma [2], Ying Wang [2], Zhongxiang Cai [2], Jianbo Hu [1], Ning Wei [1], Jiang Wu [3], Hui Du [4], Tingting Chen [5], Ruiting Li [2], Huawei Tan [2], Lijun Kang [2], Lihua Yao [2], Manli Huang [1], Huafen Wang [6], Gaohua Wang [2], Zhongchun Liu [2], Shaohua Hu [1]

Affiliations + expand
PMID: 32202646   PMCID: PMC7090843   DOI: 10.1001/jamanetworkopen.2020.3976
Free PMC article

Abstract

Importance: Health care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed.

Objective: To assess the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19 in China.

Design, settings, and participants: This cross-sectional, survey-based, region-stratified study collected demographic data and mental health measurements from 1257 health care workers in 34 hospitals from January 29, 2020, to February 3, 2020, in China. Health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 were eligible.

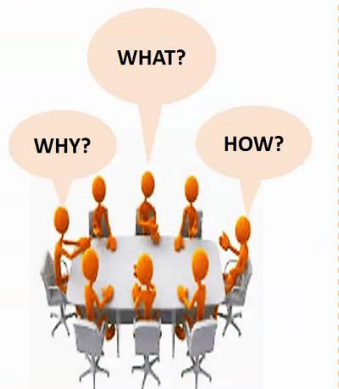| Recommendation	Evidence in Literature	Actionable Examples
Make peer counselors available to staff	There is some evidence that the Trauma Risk Management (TRiM) program may be associated with fewer absences related to mental health-related sickness following traumatic events. • Whybrow D, Jones N, Greenberg N. Promoting organizational well-being: A comprehensive review of Trauma Risk Management. *Occup Med (Lond)*. 2015 Jun;65(4):331-336. https://pubmed.ncbi.nlm.nih.gov/25883216/	A number of military forces, media companies, and diplomatic organizations in the UK have used the Trauma Risk Management (TRiM) program, developed by Strongmind Resiliency Training Ltd. The program is "a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events."

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BENEFITS OF EMOTIONAL DEBRIEFING

CRISIS RESPONSE REFLECTION

- Creates a space for reflective learning and helps us understand how we have all been impacted
- Allows for an improved opportunity to make needed changes, to engage all levels of staff, and to tend to emotional and psychological needs of the workforce
- Supports the needs of staff to positively impact staff burnout, attrition, dropout and engagement
- Improves environments and morale
- Establishes a structure for feedback from frontline staff
- Institutes a cohesive and standardized culture of communication; enhances up-and-down/lateral communication
- Assists with recognition of emotional commonalities and shared experience
- Corrects cognitive distortions

WHAT? WHY? HOW?

Emotional Debriefing

Psychological & Behavioral Responses to Pandemics/Disaster

Resilience

Distress Reactions
- Sleep difficulties
- Decreased Sense of Safety
- Physical (Somatic) Symptoms
- Irritability, Anger
- Distraction, Isolation

Psychiatric Disorders
- Depression
- PTSD
- Anxiety
- Complex Grief

Health Risk Behaviors
- Alcohol, Tobacco, Rx meds
- Family Distress
- Interpersonal Conflict/Violence
- Disrupted Work/Life Balance
- Restricted Activities/Travel

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Associate Professor / Assistant Chair, Department of Psychiatry
Assistant Director, Center for the Study of Traumatic Stress
School of Medicine, Uniformed Services University

Recommendation	Evidence in Literature	Actionable Examples
Pair workers together to serve as peer support in a "buddy system"	Social support found to be significantly associated with lower levels of depression, psychological distress, and burnout (Brooks et al. 2015) Brooks SK, Dunn R, Sage CA, Amlot R, Greenberg N, Rubin,GJ. Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*. 2015;24(6):385-413. https://doi.org/10.3109/09638237.2015.1057334 A sense of community promotes self-efficacy and is positively correlated with higher quality of life in disaster responders. Quevillon RP, Gray BL, Erickson S, Gonzalez ED, Jacobs GA. Helping the helpers: Assisting staff and volunteer workers before, during, and after disaster relief operations. *Journal of Clinical Psychology*. 2016;72(12):1348-1363. https://doi.org/10.1002/jclp.22336	At Stanford University Medical Center (Palo Alto, CA), a small group of medical students were paired by the training program with a faculty member who serves as mentor and colleague. A resident peer program supports house staff after they experience an adverse patient outcome and when they need general support. Peer support training enables active monitoring for traumatic stress symptoms without the need for routine interaction with health or welfare providers after a traumatic experience. Shapiro J, Galowitz P. Peer support for clinicians: A programmatic approach. *Academic Medicine*. 2016 Sep;91(9):1200-1204. https://pubmed.ncbi.nlm.nih.gov/27355784/

Confidential group support in our common room

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

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WHAT IS A BATTLE BUDDY (BB)?

Largely Developed by the US Armed Forces
It has shown to have a positive effect on confidence, morale, and commitment

A peer at work
That can provide informal emotional and psychological support by acting as an outlet for a staff member to discuss their experiences, their worries, and their stressors

Ideally will be matched based on
Shared work environment and similar level of experience and responsibilities. These shared characteristics help the BB relate to the staff member and their situation.

Thank you!!!