

PSYCHOSOCIAL SUPPORT FOR HEALTH WORKERS DURING THE COVID-19 RESPONSE

**(Document prepared by the Mental Health group within the
Occupational Health and Safety Workstream – Covid-19 Response)**

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BACKGROUND AND INTRODUCTION

Coronaviruses are a large family of viruses which may cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).¹ The most recent Coronavirus disease is referred to as COVID-19. On 31 December 2019, the World Health Organization (WHO) was alerted to several cases of pneumonia in Wuhan City, Hubei Province of China. Subsequently, on 7 January 2020, Chinese authorities confirmed that they had identified a new virus in the coronavirus family of viruses, which includes the common cold and viruses such as SARS and MERS. WHO declared the outbreak as a Public Health Emergency of International Concern on 30 January 2020.²

South Africa reported the first case of Coronavirus, on the 05th March 2020. The National Institute for Communicable Diseases confirmed that a suspected case of COVID-19 had tested positive.³ Studies have shown that at least 30 mental health professionals in a major psychiatric hospital in Wuhan, Hubei

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situationreports>.

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situationreports>.

³ <http://www.nicd.ac.za/diseases-a-z-index/novel-coronavirus-infection/>

province, China were diagnosed with COVID-19. Possible reasons quoted were the lack of caution regarding the COVID-19 outbreak in January 2020 and insufficient supplies of protective gear to health care workers in the hospital.⁴ The unprecedented circumstances surrounding the emergence of COVID-19 have created a great deal of stress and uncertainty for many patients, families, communities and healthcare providers⁵ across the globe including South Africa.

On the 15 March 2020, the President of the Republic, honourable Mr MC Ramaphosa, declared a national state of disaster, in terms of the Disaster Management Act, 2002 (Act 57 of 2002). These regulations have restricted international travel, prohibited gatherings of more than 100 people, closed schools and other educational institutions and restricted the sale of alcohol after 6pm. On the 23 March 2020, the State President further, declared an initial 21-day lockdown period, which has subsequently been extended. These extraordinary measures are aimed at combatting and “flattening the curve” of COVID-19.

MANAGEMENT OF PSYCHOSOCIAL STRESSORS (MENTAL HEALTH) DURING COVID-19 RESPONSE

In order to address anxiety and uncertainty amongst health workers, the Employee Health and Wellness Programme addresses these challenges in the workplace. The Employee Health and Wellness (EHW) Strategic Framework for the Public Service caters for the provision of psychosocial support in the Public Service.

The advent of the COVID-19 pandemic has brought with it a range of issues regarding mental health.⁶ Health workers dealing directly with the affected individuals are the ones who bear the brunt, as they have to assist while they are themselves impacted. For health workers, feeling stressed is an experience that many are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection of weakness or poor performance. Managing stress and psychosocial wellbeing during this time is as important as managing personal physical health.⁷

Some of the stress-related symptoms health care workers may experience include but are not limited to: (1) Changes in concentration/thinking/memory; (2) Feeling tense/irritable/anxious; (3) Changes in energy/appetite/sleep; (4) Social withdrawal, (5) Reduced productivity, (6) Interpersonal conflict. Some individuals may be more susceptible to stress during an outbreak, including those with prior mental health conditions.⁸

⁴ Xiang (2020, 1) The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform.

⁵ Karmel Choi, PhD (kwchoi@mgh.harvard.edu) and Jordan W. Smoller, MD, ScD (jsmoller@mgh.harvard.edu).

⁶ Nowbath(2020.1)unpublished

⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

⁸ Drs. Korte, Denckla, Ametaj, and Koenen of the Harvard T.H. Chan School of Public Health summarize tips for coping with COVID-19 stress.

Stress coping mechanism for health care workers providing services at the forefront against COVID-19 include:

- Staying connected with family/friends/community in creative ways.
- Managing challenging emotions with acceptance, mindfulness, relaxation, soothing and/or pleasurable activities.
- Avoiding unhelpful coping strategies like substance use, rumination/constant worrying, and high-risk behaviours.
- Engaging in positive lifestyle behaviours such as physical activity and eating healthy, using acceptance, re-framing, and problem-solving as needed.
- Practicing sleep hygiene.

As health workers will be rendering services during the lockdown period, it is pivotal that their wellbeing is catered for in this difficult period. Through the Wellness Management Policy for the Public Service, EHW Practitioners in the Department of Health will offer psychosocial/counselling services should they be required during the lockdown period. Volunteers and teams in the private sector are also providing services.

INTERVENTIONS THAT SHOULD BE CONSIDERED DURING THE LOCKDOWN

Stress Inoculation, Mental Health Support and Psychological First Aid for Health Professionals During the COVID-19 Crisis⁹

Mental health interventions should adopt the same overall strategy as COVID-19 prevention. The easiest parallel is to think about mental health in terms of Prevention, Support (Protection), and Intervention.

In mental health, simple actions in the short-term lead to important long-term gains. Possibly more than in any other area of health prevention, this is crucial in for mental health. Action should be directed initially at prevention, support, psychological first aid for those presenting with mental health symptoms and then progress to appropriate referral or management, if there is no spontaneous improvement with 24 hours. This is essential as health workers are likely to make dangerous errors when exposed to consistent psychological stress. Health workers previously treated for any mental health condition are more likely to decompensate and present with symptoms and are less likely to recover without professional intervention. Extended working hours, high patient load, the current high-risk health environment and poor or absent managerial support increase the incidence of people presenting with mental health symptoms.

⁹ Dr. Thirusha Naidu, Clinical Psychologist ,King Dinuzulu Hospital Complex ,KZN Department of Health/UKZN

PREVENTION

1. Stress Inoculation / Psychoeducation on possible psychological and emotional reactions

Rationale

Many people may experience reactions such as constant anxiety, panic attacks, fear, low mood, preoccupation with thoughts of COVID-19, nightmares, difficulty concentrating, minor changes in sleeping patterns and appetite, short temper and lower tolerance levels. These can seem excessive or abnormal but are actually normal psychological reactions to extreme or abnormal events or circumstances. People may also experience recurrence of symptoms associated with illnesses or medical conditions that have been previously well-controlled. In most cases the best option is to keep busy as this is likely to distract from ruminating about the apparent hopelessness of the situation.

Purpose

To normalize psychological reactions to unusual circumstances, reduce anxiety and consequent extreme reactions and keep the workplace stable and effective.

Action(s)

For managers

- Provide accurate and timeous information as situation unfolds.
- Take health worker questions, needs and concerns seriously. Respond as soon as possible.
- Be mindful of not using fatalistic, threatening or commanding language in verbal and written communication
- Provide rest spaces and enforce mandatory rest periods for workers.

For health workers

- Take the initiative to be informed through reliable and factual information sources.
- Avoid spending too much time discussing negative information and issues in the workplace.
- Make sure you take breaks at the stipulated times on a regular basis.
- Be considerate and supportive of colleagues.
- Reconnect with your personal reasons for choosing to become a health worker.

SUPPORT (PROTECTION)

2. Mental Health Support

People working in teams in daily contact with patients will need to mitigate the effects of constant exposure to tense and anxious mental environments. Teams should institute a daily group check-in strategy. This will allow for workers to discharge anxious feelings in a safe environment and recognise

that others are having the same experiences. This has the effect of normalizing what can feel like extreme reactions when experienced in isolation and reduces anxiety.

For Managers

- Implement mandatory time for formally regrouping, reconnecting with colleagues at the start of the workday or at least 3 times a week in times of crisis, noting social distancing.
- Ensure a formal method for regrouping and reconnecting is implemented. This may be suggested, or guidelines provided (short group meditation, song, prayer, body scan followed by a check- in with other team members – see attached for example of body scan)
- Provide basic training on how staff can support each other.
- Recognise that mental health professionals should be consulted when there is evidence of pathology, and to provide overall guidance.
- Encourage and promote an environment where health workers are visibly and regularly recognized for their effort.
- Introduce a buddy system, where staff members have a designated colleague to decompress with when faced with a challenging moment.

For health workers

- Make the effort to participate in recommended strategies to support mental health.
- Identify a colleague you can reach out to in challenging moments.
- Be available to other colleagues for support.
- Participate actively in training initiatives to acquire skills to support yourself and others.
- Check in with your support buddy at least 3 times a day.
- TELL SOMEONE as soon as possible when you feel overwhelmed and talk it through – it only needs to take a few minutes.
- Remember that crying is not the worst thing that can happen - it can be an effective decompression tool. People usually feel better after crying.

TREATMENT INTERVENTION

3. Psychological First Aid

Like medical first aid, psychological first aid aims to stabilize the person and prevent injury and further complications. Psychological first aid aim is provided immediately *in situ* support when a person presents with overwhelming thoughts, feelings or behaviours that obviously put themselves or others at risk.

For Managers and Health workers

Recognise when a colleague seems to be in distress and react immediately to requests for help

Triage

- Speak calmly to someone who asks for help
- Acknowledge the person's concerns and fears without dismissing, denying or trying to downplay them.
- Repeat back what you have heard so that the person feels like their concerns are understood
- Name the feelings that you see the person displaying and try to reflect how these may be normal under the circumstances.
- Gently encourage the person to say what they think will help them best to function at this point.

Referral

As humans we are very adept at sensing levels of distress in others. It is important to try to be calm gauge how distressed a person is before making a referral. Recommending professional help too early or incorrectly can disempower a person and discourage them from drawing on effective personal resources that are more effective.

Refer to a mental health professional when the person:

- Is showing extreme signs of distress or irrational behavior – crying excessively, repeated anger outbursts, difficulty working in a team, antagonizing other colleagues, extremely anxious and cannot be stabilized by any means.
- Has had to deal with more than 2 deaths on one shift.
- Has tested positive for COVID-19 as a result of work exposure (offer telephone contact with mental health worker).
- Has a history of serious mental illness (psychotic disorder, recent major depressive episode, bipolar disorder) and is showing **any** sign of stress, distress or unusual behaviour.

HOW TO DO A SIMPLE BODY SCAN¹⁰

Have one person in the group read while others close their eyes, listen and follow

- Begin by bringing your attention into your body.
- You can close your eyes if that's comfortable for you.
- You can notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.
- Take a few deep breaths.
- And as you take a deep breath, bring in more oxygen, enlivening the body. And as you exhale, have a sense of relaxing more deeply.
- You can notice your feet on the floor, notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.
- You can notice your legs against the chair, pressure, pulsing, heaviness, lightness.
- Notice your back against the chair.
- Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.
- Notice your hands. Are your hands tense or tight? See if you can allow them to soften.
- Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.
- Notice your neck and throat. Let them be soft. Relax.
- Soften your jaw. Let your face and facial muscles be soft.
- Then notice your whole-body presence. Take one more breath.
- Be aware of your whole body as best you can. Take a breath. And then when you're ready, you can open your eyes.

Public service employees can contact their Employee Health and Wellness office in the facility, province or national department. There are other groups such as the South African Depression and Anxiety Group (SADAG) that will provide support. Some provinces have also set up voluntary mental health professional support groups.

¹⁰ Dr. Thirusha Naidu, Clinical Psychologist, King Dinuzulu Hospital Complex, KZN Department of Health/UKZN