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Podcast Contributor Show Notes
Clinician Mental Health in the COVID-19 Pandemic

Summary: In this Hippo Education Short, psychiatrist Dr. Melissa Shepard sits down with Primary Care RAP host Dr. Neda Frayha for some real talk on the mental health challenges facing health care workers in the COVID-19 pandemic, and some concrete, tangible tools to help us get through this period. Spoiler alert: it's more than yoga.

References:
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;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976

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Garfin DR, Silver RC, Holman EA. The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology*. 2020 May;39(5): 355-357. Advance online publication. doi: https://doi.org/10.1037/hea0000875

Rosenberg AR. Cultivating deliberate resilience during the coronavirus disease 2019 pandemic. *JAMA Pediatr.* Published online April 14, 2020. doi:10.1001/jamapediatrics.2020.1436

Galea S, Merchant RM, Lurie N. The mental health consequences of COVID-19 and physical distancing: the need for prevention and early intervention. *JAMA Intern Med.* Published online April 10, 2020. doi:10.1001/jamainternmed.2020.1562

Pfefferbaum B, North CS. Mental Health and the Covid-19 Pandemic. *N Engl J Med*. Published online April 13, 2020. doi: 10.1056/NEJMp2008017

Resources:
- Free mental health crisis line for physicians impacted by Covid-19 related issues, staffed by US Psychiatrists (support only, cannot prescribe medications). 1-888-409-0141. www.physiciansupportline.com
- COVID-19 Resource and Information Guide. National Alliance on Mental Illness. https://www.nami.org/getattachment/About-NAMI/NAMI-News/2020/NAMI-Updates-on-the-Coronavirus/COVID-19-Updated-Guide-1.pdf

- Mental Health America, Mental Health And COVID-19 – Information And Resources
- Darnall B. The COVID-19 Wellness and Coping Toolkit: 11 Tips for Health Care Workers, Patients, and the Public. *Psychology Today*, 31 March 2020. https://www.psychologytoday.com/us/blog/empowered-relief/202003/the-covid-19-wellness-and-coping-toolkit
- Good Therapy. https://www.goodtherapy.org
- Psychology Today, Find a Therapist.
- Doxy.me Physician Support Line. https://doxy.me/physiciansupportline
- Free access to Headspace Plus app (guided meditations) for healthcare professionals. https://www.headspace.com/health-covid-19
- Center for Mind-Body Medicine at Georgetown. Introduction to evidenced-based techniques for helping people through and after trauma (things like guided imagery, body scans, breathing techniques) https://cmbm.org/thetransformation/resources/

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Intro:

Hi everyone, and welcome to the latest installment of the free open access covid-19 educational series created by Hippo Education! I'm Dr. Neda Frayha, an internist and primary care physician, and you are listening to one of a series of covid-19 podcast episodes in which we share practical, clinical tips and pearls that we all are learning along the way. For many more resources, please visit our website at covid.hippoed.com.

I'm especially excited for today's conversation. For so many of us who do clinical work, caring for our own mental health can fall very low on our list of priorities on a *normal* day. And now, in this covid-19 pandemic, the stressors can feel out of control. But it is critical that we try to prioritize our own wellbeing, both for our survival in the short term, and to stay well for all our future patients down the line.

So we are really excited to welcome Dr. Melissa Shepard, Adult Psychiatrist with Memory and Movement Charlotte and Assistant Professor of Psychiatry and Behavioral Sciences at Johns Hopkins Hospital, to the show. She is a psychiatrist who is passionate about educating others on mental illness and wellness, from writing for Psychology Today to her really fun and supportive social media presence. She has some concrete tips and strategies for us, and we'll tell you right now - she's not just going to tell us to take deep breaths or do yoga! Melissa, welcome!

(yay!)

I find that when I receive an email from hospital leadership encouraging me to practice self-care, like go for a walk or read a book, I get really annoyed. Why is that? Is it a relic of being told to do yoga as a resident and thinking, that is such an inadequate solution to the enormity of the problem at hand?

I think so. It certainly feels that way to me. I think it also feels like victim-blaming in a way. Don't get me wrong, I like yoga as much as the next millennial, but tell us to do self-care in the middle of a crisis makes it feel like the crisis isn't the actual problem- it's my lack of resilience or poor self care that is the problem. It is important to feel as though those who CAN address the stressor itself are actually doing so, before telling us we need to find more creative ways to chill.

What are some of the ways that clinicians are struggling right now?
- *(We want your thoughts - I'll share a few of mine below, and we can all have a conversation here)*
- Tremendous mental and emotional trauma of caring for sick covid-19 patients
- Moral injury of not being able to provide the usual care they hope to give in normal times (staying with a sick patient to hold their hand, letting family come in to help, being understaffed and under resourced)
- Worry for their patients
- Worry for their colleagues
- Fear of making their families sick
- Fear of being asked to practice medicine that is outside their wheelhouse

- Isolation - especially those not coming home to their families or self-quarantining
- Overwhelming influx of information every day
- Plus this information is changing constantly, which requires us to be nimble & flexible
- Anger at inadequate testing, PPE, vents
- Inadequate support from above, sometimes
- Guilt for not doing more, or sometimes for being afraid to do more
- Total exhaustion
- Then add to that the same fears that the general population is facing. We aren't immune to fears of contracting the virus, fears of getting very sick and dying, financial concerns, fears that we won't be able to return to a normal way of life, and a general sense of grief over all that has happened and all that we fear will happen.

We have some data to support this as well; Lai et al studied mental health outcomes in front-line HCWs in China that was published in JAMA in late March. "This cross-sectional survey enrolled 1257 respondents and revealed a high prevalence of mental health symptoms among health care workers treating patients with COVID-19 in China. Overall, 50.4%, 44.6%, 34.0%, and 71.5% of all participants reported symptoms of depression, anxiety, insomnia, and distress, respectively. Nurses, women, those working in Wuhan, and frontline workers reported more severe symptoms on all measurements. Working in the front line was an independent risk factor for worse mental health outcomes in all dimensions of interest. Together, our findings present concerns about the psychological well-being of physicians and nurses involved in the acute COVID-19 outbreak."

There are a lot of warfare metaphors (going into battle, being on the front lines, clinicians being redeployed to settings they're unfamiliar with) and also hero narratives floating around these days. Are these helpful, or can they be harmful, too?
(Melissa's thoughts: I find they can go either way depending on the recipient. I think that some healthcare workers find it to be energizing and can help them feel supported and appreciated. But for many more clinicians, these statements can be frustrating and we have to be careful with the language we use for a number of reasons.
First, we went into medicine to try and help people, and we want to do all that we can. But the warfare metaphors imply that we are (and should be) sacrificing our own health and wellbeing to fight this pandemic. As noble as that may sound, it's scary for many healthcare workers and, not "what we signed up for". On another level, sacrificing healthcare workers just doesn't make sense. Without us, there is no one to care for the patients that will come after we fall ill.

Second, these wartime metaphors (and also comparisons to natural disasters, like by calling the pandemic "a perfect storm") imply that this was an unforeseen and unavoidable, random thing that couldn't have been prevented or handled differently. It puts us in reaction mode rather than encouraging us to be proactive. And takes some accountability away from people who had the opportunity to prepare us for such an event but chose not to.

(I happen to find them unhelpful and counterproductive -- most of us don't envision ourselves as warriors and just want to put one foot before the other to help out where we can. I also think the

hero metaphors in this pandemic are dangerous and lead to a projection of infallibility, when what we really need is to be taken care of by our organizations. Easy for administrators to think that heroes don't need PPE because we'll go into the battle no matter what.)

How do we strike the right balance between staying informed, which we need to do for our jobs, and not bathing in covid-19 information all day long? How do we set healthy limits?
- Limit news intake (once a day or less, be cautious who you are following on social media, turn off notifications on your phone). *I honestly think that as healthcare professionals, we can avoid all mainstream media and still know what we need to know to do our jobs. We will get filled in by colleagues or news outlets/resources with a more medical focus.*
- Protect time off as much as possible. Distract yourself with something unrelated to work.
- Ignore the push for productivity. If all you are doing is surviving, that is good enough.
- Know when you need to step back. Medical professionals are used to powering through when things are hard, but this is not the time to do that. You must take time to eat lunch, take a breather, get something to drink, sleep, etc. A pandemic is a marathon, not a sprint, and we need to err on the side of taking care of our mental health so we don't burnout. Similarly, a mental health crisis can absolutely be a legitimate reason to be out sick.

How do we manage all the different, sometimes conflicting emotions around how to be most helpful? I think we all want to help, but that can take so many different shapes. Some of us feel guilty for not being more on the front lines. Some of us are more afraid than others about being asked to work in an unfamiliar setting.
- Do what makes you feel helpful- we can each contribute in some way. (for example, my own guilt about not being on the frontlines can be channeled into doing a mental health podcast like this).
- *This is another opportunity to reframe. There are likely many other things that each clinician is doing to play a role. It helped when I was reminded that, as a psychiatrist, trying to keep suicidal patients or agitated patients with dementia out of the ER was actually very helpful for our emergency medicine colleagues who*
- *It is also super important to realize that thoughts and feelings aren't facts. Guilt is a natural part of grief, and the many traumas associated with this pandemic will conjure up a lot of grief. Remind yourself that many people feel guilty right now. Just because you feel guilty doesn't mean you are guilty. Some people find mindfulness practice to be helpful. Notice the guilty feelings, label them as feelings and let them go.*

It's unrealistic to think that any coping strategies we adopt right now will completely get rid of all our anxiety. I don't think we should even frame it that way. We will definitely still feel some anxiety or worry or fear. How can we manage these uncomfortable feelings so they don't become all-encompassing?
- Learn to identify cognitive distortions (catastrophizing/magnification for example, assuming that if you contracted the virus that you would most likely die, emotional reasoning or for example, mistaking the severity of your anxiety as a measure of how

great the threat actually is, discounting the positive as examples) and call them out as such. This can take away some of the power.
- Connect with others. It is important to talk about fears, worries, sadness, burnout with someone who understands. But don't let it be the only thing you talk about. Set times when talking about work is off limits, such as while you are eating dinner.
- Use coping skills like humor (lots of good introvert memes) and intellectualization (learning a little can make things more scary, but learning a lot can be helpful).
- Discharge negative emotions through creative or physical means. Exercise, crafting, writing, sports, music, cooking, what ever makes you happy. Even something as seemingly silly/simple as making a collage about your experience or coloring can bring a lot of peace.
- Grounding techniques- body scan, activating the senses, even something as simple as eating something with a strong flavor, like a sour or peppermint candy
- Allow yourself space for more self-care without feeling guilty (for example, I've given myself permission to drink more coffee during the work day because that brings me a small amount of joy).
- Two other strategies: set aside dedicated "worry time" in the day to really dwell in those thoughts and get them out of your system, even journal about them - so at other times in the day when worries crop up, you can feel free to set those thoughts aside until the dedicated worry session
- Try to reframe thoughts in a more positive way. Instead of envisioning a future in which your whole family dies, for example, you can work with your brain to envision a future in which your whole family stays well and is intact. *This may not come naturally to you, and in fact may feel strange. But just as we learned to envision these scary negative futures, we can practice envisioning the positive ones to teach our minds this skill.*
- And then finally, knowing when to seek help
  - Know when to seek professional help (interference with daily life, suicidal thoughts, unable to sleep, worries/sadness on your mind all day). But if you do, it is important to get professional help. Medications and therapy can be really helpful in these situations.

What can we as a health care system do to care for the mental health of clinicians when this pandemic quiets down? There is going to be a lot of PTSD. Are we equipped to handle that?
- I don't know whether we will be equipped to handle it. I think in so many ways, our mental healthcare system is broken and overwhelmed already. Thankfully, the vast majority of people will not develop a new psychiatric disorder after all is said and done. But you are right that a proportion will. I think even more common (and what I've seen thus far) is that people with underlying psychiatric illnesses are experiencing exacerbations in their symptoms. Anxiety, depression, and OCD being the most common ones that I'm seeing.
- I hope that we will be able to rally what we do have to take care of our own. We have seen psychiatrists and therapists from every major institution rise up to offer services and help to clinicians, and I hope that this will continue.

- It will be important to not only have these resources available, but actually encourage and enable clinicians to seek these resources out. It drives me crazy when we say that we are conscious of mental health issues in trainees for example, but then an attending is annoyed when a resident needs an afternoon off to go to a therapist. We have to protect and actually encourage this kind of treatment. And I'll start! I have an appointment with a new therapist next Friday!
- Providing counseling to all clinicians; ensuring there's no stigma attached to it - we can do this by talking about it, and also continuing to lobby that licensing requirements in all states (along with other credentialing paperwork) NOT ask whether a clinician has a mental health diagnosis (get around that by asking whether they have ever been impaired- for the vast majority of clinicians with mental illnesses, the answer to this is a resounding no).
- Some of the Chinese literature highlights helpful hospital interventions: providing lodging + meals during intense periods of caring for covid patients; having on-site psychologists who visit health care workers on the job to check in; educating clinicians on mental health strategies; finding ways to share videos of the HCWs with their families

What other tips do you have for us?
- Try to take care of yourself physically if that is helpful for you (exercise, eat healthy). However, if you are putting pressure on yourself to do those things, let it go for now. You will have plenty of time to get back in shape.
- Adopt a mindfulness practice. This can be formal (mindfulness meditation) but informal practices work well too. Describe the informal practice of noticing when your mind drifts away into the past or future, labeling that as "thinking" and change the channel in your brain back to the present moment.

What resources do you recommend?
I think the above list is really good- added a couple.

Closing:
Thanks for listening to this podcast...don't forget to check out other material we have on our site including (WATCH section, chock full of videos we've found helpful), READ section full of quick reference infographics, links and resources, and more audio podcasts under the LISTEN section. It's all publicly available open access medical education, so please share with your colleagues and friends if you think they will find it useful. You can find all of this at COVID.HIPPOED.COM. Thanks for listening!