Guidelines and Tips: How to Retain Mental Health for Frontline Health Care Workers During the COVID-19 Pandemic

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Mental health during pandemic

Mental health is a key aspect of response to COVID-19 and plays an important part in stopping the transmission of the virus and in maintaining public wellbeing. Managing mental health and psychosocial wellbeing during this time is as important as managing physical health. This document focuses primarily on the mental health issues (e.g. stress, anxiety, depression) experienced among the frontline Health Care Workers (HCWs) during this epidemic in Kuwait. There are very few recent studies that examined how the COVID-19 epidemic can potentially affect the mental health status of the HCWs (including nurses, physicians, ambulance drivers, case identifiers, and others) on a **short-term** as well as on a **long-term basis**.

Short-term mental health issues

Short-term mental health issues specifically related to frontline HCWs are associated with the ***possibility of getting infection***, ***stigmatization*** (i.e. fear that the HCWs will get infected and pass the virus to their friends and family which might cause further isolation from their communities), and ***higher work demands*** including long work hours, increased patient numbers, and keeping up to date with best practices as information about COVID-19 develops. HCWs are more likely to experience psychosocial distress and they can show symptoms of depression, anxiety, and insomnia (Lai et al., 2020). Another related concept is that of Secondary Traumatic Stress (STS) or compassion fatigue. Compassion fatigue is a state of exhaustion and dysfunction (biologically, psychologically, and socially) and it results from prolonged exposure to compassion stress. STS is also called secondary PTSD. STS results from indirect exposure to the traumatic events experienced by the patients. STS is characterized primarily by symptoms of intrusion (e.g. dreams related to trauma), avoidance (e.g. get rid of emotions) and hyper arousal (e.g. anxiety) (Oginska-Bulik & Michalska 2020).

Some additional stressors are due to the use of ***strict biosecurity measures*** (e.g. physical strain of protective equipment, strict procedures to follow preventing spontaneity) and insufficient information about the long-term exposure to COVID-19 (IASC, 2020).

Long-term mental health issues

Based on a study conducted two years after the SARS outbreak, HCWs in hospitals that treated SARS patients had significantly elevated levels of chronic stress compared to workers in other hospitals (Maunder et al, 2008). The signs of chronic stress that were found were job burnout, depressive and anxiety symptoms, increased smoking, drinking or problem behavior, and missing four or more work shifts over four months due to stress or illness. Job burnout is defined as "prolonged response to job stressors that has been characterized by exhaustion, inefficiency and disengagement" (Oginska-Bulik & Michalska 2020).

Prevention of mental health problems

To prevent work-related stress and mental health problems, one must take action at three different levels that have been practiced in public health: **primary, secondary, and tertiary** (Brun & Martel, 2003). **Primary prevention** is associated with mental health promotion by addressing the causes of workplace stressful factors, such as work overload or lack of proper communication. The first step is identifying the psychosocial risks in the workplace and preventing them from happening at a very early stage through the use of policies. **Secondary prevention** deals with those HCWs who are already experiencing symptoms of stress and provides them the tools needed to deal more effectively with stress, like coping strategies and lifestyle changes. This would also involve detection of early signs of stress in order to intervene immediately and prevent potential burnout and secondary traumatic stress. Finally, **tertiary prevention** would involve interventions at an individual or hospital level to alleviate the suffering of individuals who have developed a work-related mental health problem (burnout, STS, etc.) and help them recover and to play the same social role that he was doing before the development of stress. Another way to characterize the preventive measures are those who are targeting the individuals HCWs and those that are targeting the hospital management team.

Here are some tips and guidelines as to how to prevent mental health issues from occurring at the first place and ways to deal with them once they are present during the COVID-19 epidemic (Brun & Martel, 2003; WHO, 2020).

Primary Prevention

Messages to health care workers

1. You're doing an excellent humanistic job! It is normal to feel under pressure in the current situation of hard work, and it does not mean that you cannot do your job or that you are weak. We're all supporting you and thinking of you. To cope with your job properly, it is important to manage both your physical health as well as your mental health.

2. Take care of your basic needs:
   - Ensure rest periods during work
   - Maintain a healthy sleep schedule
   - Eat sufficient and healthy food
   - Avoid drinking excess of coffee/tea
   - Stay hydrated

3. Some of you might experience avoidance by your own family members. If possible, stay connected with your loved ones through digital methods. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.

Messages to managers of health care facilities

4. Consider rotating shifts from higher stress to lower stress functions and possibly introducing the buddy system, in which you partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support.

5. Ensure good quality, efficient communication strategies on promoting psychosocial wellbeing.

6. Provide accurate updates about the epidemic to all the HCWs. Use reliable sources of information including the Ministry of Health of Kuwait, the WHO and the US Centers of Disease and Control:
   https://corona.e.gov.kw/En
   https://www.who.int/health-topics/coronavirus#tab=tab_1
   https://www.cdc.gov/coronavirus/2019-ncov/index.html

7. Ensure that the HCWs have access to mental health and psychological support if needed.

8. Implement resilience building programs to develop skills to protect oneself from the negative consequences of work-related stress such as peer socialization, help-seeking behaviors, and mindfulness.

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Secondary prevention

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The purpose of secondary prevention is to recognize the early signs of stress and maximize one's resilience or ability to bounce back and recover from stress. One of the well-known efficient screening tools is the DASS 42 and 21, which has been validated and translated to different languages. It takes only 15 minutes to complete, and can assess the levels of stress, anxiety and depression (Psychology Foundation of Australia, 2018; Al-Farsi et al, 2016; Al-Sharbati et al., 2015). This assessment can be repeated every now and then to assess the mental state. http://www2.psy.unsw.edu.au/dass//

Another tool that could be used is the One tool is the Professional Quality of Life Scale Compassion Satisfaction and Compassion Fatigue (ProQOL): Version 5. The questionnaire is self-scored and it can provide to the manager and the HCW immediate feedback about the psychological status.

https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf

https://proqol.org/uploads/Arabic_ProQOL_5.pdf

Messages to health care workers

1. Be familiar with the early signs of job burnout and stress:

Cognitive	*Emotional*	*Physical and behavioral*
Attention problems	Depression (low mood)	Aches/pains (chest, joints, muscles)
Poor judgment	Anxiety and agitation	Change in appetite
Memory problems	Loneliness and isolation	Change in sleep pattern
Seeing only the negative	Feeling overwhelmed	Withdrawal from others
Poor decision making	Anger/moodiness	Disengagement/ neglect

2. Employ healthy coping strategies such as engaging in physical activity, hobbies, meditation, or other strategies that have worked for you in the past.

3. Avoid using unhelpful coping strategies like tobacco, or other drugs. In the long term, these can worsen your mental and physical wellbeing.

4. Communicate! If the stress becomes overwhelming, approach your supervisor or the appropriate person to ensure you are provided with appropriate emotional support.

Messages to managers of health care facilities

5. Be role models to your staff for self-care strategies to reduce stress.

6. Train all frontline HCWs on how to provide basic emotional and practical support to affected people using the psychological first aid.
https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=7CE68AB886B280D252A76B58C61B1468?sequence=1

https://apps.who.int/iris/bitstream/handle/10665/44615/9789246548200_ara.pdf?sequence=22

Tertiary prevention

The purpose of the tertiary level of prevention is to provide immediate help to those HCWs who are already experiencing mental health issues and to prevent any long-term consequences caused by stress.

Messages to managers of health care facilities

1. Manage urgent mental health and neurological complaints (e.g. severe anxiety and depression) by using the mhGap Humanitarian Intervention Guide.
https://apps.who.int/iris/bitstream/handle/10665/162960/9789241548922_eng.pdf?sequence=1
https://apps.who.int/iris/bitstream/handle/10665/162960/9789246548927-ara.pdf?sequence=89

2. Install a telephone support line preferably available 24/7 for all frontline HCWs or use existing ones.
   Fawzia Sultan Healthcare Network: offers telehealth counseling and therapy: http://fshnkuwait.org/ 2572-0338/94963973

   Mental health hotline through the Kuwait Psychology Association: https://www.iflkuwait.com/notice-board/35953-kuwait-psychology-association-free-hotline

3. Develop a return-to-work program for the employees affected by mental health issues and provide support measures such as progressive return to work, and medical follow-up.

4. Provide all affected HCWs with access to psychosocial support, such as consultations with a psychologist and other specialized resources (e.g. psychiatrists, social workers, counsellors).

Resources to relieve stress, promote exercising, and wellbeing

https://www.youtube.com/watch?v=zPgwQFU1Cwc https://www.youtube.com/watch?v=RI71gFrp8w4	Diaphragmatic breathing Breathing exercises to help you sleep
Yoga Vista: https://yogavista.tv/?fbclid=IwAR2-Pi9uc2HUZ5B-4weqaOgGsd5xlVkKSGdJP0SnLgOou3nxzI0EANUJ9w Yoga JP's YouTube channel https://www.youtube.com/user/YogaJP	Yoga to relieve anxiety and stress
https://www.youtube.com/watch?v=RjTPKlKPM3Y	Relaxing music
https://www.youtube.com/watch?v=W8a3T8pI9Ns UCLA Guided Meditation: https://www.uclahealth.org/marc/mindful-meditations Mindful Online Learning: https://learning.mindful.org/p/daily-mindfulness-free	Guided meditation
Headspace (mindfulness): https://www.headspace.com/ Calm (mindfulness): https://www.calm.com/ Stop Breathe and Think (mindfulness): https://www.stopbreathethink.com/ Insight Timer (mindfulness): https://insighttimer.com/	Other mindfulness and mental health apps
Keep: Fitness & Workout Trainer: https://www.keepkeep.com/ https://www.youtube.com/channel/UCB7wvgp4HUBe5TD10jIgxDg https://www.youtube.com/user/walkathomemedia	Exercise
https://www.youtube.com/watch?v=ihO02wUzgkc	Muscle relaxation techniques
https://daylio.webflow.io/	Journal and Gratitude App

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