

COVID-19 provider alert regarding unaddressed behavioral health conditions for healthcare and public health workforce

Actions Requested

- Engage in a PsySTART-Responder assessment if struggling with feeling trapped within a job, despair from being overextended, or emotionally overwhelmed. See [Recommendations](#) section for more information.
- Practice resilience to reduce compassion fatigue,^a burnout,^b emotional exhaustion, depersonalization,^c and stress. See [Recommendations](#) section for more information.

Background

Research shows that healthcare and public health workers are highly susceptible to the work and traumatic stressors related to pandemics, including the COVID-19 pandemic.^{1,2,3,4} Specific to the COVID-19 pandemic, recent research shows that surveyed healthcare workers suffer from depression (20.4%), anxiety (23.5%), acute traumatic stress (15.3%), and risky alcohol use (36.1%).⁵ Additionally, recent data from the Centers for Disease Control and Prevention (CDC) show that more than half of the 26,174 public health workers surveyed suffer from depression (32.0%), anxiety (30.3%), post-traumatic stress disorder (36.8%), or suicidal ideation (8.4%).⁶ The drivers of these symptoms include feeling overwhelmed by workload or family-work balance (72.0%); receiving job-related threats because of work (11.8%); and feeling bullied, threatened, or harassed because of work (23.4%).

Such stressors can result in burnout or impaired therapeutic capacity for healthcare and public health workers and those that are treating such workers.⁷ For some, a number of factors related to the unique stressors of remote work environments have led to an increase in symptoms, such as an inability to debrief, difficulties with boundaries, rigid routines, lack of support, and isolation.^{8,9}

^a Compassion fatigue: Emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, also described as secondary traumatic stress.

^b Burnout: Exhaustion of body, mind, and motivation due to exposure to prolonged and unresolved work stress or frustration. Burnout is often a consequence of perceived disparity between the demands of the job and the resources that an employee has available to them.

^c Depersonalization: A loss of parts of your identity.

Recommendations

- Create a PsySTART-Responder^d account. PsySTART-Responder is an evidence-based method to build resilience and track exposures. It enables healthcare and public health workers to triage for psychological risk. After a brief training, a personal PsySTART account tracks and graphs exposure to events that are more predictive of psychological risk and helps users develop individualized coping plans.
 - Make an individualized coping plan based on a PsySTART assessment. Regularly update the plan based on ongoing assessments.
- Connect emotionally with friends and family. This aspect of caring for oneself is especially effective for healthcare and public health workers who became socially isolated during the pandemic.¹⁰
- Center oneself daily by engaging in mind-body habits, such as exercise, yoga, meditation, and other mindfulness practices.¹¹
- Recognize and feel grateful for the sense of self-efficacy that comes from increasing work-life balance through working toward greater flexibility and staying true to core values.
- Increase positivity by creating a sense of hope for aspects of each day. For example, spend time outdoors and open your five senses, or take time for a self-care practice.

Resources

- **Washington State Department of Health**
 - PsySTART-Responder:^d An evidence-based method to build resilience and track exposures and risks
 - Grief and loss: [Infographic](#) and [handout](#)
 - [COVID-19 Guidance for Building Resilience in the Workplace](#)
 - [COVID-19 Guidance for Maintaining Healthy Incident Management and Emergency Response Teams](#)
 - [Behavioral Health Group Impact Reference Guide](#): Describes behavioral health impacts and recommendations for some occupations and social roles that could be more heavily affected by the COVID-19 pandemic.
 - Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19 – [June Update](#): Outlines the potential statewide behavioral health impacts from the COVID-19 pandemic, monthly updates can be found on the [DOH Behavioral Health Resources and Recommendations webpage](#).
- **Washington State Coronavirus Response (COVID-19)**
 - [Mental and emotional well-being resources](#)
 - [A Mindful State](#): Find help. Connect. Help others.

^d For more information on creating a PsySTART account, email DOH-BHadmin@doh.wa.gov (ATTN: PsySTART).

- [Ingredients of Resilience](#)
- [Suicide Warning Signs](#)
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - [Anniversaries and Trigger Events](#)
 - [Coping Tips for Traumatic Events and Disasters](#)

References

1. Czeisler, M. É., Lane, R. I., Petrosky, E., et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24 – 30, 2020. *MMWR Morb Mortal Wkly Rep*, 69, 1049–57. <https://doi.org/10.15585/mmwr.mm6932a1>
2. Gainer, D. M., Nahhas, R. W., Bhatt, N. V., Merrill, A., & McCormack, J. (2021). Association between proportion of workday treating COVID-19 and depression, anxiety, and PTSD outcomes in US physicians. *J Occup Environ Med*, 63, 89–97. <https://doi.org/10.1097/JOM.0000000000002086>
3. Maunder, R., Hunter, J., Vincent, L., et al. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *CMAJ*, 168, 1245–1251. <https://pubmed.ncbi.nlm.nih.gov/12743065/>
4. Maunder, R. G., Lancee, W. J., Balderson, K. E., et al. (2006). Long-term psychological and occupational effects of providing hospital healthcare during SARS outbreak. *Emerg Infect Dis*, 12, 1924–1932. <https://pubmed.ncbi.nlm.nih.gov/17326946/>
5. Wright, H. M., Griffin, B. J., Shoji, K., Love, T. M., Langenecker, S. A., Benight, C. C., & Smith, A. J. (2021). Pandemic-related mental health risk among front line personnel. *Journal of psychiatric research*, 137, 673–680. <https://doi.org/10.1016/j.jpsychires.2020.10.045>
6. Bryant-Genevier, J., Rao, C. Y., Lopes-Cardozo, B., et al. (2021). Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. *MMWR Morb Mortal Wkly Rep*, 70, 947–952. <http://dx.doi.org/10.15585/mmwr.mm7026e1>
7. Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org. <https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/ProQOL%20Manual.pdf?ver=1622839353725>
8. Aafjes-van Doorn, K., Békés, V., Prout, T. A., & Hoffman, L. (2020). Psychotherapists' vicarious traumatization during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12 (S1), S148–S150. <https://doi.org/10.1037/tra0000868>
9. McBeath, A. G., Plock, S., & Bager-Charleson, S. (2020). The challenges and experiences of psychotherapists working remotely during the coronavirus pandemic. *Counselling & Psychotherapy Research*, 20(3), 394–405. <https://doi.org/10.1002/capr.12326>
10. Wei, H., Kifner, H., Dawes, M. E., Wei, T. L., & Boyd, J. M. (2020). Self-care strategies to combat burnout among pediatric critical care nurses and physicians. *Critical Care Nurse*, 40(2), 44–53. <https://doi.org/10.4037/ccn2020621>
11. Alexander, G. K., Rollins, K., Walker, D., Wong, L., & Pennings, J. (2015). Yoga for Self-Care and Burnout Prevention Among Nurses. *Workplace Health & Safety*, 63(10), 462–470. <https://doi.org/10.1177/2165079915596102>