Contact Hours: **1**

COVID-19: The Impact of a Pandemic on Mental Health

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will have gained an understanding of ways to mitigate the mental health impacts of a pandemic. Specific learning objectives to address potential learning gaps include:

- Define the term "pandemic."

- Describe the psychological effects of a widespread infectious illness and effects unique to healthcare workers.

- Summarize strategies to reduce mental health impacts among healthcare workers.

- Discuss the "duty of care" concept.

DEFINING PANDEMIC

Epidemic and *pandemic* are closely related terms:

- An **epidemic** is an outbreak of a disease occurring over a wide geographic area and affecting a high proportion of the population. It is an event in which a disease is actively spreading. Examples include the recent Zika, Ebola, and SARS epidemics.

- A **pandemic** is an epidemic that has spread to multiple countries or regions of the world. The most recent pandemic is the COVID-19 pandemic that began in 2020.

HISTORICALLY NOTABLE PANDEMICS

- Bubonic plague of Justinian of 541–42 A.D.; killed 25 million, perhaps half the population of Europe

- Black plague (Black Death) of 1346–53; killed 75 to 200 million people

- Spanish flu pandemic of 1918; killed over 50 million people worldwide, including 675,000 in the United States

- Smallpox pandemic during the 20th century; killed 30,000 to 300,000

- Asian flu (H2N2) of 1956–58; killed 2 million globally and 69,800 in the United States

- Hong Kong flu (H3N2) of 1968; killed 1 million

- HIV/AIDS pandemic beginning in 1981; infected 70 million and killed over 36 million

- Swine flu of 2009–2010; killed 1 million globally

- COVID-19 pandemic that began in 2020; killed over 6 million globally and over 1.1 million in the United States

(MPHonline, 2023)

Pandemics can cause significant social, economic, and political disruption. On an individual level, a pandemic may also exacerbate anxiety and psychosis-like symptoms and lead to nonspecific mental health problems such as mood problems, sleep problems, phobia-like behaviors, panic-like symptoms, anger, substance use, or feeling overwhelmed both in the general population and among healthcare professionals. It is therefore important to be alert for the effects of mental distress so that early interventions can take place (Moukaddam & Shah, 2020; Fischer, 2020).

MENTAL HEALTH EFFECTS OF A PANDEMIC

Mental health, as conceptualized by the World Health Organization, is a state of well-being in which the individual realizes their own abilities, can cope with the normal stress of life, can work productively, and is able to make a contribution to their community (PAHO/WHO, n.d.).

Pandemics disrupt the mental health of individuals and society on many different levels, one of them being widespread panic and increasing anxiety in people subjected to the real or perceived threats of the infectious agent. The mental health effects of a pandemic can impact health for many years, well past the precipitating event. These effects can compound the many challenges facing people who are already prone to mental health problems (Galea, 2020).

During a pandemic, it is common for people to feel stressed, anxious, worried, and fearful. Fear of the unknown or fear of uncertainty may be the most debilitating of the psychological effects of a pandemic. **As a pandemic begins to spread**, people may experience:

- Fear of contagion and death of self or loved ones

- Fear of contracting illness while caring for sick loved ones

- Fear of infecting a loved one

- Guilt regarding being the source of illness for a loved one

- Inability to intervene to prevent illness or death of loved ones

- Witnessing the illness or death of family members

- Bereavement and grief from loss of loved ones

- Psychological trauma due to quarantine and social distancing

- Difficulty maintaining self-care activities

- Domestic pressures caused by school closures, disruptions in daycare, or family illness

- Sense of ineffectiveness and powerlessness

- Loss of faith in health institutions, employers, or government leaders

- Belief that medical resources are not fairly distributed

- Restrictions on civil liberties that are perceived to be inequitable

- Frustration with lack of information and available resources

- Loss/disruption of job, financial hardship

As the pandemic decelerates, additional stressors begin to arise, which may include:

- Multiple losses

- Personal and population-wide bereavement

- Fear of recurrent waves of the pandemic returning

- Recuperation from illness

- Long-term medical complications

- Continued scarcity of basic necessities

- Massive economic disruptions

- Delays in reopening schools, daycare centers

- Ongoing stress on healthcare infrastructure

- Dealing with dependent family members who have lost their caretaker

- Changes in social support due to death and illness

    (Shultz, n.d.)

> **MENTAL HEALTH DURING THE COVID-19 PANDEMIC**
>
> In a study conducted during the COVID-19 pandemic, nearly half of Americans surveyed reported recent symptoms of an anxiety or depressive disorder, and 10% of respondents felt their mental health needs were not being met. Rates of anxiety, depression, and substance use disorder also increased since the beginning of the pandemic. People who have mental illnesses or disorders and then developed COVID-19 were more likely to die than those who didn't have mental illnesses or disorders.
>
> Data suggested that people are more likely to develop mental illnesses or disorders in the months following infection, including symptoms of posttraumatic stress disorder (PTSD). People with long COVID may also experience many symptoms related to brain function and mental health (NIH, 2022).

Psychological Stressors among Healthcare Professionals

Because of their prominent role in responding to a pandemic, healthcare professionals are at high risk for mental health effects. Studies following the MERS and SARS epidemics found high rates of depression and PTSD among physicians and frontline healthcare professionals. More recent research describes similar increased levels of mental stressors during the COVID-19 pandemic. These included:

- Fear

- Anxiety

- Depression

Stress levels were higher among those working in a clinical capacity, particularly frontline healthcare professionals in infectious disease, respiratory, and emergency departments. Lower stress scores among intensive care and anesthesiology specialists may be explained by their higher level of training in treating COVID-19 patients. Similarly, those who were confident of infection control strategies and training showed lower stress levels (Hassan et al., 2022).

Additional stressors among healthcare workers on the frontline (i.e., those who provide direct care and services to the sick or injured) may include:

- Stigmatization and ostracization due to caring for infected patients and their remains

- Shaming oneself about voicing one's own fears and concerns

- Fear of passing the infectious agent on to family and friends and the need to isolate oneself from them

- Tension between public health priorities and the wishes of patients and their families regarding quarantine

- Strain of strict bio-security measures:
  - Physical strain of having to constantly use protective equipment (e.g. dehydration, heat, exhaustion)
  - Physical isolation, which makes it difficult to use touch to provide comfort to a sick or distressed patient or to give/receive comfort after working hours
  - Need to be constantly aware and vigilant regarding infection control procedures
  - Strict procedures that prevent spontaneity and autonomy
- Psychological effects when the system fails to provide adequate personal protective equipment (PPE):
  - Fear of increased risk of infection
  - Extreme stress around disregarding usual practices for caring for oneself in order to remain uninfected and to continue to provide safe patient care
- Higher demands both professionally and personally:
  - Long hours
  - Increased patient numbers
  - Working in unfamiliar areas
  - Keeping up to date with best practices and developing information
  - Possible separation from and concern about family members
  - Inner conflict about competing needs and demands (e.g., "I want to take care of my patients; it's my calling and I am expected to; but I know I am taking great risks by doing so.")
- Witnessing human suffering and dealing with life-and-death decisions
- Reduced capacity to use social support due to intense work schedules and stigma within the community toward frontline workers and the need for social distancing
- Insufficient ability to carry out adequate self-care because of work demands and time constraints
- Lack of information about long-term exposure to infected individuals related to insufficient scientific knowledge about the infectious agent
- Burnout and compassion fatigue
  (IASC, 2020)

STRATEGIES FOR REDUCING MENTAL HEALTH IMPACTS ON HEALTHCARE WORKERS

Healthcare workers include any and all who work in healthcare services. Besides physicians and nurses, this includes first responders, housekeeping personnel, clerical personnel, lab technicians, respiratory therapists, occupational therapists, physical therapists, pharmacists, community-based workers, those who work in mortuaries, among many others.

The mental and psychological well-being of healthcare workers is imperative to their ability to function effectively, particularly when exposed to extreme conditions. Such exposure could result in negative mental health consequences, which may in turn affect the functioning and productivity of entire healthcare organizations. Keeping all healthcare workers from chronic stress and poor mental health means that they will have a better capacity to fulfill their roles. This can be quite difficult to accomplish during a pandemic. Following are some strategies that can be applied to help reach this goal.

Supporting Coworkers

During a crisis situation such as a pandemic, it is necessary for coworkers to care for each other to ensure everyone's physical and mental safety and to provide safe patient care. It can be helpful to partner with another for support and to monitor one another's stress levels and safety. During the work shift, partners can set up times to check in and to listen carefully while sharing experiences and feelings. Partners can offer each other help, monitor their workloads, and encourage breaks. It is helpful to share opportunities for stress relief using deep breathing and other relaxation techniques.

When a coworker exhibits exhaustion, irritability, inability to concentrate or remember important things, or begins making errors, displays lack of confidence, and withdraws from contact, it is also necessary to communicate these concerns to management.

WORKING IN "PODS"

In order to best utilize available personnel, healthcare workers can be organized into "pods" consisting of a group of individuals skilled at different levels who work together throughout a shift. For example, when caring for a COVID-19 patient in the ICU or on a ventilator, such a pod may include a skilled ICU nurse to care for those specialized needs, a nurse without ICU experience to provide skilled nursing care, a respiratory therapist to manage respiratory care, and nursing assistants to provide other basic skills.

Self-Care Strategies

During the increased stress of a pandemic, it is vitally important for healthcare workers to be active in taking good care of themselves. The following are recommendations to help reduce stress levels among frontline workers:

- Schedule and take brief breaks to care for basic needs.

- Schedule and take brief relaxation breaks at work. A few minutes of a break during a shift can be calming. Even a 5-minute walk can improve energy and focus.

- Take time each day to do something that brings joy, even if just for a brief moment.

- Maintain a healthy diet; bring your own meals to work.

- Keep your schedule of daily activities as regular as possible.

- Get some sunlight.

- Try chair yoga or stretching at work.

- Get regular exercise, such as walking or biking to work.

- Avoid or limit the use of alcohol and caffeine.

- Monitor yourself for excessive fatigue, irritability, poor focus, or anxiety.

- Pace yourself.

- Take a moment for a slow breath before entering a work area, entering a patient room, or clocking out. This can be difficult while wearing personal protective equipment like a mask, but breathing is calming and helps the body cope with physical symptoms of stress.

- If you regularly see a mental health professional, video visits or a phone call may be a good idea.

- If you do not regularly see a mental health professional but feel doing so could be helpful at this time, many mental health providers are offering free sessions for healthcare workers.

- If a spiritual practice is important to you or has been in the past, work it into your regular routine.
  (NCCN, 2021)

Pandemic-Related Training

Formal and informal training during a pandemic can prepare healthcare workers to face the stressors involved in working under such conditions. Such training can include:

- Specific and accurate information about transmission of the infectious agent and methods of containment

- When and how to screen patients and, potentially, family members

- When to appeal for quarantine and isolation

- Ethical decision-making about triage and surge capacity issues

In order to increase the sense of confidence in one's work-related performance, workers can also take part in training and/or planning exercises such as:

- Management of limited resources

- Implementation of various levels of quarantine

- Enforcement of movement restrictions

- How to handle mass fatalities

- How to conduct mental health screening

- How to cope with high stress demands

- Ways to prepare for family needs when required to be more involved at work or when in quarantine

- Ways to provide psychosocial support to colleagues
  (VA, 2022)

Management Strategies to Support Staff

Team leaders or managers in a health facility also face similar stressors and additional pressures due to the level of responsibility inherent in their roles. It is important that stress-relief provisions are in place for both workers and managers, and that managers serve as role models for strategies to mitigate stress. The following measures can be taken by management to help reduce the impact of stress on healthcare frontline staff:

- Ensure a clear system for coordination and communication with frontline workers to keep them apprised of the current recommendations for patient care and personal protection.

- Establish policies regarding work hours, duration of deployment, shift rotation, and rest periods, rotating workers from higher-stress to lower-stress functions.

- Train all frontline workers, including nonhealthcare workers in quarantine sites, in essential psychosocial care principles, psychological first aid, and how to make referrals when needed. Online training can be used if it is not possible to bring staff together due to infection risks.

- Partner inexperienced workers with more experienced colleagues, and ensure that outreach personnel enter the community in pairs. A buddy system can help provide support, monitor stress, and reinforce safety procedures.

- Develop stress-management protocols for frontline medical personnel and ensure that time is built in for colleagues to provide social support to one another.

- Create psychological supports for healthcare workers, including hotlines and access to trained mental health professionals.

- Once the pandemic begins to recede, actively monitor, support, and (where necessary) provide all staff with evidence-based treatments.

- Once the pandemic is over, allot debriefing time to reflect on and learn from the difficult experiences to create a meaningful rather than traumatic narrative.
  (Sadeghi & Wen, 2020; IASC, 2020; Greenberg et al., 2020)

CASE

Ginger is a 40-year-old registered nurse who is divorced and lives with her two young children and her elderly mother. Ginger has a history of treatment for anxiety and depression in the past and has been doing well for quite some time. She is a fairly recent nursing graduate and works in a large hospital in a major metropolitan area. There is a global pandemic occurring, and Ginger has been working 12-hour shifts for the past 12 days in a row. The hospital has no more beds available for the large influx of patients needing care, and PPE is being severely rationed.

As Ginger tends to her duties, she finds herself feeling more and more isolated from her coworkers, since they are all very busy. She becomes extremely fearful of making an error, becoming infected herself, and "killing my mom." As the days pass, Ginger is no longer sleeping well, has lost her appetite, and has difficulty staying focused. She now feels irritable, hopeless, and fatigued, and she begins to severely doubt her abilities as a nurse.

Elizabeth is a coworker who has been covering the same unit and shift along with Ginger. While she, too, is under a great deal of stress, she has begun to notice that Ginger is not doing well. She approaches Ginger in the hallway and asks her how she is coping. When Ginger begins to cry, they go to the breakroom, where Elizabeth encourages her to talk about how she is feeling and asks her what she can do to help her.

Ginger tells Elizabeth she does not think she can continue to come to work anymore. Ginger explains that there are so many ill patients and that they are scared. They cannot see their families, and she wants to help them cope with the isolation and fear. Elizabeth reassures Ginger that she is doing a good job and that she will be there to help her when needed. After their discussion, Elizabeth talks to her supervisor, who approaches Ginger, talks with her, and promptly refers her to employee assistance for mental health management.

Discussion

Ginger provides an example of how someone with preexisting mental health issues can quickly succumb to stress and become symptomatic once again. Her situation might have been improved if she had been assigned to work in a team along with a more experienced nurse. Together they could have supported each other, monitored each other's stress level and safety, and perhaps avoided the present situation. When a coworker, Elizabeth, does recognize Ginger's signs of inability to continue to cope with stress, she immediately intervenes to assess her status and to refer her so that she can receive mental health support.

DUTY OF CARE

During a pandemic, thousands of frontline healthcare providers are called to care for infected patients, placing their own health and lives at risk. Because healthcare providers are critical to an

effective response during a pandemic, it is important for them to be aware of the rights and responsibilities around caring for patients in such an emergency.

Duty of care is defined as the ethical and legal responsibility of a person or organization to avoid any behaviors or omissions that could reasonably be foreseen to cause harm to others (LD, 2017). Healthcare professionals have an ethical duty to provide care. They have an obligation to treat all patients and are not at liberty to abandon them.

Considerations during a pandemic involve weighing the potential harm to a healthcare worker against the potential benefit to a patient. Where risk to the worker is low and benefit to the patient is high, the duty of care obligation increases. However, where the risk to the healthcare worker is high and the benefit to the patient is low, the obligation to care for the patient decreases.

Governments and healthcare employers also have duties and obligations to healthcare professionals. They have a responsibility to ensure safe working conditions, including making certain there are appropriate safety precautions in place to protect those healthcare professionals and to ensure that counseling and mental health supports are available during such a crisis (Gruben & Czarnowski, 2020).

There are also limits to the personal risk of harm that healthcare personnel can be expected to accept as an ethical duty. Harm includes emotional, psychological, physical, or spiritual. Balancing their professional demands with the need to protect and care for self and family may therefore introduce a dilemma. Some may feel the personal risks are too great and choose not to care for infected patients. When this happens, the effects on the healthcare system can be profound.

The American Nurses Association, as one example, provides guidance for decisions about care made during extreme circumstances, including pandemics. In such situations, "a utilitarian framework usually guides practice decisions and actions, with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources" (ANA, n.d.). Specific ANA guidance to nurses states:

- Professional nurses have a duty to care during crises like pandemics. Their employers and supervisors have a corresponding duty to reduce risks to nurses' safety, plan for competing priorities like childcare, and address moral distress and other injuries to personal and professional integrity such crisis events can cause.

- No crisis changes the professional standards of practice, Code of Ethics, accountability for clinical competence, or values of the registered nurse. However, the specific balance of professional standards and crisis standards of care will be based on the reality of the specific situation, such as the presence or absence of necessary equipment, medications, or colleagues.

- Decision-making during extreme conditions can shift ethical standards to a utilitarian framework in which the clinical goal is the greatest good for the greatest number of individuals, but that shift must not disproportionately burden those who already suffer

healthcare disparities and social injustice. Sacrifices in desired care must be fairly shared. This means that care decisions are not about "the best that can be done" under normal conditions. They are necessarily constrained by the specific conditions during the crisis. Any move to crisis standards of care must be done within the institution's response structure and ideally in collaboration with other healthcare professionals, policymakers, and the community.

- Registered nurses may be asked to delegate care to others, such as students, staff displaced from another institution, or volunteers. This will require a rapid assessment of the skills of the others available to assist in patient care. Nurses must continue to emphasize patient safety and appropriate delegation.

- An increased reliance on a nurse's own or the collective accumulated competence may be needed, as the usual range of colleagues, experts, or support services may not be available (ANA, n.d.).

CONCLUSION

A pandemic is, without a doubt, an extremely stressful situation for everyone. It is especially difficult for healthcare workers who are responsible for the provision of safe and effective care to those who have become infected.

The general population is faced with many mental health challenges, including fear, anxiety, and uncertainty. Healthcare professionals are also faced with overwhelming demands to provide care for others, care for their families, and care for themselves.

It is important to remember, however, that for healthcare providers who risk their lives for the good of many, there is a reciprocal obligation that society keep them safe and ensure they are provided with everything they require to maintain their own safety. At the same time, it is important for everyone to be involved in actively caring for their own well-being.

RESOURCES

Mental health and COVID-19: Early evidence of the pandemic's impact
https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

Mental health and the pandemic: What U.S. surveys have found
https://www.pewresearch.org/fact-tank/2023/03/02/mental-health-and-the-pandemic-what-u-s-surveys-have-found/

Pandemic planning and preparedness resources (CDC)
https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/index.html

Resources to support the health and well-being of clinicians during the COVID-19 outbreak (National Academy of Medicine)
https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/

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TEST

1.   Which statement defines a pandemic?
   a.   An outbreak of disease occurring over a large geographical area
   b.   An outbreak that affects a high proportion of the population
   c.   An epidemic that spreads to multiple countries or regions of the world
   d.   A formal declaration by the World Health Organization

2.   Which psychological effect can occur when a healthcare system fails to provide adequate PPE?
   a.   Insufficient self-care
   b.   Restriction on autonomy
   c.   Burnout and compassion fatigue
   d.   Fear of increased risk of infections

3.   Which management strategy should be implemented once a pandemic is over?
   a.   Creating psychological supports such as a hotline
   b.   Establishing policies regarding work hours and shift rotation
   c.   Allotting debriefing time to reflect on and learn from difficult experiences
   d.   Training all frontline workers in psychological care principles

4.   Which statement explains duty of care?
       Healthcare professionals have no ethical duty to care for patients who have a contagious infection.
   a.   Healthcare professionals are morally obligated to provide care to any patient who has a contagious infection no matter how great the risk.
   b.   Because of state licensing requirements, there is no limit to the personal risk healthcare professionals must accept.
   c.   Accepting personal risk exceeding limits of duty is a moral option, not an obligation of healthcare professionals.