

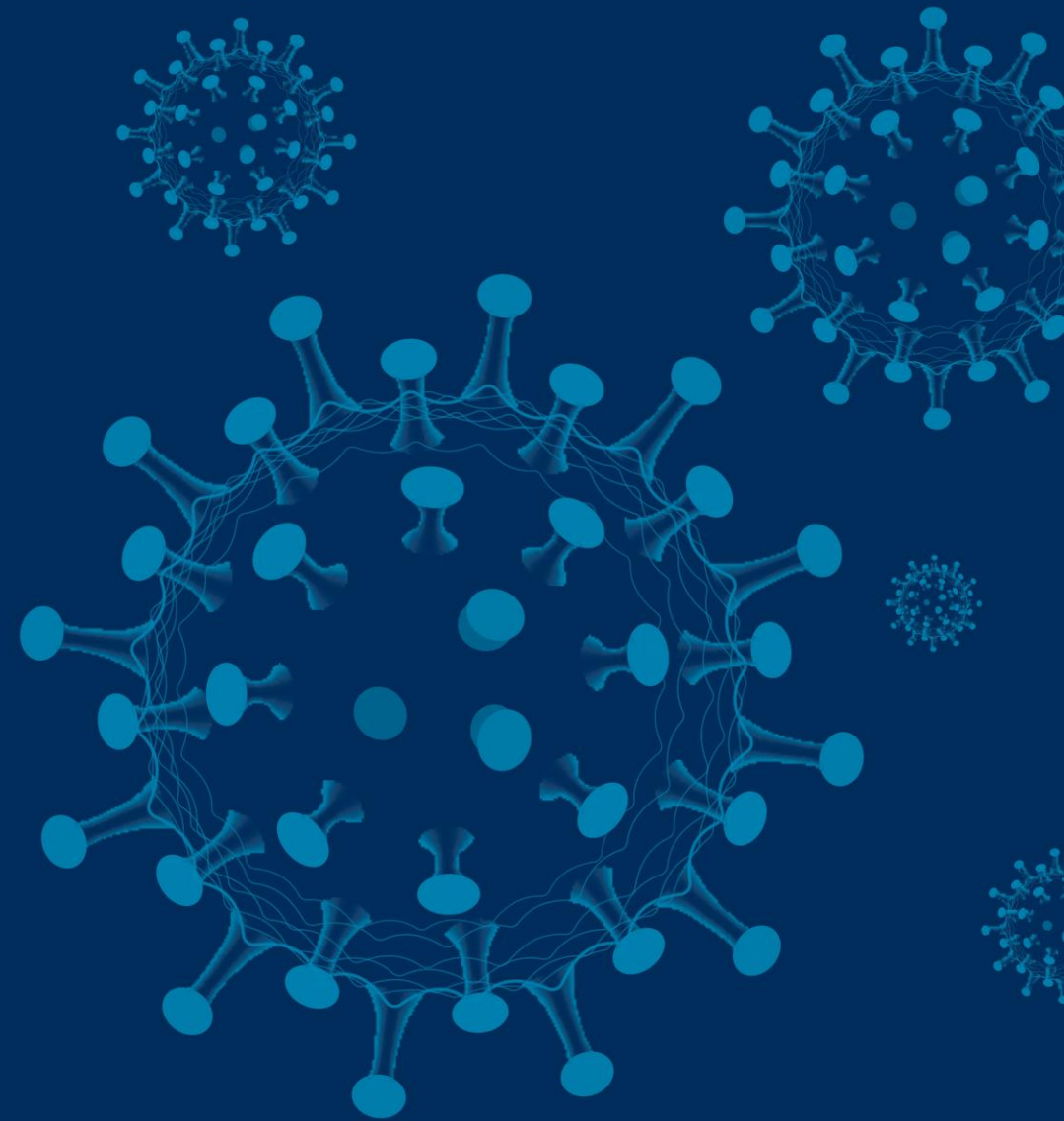


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COVID-19

# Your Mental Health Tipping Point: When to Seek Help?

*ACC COVID 19 Educational Summer Series*



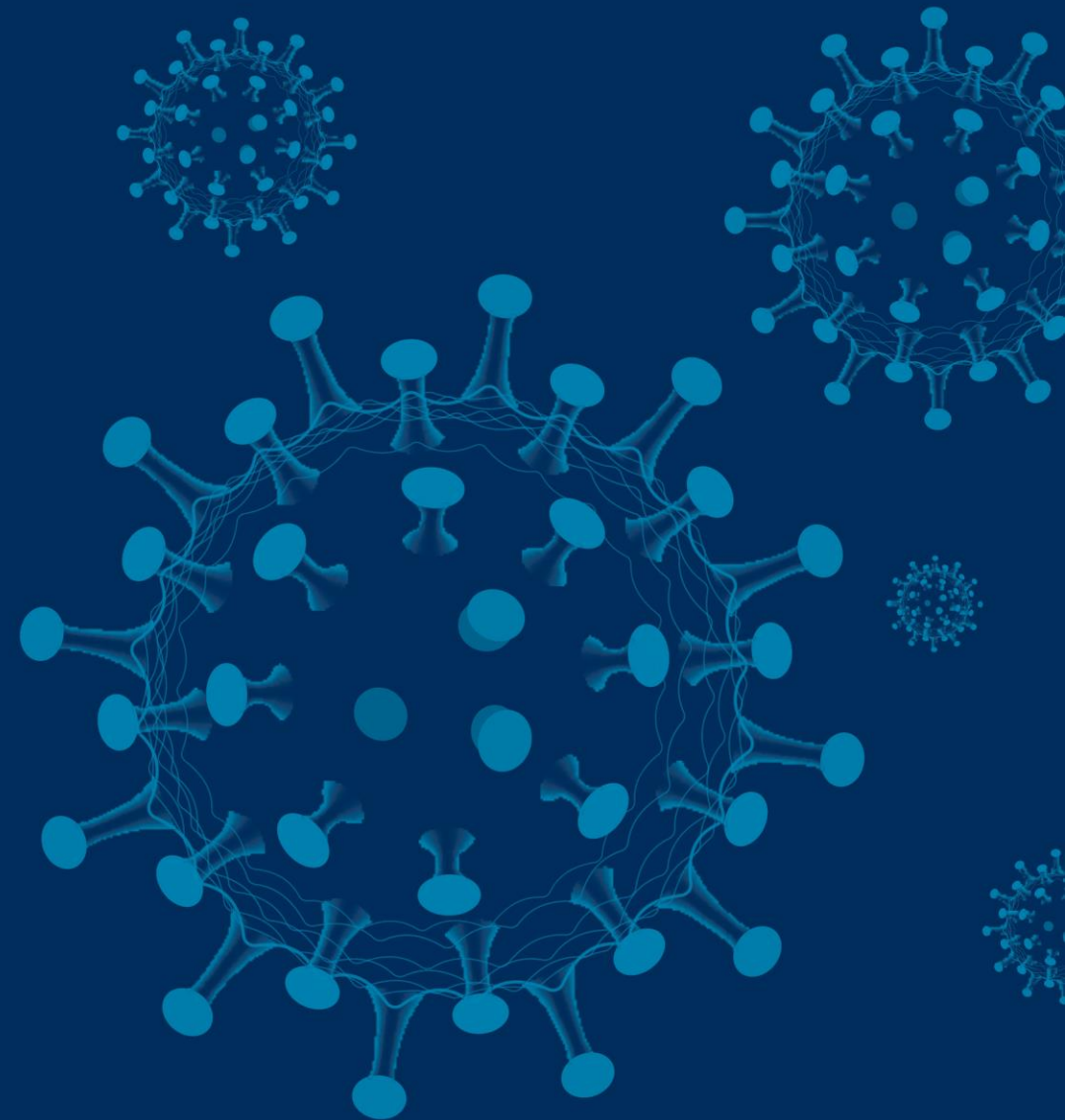


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**COVID-19**

# COVID 19 and Your Mental Health: “Look, Listen, and Feel ...Then Heal”

John P Erwin, III, MD, FACC  
Clinical Department Chair, Internal Medicine  
Northshore University HealthSystem





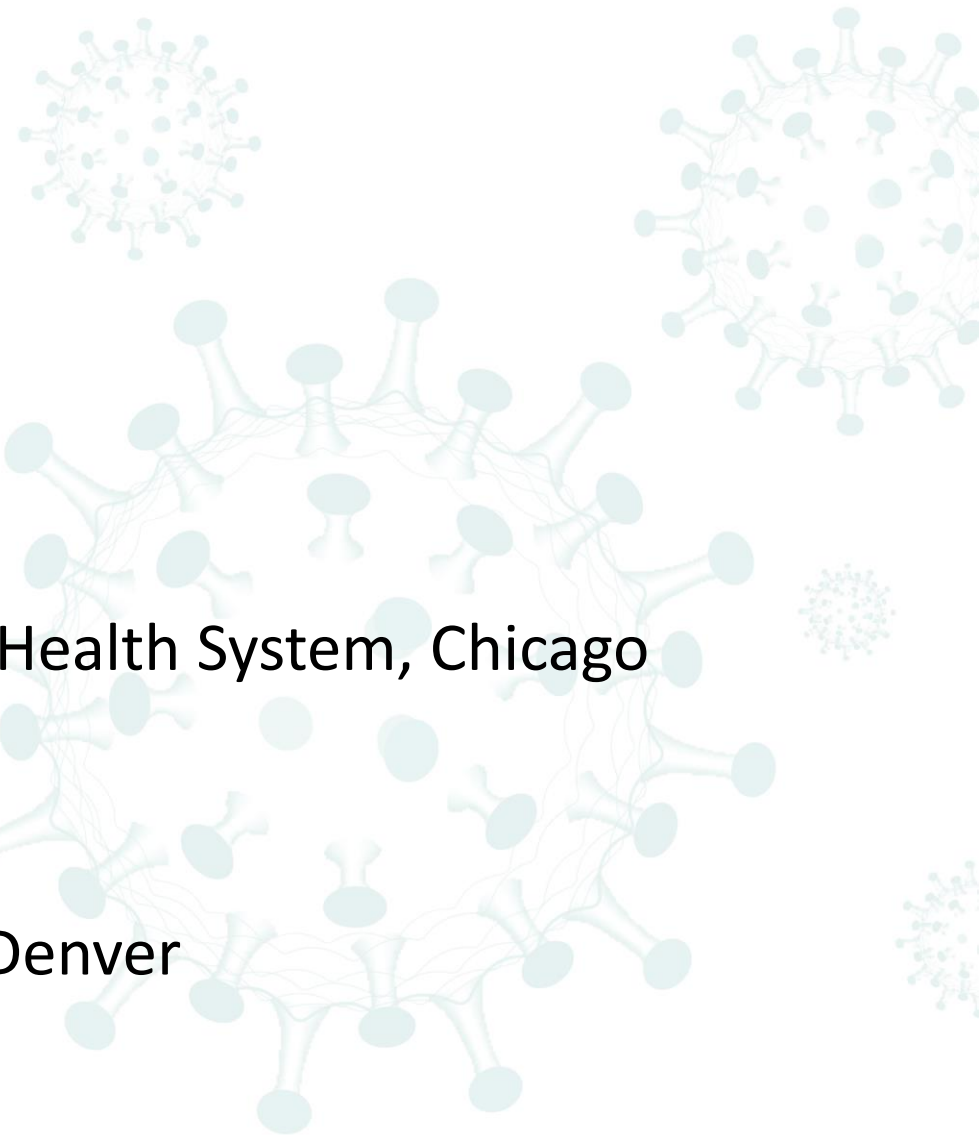
## Webinar Faculty

- **Moderator:**

John P Erwin, III, MD, FACC, Northshore University Health System, Chicago

- **Faculty:**

- Maria Jose Lisotto, MD, Harvard Medical School
- Dakota Carter, MD, Highlands Behavioral Health, Denver





## Learning Objectives

- Discuss the additive stress that Covid-19 has placed on the healthcare workforce
- Identify common signs and symptoms of acute mental distress
- Recognize barriers to seeking mental health support
- Discuss benefits of using technology to reduce stress

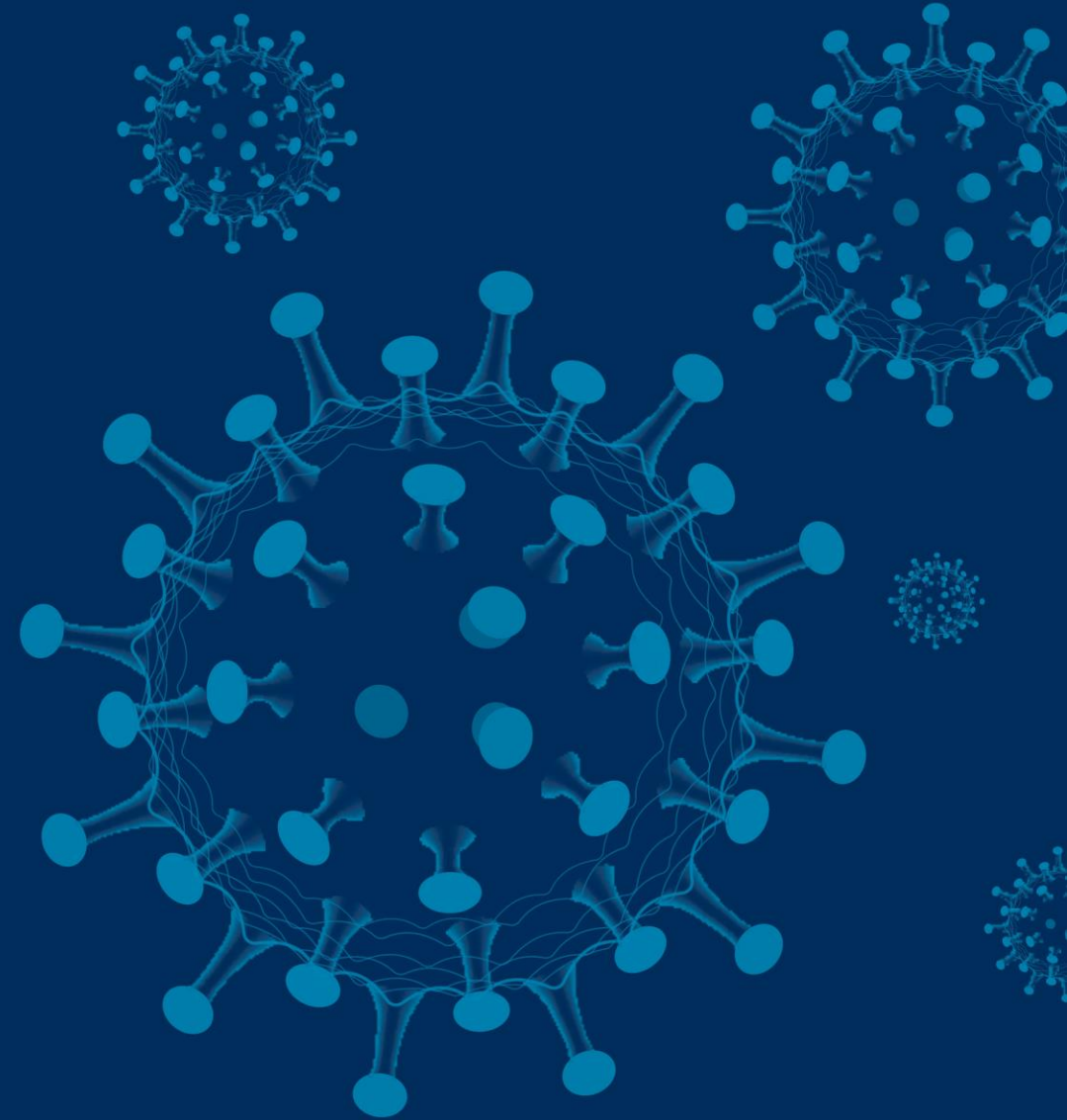




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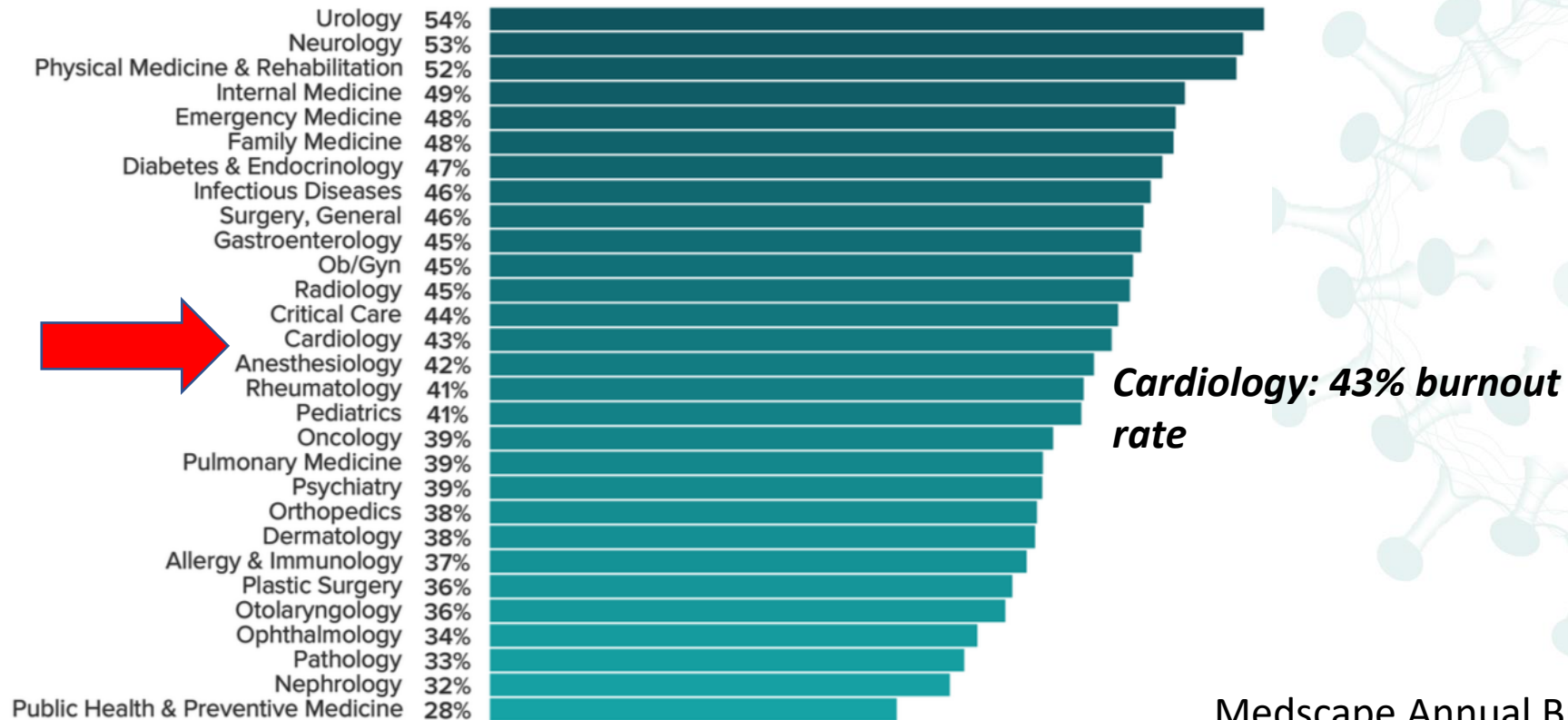
# COVID-19

Imagine if you will



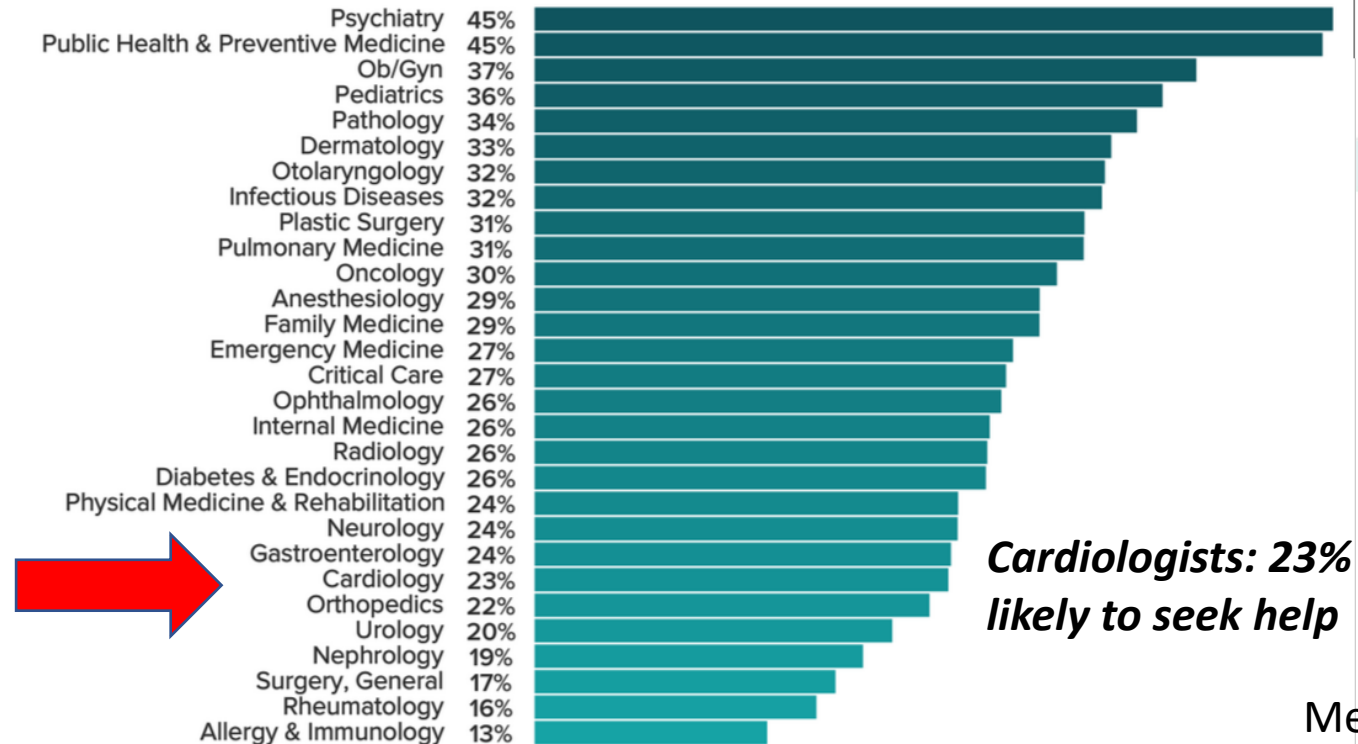


## Which Physicians are Most Burned Out?





# Which Physicians are More Likely to Seek Professional Help?







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## COVID-19 Hub

### *Highlights from ACC's 2019 Member Well-Being Survey*

- Survey completed November 2019 (pre COVID)
- 1 out 3 cardiologists reported burnout
- 44% reported they were stressed

***...and only 1/3 would voluntarily participate in a workplace wellness program***

Mehta, Laxmi, et al American College of Cardiology 2020 Scientific Session (ACC.20)/World Congress of Cardiology (WCC). Abstract [403.08](#). Presented March 28, 2020.







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FIRST OPINION

# COVID-19 The Covid-19 crisis too few are talking about: health care workers' mental health

By JESSICA GOLD / APRIL 3, 2020

[Reprints](#)

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Research Letter | Psychiatry

May 28, 2020

## Mental Health Outcomes Among Frontline and Second-Line Health Care Workers During the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy

Rodolfo Rossi, MD<sup>1</sup>; Valentina Socci, PhD<sup>2</sup>; Francesca Pacitti, MD<sup>2</sup>; et al

» [Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2020;3(5):e2010185. doi:10.1001/jamanetworkopen.2020.10185



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### Feature | The Urgency of Clinician Well-Being During the COVID Pandemic

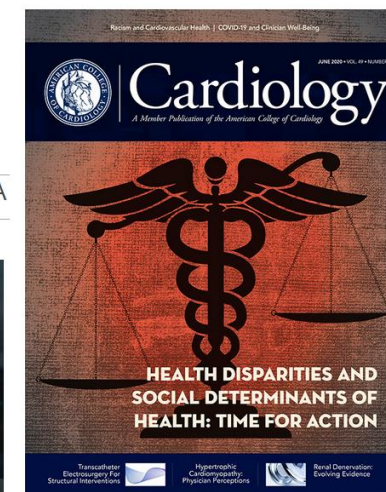
Jun 20, 2020

Cardiology Magazine

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The COVID-19 pandemic has been a dramatic source of stress for physicians in the U.S. The pandemic has created an abrupt increase in workload, exposed physicians to personal risk of infection, forced many to practice outside their typical area of expertise, and exposed them to tremendous moral distress and human suffering.



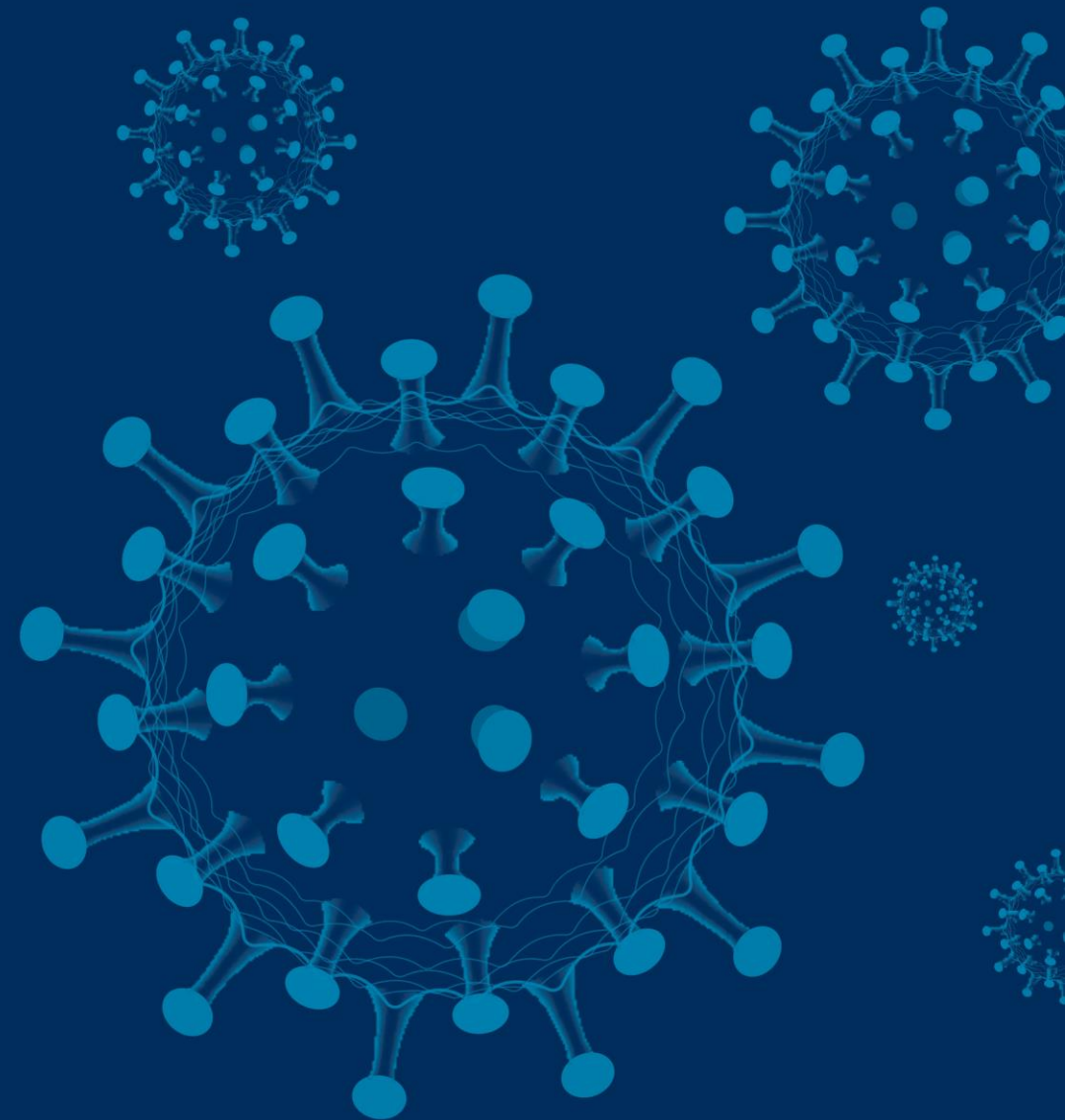


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## COVID-19 Hub

# Stress and Self-Care in COVID 19 Era: You Have To Name It

Maria Jose Lisotto, MD  
Child/Adolescent and Adult Psychiatrist  
Cambridge Health Alliance  
Harvard Medical School





# Importance of Self-Care:

- Face mask in planes – cannot care for others without first caring for ourselves
- Clinician well-being affects patient care
- Clinician self-care promotes and exemplifies health to patients, trainees, coworkers







# What is causing stress in covid-19 era?

- Pre-existing clinician burnout
- Feeling alone and reticent to ask for help: from stigma to concerns around disclosure
- Personal/professional losses
- Health care worker shortages as a result of illness, need o care for sick relatives, or absence due to fear of contracting the illness
- Fear of becoming a vector for family members/patients'/other healthcare workers
- Lack of PPE and emotional support for healthcare providers
- Loss of human connections, income





# What is causing stress in covid-19 era?

- Acute stressor exacerbating underlying problems related to:
  - a) systems of care (inappropriately prepared to manage crises, insurance coverage, difficulties accessing telehealth in rural areas)
  - b) socioeconomic and racial/ethnic injustice: (worsening burden of illness in minority populations; poor preventive care and management of chronic illnesses - individuals with such diabetes, HTN, COPD, at higher risk for serious complications from covid-19)
- Unknown end to crises: unclear vaccine timeline, unclear significance of antibody-based immunity post infection



# Common psychological and behavioral responses to stress in “covid-like times”

### Distress Reactions:

- insomnia
- anxiety
- decreased perception of safety
- feelings of helplessness, anger
- scapegoating
- increased use of medical resources/healthcare visits due to fears of illness
- somatic symptoms (lack of energy, general aches and pains)



# Common psychological and behavioral responses to stress in “covid-like times”

### Health Risk Behaviors:

- increase in use of alcohol/tobacco/illicit substances
- altered work/life balance
- social isolation
- increase in family conflict
- violence

-Center for the Study of Traumatic Stress:

[https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Taking\\_Care\\_of\\_Patients\\_During\\_Coronavirus\\_Outbreak\\_A\\_Guide\\_for\\_Psychiatrists\\_03\\_03\\_2020.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Taking_Care_of_Patients_During_Coronavirus_Outbreak_A_Guide_for_Psychiatrists_03_03_2020.pdf)

-Morganstein, J.C., Ursano, R.J., Fullerton, C.S., Holloway, H.C. (2017). Pandemics: Health Care Emergencies. In R.J. Ursano, C.S. Fullerton, L. Weisaeth, B. Raphael (Eds.). Textbook of Disaster Psychiatry, 2Ed (pp. 270-283). Cambridge University Press. Cambridge, UK.



# You Have to Name It!

- **Burnout:** syndrome of emotional exhaustion, cynicism, depersonalization in relationships with workers, and reduced personal accomplishment that can occur in any individuals due to excessive work in stressful conditions
  - 50% of physicians in training and practicing physicians in the US
- **Moral Injury:** emotional, physical and spiritual harm people feel after “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”

Dean W., Talbot D., Dean A. (2019). Reframing clinician distress: Moral injury not burnout. *Fed Pract* 36(9):400-402

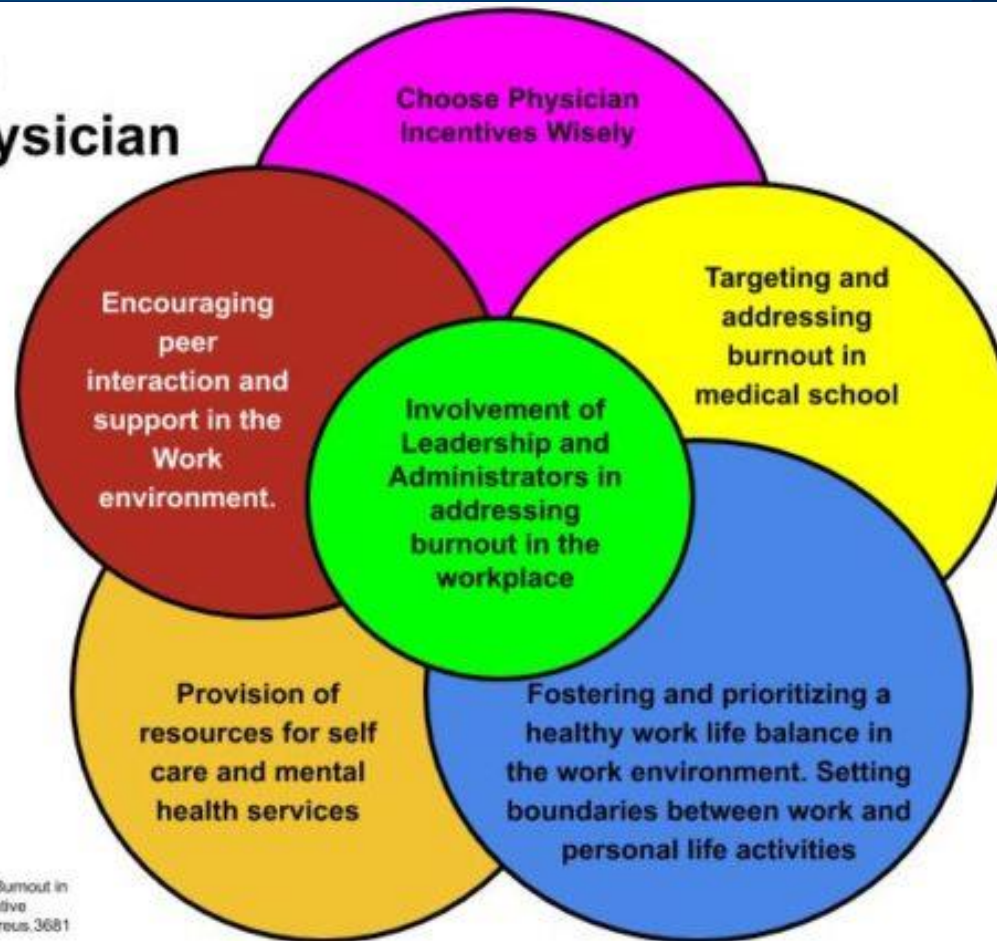
Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. *Lancet*. 2016;388:2272–2281.

Marek T, Schaufeli WB, Maslach C. *Professional Burnout: Recent Developments in Theory and Research*. Philadelphia, PA, US: Routledge; 2017.





## Strategies to Decrease Physician Burnout<sup>(3)</sup>.



(3) Reference: Reith T P (December 04, 2018) Burnout in United States Healthcare Professionals: A Narrative Review. Cureus 10(12): e3681. DOI 10.7759/cureus.3681

### BOS parameters

#### Emotional

I deal very effectively with the problem of my patients

I feel I treat some patients as if they were impersonal objects

I feel emotional drained from my work

I feel fatigued when I get up in the morning and have to face another day on the job

#### Cynicism

I have become more careless toward people since I took this job

I feel I am positively influencing other people's lives through my work

Working with people all days is a strain for me

I don't really care what happens to some patients

#### Inefficacy

I feel exhausted after working closely with my patients

I think of giving up my role model for others

I reflect on the satisfaction I get from being a health provider

I regret my decision for becoming a health-care provider



March 23, 2020

# Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019

Jianbo Lai, MSc<sup>1</sup>; Simeng Ma, MSc<sup>2</sup>; Ying Wang, MSc<sup>2</sup>; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976



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## Key Points | [Español](#) | [中文 \(Chinese\)](#)

**Question** What factors are associated with mental health outcomes among health care workers in China who are treating patients with coronavirus disease 2019 (COVID-19)?

**Findings** In this cross-sectional study of 1257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19.

**Meaning** These findings suggest that, among Chinese health care workers exposed to COVID-19, women, nurses, those in Wuhan, and front-line health care workers have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions.

May 28, 2020

# Mental Health Outcomes Among Front-line and Second-Line Health Care Workers During the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy

Rodolfo Rossi, MD<sup>1</sup>; Valentina Socci, PhD<sup>2</sup>; Francesca Pacitti, MD<sup>2</sup>; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2020;3(5):e2010185. doi:10.1001/jamanetworkopen.2020.10185

- 1379 HCWs completed the questionnaire; 681 respondents (49.38%) endorsed PTSS; 341 (24.73%), symptoms of depression; 273 (19.80%), symptoms of anxiety; 114 (8.27%), insomnia; and 302 (21.90%), high perceived stress.
- Results are in line with previous reports from China, confirming a substantial proportion of mental health issues, particularly among young women and frontline HCWs.



# Tipping point: When to seek care?

- New/worsening use of EtOH/illicit substances
- Clinical depression (>2 weeks of SIGECAPS) – pay attention to anhedonia, +PMR, hopelessness, changes in sleep/appetite
- New/worsening anxiety (panic attacks, agoraphobia, OCD, GAD)
- Exacerbation of underlying psychiatric illness (acute on chronic)
- Self-harm/suicidal thoughts -> physician suicide: twice the rate of completed suicide, women>male





# Common Barriers to Seeking Care: You Have to Name It!

## Stigma and Shame:

- SHOULD be able to handle it myself; SHOULD be better, stronger, try harder
- Physicians' image of strength and omnipotence – double edge sword
- Need to raise awareness and decrease stigma, starting with training programs – facilitate and encourage trainees to seek psychiatric/psychological treatment

*“Vulnerability is the core of fear, but also the birthplace of love and belonging”* Brene Brown



# Utilization and Barriers to Mental Health Services Among Depressed Medical Interns: A Prospective Multisite Study

CONSTANCE GUILLE, MD  
HEATHER SPELLER, BA  
RACHEL LAFF, MD  
C. NEILL EPPERSON, MD  
SRIJAN SEN, MD, PhD

	Strongly Agree and Agree, % (No./Total No.)
Reported barriers to seeking mental health treatment	
I prefer to manage my problems on my own.	75.1 (160/213)
I am concerned about confidentiality.	57.3 (121/211)
I am concerned about what others would think.	52.1 (111/213)
It would harm my career.	35.4 (75/212)
I don't believe mental health treatment (medication or counseling) would help me.	24.9 (53/213)
My colleagues would have less confidence in me.	43.4 (92/212)
Other factors that could inhibit seeking treatment	
Time (ie, lack of personal time to seek mental health care)	91.5 (195/213)
Lack of convenient access to care (ie, location, appointment availability, appointment times)	61.8 (131/212)
Cost (ie, poor insurance coverage or lack of personal finances)	50.2 (107/213)
Lack of information about how/where to obtain services	35.4 (75/212)

**Results** Of the 42.5% (278 of 654) of interns who screened positive for depression, 22.7% (63 of 278) reported receiving treatment during the intern year. The most frequently cited barriers to seeking treatment were time (91.5%), preference to manage problems on their own (75.1%), lack of convenient access (61.8%), and concerns about confidentiality (57.3%). Interns who had previously sought treatment for depression were more likely to seek treatment during internship.

# Finding **MENTAL HEALTH CARE** that Fits Your **CULTURAL BACKGROUND**



## Tips for Finding a Culturally Competent Provider

### Research Providers

- Contact providers or agencies from your same cultural background or look for providers and agencies that have worked with people who have a similar cultural background.
- Ask trusted friends and family for recommendations.
- Look online or ask for referrals from cultural organizations in your community.
- If you have health insurance, ask the health plan for providers that fit your cultural background.



### Ask Providers These Questions

- Are you familiar with my community's beliefs, values and attitudes toward mental health? If not, are you willing to learn about my cultural background and respect my perspective?
- Do you have experience treating people from my cultural background?
- Have you had cultural competence training?
- Are you or members of your staff bilingual?
- How would you include aspects of my cultural identity, such as age, faith, gender identity or sexual orientation, in my care?



### Other Things You Can Do

- Tell the provider about traditions, values and beliefs that are important to you.
- Tell the provider what role you want your family to play in your treatment.
- Learn about your condition, particularly how it affects people from your culture or community.
- Look around the provider's office for signs of inclusion. Who works there? Does the waiting room have magazines, signs and pamphlets for you and your community?





# Support/Referral Systems

- Insurance based
- National Alliance on Mental Illness (NAMI)

<https://www.nami.org/About-Mental-Illness/Treatments/Types-of-Mental-Health-Professionals>

- Psychology Today: <https://www.psychologytoday.com/us>





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[Volunteer Portal](#)

# Physician Support Line 1 (888) 409-0141

Helping our colleagues all over the U.S. on the front lines of COVID-19

Free & Confidential | No appointment necessary

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[Call Now](#)



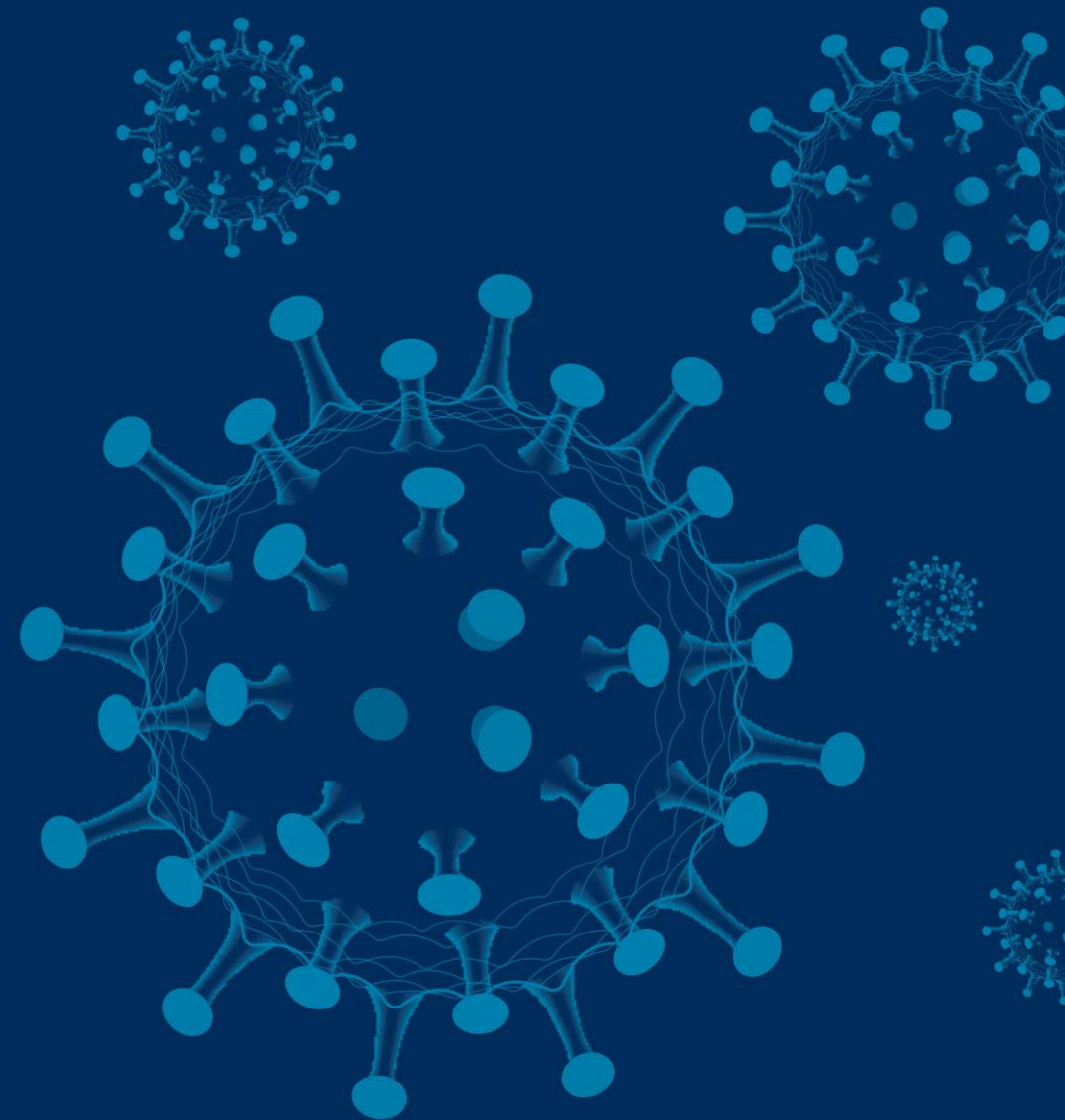


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## COVID-19 Hub

# How Do We Combat a Burnout Pandemic Within the COVID Pandemic?

Dakota Carter, MD, EdD  
Chief Medical Officer  
Highlands Behavioral Health  
Denver





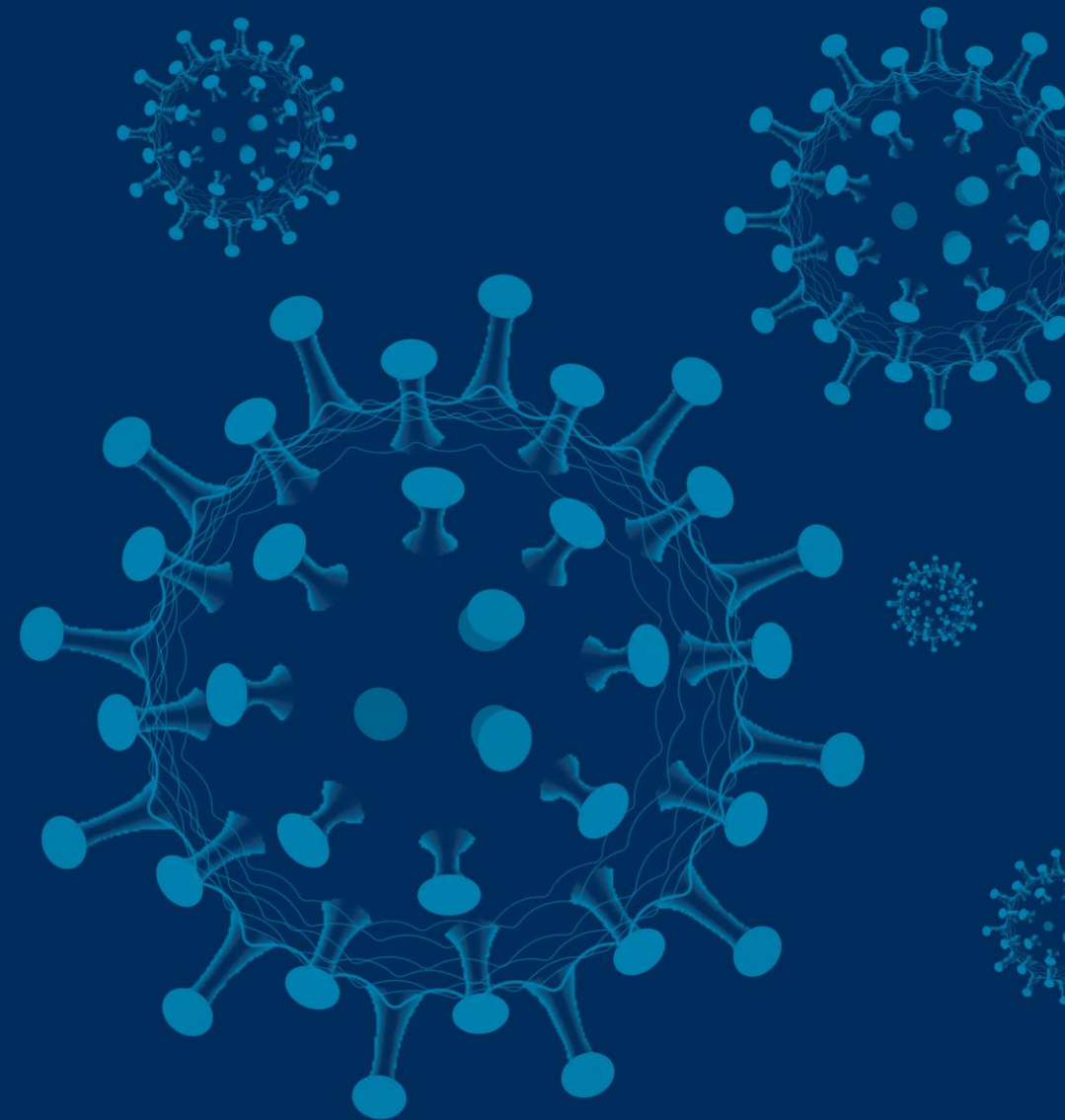
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Acknowledge our needs!

“Rest and self-care are so important. When you take time to replenish your spirit, it allows you to serve others from the overflow. *You cannot serve from an empty vessel.*”

*-Eleanor Brownn*





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# Stay connected

Fight isolation, loneliness—we are all in this together!

Stay connected, even remotely, personally and professionally.

Zoom/Facetime/Call your family and friends

Reach out to mentors/colleagues—discuss cases and life



# Modeling and Leadership

Healthcare workers, especially those that work in interdisciplinary teams, can influence others to practice better self-care and wellness.

Healthcare leaders that practice self-care and burnout management are perceived to be better leaders, overall.

Your engagement with self-care can influence organizational culture to promote more wellness and wellbeing.





# Resources (utilizing technology)

Mood trackers

Smart watches/gadgets

Online support groups

Other

Sleep aids, mindfulness, meditation, etc.





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# Resources (utilizing technology)

Tele-therapy

Tele-psychiatry





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# Talk about it!

De-stigmatize and Discuss

Again, modeling—ask how people are doing and recognize behaviors/issues in peers and team





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# Define your brand of self-care

Your version of self-care is individual to you

No “right way” to do it, but you must commit to  
making space for wellness

Identify, then initiate these “behaviors”







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# Seeking help when needed

Depression, lasting 2 or more weeks

Increasing/new substance use (illicit or otherwise)

Suicidal thoughts, intent or plans

Options: Medication/individual therapy/group therapy (tele and in-person)



# Key Takeaways (CARDIO)

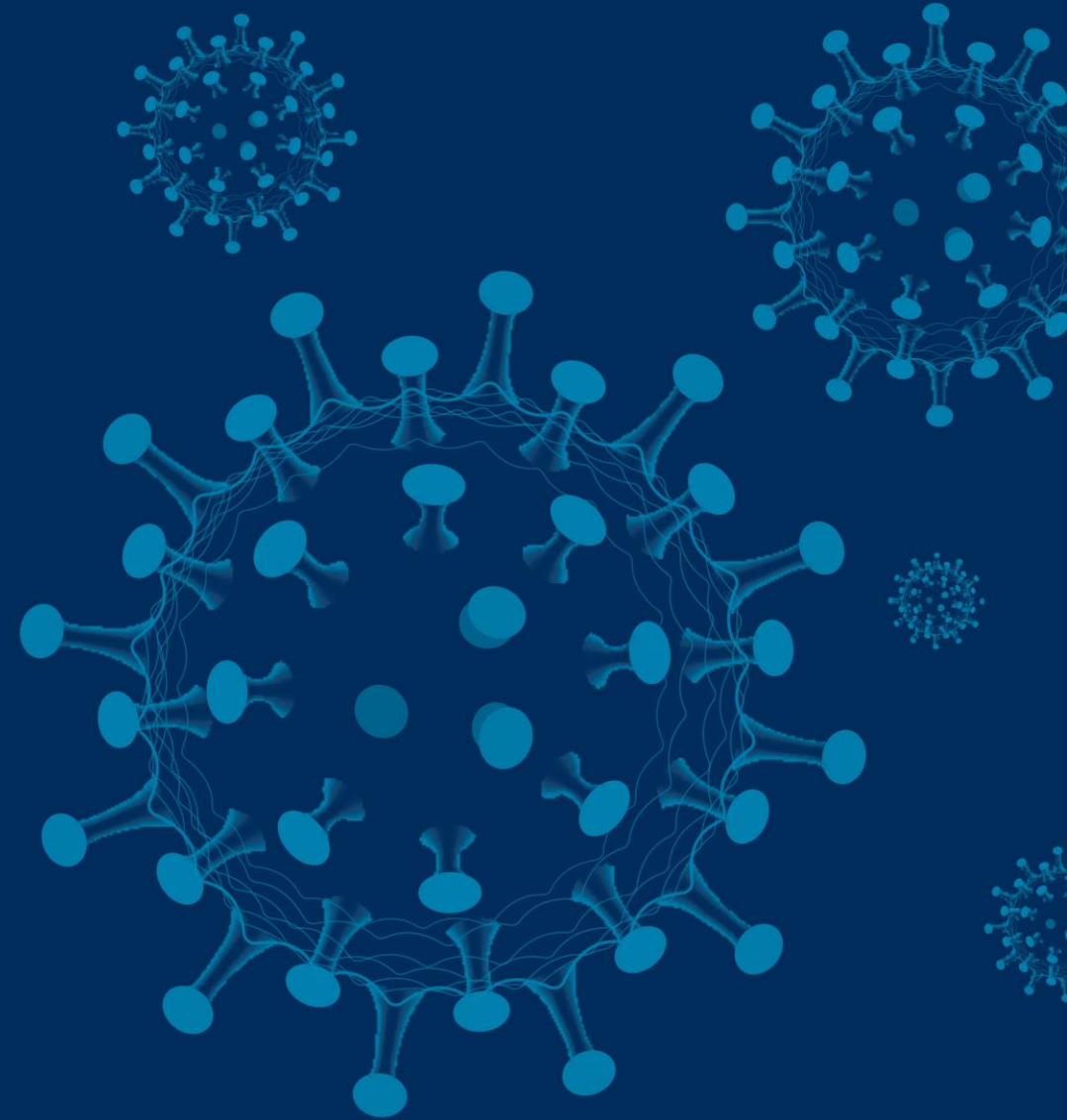
Connections are key—stay connected to friends, family, peers and colleagues  
Always model healthy (self-care) behavior and skills to your team  
Resources, resources, resources—use them!  
Discuss and de-stigmatize mental health  
Identify/initiate your individual brand of self-care  
Options: getting professional help, when needed



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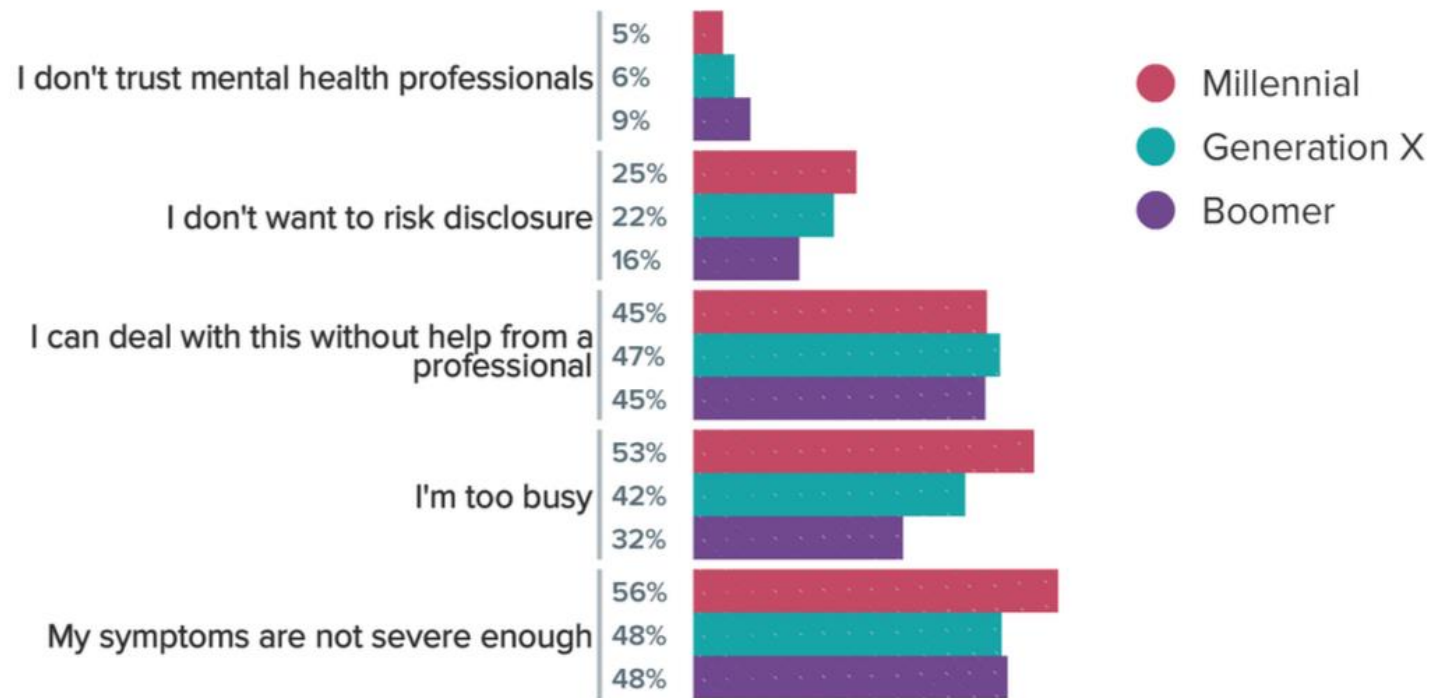
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## Panel Discussion






# Why Have You Not Sought Help for Your Burnout and/or Depression?





# Mental Health Support: Licensure as a Concern



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Statement on removing barriers to mental health care for clinicians and health care staff

## Statement on removing barriers to mental health care for clinicians and health care staff

As the COVID-19 pandemic continues to place an unprecedented strain on the health care workforce, The Joint Commission issued a [statement](#) on May 12 on removing barriers to mental health care for clinicians and health care

May 12, 2020

- The Joint Commission ***does not require organizations to ask about a clinician's history of mental health conditions or treatment.*** We strongly encourage organizations to not ask about past history of mental health conditions or treatment.
- ***As an alternative, we support the recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that currently impair the clinicians' ability to perform their job.***
- ***It is critical that we ensure health care workers can feel free to access mental health resources.***
- ***The Joint Commission supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.***



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# Discussion





# Common Barriers to Seeking Care: You Have to Name It!

## Confidentiality/Licensing Concerns:

- Insurance – to use or not to use? Medical records
- Licensing concerns: some states require disclosure of history and/or current mental health

**Time/Cost**

**Guilt**





# Physician-Friendly States for Mental Health: A Review of Medical Boards:

- Some states with 1-2 straightforward impairment question (s) that do not mention mental health or no mental health questions in application: Connecticut, Hawaii, Indiana, Kentucky, New Jersey, Maine, Maryland, Massachusetts, Michigan, Nevada, New York, Pennsylvania, Wyoming
- States with mental health question(s) spanning the last 5 years: Arizona, Colorado, Idaho, North Dakota, Ohio, Oklahoma, Oregon, Texas, Utah
- States with multiple mental health questions unlinked to current impairment that contain confusing/controversial language: Alabama, Alaska, Delaware, Florida, Mississippi, Rhode Island, Washington





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**COVID-19: RESOURCES FOR CLINICIAN WELL-BEING**

[www.ACC.org/Clinicianwellbeing](http://www.ACC.org/Clinicianwellbeing)

# ACC COVID 19 Clinician Well-Being Resources

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[memberengage@acc.org](mailto:memberengage@acc.org)

with stories,  
request for topics,  
educational resources



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