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COVID-19

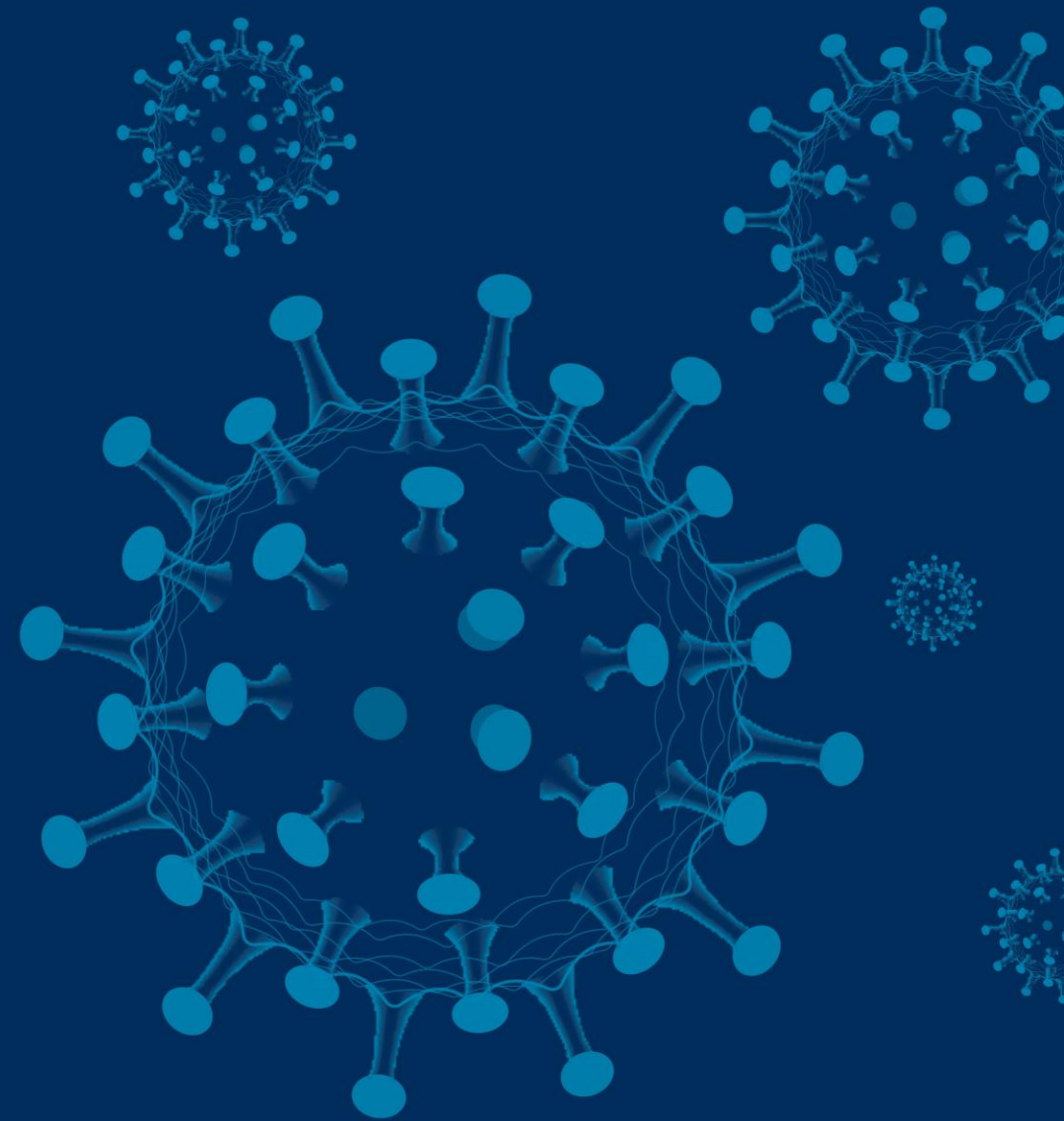
Mental Health and COVID Crisis: Developing Your Resilience Beyond Burnout

Laxmi Mehta, MD, FACC

Evelina Grayver, MD, FACC

Joel Hughes, PhD

Suzan Song, MD





Learning Objectives

- Know signs and symptoms of stress, anxiety and trauma and how to ask for help
- Understand how COVID 19 contributes to increased stress, anxiety and trauma
- Be aware of ACC and other resources to reduce stress, anxiety and trauma



Stress, Anxiety and Trauma in the COVID 19 Era

THE NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE
Inequity in Crisis Standards of Care

VISUAL ABSTRACTS
Evaluate research outcomes in an instant

IMAGES IN CLINICAL MEDICINE
Pneumocephalus Due to a Bronchoatrial Fistula

PERSPECTIVE
The Day My Gut Feeling Led Me Astray

ORIGIN
Random Prevent Vaginosis

Perspective
Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being
Victor J. Dzau, M.D., Darrell Kirch, M.D., and Thomas Nasca, M.D.

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Clinical Topics Latest In Cardiology Education and Meetings

COVID-19: Resources For Clinician Well-Being

COVID-19: RESOURCES FOR CLINICIAN WELL-BEING

ACC Member Hub

Webex Meeting Reminder

The New York Times

'I Can't Turn My Brain Off': PTSD and Burnout Threaten Medical Workers

Before Covid-19, health care workers were already vulnerable to depression and suicide. Mental health experts now fear even more will be prone to trauma-related disorders.

Strategies to Support the Health and Well-Being of Clinicians During the COVID-19 Outbreak



Viewpoint

April 7, 2020

ONLINE FIRST FREE

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Tait Shanafelt, MD¹; Jonathan Ripp, MD, MPH²; Mickey Trockel, MD, PhD¹

» Author Affiliations | Article Information

JAMA. Published online April 7, 2020. doi:10.1001/jama.2020.5893



Speakers

- Evelina Grayver, MD, FACC – Cardiologist, Director of CCU, Northwell Health
- Joel Hughes, PhD - Professor and Director of Clinical Training, Kent State University
- Suzan Song, MD, MPH, PhD- Director, Division of Child/Adolescent & Family Psychiatry George Washington University
- Moderator: Laxmi Mehta, MD, FACC, The Ohio State Wexner Medical Center



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Mental Health and COVID Crisis: Coping on the Frontline

Evelina Grayver, MD, FACC
Director of CCUS, Northwell Health





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CORONAVIRUS PANDEMIC

GLOBALLY

TOTAL CASES	DEATHS
3,724,688	260,938

IN THE UNITED STATES

TOTAL CASES	DEATHS
1,216,739	72,233

SOURCE: JOHNS HOPKINS UNIVERSITY

SOON: WHITE HOUSE BRIEFING



LIVE



4:21 PM ET

CORONAVIRUS PANDEMIC

INSOMNIA, ANXIETY, LINGERING FEAR: WHAT IT'S LIKE TO BE A FRONTLINE WORKER

Dr. Evelina Grayer | Dir. Coronary Care Unit, North Shore Univ. Hospital

CUS ON MATTERS DIRECTLY RELATED TO THE CORONAVIRUS PANDEMIC

THE LEAD



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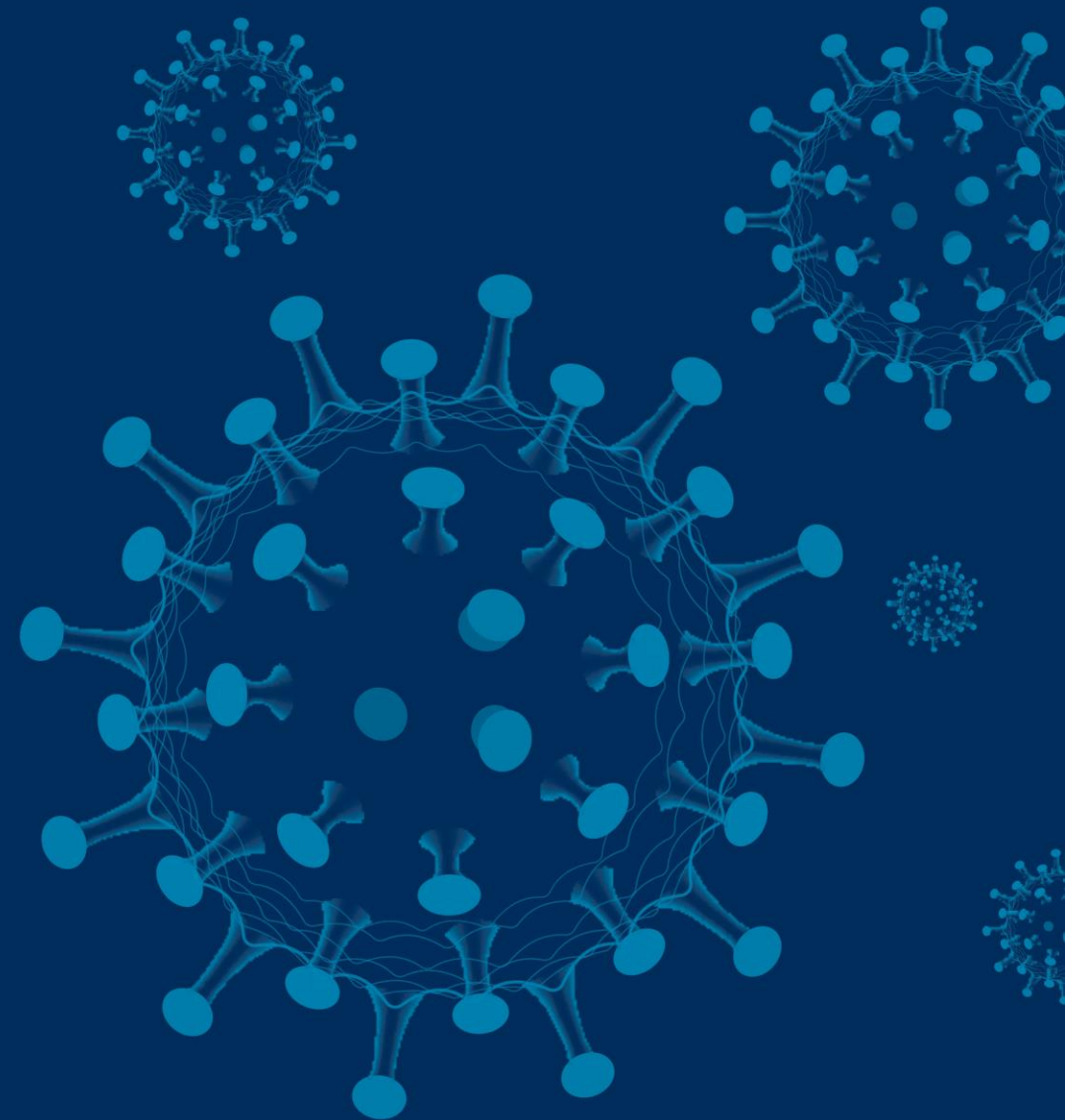
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Cognitive Behavioral Strategies

Joel W. Hughes, Ph.D.
Professor and Director of Clinical Training
Kent State University

- No COI's, no disclosures,
- Views expressed are my own



Why are there such high levels of anxiety, stress, and fear among clinicians?

- Rational and realistic concerns and fears
- Real losses
- Pre-existing clinician burnout
- Increased job strain
- Multiple Role Interference

Concerns and Fears

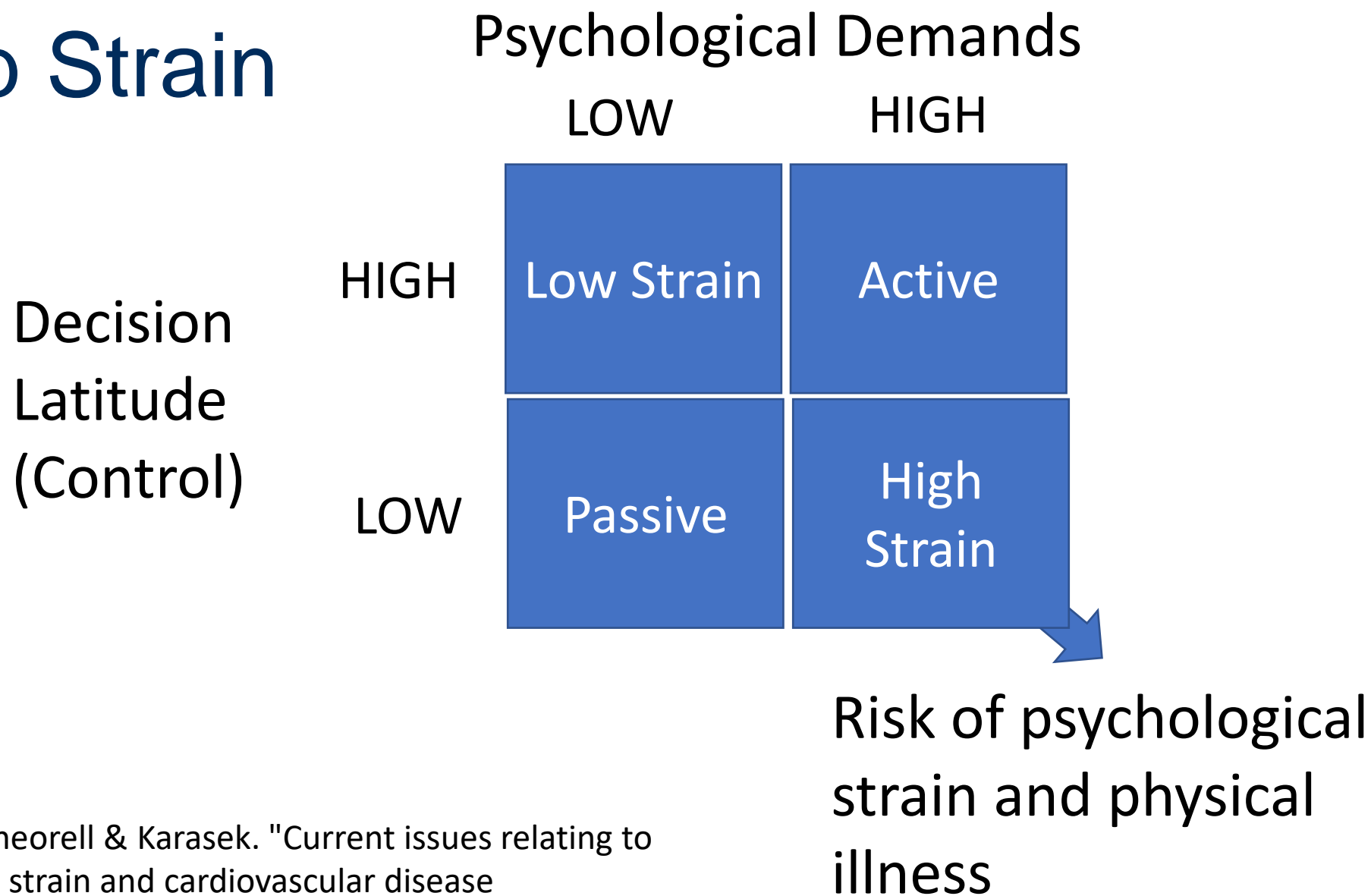
- The novel coronavirus pandemic is the greatest global biopsychosocial stressor in memory
- Examples of concerns and fears:
- Lack of enough appropriate PPE
 - Infection: self and loved ones
 - Becoming a disease vector
 - Mortality salience promotes existential dread



Losses

- Loved ones
- Patients
- Colleagues
- Occupational
- Recreational
- Resources

Job Strain



Adapted from Theorell & Karasek. "Current issues relating to psychosocial job strain and cardiovascular disease research." *Journal of occupational health psychology* 1.1 (1996): 9.

Multiple Role Interference*

- The additional stress produced when demands increase simultaneously in multiple life roles
- Multiple role interference may increase demands and thus job strain

*This is not in the current literature—it is anecdotal/conjecture.

Why mental well-being is important for clinicians

- Well-being affects patient care*
- Well-being affects clinicians: High suicide rate among clinicians**
 - Risk factors for suicide *beyond* mental illness:***
 1. Perceived burdensomeness
 2. Thwarted belongingness
 3. Capacity for death

*Brady, Keri JS, et al. "What do we mean by physician wellness? A systematic review of its definition and measurement." *Academic Psychiatry* 42.1 (2018): 94-108.

**Sher, Leo. "Towards a model of suicidal behavior among physicians." *Brazilian Journal of Psychiatry* 33.2 (2011): 111-112.

***Chu, Carol, et al. "The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research." *Psychological bulletin* 143.12 (2017): 1313.



Cognitive and Behavioral Coping Mechanisms

- **“Cardiology CARES”**

Commit

Accept

Relax

Exercise

Schedule

See also:

Khandelwal, Akshay, et al. "The Imperative of Addressing Clinician Well-Being." *JACC*, 75 (1):118-121, 2020.

Morganstein, Joshua C. Inpatient Notes: Preparing for Battle: How Hospitalists Can Manage the Stress of COVID-19. *Ann Intern Med*. doi:10.7326/M20-1897

Commit

Commit to living a life consistent with your most deeply held values

WHY? Living with *purpose* increases resilience and capacity for suffering*

*Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.

Commit

Commit to living a life consistent with your most deeply held values.

Value Domains:

- Relationships
- Education/Career
- Recreation/Interests
- Mind, Body, & Spirituality
- Daily Responsibilities

Accept

- Some fear and anxiety is normal.
- Pandemics are scary!
- Do *not* deny or avoid emotions: worry makes us *avoid* feelings, situations, and behaviors.

WHY? The extremes of *avoidance* and *intrusiveness* are harmful

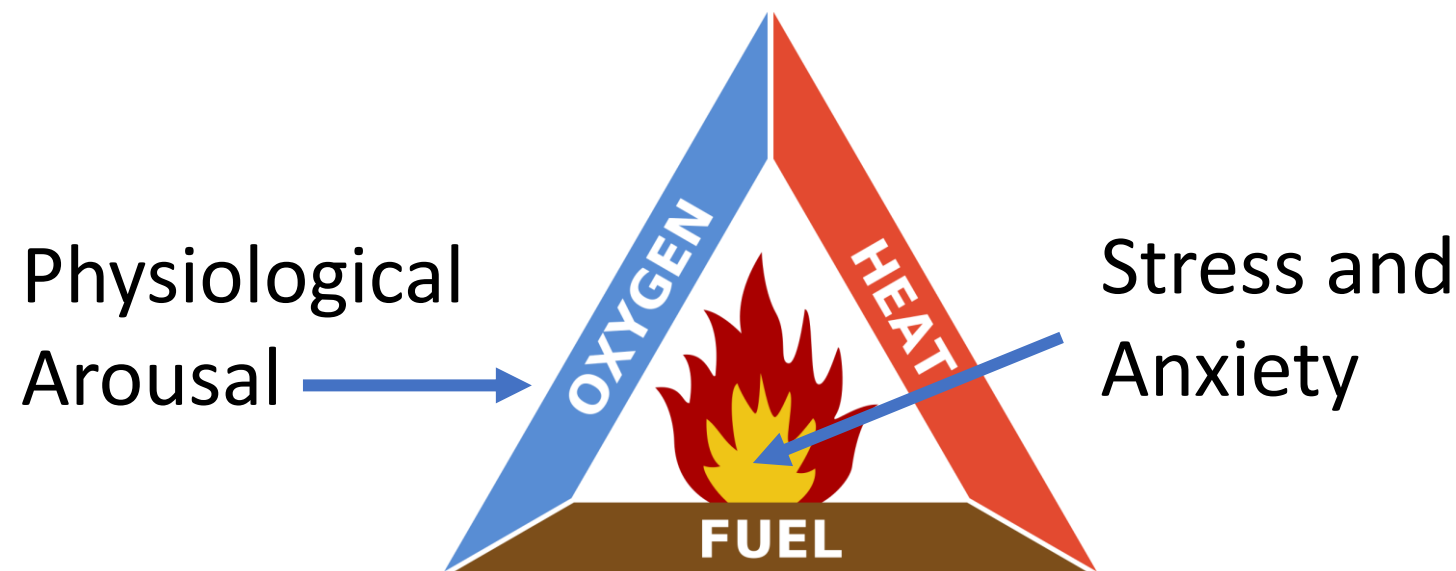
The extremes of *avoidance* and *intrusiveness* are harmful

- The root of failed attempts to regulate fear/anxiety is often *avoidance* of emotions that *can* be regulated
- People are *resilient* and most people will recover—even from awful events
- *Mandated* interventions such as Critical Incident Stress Debriefing (CISD) are ineffective or even harmful

Relax

- Practice stress management:
 - Progressive Muscle Relaxation
 - Meditation
 - Etc.

WHY?



Exercise, Sleep, Eat Well

- **Exercise** reminds us that no matter what is going on in the world, self-care such as *nutrition, sleep, and physical activity* help maintain our physical and mental health.

WHY? Self-care improves clinician wellness and patient care

Schedule

- Keep a schedule: sleep, eat, work, leisure, etc.
 - Don't watch news media all day, and don't think about the pandemic all day
 - *Schedule* your worry!

WHY? Limiting exposure to negative information and *scheduling* worry are effective stimulus-discrimination strategies for improving emotion regulation



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Vicarious trauma and moral injury

Suzan Song, MD, MPH, PhD
Director, Division of Child/Adolescent & Family Psychiatry
Associate Professor
George Washington University



What are most people facing?



- Demoralization
- Despair
- Ennui
- Difficulty with motivation and focusing
- Anxiety and fear
- Exhaustion



What are physicians facing?

Brief survey (March 23-27, 2020)

N=269

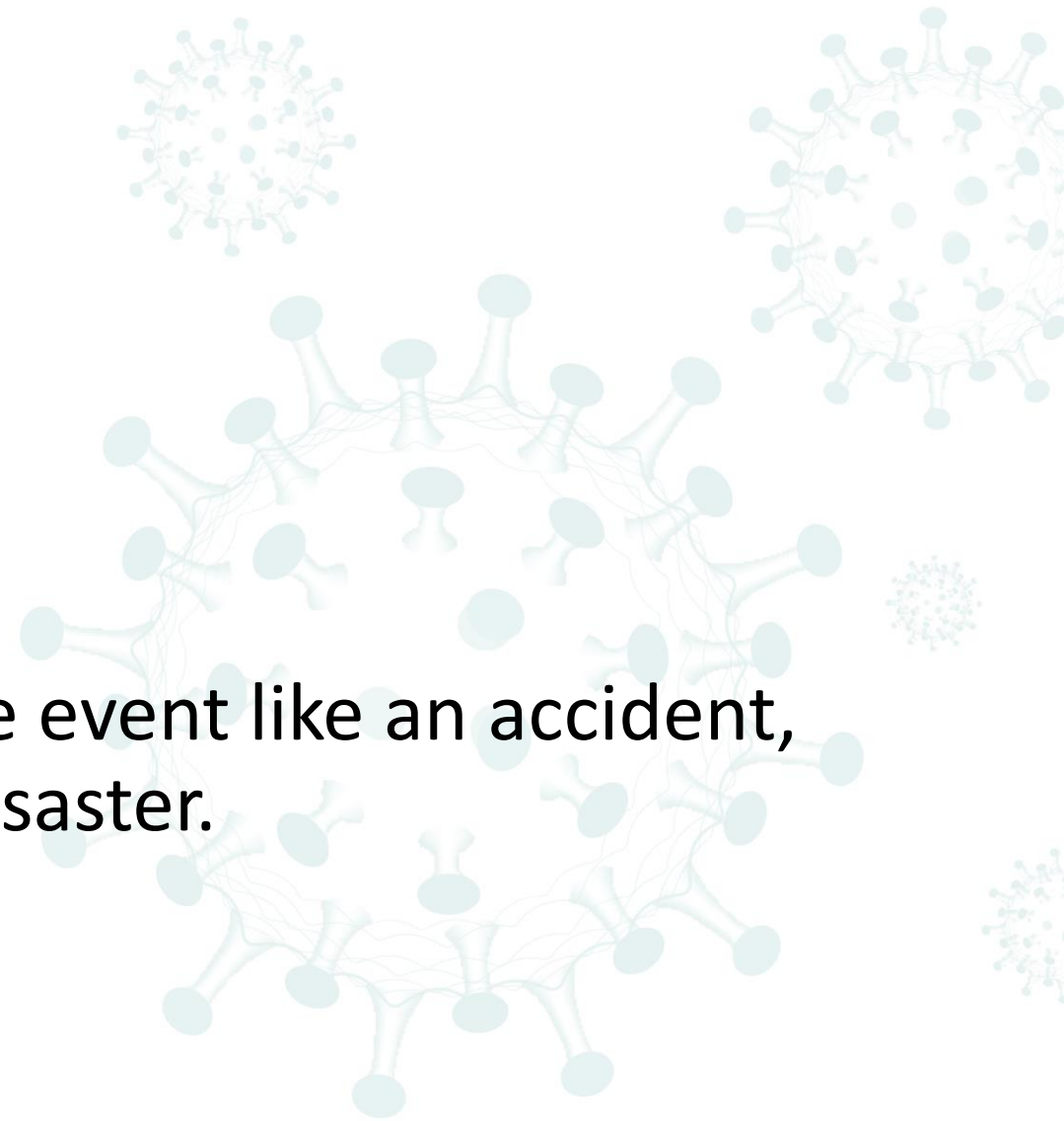
M.D./D.O. across the U.S.

- 53% moderate to severe anxiety
- 43% moderate to severe depression
- 16% moderate to severe insomnia
- About 46% wanted to see or would consider seeing a mental health clinician for severe anxiety (30%), not feeling like themselves (27%). Being unhappy (21%)



What is trauma?

An emotional response to a terrible event like an accident, rape, or natural disaster.





What is vicarious trauma?

An emotional response residue/response of bearing witness to another's traumatic experience – the pain, helplessness, lack of control, and humiliation that one can feel.

Palm KM, Polusny M, Follette V. (2004). Vicarious traumatization: potential hazards and interventions for disaster and trauma workers. *Prehosp Disaster Med*, 19(1):73-8.

Effects of vicarious trauma

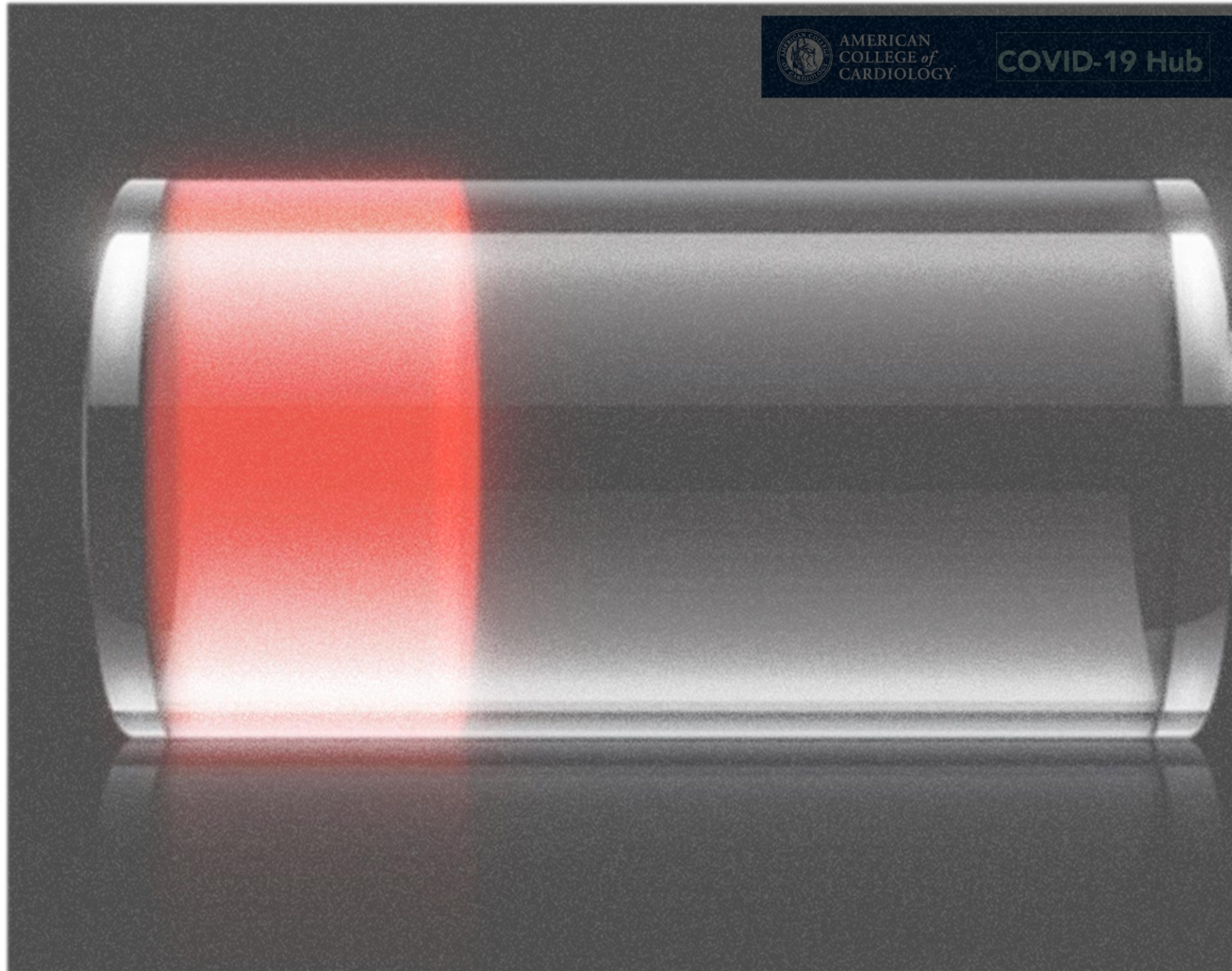
Re-experiencing

Avoidant

Hypervigilant



Burnout



First



Do No Harm

Hippocratic oath



Moral injury

refers to the 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 S., Dean A. (2019). Reframing clinician distress: Moral injury not burnout. *Fed Pract* 36(9):400-402.

Effects of moral injury



Exhaustion

Cynicism

Lack of
accomplishment



#INSIDEPOLITICS

NEW YORK CITY DOCTOR: "THIS IS A WAR ZONE"

Dr. Arabia Mollette | ER Physician, Brookdale Hospital

CNN.com

QUEEN ELIZABETH II TO ASK UK FOR "SELF"



What can we do?

Manage the personal issues:



Guilt/shame → Normalize and accept, note the purpose.

Anger -> self-forgiveness. Accept our limitations

What can we do?

Manage the systemic issues:

- What can you control
- Short term/immediate
- Long term



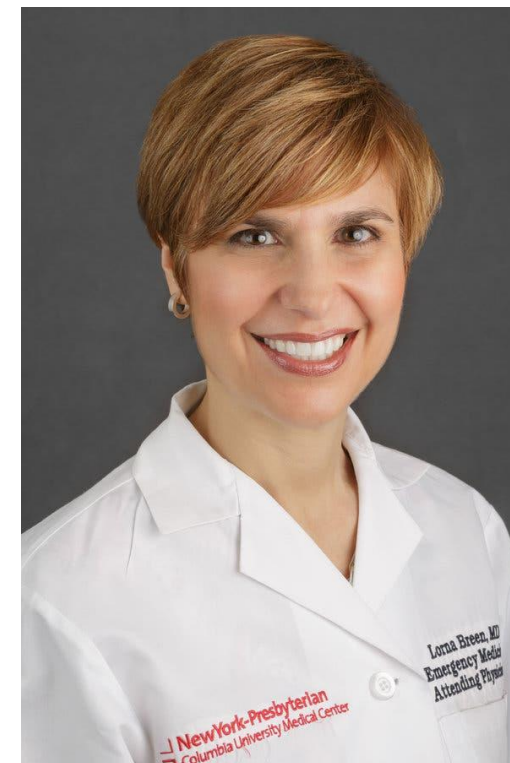
Link between suicide and trauma

Trauma can change the structure and chemical makeup of the brain

Bremner (2006). Traumatic stress: effects on the brain. *Dialogues Clin Neurosci*. 8(4):445-461.

Physicians have twice the rate of completed suicide

Stein et al. (2010). Cross-national analysis of the associations between traumatic events and suicidal behavior: Findings from the WHO World Mental Health surveys. *PLoS One*. 5(5):e10574.





Physician Support Line

Free Confidential Peer Support Line by
Volunteer Psychiatrists for US Physician Colleagues
during the COVID19 Pandemic

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NOW LIVE

**7 days a week
8am - 12am EST**

www.physiciansupportline.com



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COVID-19: Resources For Clinician Well-Being

COVID-19: RESOURCES FOR CLINICIAN WELL-BEING

www.ACC.org/Clinicianwellbeing

ACC COVID 19 Clinician Well-Being Resources

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with stories,
request for topics,
educational resources



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