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

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

‘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.

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic
Tali Shafirfelt, MD, Jonathan Ripp, MD, MPH, Mickey Trockel, MD, PhD

The New York Times
Strategies to Support the Health and Well-Being of Clinicians During the COVID-19 Outbreak
National Academy of Medicine

American College of Cardiology
COVID-19: Resources For Clinician Well-Being

ACC Member Hub
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
Mental Health and COVID Crisis: Coping on the Frontline

Evelina Grayver, MD, FACC
Director of CCUS, Northwell Health
INSOMNIA, ANXIETY, LINGERING FEAR: WHAT IT'S LIKE TO BE A FRONTLINE WORKER

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

Psychological Demands

<table>
<thead>
<tr>
<th>LOW</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Strain</td>
<td>Active</td>
</tr>
<tr>
<td>Passive</td>
<td>High Strain</td>
</tr>
</tbody>
</table>

Decision Latitude (Control)

HIGH

LOW

Risk of psychological strain and physical illness

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 belonginess
    3. Capacity for death

Cognitive and Behavioral Coping Mechanisms

• “Cardiology CARES”
  Commit
  Accept
  Relax
  Exercise
  Schedule

See also:
Commit

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

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

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?

Physiological Arousal

Stress and Anxiety
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
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?


- 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.

Effects of vicarious trauma

- Re-experiencing
- Avoidant
- Hypervigilant
Burnout
Hippocratic oath

First

Do No Harm
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.”

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


Physicians have twice the rate of completed suicide

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

1-888-409-0141
NOW LIVE
7 days a week
8am - 12am EST

www.physiciansupportline.com
**ACC COVID 19 Clinician Well-Being Resources**

Email [memberengage@acc.org](mailto:memberengage@acc.org) with stories, request for topics, educational resources

[www.ACC.org/Clinicianwellbeing](http://www.ACC.org/Clinicianwellbeing)
COVID-19 Hub