



COVID-19, MENTAL HEALTH AND HEALTH WORKFORCE: CHALLENGES AND WAY FORWARD

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We're focusing a lot on [viral transmission](#) and interrupting Corona Virus Diseases (COVID-19). But we also need to pay attention to the psychosocial dimensions. I think it's helpful for people to think about the mental health impacts of the pandemic in two ways. In this article we will discuss on COVID-19, Mental Health Issues and Health Workforce.

There's a diffuse distress that we're all feeling. But then there are special groups of us that have unique stresses being placed on us at this time. Let's talk first about the diffuse stress. If you look at past pandemics and outbreaks of emerging infectious diseases, you find that people have a high level of anxiety. And there are a number of reasons for that. This is a health threat that is invisible to the naked eye.

If you're sick, you can manifest benign symptoms that mimic other types of diseases. So, you don't know if you have [COVID-19](#) or the flu or a cold. And while you have that uncertainty, you also have changes in bodily habits, like hand washing, interruptions to social relationships because of social distancing, and economic interruptions that place stresses. So, there are many reasons why we all have a sense of worry and concern-- because this is unfamiliar, it's interrupting routines, and we could get sick, and our loved ones could get sick. So that generates a diffuse sense of distress.

What about for specific populations? Who is most at risk?

Well, one group that we all have to be concerned about and help protect are our health care workers. Health care workers undergo many different types of distress during pandemics and outbreaks of emerging infectious diseases like SARS and MERS, even H1N1, 2009 influenza. They're going to be working longer and more shifts.

They're going to be away from their families. Their duties to their families, such as childcare and meals, will be interrupted. And there'll be worry about that. They may themselves get sick. And they will be worrying about that possibility. They may see their co-workers get sick-- perhaps even some severely sick and pass away. So, there are a number of stresses on our health care workforce. So that's one group. And it's going to be very important that health systems provide time, space, and personnel to get them through the stress of the pandemic.



Who is at particular risk for mental health consequences?

Well let's talk about people who are in self-quarantine. OK. They face a cascade of impacts. They, while they're wading through the incubation period, are going to be consumed by the uncertainty about whether or not they're going to get sick. At the same time, they are cut off from people. And soothing human comfort is not going to be readily available, just because of the social distancing aspect. At the same time, they may be cut off from their obligations to other people. That is, they can't fulfill their role as a household wage earner. And that will create additional stresses.

Now, that's just while they're in self-quarantine. If they should get sick, they then have additional stresses. They have the uncertainty about whether they're going to have a mild case or a severe case. If they get recovered, people may look at them, because they have been infected with COVID-19, as somehow a potential threat, even if they have fully recovered and are not passing along the virus anymore. So, they could face stigma.

What can we learn about these challenges from previous experiences with infectious disease outbreaks? Are there important lessons from the mental health consequences of other pandemics?

Well, that experience of stigma is actually a very definitive feature of outbreaks of emerging infectious diseases or novel pathogens. So we saw during SARS that health care providers who were taking care of patients with SARS were shunned in some instances. Children of health care workers were shunned out of a fear that the people around them would also get infected, regardless of what the science said. Neighborhoods where there were large numbers of cases of SARS also were stigmatized. And even after the end of the epidemic-- the SARS epidemic-- those neighborhoods were shunned, as well. So that was seen very, very strongly during SARS.

What can be done to respond, mitigate, try to lessen



the mental health burden of this situation. What can individuals do?

Well, individuals can, even in a context of social distancing, maintain and nurture their relationships with other people, make phone calls, write emails, have Zoom/video chats with a whole group of people. So it's going to be important for people to be connected to others. If you're a baker, bake a few items. And then provide it to your neighbors, of course, respecting social distancing and infection control safety measures. But you need to connect with other people. So that's what individuals can do. You should believe that physical distance doesn't mean psychological distance, in a way.

What about for policies? What kinds of policies should be put in place to support mental health generally?

Well, we need to move mental health to the foreground of the response. As I said earlier, right now a lot of it is on viral transmission concerns and health care delivery concerns. But we need to make sure mental health is part of the financing structures. So the financial relief packages, both the current and future ones that are coming from the government, really need to take mental health allocations into consideration.

Secondly, public health authorities really need to invite their behavioral health counterparts to the table and plan the response together. So, risk and crisis communication should include experts from a communication perspective, a public health perspective, and a behavioral health perspective. When you have large-scale operations like drive-through testing, there are operational tips that behavioral health professionals can offer, such that the movement of people happens in a calm and orderly fashion. And so, people such as behavioral health professionals really need to be providing counsel right now to the overall public health response, not just that's specific to mental health.

What can healthcare organizations be doing to support the mental health of people who are on the frontlines of this epidemic?

If you look at past outbreaks, in particular SARS, it was very important that health care workers be given the time to step back from the response, so breaking up their schedules.



Also, having a literal place that's detached from the delivery of care, where they can decompress. And also, having access, again, to behavioral health experts, and for those for whom their spirituality is important, access to chaplaincy services as well.

That's not sort of an ancillary part of the response. That's got to be core to the response in order to keep health care workers in a position to do the best that they can. There's going to be an extreme sense of urgency-- and rightly so. But as many other people have spoken about, this is a marathon. It is not a sprint. We want our healthcare workers well, on their best game, even a month from now, two months from now, three months from now. So, we need to take care of them.

Are there particular concerns and recommendations that you have for people who have mental illness before COVID-19?

People who have anxiety conditions or obsessive-compulsive disorder prior to the crisis could be facing more acute reactions. And that may be happening at a time when they have less access to the care that they would normally receive. So, I think it's important for mental health providers to put certain interventions in place, including telemedicine, telehealth options if they're not already doing that. If possible, they should cut out-of-pocket fees, cancellation fees, co-pays, just to remove the economic burdens to care. And if they haven't already updated their own business continuity plans for their practices, they need to be doing that right now. In other words, to prepare in case the therapists get sick, making sure that the patients have other options.

I think that practitioners that have special expertise in domestic abuse are going to be called upon at a larger rate, given the social distancing and the social distancing requirements. Families are now on top of each other, under an overall community level of stress. And there could be some adverse effects in terms of a domestic abuse. That's a pretty serious issue.

Is there anything that can be done to reduce that risk?

I think that families need to find ways to decompress. They need to give each other space. If it means taking a walk in nature-- again, with social distancing requirements in mind--



that needs to happen. They need to reach out to others when they feel they're under stress. And practitioners who are sensitive to the special stresses of marital life and other partnerships should make themselves more available to their clients.



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