

# Understanding the Impact of a Public Health Crisis on Medical and Behavioral Healthcare Providers

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

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**SAMHSA**  
Substance Abuse and Mental Health  
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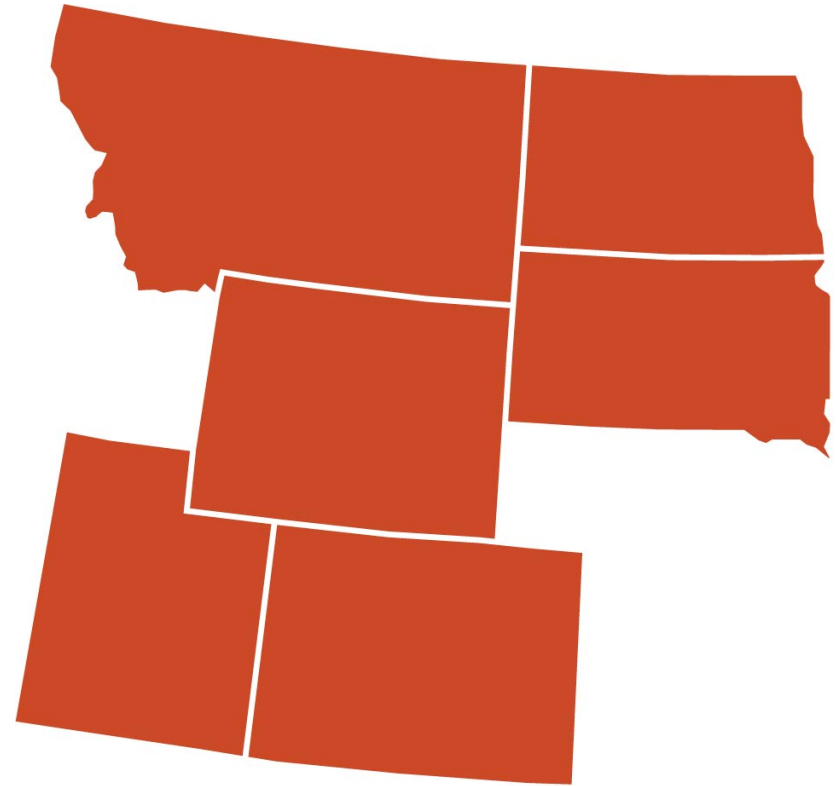
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# Mountain Plains Mental Health Technology Transfer Center

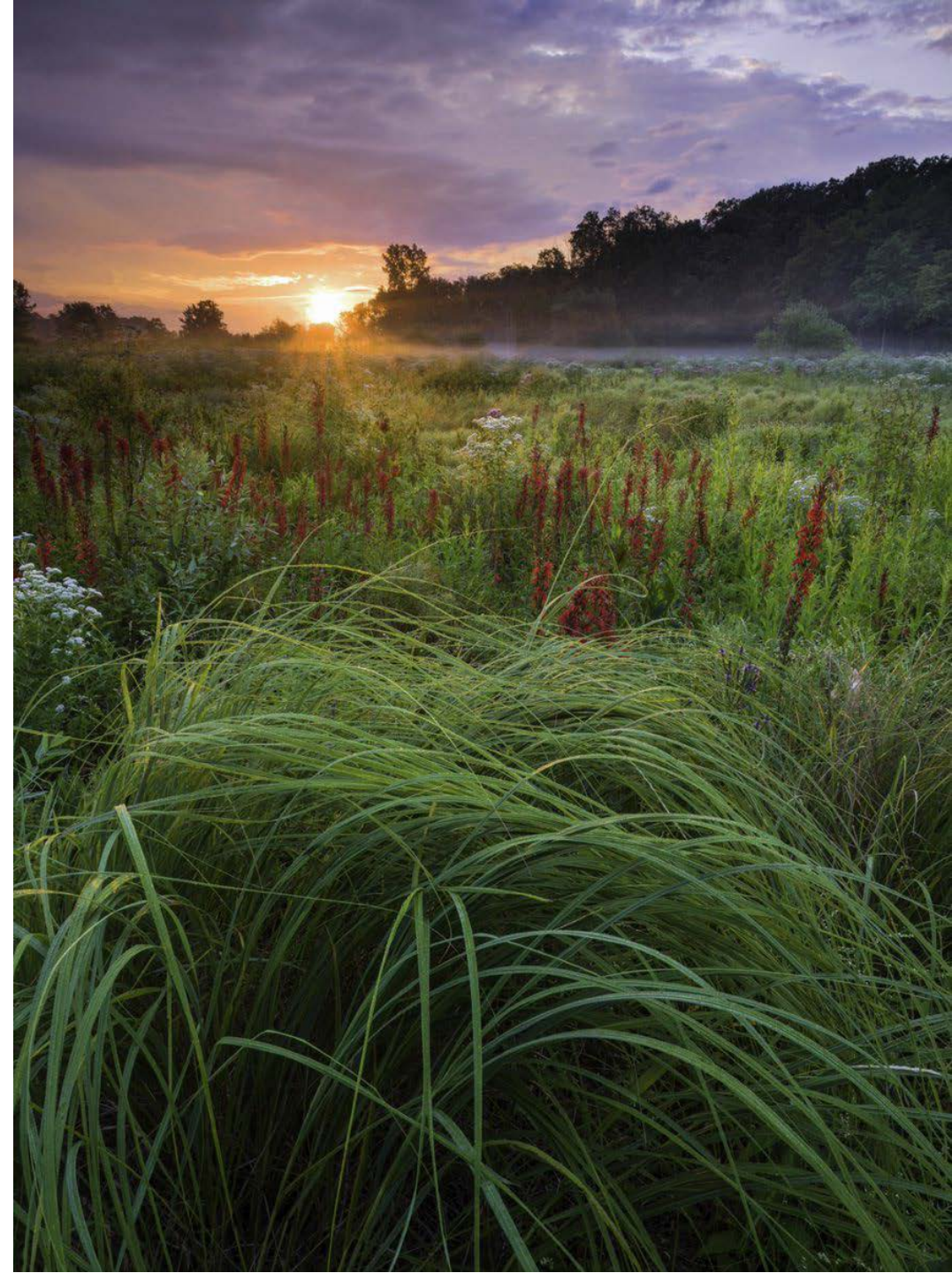
Provide free training, resources,  
and technical assistance to  
individuals serving persons with  
mental health disorders in HHS  
Region 8.

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# OBJECTIVES

1. Describe the impact of the public health crisis on the well-being of medical and behavioral healthcare providers.
2. Introduce terms to help better understand provider well-being to include compassion fatigue, moral injury, and traumatic stress.
3. Present a free toolkit develop to assist providers and their organizations in building resiliency.

# Medical and Behavioral Healthcare Provider Well-Being

# Provider Well-Being

Providing physical or behavioral healthcare to others during the global health pandemic can lead to increased levels of stress, fear, anxiety, burnout, frustration, and other strong emotions. It is imperative that medical and behavioral healthcare providers recognize personal signs of mental fatigue, are given supports in their organization to ensure continued productivity and quality care, and are provided with tools to learn how to cope and build resilience.



# Burnout

*Burnout occurs when health and behavioral healthcare providers experience long-term stress marked by depersonalization, emotional exhaustion, and a lack of a sense of purpose or personal accomplishment.*

- Burnout is NOT a behavioral health diagnosis.
- There is controversy related to the term.
- The experience, regardless of the term, is legitimate.

# Before the Pandemic

- 74% of physicians reported frequently seeing symptoms of burnout in others.
- More than half (52%) of physicians reported feeling burned out.
- One doctor dies by suicide every day; nearly double the rate of the general population.
- Over half of behavioral health professionals report moderate or high burnout.

# Causes of Prolonged Physical and Emotional Stress: Before the Pandemic

- A focus on treatment and not prevention
- Chaotic work environments
- Complicated electronic health records
- Complicated and changing compensation formulas
- Concern for keeping one's own family safe from infectious disease
- Fear of failure
- Increase in administrative work
- Increased and constantly changing regulation
- Interprofessional conflict
- Lack of collegiality at work
- Lack of meaningful work
- Life and family responsibilities
- Lack of social/peer support (work isolation)
- Lack of strong or clear leadership
- Loss of autonomy
- Low or no control over pace/caseload
- Moral injury (ex. discharging patients to unsafe environments, triaging, care cost)
- Perfectionism
- Pressure to treat data and not people
- Quality metric scores
- Rules and regulations that conflict with their ideas of good patient care
- Sense of powerlessness
- Time pressure

# Symptoms, Signs, and Consequences

1. Noticeable emotional and physical exhaustion.
2. Compassion fatigue, depersonalization, emotional detachment, or a cynical attitude toward patient care.
3. Feeling useless or that your work is meaningless; a decreased sense of self and/or a reduced sense of accomplishment.

# Signs and Consequences: Things to Watch for in Yourself and Your Colleagues

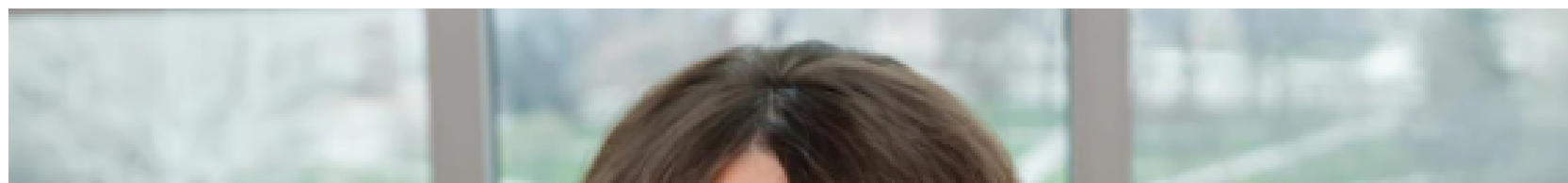
- Cynical attitude
- Critical of others
- Impatient with patients/clients
- Lacking energy to be productive
- Apathy
- Hard to concentrate
- Low job satisfaction
- Change in sleep habits
- Disillusionment
- Unexplained headaches
- Sudden stomach or bowel problems
- Feelings of intense sadness
- Increased use of alcohol or drugs
- High blood pressure
- Lower immunity, feeling sick a lot
- Change in appetite
- Isolating from others
- Skipping work or tardiness
- Lethargy
- Short fuse

# Impact of the Public Health Crisis on the Well-being of Medical and Behavioral Healthcare Providers

# After the Pandemic: Clinicians Must Prioritize Self-Care

— "We cannot pour from an empty cup," says Bernadette Melnyk

by Shannon Firth, Washington Correspondent, MedPage Today June 2, 2021



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PRIT



# The Impact Pyramid in Disasters

- Individual victims
- Family and social networks
- Rescue workers, medical care providers, their families and social networks
- Vulnerable populations and impacted businesses
- Ordinary people and their communities





# What sorts of behavioral health issues do we often see?

- Anxiety
- PTSD
- Depression
- Increased interface with law enforcement:
  - Substance use
  - Domestic violence

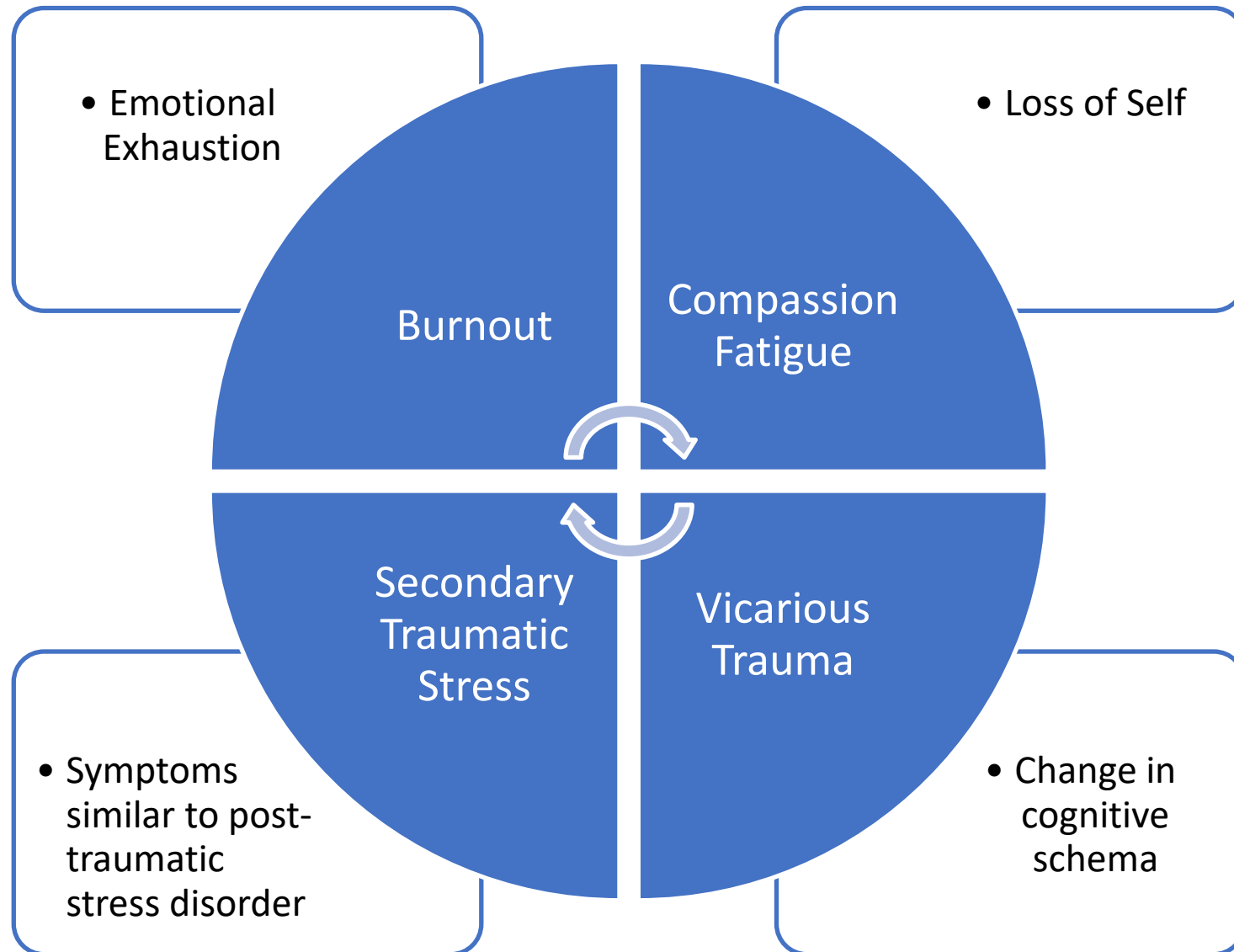
## Acute Stress Disorder

- More immediate
- Short-term (from 3 days to 1 month)

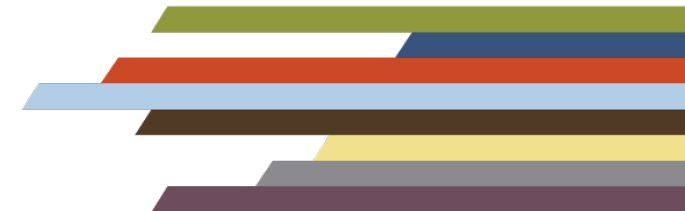
## PTSD

- Usually occurs within 3 months, and dissipates within months
- Up to 30% may be “chronic”
- Can also have “delayed expression” (6 months post)

# Taking Care of the Caretakers (The Risks of Empathic Engagement)



Bush, N.J. (2009). Compassion Fatigue: Are you at risk? *Oncology Nursing Forum*, 36(1), 24-28



# Stress and Anxiety

## Stress

- Pressure or tension on a system

## Anxiety

- A reaction to stress, with both psychological and physiologic features

# Factors Contributing to Prolonged Physical and Emotional Stress

1. Direct patient care
2. A system of healthcare that is often frustrating to providers
3. Interpersonal issues between coworkers and supervisors
4. Loss of faith in our own self-efficacy

# Consequences of Prolonged Physical and Emotional Stress

- Anxiety
- Depression
- Digestive problems
- Headaches
- Heart disease
- Sleep problems
- Weight gain
- Memory and concentration impairment

An additional risk for those in the health field during disasters


## **Moral Injury**

Being unable to provide what you know is best for the patient/public due to conditions beyond your control.

Researchers initially defined this in more onerous ways: 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.”


## **CONTINUUM OF MORAL DISTRESS AND MORAL INJURY**

**Moral Distress**




Emotional response to value conflicts, e.g. anger, shame, self-doubt

**Moral Injury**



Emotions accompanied by physical symptoms, e.g. loss of sleep or appetite

**Chronic Moral Distress & Injury**



Ongoing emotional, physical, spiritual, & social impacts



# Potential Solutions

# Motivational Interviewing is a tool to help patients/clients reach their goals

## **Based on Four Key Principles:**

1. Express empathy (i.e, lecturing/shame doesn't work...)
2. Develop discrepancy (between current and desired behavior - change takes time)
3. Roll with resistance (everyone is ambivalent)
4. Support self-efficacy (individual autonomy)

# Shared Decision-Making

A clinical process that is:

- Shared by providers and patients/clients.
- Based on the best evidence available about treatments.
- Weighted according to the specific needs, preferences and values of the patient.
- Thus this is also *Culturally Competent* care.

# **OARS MODEL**

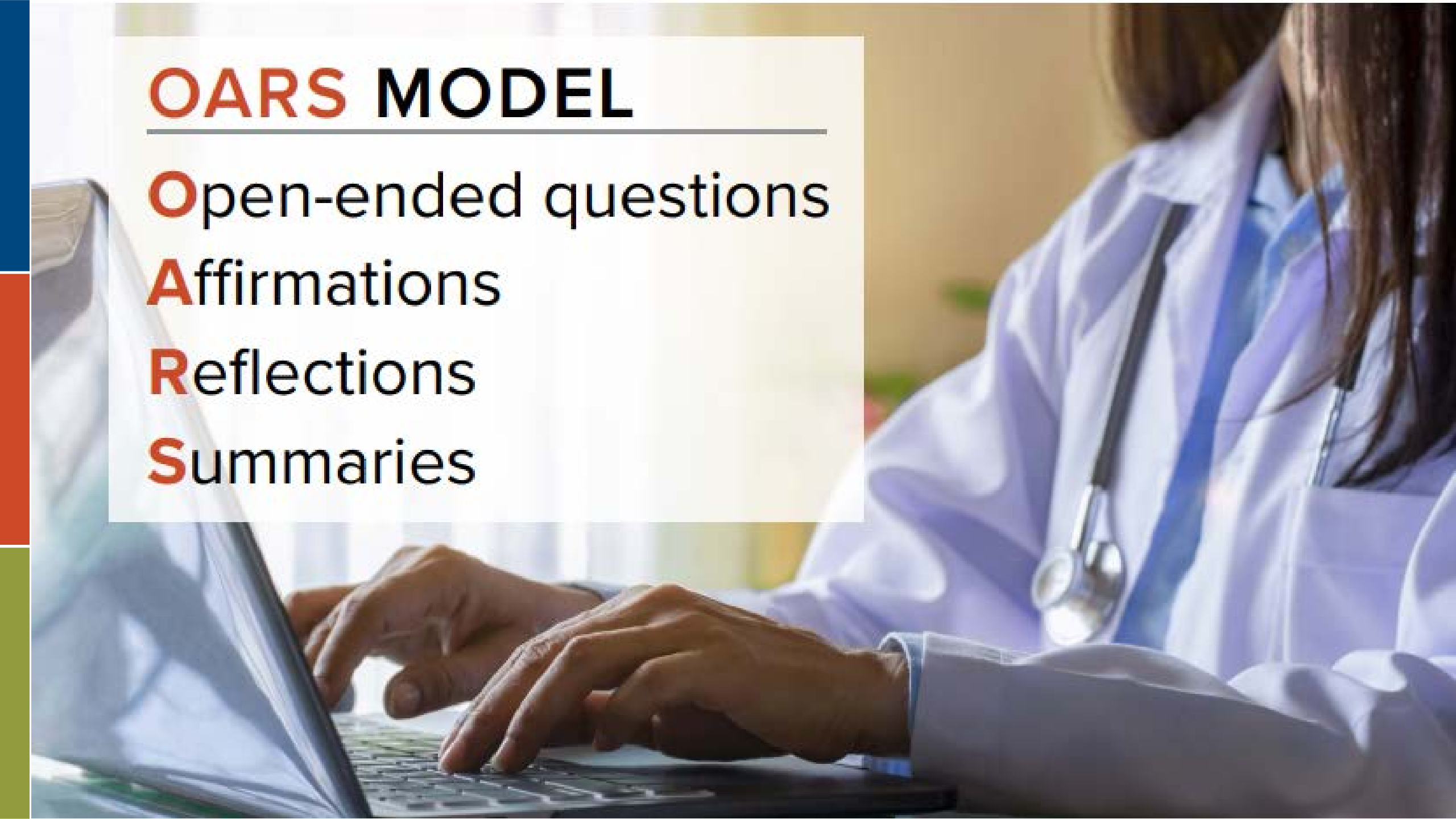
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**O**pen-ended questions

**A**ffirmations

**R**eflections

**S**ummaries





# Resources to Assist Providers in Promoting Resilience



# PROVIDER WELL-BEING



Providers of all occupations render crucial care to individuals in high-stress environments while routinely experiencing secondary traumatic stress and compassion fatigue in the course of delivering care. Unaddressed secondary traumatic stress, compassion fatigue, and occupational stress can lead to provider burnout and a diminished capacity to provide highly effective care. The ongoing COVID-19 global pandemic has increased the stress and challenges that mental health providers face and place them at greater risk of experiencing burnout. The Mountain Plains MHTTC is committed to supporting and promoting provider well-being, self-care, and resiliency practices to ensure a functional mental and physical health workforce that can effectively respond to the needs of individuals and communities.

## Free Online Courses with Continuing Education

- [Compassion Fatigue On-Demand](#)

## Our Products

- [Healing Our Protectors: Building Resilience Among Tribal Law Enforcement Officers Through Cultural Interventions](#)
- [Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic](#)
- [Blog Series: Voices from the Field](#)
- [Understanding Anticipatory Anxiety](#)

## Our Past Training Events

- [Riding the Wave of Stress and Trauma to Enhance Self-Care](#)
- [Responding to Provider Stress and Burnout - Cultivating Hope and Compassion](#)
- [Compassion Fatigue: Farm Stress and the Mental Health Provider](#)



## Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

Publication Date: April 29, 2021

Developed By: **Mountain Plains MHTTC**



### Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

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## Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

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## DR. PATEL'S HOME LIFE

Prior to the pandemic, Dr. Patel was already experiencing the stress associated with managing her home and work life. Dr. Patel and her husband have three children ages four, six, and seven. Like many female providers, Dr. Patel performs most of the work within the home, leading to increased time pressures and less time for self-care. Women employed full time spend 8.5 additional hours per week on domestic activities.<sup>37</sup> The hours Dr. Patel spends providing childcare and managing virtual learning have increased exponentially given the new challenges presented by the global health pandemic. Simultaneously, her work is requiring additional hours.

**As a result of COVID-19, Dr. Patel's home life has experienced significant adjustments.**



She needs to find safe and reliable childcare for her four-year-old but cannot rely on grandparents because of the risk of transmitting COVID-19.



She cannot predict the school schedule of her kindergartner and second grader because school is continually at risk of moving to virtual learning.

- » **Dr. Patel eliminated her morning workout routine to help with the additional preparation of sending her kids off to school. This routine now includes packing additional face masks, packing up electronics that come home each day in case of a switch to virtual learning, packing individually wrapped snacks, refilling personal water bottles, completing a symptom and temperature check for all three kids, sending a fresh blanket each day with her preschooler, and adjusting to a new COVID-19 safe drop off routine for all three children at two locations.**
- » **Prior to the pandemic, Dr. Patel had played games and read with the kids each night before beginning dinner. However, because of her risk of exposure at work, she now showers once she arrives home, losing some of the time she had previously been enjoying with her kids.**
- » **To accommodate the growing demand for direct clinical care during the day, Dr. Patel spends her nights reviewing patient records and updating her notes. Additionally, she and her husband have had to split responsibilities that they had once shared which leaves little, if any, time for them to spend together.**
- » **Dr. Patel spends many nights restless and worried about the risk she poses to her family, worried about her patients, thinking about how to meet the emotional needs of her children, worried about her husband's employment status if his workplace must close, and frustrated over the lack of community and local government support for mask wearing and physical distancing.**

## PRACTICING RESILIENCY AND FLEXIBILITY AT HOME

It is common knowledge, especially among providers, that eating well, exercising, sleeping well, and maintaining a positive work-life balance is essential for personal well-being. They provide this advice to their patients daily. However, individuals need specific and practical tools and tips on how to execute these tasks. Below are some examples.



### TIME MANAGEMENT

Even a five-minute walk is better than no walk at all. Do not forgo exercise all together because you cannot carve out 45-60 minutes of consecutive activity.

Start small. Incremental changes to diet and exercise are more likely to become permanent than large, drastic changes.

Schedule time for relaxing activities into a calendar or planner and recognize that this is not time away from patient care, but instead, time spent improving your health to better care for your patients.

Think about your morning and evening routines. You may find some time-saving strategies.

Manage the responsibilities of work-related phone calls and emails outside of traditional work hours.

Make a "Not" to do list and stick to it.<sup>39</sup>



### ASK FOR, AND ACCEPT, HELP

Create a schedule with all members of the household to distribute chores.

Recognize that, during a pandemic, it is important to give yourself grace. Meaning, it is ok if some chores and household improvements are temporarily put on hold.

If living with someone, place more responsibility on your partner, but be clear that this is needed now and is not necessarily the new normal for household responsibilities. Evidence suggests that for women with young children, their odds of burnout were 40% less when they had support of colleagues or a significant other to assist in balancing work and home.<sup>36</sup>

When appropriate, ask friends and family for help and advice.

When you feel like you have exhausted all your resources and you are still feeling overly stressed, consider help from a professional.

# Stay Connected



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# Thank you!

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