



HEALING, EDUCATION, RESILIENCE & OPPORTUNITY  
FOR NEW YORK'S FRONTLINE WORKERS

# BEHAVIORAL HEALTH AND WELLNESS IN COVID-19 CLINICAL MANAGEMENT

For Defense Health Agency COVID-19 Related Behavioral Health (BH) Resources

<https://info.health.mil/army/bhsl/Covid19/Forms/AllItems.aspx> (DoD CAC Enabled only)

Pandemic conditions require medical staff to be sensitive and responsive to patient, family, provider, and leader needs. Common pandemic responses include a predictable range of distress reactions (e.g. insomnia, fear, grief), health risk behaviors (e.g. increased use of alcohol/other substances, work/life imbalance), and may also result in BH disorders (e.g. PTSD, depression, and anxiety). In response to multiple stressors, associated with quarantine or in support of critical care operations, common responses may also include anger, irritability, detachment, avoidance, impaired function, and burnout. Addressing stress responses early can mitigate enduring impacts.

## General Considerations for Frontline Workers, First Responders, and Support Staff

- Prioritize basic needs. Proper sleep, nutrition and hydration, regular exercise, regular breaks, and appreciation/gratitude can sustain performance and enhance decision-making.
- Social distancing, infection control, and isolation present a significant barrier to our usual approach to care, requiring innovative approaches.
- Communication – words matter now more than ever. Clear and consistent messaging from leadership, between team members, and to patients and family is vital during this crisis.
- Anticipate fears of returning to work and provide thoughtful, transparent information.
- Resources for leaders in support of Healthcare Workers can be found at:  
<https://www.cstsonline.org/covid-19/supporting-healthcare-workers>

## General BH Care for Patients with known or suspected COVID-19

- In accordance with HPCON, use telehealth and virtualization tools as much as possible for BH assessments and ongoing care of isolated patients. Promptly identify all COVID-19 patients with known mental illness and consult BH to assist with ongoing care.
  - Recognize isolation as a barrier to communication. Keeping patients informed as to what is happening, what is likely to happen, and next steps in their care may provide a sense of control in the midst of a stressful and confusing situation. Expand virtual approaches to care and provide regular updates to patients and families.
  - Anticipate patient concerns and misconceptions. Concerns that may be present include fears related to transmission to family members, fears related to intensive care or ventilator availability, duration and impact of isolation, or external stressors such as impact on job, housing, and finances.
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- Healthcare systems should establish easily accessible pathways for BH referrals for family members of patients admitted for COVID-19.
- Attend to negative impacts of isolation by facilitating virtual connection with providers, family, and loved ones as much as possible. This could include providing patients with dedicated mobile devices/tablets.
- Patients hospitalized for COVID-19 may experience concurrent mental health symptoms; ensure that mental health staff are prepared/trained to render consults in proper PPE.
- Resources to help in caring for Patients and Families can be found at: <https://www.cstsonline.org/covid-19/caring-for-patients-and-families>

### For Medical Staff

- Self-care is important for providers, patients, and families.
- Connect to a sense of unified purpose; foster hope, fortitude, and tolerance in self and others.
- Amplify positive stories and stories about competent efforts by self and colleagues. Encourage perceptions of competence among staff, especially junior and/or less experienced colleagues.
- Recognize and attend to signs of stress reactions or burnout in self and others (e.g. out of character sadness, frustration, irritability, isolation/disconnectedness, substance use, and lack of self-care). Usually these can be addressed with simple measures, including normalization, peer-support, and rest with expectation of rapid return to full functioning.
- Focus on what can be controlled – checklists, routines, self-care; and accept what cannot be controlled.
- Promote a climate where it is acceptable for team members to talk about difficult events (e.g. death, triage, errors), as avoidance and fear of such thoughts are associated with greater long-term mental health problems.
- Establish a routine of regular team meetings as an opportunity to pass on relevant information, but also as an opportunity to check in with each other and rotate duties as needed. Maintain a climate where it is okay to not be okay and offer peer support when needed.
- Resources for Healthcare Worker Self Care can be found at: <https://www.cstsonline.org/covid-19/healthcare-worker-self-care>

### For BH Providers

- Provide proactive support to frontline workers where possible, and at times of peak stress, ideally, in the form of BH outreach teams with established relationships to frontline and medical staff points of contact. Consider BH team outreach routinely (e.g. during daily rounds, at shift changes).
  - Be careful not to overlook other at risk groups such as janitorial staff, transport, food service, and others who make the medical system run, and may also be at risk of exposure and are likely to experience distress.
  - Behavioral health care teams can provide both non-clinical support to frontline staff as well as be available to facilitate referral for additional BH care when needed.
  - Tailor resources and support as much as is feasible – and plan on changing/adapting resources with the unfolding realities of the medical mission. Flexibility is important.
  - Supportive care of healthcare workers is different from usual clinical care, and includes:
    - Check in with the physicians, nurses, technicians, and support staff, and get to know their mission and challenges in a non-intrusive manner.
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- Link with support services, such as Red Cross, providing food and beverages.
- Provide information on normal stress reactions and adaptive responses.
- Promote positive peer support and facilitate connections.
- Make connections during calm times. Do not interrupt urgent patient care or sign-out.
- Offer combinations of simple supportive non-clinical strategies, as well as clinical triage when appropriate (e.g. find a quiet space to talk when things are chaotic).
- Ensure individuals have access to safe spaces and emotional/spiritual support.
- Unique issues to consider when supporting front line workers:
  - Be aware of the potential for distress related to ethical issues in providers making difficult and potentially life or death triage and management decisions.
  - Be aware of potential concerns of individual front line workers, including single parents, dual healthcare worker families, families with serious medical issues, workers living separate from their families, and individuals facing the community stigma of being "infected."
- Resources for Patients can be found at: <https://www.cstsonline.org/covid-19/mental-health-support>

**For additional COVID-19 Related BH Resources:**

<https://www.cstsonline.org/>

<https://asprtracie.hhs.gov/COVID-19>

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