World Health Organization

Protecting health workers mental health in COVID-19

Why health workers and MHPSS?

"Health workers are all people primarily engaged in actions with the primary intent of enhancing health." (World Health Report, 2006)

- Includes people with health-training, people with non-healthcare training, people with no formal training working in the health sector
- Prior to COVID-19, health workers reported higher common mental health disorders than the general population, than other workforces, and an increased risk of suicide compared to other occupations.
- Early published synthesized data from COVID-19 for health workers suggests just over 1 in 5 report symptoms of common mental health disorders

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- Hawton K, Agerbo E, Simkin S, Platt B, Mellanby RJ J Affect Disord 2011; 134: 320–26.
- Pappa S, Ntella V, Giannakas T, Giannakoulis VG, Papoutsi E, Katsaounou P.Brain, Behavior, and Immunity. 2020 May 8.

Impact

- Poor mental and psychosocial health can contribute to **changes in behavior related to work**:
- increased error or patient safety incidents,
- poorer performance (presenteeism: attending work but not functioning)
- reduced activity level at work,
- reduced motivation at work,
- absence from work (absenteeism),
- resignation or reduced willingness to stay in the profession.

Risk Factors for Health Workers' Mental and Psychosocial Health during COVID-19

Higher demands at work, such as:

- long work hours
- increased patient numbers
- Strict PPE measures
- Physical strain of protective equipment
- Safety protocols may prohibit providing comfort or support to individuals e.g. someone who is sick or in distress
- Insufficient basic equipment for personal protection
- Limited opportunity for rest preventing opportunities for basic self-care activities
- Constant awareness and vigilance
- Strict procedures to follow preventing spontaneity and autonomy
- keeping up to-date with best practices as information about COVID-19 develops
- Insufficient information about the long-term exposure to individuals infected by COVID-19

Risk Factors for Health Workers' Mental and Psychosocial Health during COVID-19

Stigmatization; violence and harassment:

- Stigmatization towards those working in health settings, with COVID-19 patients or their remains
- Fear from family, friend or community at large that health workers will infect others with COVID-19 as a result of their work
- Reduction in social support networks if health workers are ostracized
- Acts of discrimination including violence and harassment towards health workers
- Family of health workers may also experience stigma and discrimination from community at large

Risk Factors for Health Workers' Mental and Psychosocial Health during COVID-19

Fears and realities:

- Fear of becoming infected and/or fear of death
- Facing challenging ethical dilemmas and decisions in life-saving work
- Witnessing high suffering and mortality or exposure to potentially traumatic events
- Fear or guilt from not being able to work if quarantine is required, and of being dismissed from work
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Stress from being separated from family due to quarantine regime
- Fear of reliving the experience of a previous epidemic
- Memories of adverse circumstances may remain with you after work
- Ongoing personal stressors outside of work
- Not being paid for work

Who has a role in protecting health workers' mental health?

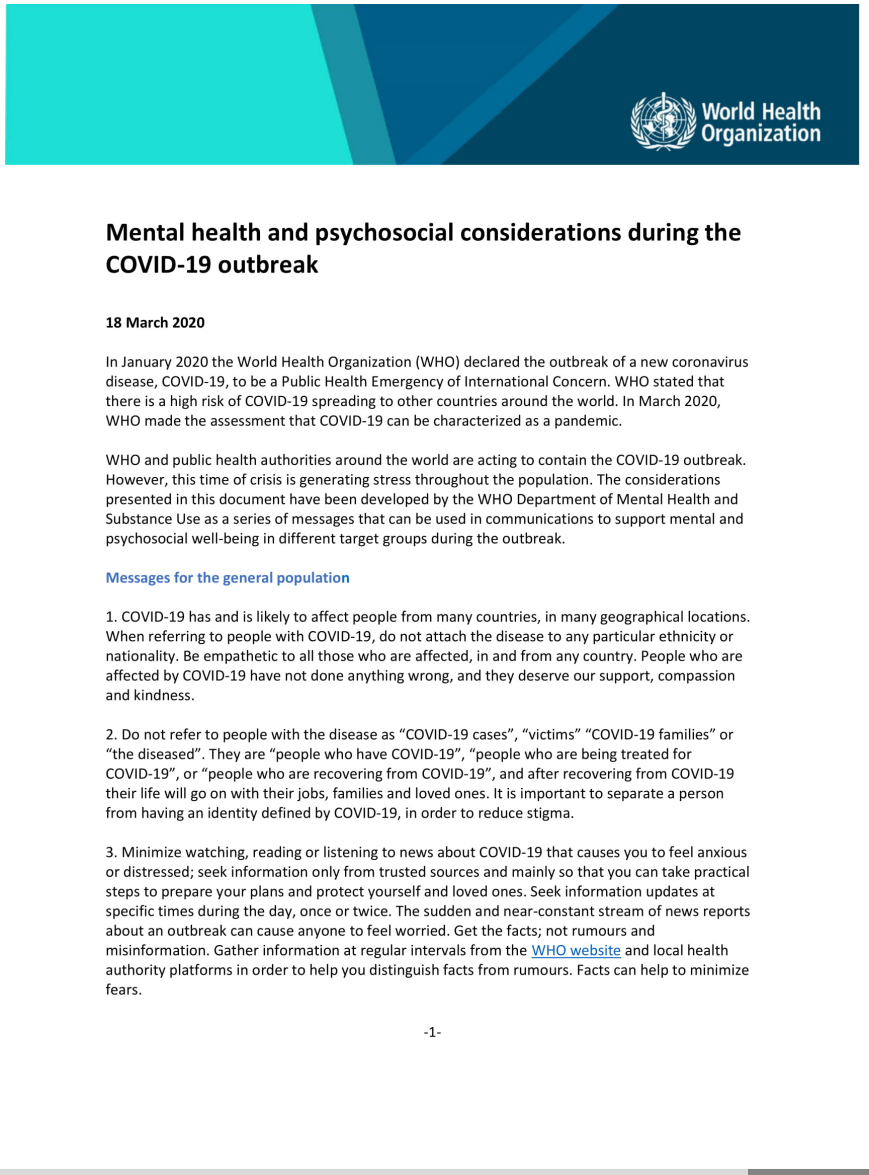
- Health workers themselves
- Colleagues/ teams, supervisors or managers
- Health facilities and persons or entities responsible for the provision of occupational health services
- MHPSS services
- The public

Practical work arrangements that promote MHPSS

-A **buddy approach**, **pairing** newer staff with more experience staff, **Implement peer support systems**

-e.g. **regular meetings with time dedicated** to discuss the ethical dilemmas. To give clear instructions.

- rotating from **high to low stress** functions.-Encouraging **breaks** and rest where possible. Or sufficient breaks **between shifts**.



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Mental health and psychosocial considerations during the COVID-19 outbreak

18 March 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic.

WHO and public health authorities around the world are acting to contain the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

Messages for the general population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.

2. Do not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their life will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma.

3. Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed; seek information only from trusted sources and mainly so that you can take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts; not rumours and misinformation. Gather information at regular intervals from the WHO website and local health authority platforms in order to help you distinguish facts from rumours. Facts can help to minimize fears.

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Orient before during and after deployments on MHPSS

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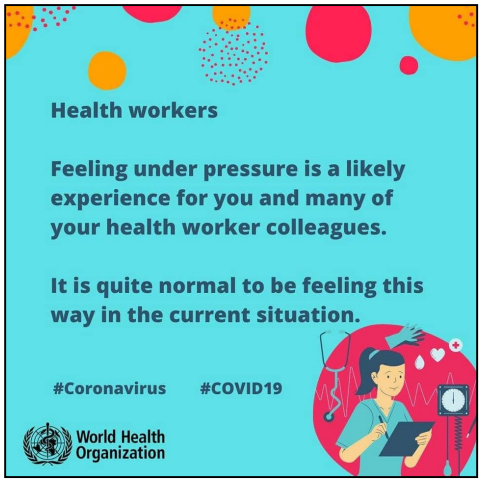

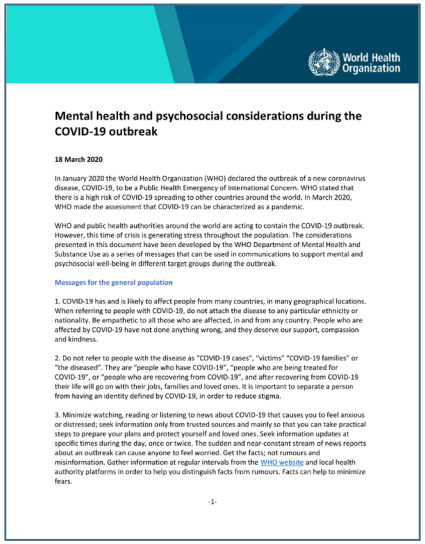

Taking care of health workers wellbeing

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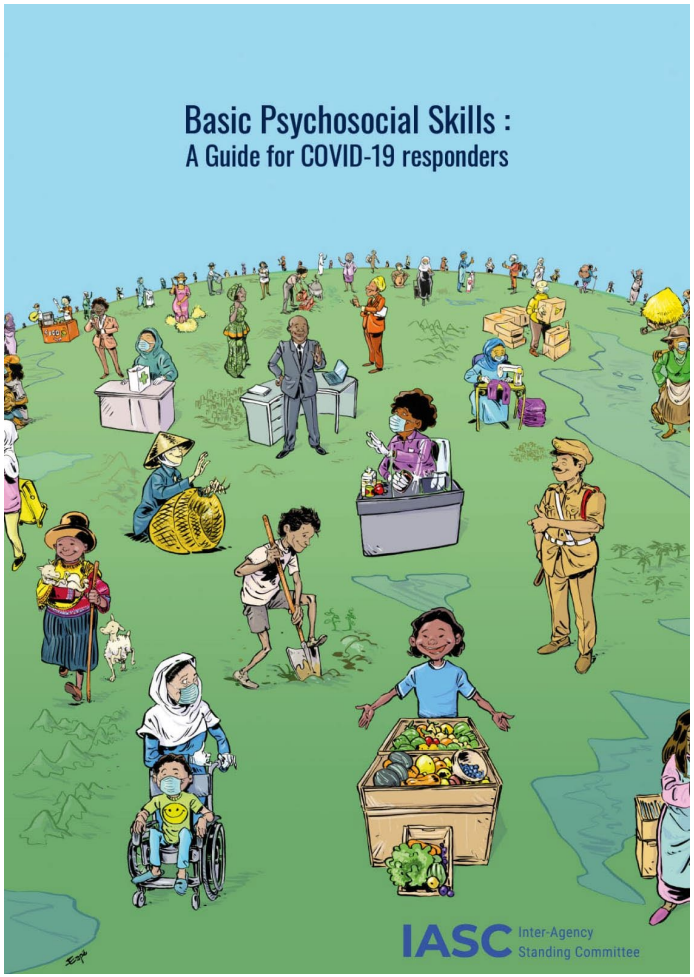
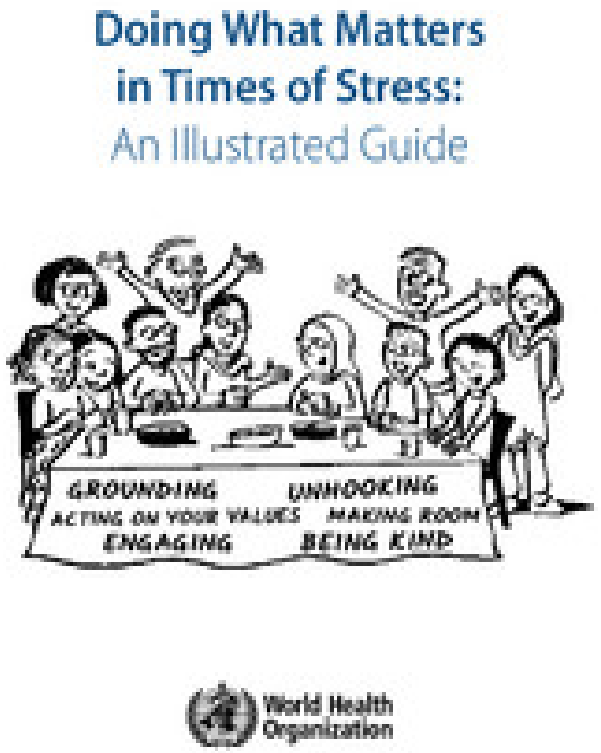
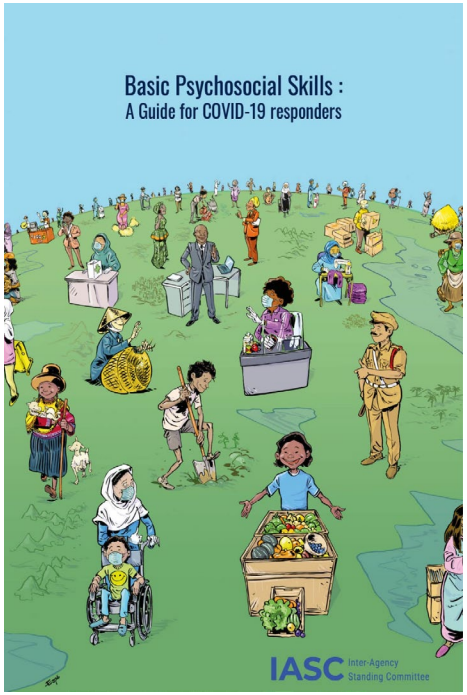
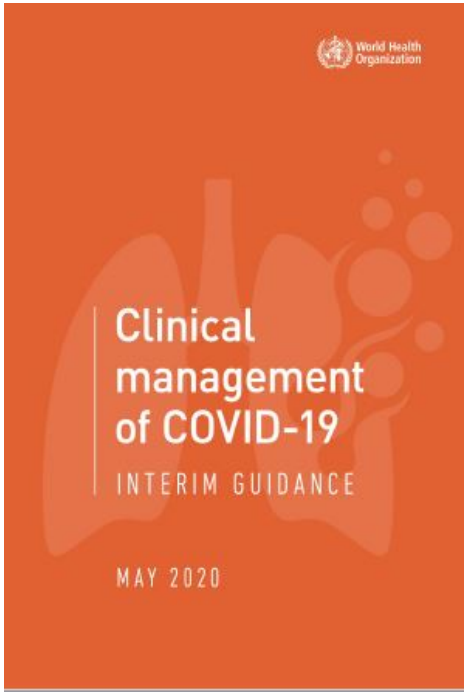




Provide access to all health workers to MHPSS





Promote positive image of Health workers through local champions