

# SUPPORTING PHYSICIANS DURING COVID

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### **NOTE:**

This document is meant to offer suggestions and a perspective for considering the important issue of caring for physicians and other healthcare providers during the pandemic. As the COVID crisis continues to develop and change, the most appropriate course of action will also evolve and change.

## **Overarching Theme:**

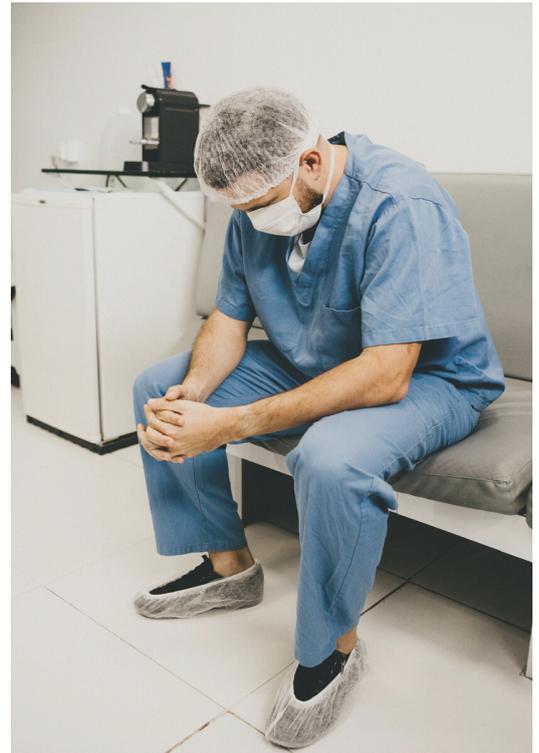
Supporting health care providers should be considered as an integral component of the COVID response and a **COORDINATED, GOAL-DRIVEN, and PURPOSEFUL** response is required.

## **RATIONAL for a thorough & coordinated effort:**

- Preserving the mental health of providers will improve care of patients and the overall health of the population by decreasing the expected absenteeism, presenteeism, and the impact of the distress on the functioning of healthcare teams.
- Coordination of effort will reduce redundancy and gaps
- A coordinated and purposeful intervention will more efficiently utilize financial and health human resources

## EXPECTED NEED

- SARS, and its impact on healthcare providers, can be used as a potential predictor of the psychological impact we can expect on our providers during and after COVID
  - 33-50% of SARS exposed HCWs experienced substantial and lasting distress in the form of symptoms of anxiety/ depression/ burnout/maladaptive coping (Maunder et al, 2003; 2006;2008)
  - The behavioural manifestations of the distress endured by providers had a significant impact on healthcare team function



## How does COVID-19 compare with SARS in its psychological impact on healthcare providers?

### SIMILARITIES

- High care demands on providers
- Potential ethical dilemmas
- High degree of uncertainty - PPEs, changing infection control protocols intense community anxiety
- Potential for staff to feel “sacrificed”
- Worry about providers’ families
- Some providers separated from families as a means of protecting them

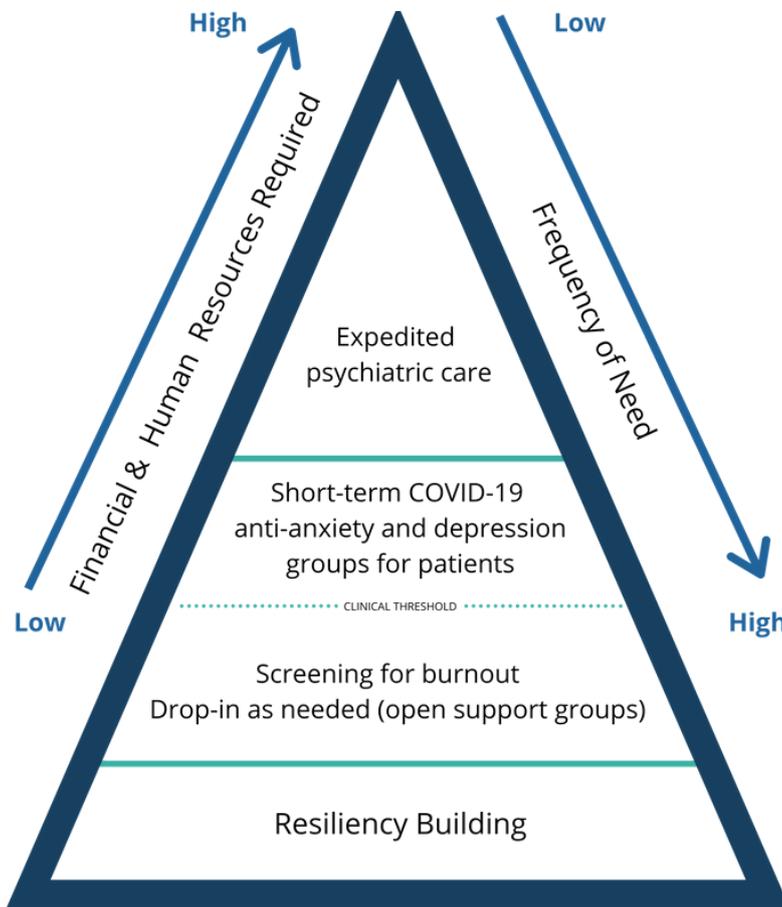
### DIFFERENCES

- Community vs hospital spread may decrease the stigma and targeted social exclusion faced by healthcare providers
- Pre-existing burnout in physicians high
- We have an opportunity to draw on our experience with SARS and use it plan and implement interventions to mitigate the distress

## EXPECTED IMPACT

Based on the evidence: Bolstering and Supporting physicians DURING the pandemic may mitigate the mental distress endured after the pandemic.

## OPTIMAL MIX OF SERVICES



*Supporting Physicians Through COVID - Optimal Mix of Interventions*

## PROPOSED INTERVENTIONS AT EACH LEVEL OF THE PYRAMID

- The base of the pyramid represents interventions that the majority of the physician population will require to maintain wellness and is associated with the lowest cost interventions requiring the least specialized human resources.
- The top of the pyramid represents a small proportion of need and the physicians who will require more specialized and more intensive care.

## BOLSTERING RESILIENCY

### Psychoeducation on resiliency:

- Links to number of existing short videos/resources created by the professional and academic institutions (eg: CAMH)
- Promotion of self care including: Rest, Exercise, Time Outs for oneself, healthy nutrition, preserving sleep, connecting to others, accessing supports, Mindfulness based activities



## NORMALIZE

- Decrease the stigma around distress, and burnout associated with stress of COVID-19
- Normalize vulnerability: This is about a cultural shift whereby demonstrating vulnerability is acceptable in ones work and home environment.
- This can be done through:
  - Messages on COVID update emails
  - Those in a position of power modeling vulnerability to counter the "super-doc" culture
  - Easy access to lists of normal reactions to stress and/or symptoms of burnout
  - Providing psychoeducation to those in leadership roles such that they are equipped to normalize and help contain the distress on their teams.

## INFORMAL SUPPORT

### Psychoeducational materials for loved ones of healthcare providers

Content focused on normal reactions to trauma/stress and resources where their loved ones can receive support. Natural supports/loved ones of providers are in a position to offer some protection against burnout and mental ill health.

### Supporting and Education Leaders

- Support for team leaders who will be managing challenging changing dynamics on their teams as providers' distress manifests in the workplace.
- Challenges with healthcare teams and group dynamics are an expect manifestation of the distress endured by healthcare providers. Leaders will require skills to recognize and manage such dynamics and support in undertaking this new dimension of their role.
- Closed groups for leaders has been shown to reduce overall anxiety in the workplace and improve team dynamics. This is being offered at various hospitals across the country where capacity for group psychotherapy exists.

### Open drop in support spaces:

These groups offer a safe space for connection around the challenges of COVID.

**Please note:** These groups acts as resiliency bolstering spaces for those that are asymptomatic While there is therapeutic value gained from attending the group, providers may be less likely to attend if they view it as a "therapy group". As such, it is recommend that participants are not asked to provide their healthcard numbers when they attend.

This group acts as a stepping stone for those with symptoms to access care via Clinical Services on the following page.



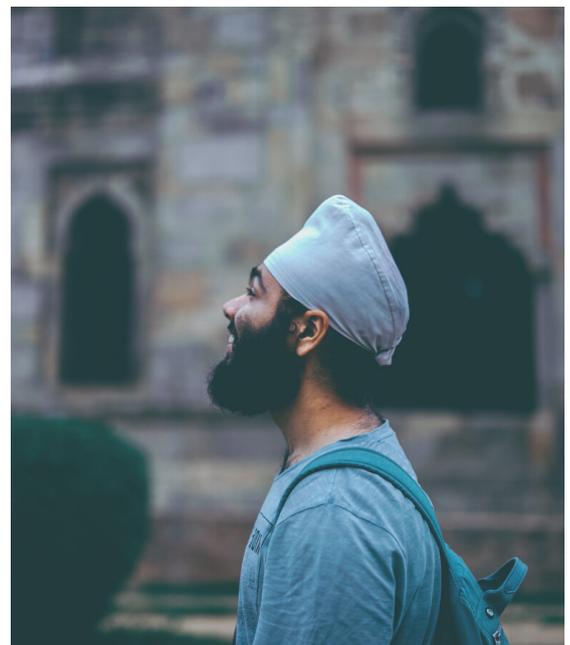
## CLINICAL SERVICES

- If possible, have designated mental health clinicians/psychiatrists supporting COVID-precipitated mental health cases. This will generate expertise and allow for some tracking of evolving service needs
- Time Limited Psychotherapeutically oriented closed groups for physicians based on diagnosis, specialty, location of practice etc.
- Use of a more targeted mental health assessment aimed at return to work for doctors whose disability is precipitated by delivery of care during COVID
- Expedited psychiatric assessment and support for physicians and healthcare providers struggling during the COVID crisis. Efforts to maintain anonymity made as far as possible by person being seen by someone in another location.

## CONCLUSION

The COVID-19 pandemic will cause significant distress to physicians and other health care providers. We have an opportunity to mitigate this distress and improve the wellbeing of our colleagues and therefore the patient population they serve.

A coordinated strategy is necessary to ensure that the population of physicians are offered targeted interventions that are optimized based on need and available resources and such that gaps and redundancies are minimized.



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