

COVID-19

Considerations and recommendations for protecting the healthcare teams' mental health

Introduction

Protecting health workers' mental health is an essential and permanent component in the management of health systems and services, something that has been forcefully demonstrated by the pandemic of the new coronavirus disease (COVID-19).

In the words of Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO): "The COVID-19 pandemic has reminded us all the vital role health workers play to relieve suffering and save lives," (1).

Well before the outbreak of the COVID-19 pandemic, health workers presented mental health problems related to the negative effects of the tasks they performed. Multiple studies coincide in an increase in the indicators of alcohol and psychoactive substance use in health personnel, as well as in the prevalence rates of anxiety, depression and suicide, which double and even triple those of the general population (2-5); additionally, an increase in professional burnout and compassion fatigue syndromes is to be expected.

In a recent WHO declaration on World Patient Safety Day, it is noted that "before the start of the COVID-19 pandemic, medical professionals were already at increased risk of suicide in all parts of the world"(1). It also cites a recent study on health professionals which states that, during the COVID-19 pandemic, "one in four was suffering from depression and anxiety, and one in three from insomnia"(6).

The WHO news release affirms that "an increase in the reporting of episodes of verbal harassment, discrimination and physical violence by health workers" became evident during the COVID-19 pandemic (1).

Health workers' safety and patients' safety are interconnected. Health and safety hazards to health workers can cause risk, harm, and adverse effects on patients. Health workers who are physically and psychologically healthy are less likely to make mistakes, which contributes to safer care. Therefore, health workers' safety has a direct impact on patients' safety.

Current working conditions cause great stress in health personnel due to increased workload, high demand and service saturation, absenteeism and attrition, fear and exposure to contagion of self and loved ones, high morbidity and mortality due to COVID-19, stigmatization and mistreatment, and feelings of frustration and helplessness linked to the need to maintain efficiency. All this aggravates the risk of depression, anxiety and burnout syndrome, and

increases the consumption of alcohol and psychoactive substances, as shown by numerous ongoing investigations and others that provide preliminary data (4, 7-10).

General considerations

In view of this situation, WHO makes an urgent call to ensure the safety of health workers in order to preserve that of their patients (1).

To move forward in a sustainable manner, it is essential that countries formulate and implement policies aimed at the permanent protection of the health workers' well-being and mental health.

The current crisis situation is an invaluable opportunity for the urgent implementation of care strategies, which should address at least the following three basic dimensions:

- 1) **Training** (in the short, medium and long term): training in the workplace, including the development of skills and competencies to identify and provide mental health protection and self-care in undergraduate and graduate education, both for the assisted population and for health teams, since working with people in distress can be a risk factor for burnout and deterioration of the workers' health and psychosocial well-being.
- 2) **Promotion**: fostering and developing strategies for mental health protection and promotion at the individual level and in health teams, together with a community level approach; this includes prevention and coping with stigma, discrimination and violence; and thus fosters respect and appreciation for health workers.
- 3) **Organizational strategies**: these are applied in order to ensure appropriate working conditions and a physically and psychologically safe and healthy working environment in the health sector.

The target population for these dimensions includes:

- 1) Professionals who perform healthcare tasks in healthcare teams.
- 2) Non-health professionals and volunteers who collaborate in the response to the pandemic without specific training in health care.
- 3) Health caregivers of both users and patients, in settings other than health facilities: caregivers in homes and institutions for persons with disabilities, the elderly, persons with chronic diseases such as dementia or others, and caregivers of persons with COVID-19.
- 4) Public or private healthcare responsible officers or health managers, at institutional and governmental levels.

It should be noted that, among healthcare workers as a whole, some specific groups have a higher level of risk or vulnerability; these tend to be frontline health workers with child and family care responsibilities, workers with comorbidities, very young workers or workers with limited experience, and older people. Other groups can be identified depending on the context and

environment in which they operate, and should be taken into account in the prioritization and tailoring of mental health and well-being protection measures.

Cross-cutting actions for the four groups that make up the health teams

Ensure education and training in the following areas:

- 1) Mental health and psychosocial support (MHPSS).
- 2) Psychological first aid (PFA).
- 3) Team care and support, emergency detection and referral systems to mental health services.

Ensure availability of and access to mental health services for health workers in need, among others:

- 1) Mental health services specially designed for health workers or, in an integrated manner, for the rest of the population. Ethical principles should be taken into account, such as the principles of autonomy, confidentiality and professional secrecy; there should be professionals available who do not belong to the same work team as the colleagues to whom they provide care.
- 2) Consider the possibility of offering support services and mental health care in remote modalities.
- 3) Consider the formation of self-management groups within work teams, with periodic follow-up meetings.

Considerations focused on health promotion

Among the measures focused on health promotion, the following should be highlighted:

- 1) Address basic needs.
- 2) Maintain a safe organization, with accountability and commitment from the highest level (including official statements, policies and bylaws, as well as the appointment of a health and safety specialist in the workplace).
- 3) Respect rest breaks and relief during work and between shifts.
- 4) Maintain a healthy diet.
- 5) Engage in physical activity.
- 6) Maintain contact with family and friends.
- 7) Avoid the use of tobacco, alcohol and other psychoactive substances to cope with the situation.
- 8) Use relaxation, breathing and mindfulness techniques to manage stress.

Specific measures for each of the groups that make up the health teams

A. Measures for those performing professional health tasks

- 1) Use of personal protective equipment (PPE), biosafety and training on its use.
- 2) Provide access to adequate information and training on protocols and guidelines.
- 3) Adopt strategies for the mental health care of people in the chain of contacts in the event that the health professional is infected.
- 4) Incorporate systems for detecting and managing stress, and indicators of discomfort and prevention of burnout.
- 5) Provide access to wellness, mental health and psychosocial support services.

B. Measures for those who collaborate in the response without specialized training in health care and for caregivers of users and patients in settings other than healthcare establishments

- 1) Facilitate specialized help when detecting indicators of emotional distress.
- 2) Use PPE when performing a task involving risk of contagion.
- 3) Promote a culture of stigma prevention.
- 4) Adopt strategies for the mental health care of people in the chain of contacts in the event that the health professional is infected.

C. Measures for those who hold health management positions in the public or private, institutional or governmental sectors

- 1) Adopt policies to promote the health workers' well-being and mental health and to prevent violence, harassment and abuse of authority in the work environment.
- 2) Effectively include mental health care for health workers in all intervention programs.
- 3) Implement mental health monitoring and care systems in health institutions and organizations.
- 4) Make mental health care services available to workers and volunteers.
- 5) Consider the occupational burnout syndrome as an occupational disease, and ensure its detection and care.
- 6) Encourage prevention and coping of stigma, discrimination and violence, as well as fostering respect and appreciation for health workers, with and from the community and institutions.
- 7) Implement effective communication strategies that promote health workers' care and respect for their role, and reduce fear and blame in the general population.
- 8) Adopt policies for public recognition of health workers and caregivers during the pandemic.
- 9) Guarantee work schedules compatible with healthy criteria, rest times, with team rotation systems in the first line of intervention; and consider the rotation of work teams.
- 10) Consider the health workers' mental health a priority in the creation of job profiles, evaluation of competencies and performance indicators.

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