



COVID-19 and Behavioral Health in Healthcare

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Mental health and substance-use conditions were a significant concern in the healthcare sector even before the pandemic.

Rates of depression and anxiety^{1,2,3} are high among nurses,⁴ medical residents⁵ and physicians.⁶ Although alcohol and drug use are not more common among medical personnel than the general population, they have still been a focus of concern within the field.^{7,8} Changes in the field of medicine over the past three decades have caused unprecedented levels of stress and burnout among healthcare professionals, especially as they have seen their field transformed to a documentation-heavy job focused more on productivity than patient care.⁹

The decades-long epidemic of diseases of despair¹⁰ has impacted healthcare workers doubly. They have experienced increasing rates of depression,¹¹ suicidality,¹² addiction¹³ and overdose deaths¹⁴ themselves or among their friends and families. And those same people working in healthcare have been on the front line for treating these conditions.¹⁵

Behavioral Health in Healthcare Before the Pandemic

The Standard completed the 2020 Behavioral Health Impact Update in late 2019 before the pandemic hit the United States. This study indicated that behavioral health conditions¹⁶ were prevalent at that time in the healthcare sector.

The data compared lower income service employees, such as facilities and maintenance workers, to higher income service workers, such as medical professionals, and people working desk jobs in administration, management and clerical departments.

	Service employees	Higher-income professionals	Desk workers
HEALTHCARE WORKERS REPORTING MENTAL DISTRESS ¹⁷	44%	31%	25%
HEALTHCARE WORKERS REPORTING SERIOUS MENTAL ILLNESS ¹⁷	8%	3%	6%

Consistent with previous studies, we found that healthcare workers face high levels of stress, distress, anxiety, depression and substance use. Healthcare professionals like nurses and physicians often have high self-expectations, along with both external and internalized (self) stigma.^{18,19} Complicating matters, mental health and substance-use questions in some state licensing applications and renewal forms is stigmatizing and not ADA compliant.^{20,21,22} In 2018, an AMA policy recommended changing these questions and taking other actions to destigmatize behavioral healthcare for physicians.²³



The Impact of COVID-19 on Healthcare Workers

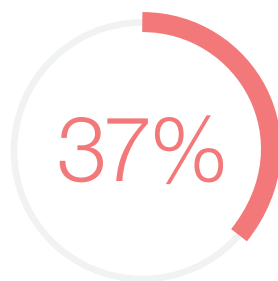
COVID-19 has affected every employment sector, but has arguably impacted healthcare most.

Over 2,900 American healthcare workers have died of COVID-19 since the start of the pandemic.²⁴

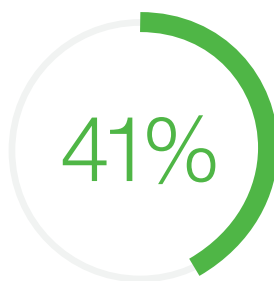
The COVID-19 pandemic has increased the stress on healthcare professionals and is leading to higher rates of mental health and substance-use conditions among them. These trends are also reflected in the 2020 Behavioral Health Impact Update, conducted by The Standard several months into the pandemic.

HEALTHCARE WORKERS REPORTED SUFFERING FROM MENTAL HEALTH ISSUES²⁵

Pre-pandemic (2019)



Pandemic (2020)



10% of healthcare workers report suffering from serious mental health illness²⁵

Many factors further complicated the already dire initial crisis phase of the pandemic for healthcare workers:²⁶

- A shortage of Personal Protective Equipment and hand sanitizer increased their risk of infection.²⁷
- A lack of information about how the infection spreads led to quarantining when not working, increasing isolation.²⁸
- Early test production delays and faulty test distribution by the Centers for Disease Control and Prevention often made it impossible to tell infected from uninfected patients.²⁹
- A mechanical ventilator shortage impaired their ability to appropriately care for infected patients.³⁰
- The lack of effective treatments meant often watching helplessly as patients worsened and died.³¹
- Existing isolation issues and loneliness were exacerbated by the physical separation of Personal Protective Equipment, social distancing and quarantine.³²

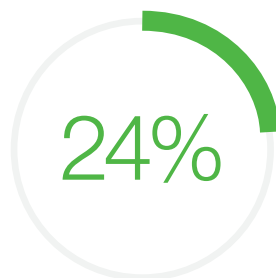
The Impact of COVID-19 on Healthcare Workers

These issues increased rates of anxiety, depression, sleep problems and Post-Traumatic Stress Disorder for healthcare workers.^{33,34} Two high-profile suicides involving healthcare workers were seen as the first indication of a possible wave related to the stress of the pandemic.^{35,36} Evidence also exists that healthcare workers may have a higher risk of alcohol and drug abuse due to the pandemic.³⁷

Hospitals faced negative financial impacts as government stay-at-home orders prevented routine and elective services, while fear led people to avoid treatment for non-routine issues.^{38,39} This led to furloughs and layoffs, even as some hospitals struggled to staff their COVID-19 units.^{40,41}

HEALTHCARE WORKERS REPORTING MISSING TIME FROM WORK DUE TO MENTAL HEALTH ISSUES²⁵

Pre-pandemic (2019)



Pandemic (2020)



58%

of healthcare workers

say mental health issues have been affecting their work more since the COVID-19 pandemic began.²⁵

Healthcare workers were also confronted by the politicization of public health and safety. Some politicians and pundits argued against stay-at-home orders, face masks, social distancing and avoiding gatherings. This science denial hurt healthcare workers, especially when treating those who believed they didn't have COVID-19.⁴²

Worsening matters, healthcare workers endured threats and intimidation from those fearing they were infected and trying to force treatments touted as effective.⁴³

Late summer and early fall provided a break, but a new surge in COVID-19 cases has hospitals struggling.⁴⁴

Promising treatments,⁴⁵ a decreasing death rate⁴⁶ and vaccine approval provide hope. But the toll on healthcare workers is unrelenting and likely to cause more mental health and substance-use issues.⁴⁷

Helping the Helpers During the Pandemic

The evidence from the 2020 Behavioral Health Impact Update is clear: recognizing the importance of mental wellbeing, building a work culture that supports that wellbeing, and offering services to address mental health and substance-use issues can mitigate some of the stress healthcare workers are experiencing in the current crisis.

34% of healthcare workers say it has been harder to get help for mental health issues since the pandemic began.²⁵

Suggestions for supporting employees apply to healthcare workers also:

- Administrators should consider frequent pulse surveys to learn employee needs, get feedback on potential offerings and reactions to changes made by administration.⁴⁸
- Recognize that various employees face different situations, such as the experiences of nurses and physicians versus lower-income service workers in maintenance and housekeeping.
- Repeatedly communicate explicit support for personnel's self-care, including a healthy diet, physical activity and rest.
- Benefits like virtual yoga, meditation and exercise sessions are helpful, but may be difficult to use in the busiest facilities.
- Frequent communication about and encouragement to use employer-sponsored mental well-being benefits, such as EAPs, is essential.

A recent Gallup survey provided additional insights into what healthcare workers need during this crisis:⁴⁹

- Healthcare administrators must communicate frequently and transparently, building trust with their employees by sharing the information they have and setting realistic expectations, avoiding bland reassurances and catastrophizing.
- They must demonstrate their willingness to innovate and take meaningful actions to mitigate the emotional toll of the pandemic on their employees.
- They must offer benefits that support all areas of their employees' lives, including their needs with respect to their careers, their financial security, their social relationships, their physical health and the health of their communities.⁵⁰ This may include things like providing lunches to busy staff members and onsite rest areas for exhausted workers.

Helping the Helpers During the Pandemic

One key to supporting the mental wellbeing of healthcare employees is social support. This may take the form of emotional support and encouragement by administrators communicated to teams or individual workers. Or, it may involve existing or newly implemented peer-support networks.

HEALTHCARE WORKERS WHO SAID THAT THEIR EMPLOYERS WOULD EXPECT THEM TO MANAGE THEIR ADDICTION OR SUBSTANCE ABUSE ISSUE ON THEIR OWN²⁵

Pre-pandemic (2019)



Pandemic (2020)



Peer support has become common among professions in which workers experience high levels of stress and significant professional isolation, like law enforcement.⁵¹ Healthcare facilities initially implemented peer-support networks to help professionals after traumatic events^{52,53} but have recently applied them

to healthcare teams working under the stress of the pandemic.⁵⁴ They have been shown to decrease the sense of isolation, increase social support, reduce stigma, improve health literacy with respect to mental health and substance-use issues and spur benefit use, including EAP.

37% of healthcare workers say their employers are improving access to mental-health services and support as a result of the pandemic.²⁵

One area for innovation appears to be the application of peer support to service workers in addition to professional staff. Although these employees may not be providing direct care to COVID-19 patients, they are on the front line nonetheless and face the same stresses and dangers of many other healthcare workers.⁵⁵ It seems reasonable to believe they could benefit from the support of a peer, even if that peer is a more highly trained professional such as a nurse or physician, as much or more than other people working in the healthcare sector during this difficult time.

Helping the Helpers During the Pandemic

Another resource unique to healthcare settings is the potential availability of psychiatric staff for virtual support and treatment.^{56,57,58} Healthcare workers are also likely to feel supported by public statements and campaigns to encourage the surrounding community to follow evidence-based pandemic mitigation strategies, particularly wearing face masks in public.⁵⁹

Another crucial issue is psychological safety. The extent to which team members feel it is safe to take interpersonal risks with other team members is critical to effective healthcare. It's essential as a buffer against burnout and job dissatisfaction. Psychological safety depends on a foundation of physical safety, but also requires empathy and compassion from administrators.⁶⁰

Concrete steps to improve psychological safety in a healthcare environment include creating intentional opportunities for dialogue, shared responsibility for governance and a culture of openness with an acknowledgment of fallibility.⁶¹

37% of healthcare workers say their employers are creating a work culture that fosters mental health as a result of the pandemic.²⁵

Finally, adequate staffing is vital. The best benefits and support cannot overcome sheer overwork and exhaustion. Healthcare administrators must pursue innovative approaches to maintain necessary staffing levels. Relaxing scope of practice and oversight laws, allowing healthcare professionals to practice across state lines, offering supports such as childcare and considering virtual treatment options may all be feasible approaches to maximize staffing.⁴¹



After the Pandemic

Despite recent vaccine distributions, the pandemic will likely worsen in the United States before it gets better.⁶² With infections, hospitalizations, and deaths recently surging, and with widespread vaccination unlikely until early 2021, the stress on healthcare workers is poised to increase.⁶³

Still, at some point, it will abate. Enough people will have recovered or received a vaccine to stop the spread. Hospitals and routine services will return. And there will be changes to our healthcare system, like a sustained increase in virtual services. Hopefully, the system will arise from this crisis stronger than ever.⁶⁴

But the emotional and physical impact on healthcare workers will linger for years, even decades. Anxiety, depression, Post-Traumatic Stress Disorder and substance use are expected to be higher in healthcare workers after the pandemic, requiring continued support and treatment.

There may ultimately be positive healthcare outcomes as a result of COVID-19 – more awareness for the need of public-health resources,⁶⁵ a rationalization of acute-care services, improved access to mental health and substance-use care,^{66,67} healthcare innovations⁶⁸ and, of course, innovative vaccine development.⁶⁹ Unfortunately, it's hard to identify any positive outcomes for the healthcare workers who survive this difficult time.

About the Author

Dr. Dan Jolivet started working in the behavioral health field in 1980 as he was completing a degree in mathematical statistics and wanted to get some hands-on experience in an applied scientific discipline. His first direct service job in the field was a 1981 work-study position at a Community Mental Health Center (CMHC) in Seattle, where he quickly became hooked on trying to understand how people change.



Dan has held a variety of roles throughout his career. He has worked in inpatient hospitals, residential treatment centers, partial hospitalization programs, intensive outpatient programs, employee assistance programs and in private practice. He moved into supervision to multiply his impact and began working in managed care soon after that. He joined The Standard as its Behavioral Health Director in 2016 and says his favorite part of the job is still helping people — both claimants and people on his team — find solutions to seemingly intractable problems.

Dan received his bachelor's degree in psychology from the University of Washington, and his master's degree and doctorate in clinical psychology from Georgia State University. In his spare time, Dan plays baritone saxophone in a local concert band and he enjoys spending time with his two daughters and his cat.

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