



Caring for Health Care Warriors- Mental Health Support During COVID-19

**COLLABORATION
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GOVERNMENT OF KARNATAKA
&
DEPARTMENT OF PSYCHIATRY,
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
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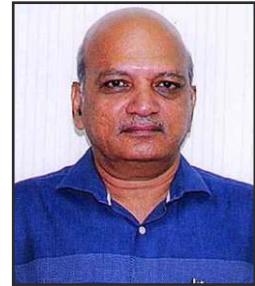
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IN THE FIGHT AGAINST THE COVID-19 PANDEMIC**

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Foreword

Mental Health Support for Health Care Warriors during COVID-19- A framework for Implementation

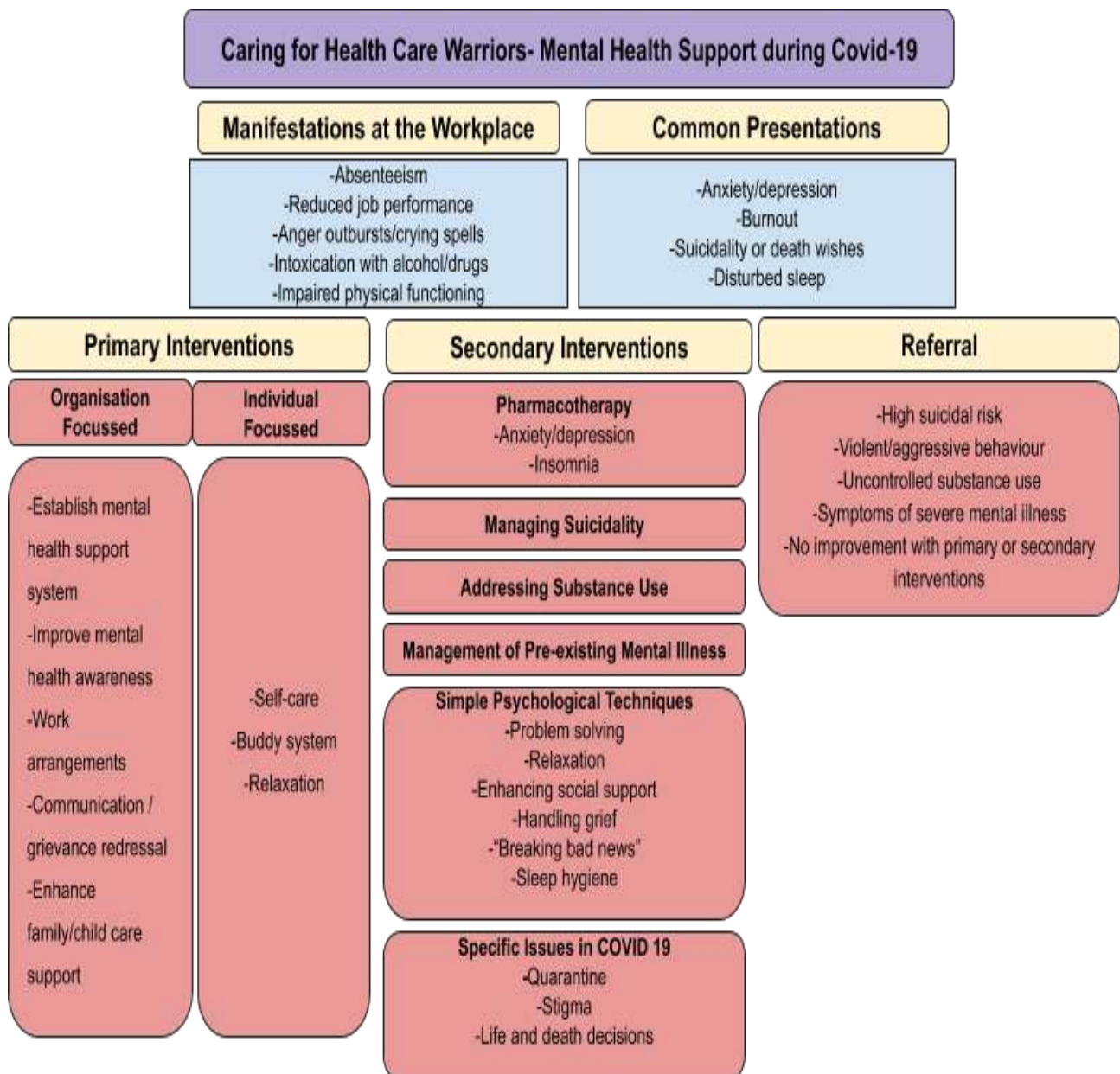
The COVID-19 pandemic has thrown an unprecedented challenge for mental health across the country. The possibility of getting infected with COVID-19, an illness with no clear defined treatment protocols and uncertain outcomes has shaken the world. With the illness now spreading in different parts of the country, the existing health care systems are really stretched. As the battle becomes long-drawn, the health care workers (HCWs) in the frontline have become particularly vulnerable to mental stress. Worries about risk of infection to self and their families, adequacy of protection, long working hours, being in quarantine/isolation, and separation from families can lead to severe psychological distress among health professionals. If not effectively recognised and treated, such stress can transform into more persistent illness, even leading to suicidal thoughts and feelings. Psychological difficulties have been consistently linked to reduced competency at work and the stress faced at work can worsen mental distress.

Across the world, there has been increasing recognition of the need to provide mental health support to HCWs in the frontline of COVID-19 pandemic. Mental health issues among health care personnel are well recognised even before the COVID-19 pandemic. Multiple studies have consistently reported higher rates of depression, anxiety, substance use, poor life satisfaction and suicide among HCWs as compared to the general population. To date, both the systemic and individual responses to address mental health issues among HCWs have been patchy. Structured and confidential mental health services for health workers exist in very few settings, primarily in high-income countries. Health workers continue to be driven by a culture of “presenteeism” with little “self-care”. Thus, any system of mental health support established in India during COVID-19 will retain relevance and permanence beyond this time.

Studies on mental health interventions in the work place have reported best effectiveness for mental health promotion and prevention strategies. Work places are an optimal setting to create a culture of fostering mental health. Organisations have established communication structures, policies and support networks which can be utilised to improve mental health awareness. Organisational leadership has a crucial role to play in ensuring good work-life balance, incentivising healthy behaviours and providing an atmosphere of discussing mental health issues without stigma. Strategies like “reasonable accommodation” for the vulnerable, a buddy system help improve mental health and improve productivity. Additionally, ensuring a pathway of care for those developing mental health difficulties will ensure early effective treatment and earlier return to work. All these strategies now need to

repackaged with greater intensity and sincerity during COVID-19 times (see Figure). Given the likely magnitude of the mental health difficulties among HCW and the patchy availability of specialist mental health care across the country, it has become necessary for all non-psychiatric health care professionals to be trained to provide initial mental health care to the extent possible.

This guidance prepared by the faculty of the Department of Psychiatry, NIMHANS defines the framework for administrators and health care supervisors to address the mental health needs of health care personnel in COVID-19 treatment settings. It also provides technical input to guide health care personnel to help themselves and their colleagues in distress. Though this document has been primarily prepared for addressing mental health needs of HCWs in COVID-19 treatment setting in Karnataka, the framework is adaptable across the country and other countries with constrained resources.



PSYCHOLOGICAL ISSUES OF FRONTLINE PERSONNEL COMBATING COVID-19

Thousands of health care workers (HCWs), police and government officials form the front-line of a new uncertain battle against COVID-19. Most worry about getting infected, taking infections to their families, adequacy of protection, access to food, liquids and rest, and separation from families. The widespread social and economic disruption has also impacted most HCWs. This has created a cycle of concern, worry, and distress. If not effectively recognised and handled, this can transform into more severe distress, even leading to suicidal thoughts and feelings. It is thus a matter of priority to address these concerns to ensure positive mental health and early interventions for frontline personnel in COVID-19 treatment settings.

Sources of anxiety

- Fear of exposure to self and transmitting to family
- Lack of adequate personal protection equipment
- Fear of family welfare if requiring quarantine/isolation
- Uncertainty of extent of support from organisation
- Support for personal and family needs with increasing work demands
- Lack of information and communication

Indicators of mental health difficulties at work place

- Absenteeism
- Reduced job performance and productivity.
- Changes in communication with co-workers.

- Rapid changes in mood, anger outbursts, crying spells etc
- Reporting to work intoxicated (alcohol/drugs)
- Poor memory
- Restlessness/irritability
- Drowsiness
- Impaired physical capability and daily functioning

Rule out rule: When there is a performance concern, rule out the possibility that it may be related to a mental health issue before you consider action.

Presentations of Mental Health Issues among frontline workers

Most frontline personnel presenting with psychological disturbances are 'normal people' who have been overwhelmed by an extraordinary stressor. Most may show more than one psychological presentation. For example, anxious people may also have features of depression and drink alcohol to reduce symptoms. **These psychological disturbances may be linked to the many psychosocial stressors in the wake of the pandemic. Hence, management strategies primarily need to focus on mitigating the psychosocial stressors to the extent possible.** Lastly, a vast majority of people recover spontaneously over time or with brief psychological inputs. Therefore, presence of psychological disturbances do not necessarily imply a psychiatric diagnosis. However, clinical descriptions of particular domains help ensure appropriate selection of intervention.

- a. Burn-out (the commonest)
- b. Distress & Anxiety related to COVID-19
- c. Substance use disorder
- d. Sleep disturbances
- e. Pre-existing Mental Health Issues

a. Burn-out (the commonest)

- Emotional exhaustion
- Depersonalization (loss of one's caring, empathy, and compassion)
- Decreased sense of accomplishment

b. Distress & Anxiety related to COVID-19

- Excessive worry about contracting the infection even when all precautions have been taken
- Not being able to stop or control worrying
- Feeling sad, crying spells
- Feeling nervous, anxious, or on edge
- Being so restless that it is hard to sit still
- Feeling incompetent at work
- Becoming easily annoyed or irritable
- Excessively following social media about COVID-19
- Feeling afraid as if something awful might happen
- Lack of sleep and decreased appetite
- Wanting to end it all – **SUICIDAL THOUGHTS AND PLANS**

c. Substance use disorder

- Mostly stress related
- Change in pattern of existing substance use is the commonest (commonly Alcohol/Tobacco). This can be present as a change in frequency or quantity.
- Initiation less common. However subjects using one substance may experiment with additional substances.
- Use of medicines for sleep and anxiety reduction without a valid medical prescription.
- Possibility of substance withdrawal need to be considered if regular users present with mental health disturbances (especially in the context of disruption in supply chains)

d. Sleep disturbances

Extremely common. Subjects may present with difficulty in

- Initiating sleep

- Frequent awakenings
- Early morning awakening
- Excessive sleep (relatively infrequent)

Distress, anxiety, exhaustion, shift work, substance use can all present with sleep disturbances. It is important to clarify these aspects when frontline personnel report with sleep disturbances.

e. Pre-existing Mental Health Issues

Frontline personnel with pre-existing mental health issues may relapse or experience worsening of symptoms.

What is “Normal” & What is “Abnormal”

Case vignette

Ms. H is a final year medicine resident who is posted in the covid management ward. Her duties includes attending the infected patients, maintaining their records, report the progress & send samples for testing. She wears PPE all the time during her duty hours. Of late, she complains that she has been a feeling a bit unsettled & occasionally sleep is disturbed. She is getting irritable on and off, affecting her interactions with her colleagues and patients. Despite this she is managing to carry out all her major responsibilities both at work and at home.

Discussion

This case describes a scenario which could be the norm in COVID treatment settings. As the subject is carrying almost all her activities despite being stressed, her reaction can be deemed as “normal”. **Abnormal psychological reactions are characterised by dysfunction in personal/social/occupational functioning (in any or all or in varying proportions).**

ASSESSING YOUR COLLEAGUE IN DISTRESS

General Principles

- **Place**
 - Ensure privacy
- **Please begin with general enquiries!**
- **Active listening**
 - Have eye contact
 - Acknowledge what is being said with appropriate notes and gestures
 - Occasionally repeat what is said
 - Ask questions but do not compel to give more details
 - When the conversation ends – summarize what is discussed and agreed. Give appropriate contacts including helpline if required
- **Managing own feelings**
 - Treat what is said with respect
 - Do not react with surprise or judgement
- **Do not immediately suggest solutions. Always ask what they want before giving your suggestions.**

Screen for Mental Health Issues

In the last 2 weeks

- | | | |
|--|----------------------|-----------|
| 1. How is your sleep? | Normal | Disturbed |
| 2. How is your appetite? | Normal | Disturbed |
| 3. Are you feeling nervous, anxious | Yes, on several days | No |
| 4. Have you not being able to stop or control worrying | Yes, on several days | No |

(A positive answer to question 3 & 4 could indicate Anxiety disorder)

- | | | |
|---|-------------------|----|
| 5. Have you lost interest or pleasure in doing things | Yes, on most days | No |
| 6. Are you feeling down, depressed or hopeless | Yes, on most days | No |

(A positive answer to question 5 & 6 could indicate Depressive disorder)

- | | | |
|---|----|-----|
| 7. If you have been using tobacco, has its use increased in the last 3 months (cigarettes, bidis, chewing tobacco, etc) | No | Yes |
| 8. If you have ever using alcohol, has its use increased in the last 3 months (beer, brandy, whisky, toddy etc) | No | Yes |
| 9. Did you ever had thoughts of ending your life in the last 3 months? | No | Yes |
| 10. Have you made such an attempt in the last 3 months? | No | Yes |

Assessment findings indicating need for specialist mental health referral

- If the HCW/Colleagues/family report of subject being unusually suspicious of others or reporting of hearing of voices or seeing visions indicating psychotic illness
- If HCW has long standing substance use problems which has significantly worsened after COVID-19 including withdrawal symptoms (eg: hand tremors among alcohol users)
- If there significant and persistent suicidal ideation and/or suicidal attempt
- Request for referral

MENTAL HEALTH PROMOTION STRATEGIES-1

Organisational Interventions

Establish Mental Health Support System

- All COVID-19 treatment centres to be provided with a designated mental health support network for personnel. Ideally both psychiatric and counselling services need to be made available.
- The frontline personnel also need to be made aware of the various possible mental health support systems available locally, if they wish to access help outside their work place.
- A district level helpline for all frontline personnel is helpful. Ready answers for FAQs is a must for running such helplines. They can also be made aware of the currently running state/national level helplines for health care workers (Karnataka State Helpline -104, IMA helpline - 999116375, 999116376, NIMHANS helpline-080-46110007)

Enhance Mental Health Awareness among HCW

- Administrators/supervisors should PROMOTE awareness about Mental Health and Stress. It could be by organising awareness classes, stress management workshops etc.
- Team meetings may also be used to discuss common mental health issues that arise out of working under difficult circumstances (stress, burnout, anxiety, fear, etc.) and simple steps for psychological 'self-care'
- Ensure a clear protocol for diagnosis and treatment of healthcare personnel. This will help to avoid uncertainty or confusion.

Communication

- Ensure good quality communication with accurate information updates

- **HCWs need to be aware of the guidelines for testing, quarantine, treatment and any other issues. The State Government issues periodic guidelines which can keep changing depending on the situation, and it is important that health care workers are made aware of the same.**
- Have regular team meetings even if it's brief. It helps to develop a 'bond' and to also sort out issues that may emerge because of working in stressful situations
- A **grievance policy** should be implemented.

Arrangements at work place

- Prepare staff for the job
- Do not give false assurance, a full and frank assessment will be helpful to retain trust
- Focus on the long-term, ensure as much as training for their staff to fulfil roles
- Mix and match, ensure that juniors with limited experience work with their senior colleagues
- Ensure staff rotation from jobs of higher stress to lower stress and vice-versa
- Duty/shift breaks/holidays to be agreed within the team and ensured as far as possible

Enhance Support to Family

- Employees (especially women) doing long working hours worry about their family responsibilities especially towards their children/elders. It is necessary that the administration support them to the extent possible
 - Child care with safety protocols
 - Flexible work schedules
 - Procurement of essential supplies
 - Assurance on family being supported if quarantined/infected.

Support in distress

- In the event of unfortunate outcomes like death, ensure that the team has an opportunity to “debrief”. In addition to the factual aspects related to the event, team members may be encouraged to share their emotions which may include guilt, anxiety, and distress.

- A flexible schedule may be considered for any person who has been directly impacted in some way or has an affected family member
- If a team member is experiencing mental health difficulties, provide for a 'buddy'. The 'buddy', can be a senior colleague/workmate, who may be expected to talk and listen and provide common sense suggestions for mental health care. They can also be asked to report back if things deteriorate. 'Buddy' should be made aware that all matters discussed are strictly confidential and to be shared only on a 'need to know' basis.
- Be aware that staff with pre-existing mental health difficulties are more vulnerable. Ensure additional support to prevent extreme events such as suicide and other impulsive behaviours
- **Refer to any staff member who appears to have uncontrollable distress for assessment and intervention to the nearest specialist mental health service.**

Other points to note

- Paid leave to be ensured for any staff member in quarantine/isolation.
- Ensure your team is credited for their work. Simple expressions like praise, a cake cutting ceremony after a team's achievement etc will maintain morale and team bonding on the long term.
- Personnel working in hospitals in times of pandemic often experience stigmatising attitudes from the general public. It is important that the staff be supported by the organisational leadership as these can be immensely stressful.

MENTAL HEALTH PROMOTION STRATEGIES-2

Individual Focussed

1. Self-care

All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following:

- Have a routine
- Ensure breaks and adequate sleep
- Keep in touch with relatives/friends
- Carry out some activities and hobbies unrelated to work
- Exercise regularly and have a healthy diet
- Practice relaxation exercises like yoga
- Spiritual or religious activities (if you are a religious person)
- Make time for yourself and your family

In most emergencies the work schedule is hectic, and hence carrying out all activities may not be possible, but team leaders should ensure that at the least, health workers get their breaks and facilitate regular contact with friends/family.

2. Have a buddy system at your work place

A buddy system is an arrangement in which two individuals are paired at the work place. Generally, a senior experienced person is paired with someone relatively inexperienced. A buddy system is appropriate to consider as most COVID-19 treatment settings have a mix of people with differing competence, experience and levels of training.

Advantages of the buddy system

- Ensure all safety protocols are followed
- Knowledge transfer & training
- Improve confidence
- Reduce isolation especially among vulnerable
- Work place bonding
- Discussing issues of distress
- Looking out for each other
- Employee morale

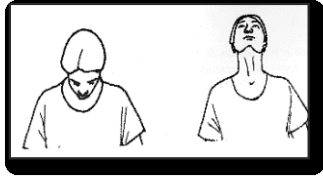


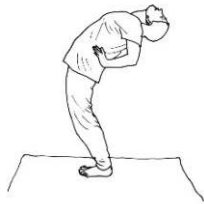


How to become a “senior buddy”

- Be patient and positive
- Don't force a relationship
- Use a comfortable way of communication
- Listen more than giving advice
- Don't be judgemental
- Don't lose heart by initial mistakes
- Keep a teaching spirit

3. Relaxation (Abdominal Breathing)

- o Sit in a comfortable position on the ground or a chair.
- o Remove your wallet, belt or other items (phones) from your shirts, trousers or dress.
- o Relax your shoulders.
- o Bring your hands to your lower belly with your two middle fingers touching the belly.
- o Close your eyes now.
- o Take a long, deep, gentle breath and send this long and deep breath down to your belly, so your stomach expands (keep your shoulders relaxed). You should find that your middle fingers naturally part slightly as the belly expands with the breath.
- o Exhale or breathe out slowly. Now you can feel how the belly naturally draws inwards as the breath exits the body and the middle fingers slide to touch again.
- o Do this abdominal breathing a minimum of 10 times (inhale and exhale slowly).

4. Fifteen Minute Yoga Program at Workplace for Stress Reduction

SN	Name of the practice	Description	Image
1	Neck Movements (Perform for 3 rounds)	Stage 1: Forward-Backward Inhale, slowly bend your head back Exhale, bend your head forwards, touching your chin to the chest.	
2	Shoulder Rotation (Perform this 3 times in clockwise and anti-clockwise)	Place the fingers of left hand on the left shoulder and the fingers of right hand on the right shoulder. Inhale and raise your elbows & bring them back when you exhale. Try to touch the elbows in front of the chest on the forward movement, stretch the elbows back in the backward movement and touch the side of the trunk while coming down.	
2	Hand stretching breathing and side bending (1 minute; 5 counts hands up and down; 5 counts right and left side bending)	Interlock your fingers and keep them on your chest. Breath in stretch the hands up above your head with keeping the fingers interlocked, stretch the whole body up at the peak of inhalation, breath-out and come back. Do 5 counts. Then bend sideways with hands stretched up. Breath out bend towards right, breath in back to centre. Repeat same on left side. Do 5 counts,	
3	<i>Ardha-chakrasana</i> (Backward bending) (1 minute; 5 counts)	Take 2 feet distance between your feet. Inhale and bend back from your lower back while supporting it with your hands breath out and come back to centre. Keep the eyes open throughout the practice. (Elderly with difficulty in balancing should perform on a chair).	
4	<i>Nadishuddhi</i> (Alternate nostril breathing) (1 minute; 3 cycles)	Come to sitting position. Back and neck erect. Inhale slowly from left nostril, exhale from right; then inhale from right and exhale from left. This makes 1 cycle	
5	<i>Bhramari</i> (Humming Breath) (1 minute; 6 counts)	Sit with back and neck erect. Gently cover your eyes with fingers and close your ears with thumbs. Touch your tongue gently to the upper palate. Take a deep breath in and as you breath out produce the humming sound (mmmmm) and feel the vibrations in the head and face region. Perform 6 cycles.	

Note: To be practiced 2 times a day, can be done at any time of the day.

Please learn the practices from a trained yoga practitioner in the beginning.

SPECIFIC INTERVENTIONS -1

Anxiety/Depression

Case Vignette

Mrs K, is a married doctor with two young kids. Her elderly parents stay with her. Her Husband also a doctor works elsewhere and is able to come only on weekends. After the COVID-19 outbreak, her maid is always late as public transport is patchy. She has been recently posted to the COVID-19 ward. She feels anxious and panicky thinking of the risk of transmitting infection to her parents. Her children cry when she goes for work and this makes her tearful. She worries that she cannot manage her family and work. She has become increasingly withdrawn and has started feeling sad most of the time. At work, her co-workers are friendly, understanding and helpful. Despite this, Mrs K feels that she has reached a point where she needs help and support.

Discussion

Pandemics along with the infection also bring in a host of problems including social and economic challenges for health care workers. Most have to balance clinical responsibilities with family chores. Individuals might feel overwhelmed and may struggle to manage problems. Alongside this, many feel anxious sometimes excessively about getting infected. These represent the commonest underlying reasons for Anxiety/Depression to present among HCWs.

Hence the psychological techniques that will benefit

- Problem Solving
- Enhancing Social Support
- Managing anxiety of the Worried Well
- Relaxation

Psychotropic medications also have a role, specifically short courses of anti-depressant and antianxiety drugs.

1. Helping to solve problems

Steps

- Problem-solving techniques as a way to find solutions to problems themselves with some support
- Ask the person to identify their problems and amongst them the most bothersome problem.
- Once identified, ask the person to list out all possible solutions.

- Allow them to seek help telephonic or through social media or from a person/s whom the individual believes will be able to help them.
- Help them to choose one or two appropriate solutions and ask them to try out
- Make an appointment for the next visit where they can share the experience of trying these solutions
- If the problems are unlikely to be resolved, help the person to recognise that the problem might not go away and the person needs to think of ways to reduce the problems

2. Enhancing Social Support

- Identify the what support currently exists
- Are there any friends and family members who can with the problem.
- Are there other people in the community who can help
- In your community, is there an organization which can help
- Try any or all of the options and then discuss further alternatives

3. Excessive Worry of Getting Infected

Case Vignette

Mrs. Y, a 40-year-old nurse has been working in the taluk hospital for the last 5 years. She has become very anxious after the COVID-19 outbreak, as she fears that she will get infected. The hospital authorities have provided her with sufficient personal protection equipment like masks, gloves and visers. Mrs Y recognises that this sufficient. But, at the workplace she feels mostly uneasy, sometimes panicky, and at home, she becomes angry for trivial reasons and her sleep has been disturbed. She approaches each patient only after spending 10-15 minutes trying to ascertain whether they have travelled, come from a containment zone, have fever etc. She constantly checks and seeks reassurance from her colleagues about the chances of her getting infected. She manages to do her work, but overall work performance has significantly reduced and her colleagues feel that her anxiety is not justified. .

Discussion

Most frontline personnel helping to contain the COVID-19 pandemic are “worried” that they may contract the illness.. Despite, adequate protection or/and limited exposure, some may repeatedly attribute vague/non-specific symptoms to represent the presence of a significant disease. They represent the “worried well”. The excessive and exaggerated worries can frustrate the team, make others' more anxious and render it difficult for supervisors to prioritise other serious issues

Steps:

- Do not turn them away or dismiss their problem
- Acknowledge that their fears are understandable in the context of the pandemic's magnitude (Validation). This is a crucial aspect to establish a therapeutic alliance and gain trust.
- Make them “feel understood” – first listen to their symptoms in detail and conduct a thorough physical examination in the first instance. If they continue to report vague symptoms only a local examination is warranted.
- Provide them with correct and authentic clinical information about COVID-19
- Point the discrepancy of the symptoms with which they present and symptoms of COVID-19 in a non-argumentative manner
- Do not provide repeated reassurances or multiple referrals
- Relaxation (See page 13-14)
- For subjects with significant anxiety and sleep disturbances, a short course of anti-anxiety drugs may be considered if there are no other medical contraindications. (Alprazolam or Clonazepam 0.25-0.5mg OD/BD may be given for one week and tapered off.). However, efforts must be made to avoid medications and manage them only with education about COVID-19, reassurance and support.

4. Self-Care (See page 12)

5. Relaxation (See page 13-14)

Both self-help techniques and relaxation help in the long term. HCW should be encouraged to practise them.

Psychotropics for Anxiety/Depression

Anxiety

Benzodiazepines can be used in subjects with short periods of distress/panic like symptoms. If there is difficulty in initiating sleep and there are other medical comorbidities, short-acting drugs like lorazepam orally (1-2mg at night or twice daily) are preferable. If not, long acting benzodiazepines (clonazepam (0.25-0.5mg at night or twice daily) may ensure better round the clock control of symptoms. Benzodiazepines should be used only for a short period and tapered off (within a period of one month).

In case of a diagnosable independent anxiety disorder, SSRI's like escitalopram 10-20mg or sertraline 25-100mg can be considered.

Depression

Escitalopram (10-20 mg/day) and sertraline (50-100 mg/day) are the preferred antidepressants. It is relatively safe to use even with medical comorbidities. Improvement is expected after a few weeks. A short course of benzodiazepine may be prescribed if there is co-occurring sleep disturbances.

Condition	Recommended drugs
Anxiety	<p>For acute anxiety attacks</p> <p>Lorazepam 1-2 mg PRN/BD</p> <p>Clonazepam 0.25-0.5mg PRN/BD</p>
	<p>For long term treatment of anxiety disorders</p> <p>Escitalopram 10-20 mg</p>
Depressive disorder	<p>Escitalopram 10 -20 mg/day</p> <p>Sertraline 50-100 mg/day</p>

SPECIFIC INTERVENTION - 2

Substance Use

Substance Use

Case Vignette

Mr K has been working as a hospital attender in the District Hospital. After the outbreak of COVID-19 pandemic, he has been unable to go home on most days owing to the work load and stays back in his duty room. He feels stressed because he handles a number of infected patients and is aware of the risks. When he stays back, he finds drinking with his friends very relaxing. Recently, he has started staying back more to drink with his friends. His wife and children are concerned.

Discussion: HCWs in COVID-19 treatment settings often increase use of substances (frequency/quantity) for a variety of reasons which may include stress, boredom etc. The following psychological strategies may be helpful (can use a self-help approach or a supervisor /colleague /friend can act as a therapist)

-**Identify stressors** and attempt to mitigate the same to the extent possible

-**Explore for distress/insomnia** (If suggestive, need to addressed simultaneously).

-**Advice:** To either to quit or cut down to previous levels. Reassure that all support will be provided

-**Explore how to:**

- Recognise and avoid trigger situations (stress, anxiety, tiredness, grief, loneliness, peer pressure to use)
- Plan ahead to limit use of the substance
- Help to cope with day today problems (Problem solving strategies)
- Find alternate sources of enjoyment/relaxation
- Deal with stress, anxiety and mood symptoms

Express empathy

Do not belittle or criticize. Do not refer to the person as an addict/alcoholic directly or to family members/while discussing with others.

Self-efficacy

Encourage patient to be optimistic and to bring about the changes in substance use behaviour

Provide the HCW with resources he may read or information about quitlines.

Govt. of India has launched National Tobacco Quitline Services, can be contacted through the helpline number 1800-11-2356. The Govt. has also launched M-Cessation services for quitting tobacco where after giving a missed call to 011-22901701, you will receive a series of messages over the coming months. The following URL may be shared with clients <https://www.nhp.gov.in/quit-tobacco>

HCWs with long standing substance related problems including addiction will require specialist mental health input.

SPECIFIC INTERVENTION - 3

Insomnia

Case Vignette

Ms M, 22 year old nurse posted at the COVID-19 hospital. She works in three shifts, with frequent night duties. On some occasions she has to work late as the work load is high. After coming back home, she relaxes by watching videos or chatting with friends on WA before going to bed. She experiences significant difficulty in going to sleep and consequently difficulty in waking. She feels tired most of the time. Additionally she reports that she worries about getting infected. These symptoms have worsened in the last few weeks.

Discussion: Most staff working in COVID-19 treatment settings have long-working hours and often have to work in shifts. This may disrupt the sleep cycle leading to sleep disturbances. Occasionally poor sleep habits worsen the sleep disturbances.

Sleep Hygiene Techniques

These are behavioural techniques that promote sleep. It is appropriate to health care personnel in COVID-19 treatment settings.

- Ensure that the last meal is 1-2 hours before going to sleep
- Ensure that the last liquid intake is 1-2 hours before sleep.
- Last exposure to electronic screens (TV, Mobile) is 30 minutes-1 hour before
- Engage in a low intensity activity like reading a book before sleeping
- Use your bed only for sleeping purpose and not for studying/ other activities.
- Room need to be sufficiently dark (use curtains if daytime) and not too hot/cold.
- Avoid caffeinated drinks like coffee and tea in the late evenings
- Avoid alcohol, tobacco or drugs
- Wear light fitting and comfortable clothes for sleeping.

Sedatives

Benzodiazepines are the most commonly used sedatives/hypnotics. They are faster acting and hence preferred in medical settings. The commonly used benzodiazepines are oral lorazepam (1-2 mg) for difficulty in sleep initiation and Clonazepam (0.25-0.5mg) for frequent awakenings/early morning awakening. Non-benzodiazepines like Zolpidem (2.5- 5mg) are relatively safe in terms of respiratory functioning and addiction potential.

All sedatives should be used only under medical supervision and valid prescription.

Insomnia	Lorazepam 1-2 mg PRN Clonazepam 0.25-0.5mg PRN
	When benzodiazepine are contraindicated Zolpidem 2.5-5 mg PRN

SPECIFIC INTERVENTION - 4

Suicidality

Who needs to be assessed?

The behaviours described below represent “Warning Signs” that the person may be contemplating suicide and will require assessment. Sufficient time and privacy should be ensured during assessment.

Experiencing

❖ Acute stress

(Q. Are you feeling stressed/frustrated at work, or since you are quarantined? Are you going through any other recent stressors like relationship issues, substance withdrawal-nicotine/alcohol, financial or job related?)

❖ Anxious or agitated

(Q. Do you feel more anxious while working with patients with COVID-19? Are you worried about your personal health?)

Feeling/talking

❖ Feeling isolated or lonely, boredom

(Q. Are you missing your family members/friends these days? Do you feel alone/isolated since quarantined?)

❖ Feeling of helplessness, hopelessness and worthlessness; guilt.

(Q. Do you worry about the uncertainty of the future, a sense of lack of control for your situation? Do you think you will pass through this phase without much issues? **If Infected** - Do you think your health condition will improve? Do you feel like a burden to others? Do you feel worthless about yourself?)

❖ Suicidal ideations/plans- Talking about wanting to die, talking about feeling hopeless or having no reason to live, feeling trapped or in unbearable pain

(Q. Do you feel it is better to end your life? Do you wish you were dead? Are you thinking about suicide? Do you have any suicidal plans? If so enquire about the method, any preparatory acts)

❖ If having suicidal ideas – Explore intensity, persistence and likelihood of acting on it.

Behaviours

❖ Signs of extreme anger

(Q. Do you feel someone else is responsible for your current situation? Do you feel seeking revenge on them?)

❖ Displaying extreme mood swings, anxiety and agitation

(Q. Do you feel sad? Do you cry often these days? Do you feel persistently/ continuously anxious/ restlessness or agitated these days as a result of the pandemic?)

❖ Change in patterns of Substance use

(Q. Has there been an increase/decrease in the use of substances like alcohol, tobacco, etc? Having a strong urge to use them now? Experiencing severe withdrawal symptoms?)

❖ Change in patterns of eating/sleeping

(Q. Has there eating or sleeping much more or less)

Additional factors to be considered:

- Explore for risk factors (loss of job, relationships, illness, poor social support, previous history of mental health issues) and also make it a point to ask for protective factors (e.g., family support, stable relationship, employed, good coping skills, religious beliefs)
- Past history of any suicide attempt
- Ask for a history of mental illness.
- History of mental illness, treatment if any and whether compliant on medication.

Stratify Risk

- **Low Risk** –If there are few risk factors and more protective factors, it can be deemed as low risk. Fleeting suicidal ideas with less likelihood of acting on it, no previous history of mental illness or suicide attempts, well-adjusted with good social supports may be deemed as factors suggesting low risk.
- **High Risk** – Persistent suicidal thoughts, recent attempt, substance use, history of mental illness (especially is symptomatic), poor social support and poor overall adjustment indicates high risk.

What immediate intervention can be provided?

During the assessment, some general interviewing and counselling skills are likely to be helpful such as:

- ✓ Offering help by asking 'Can I help you?'
- ✓ Being a good listener
- ✓ Avoid making dismissive comments like “you've nothing to worry” or “don't think negatively”
- ✓ Being non-judgmental
- ✓ State that you can understand the person's feelings in this situation and that almost everyone is feeling the worry and anxiety
- ✓ Being supportive (we can all get through this together; we need to help each other) and instilling hope (*FOR suspected COVID-19 people*- there is a high possibility that you're not infected/ *FOR COVID-19 confirmed cases*- the majority of people recover from COVID 19 with mild symptoms and without any complications).

If low risk:

Agree on a plan

- ✓ Distraction from the suicidal thoughts by reading books, newspapers, engaging in a hobby, physical exercise, yoga or any other relaxation technique etc.
- ✓ Writing down thoughts in a diary
- ✓ Promising to oneself about not making an attempt
- ✓ Access to sharps and medicines should be minimized
- ✓ Talking to friends or family about their feelings and thoughts
- ✓ Access to helpline numbers
- ✓ Building a contract by asking 'Will you promise me not to harm yourself till I find help for you?'
- ✓ Encourage client to contact friends/family
- ✓ If suicidal thoughts worsen to contact a pre-determined person (the person to be contacted need to be aware of the contract) or access help from nearest hospital.

- ✓ Ensure follow-up
- ✓ Specialist mental health input if requested or deemed necessary at any stage of care

If high risk

- ✓ Constant supervision and admission in hospital (can be kept in observation in casualty or OPD)
- ✓ All possible access to means to suicide such as medicines, scissors, razors, ligatures and other potentially lethal objects should be removed
- ✓ The facility for supervision should have a shatterproof window for the room, windows with mesh, high windows, doors of the room without latches/bolts from inside
- ✓ Risk assessment twice daily
- ✓ Psychiatric assessment or transfer to centre where specialist mental health services are available.

MENTAL HEALTH ISSUES SPECIFIC TO COVID-19

Healthcare Workers in Quarantine & those contracting COVID-19

Steps to control distress

- Providing adequate and accurate information of COVID-19
- Communicate the expected duration of quarantine and keep him/her abreast of any changes
- Ensure access to adequate personal supplies
- Supervisor to specifically assure about paid leave
- Help combating boredom and frustration by ensuring contact with friends, family and colleagues
- A designated staff member/supervisor may keep in regular touch with the person in quarantine.
- Similarly, one staff member is to be designated to keep in contact with the family of the quarantined to ensure that they are supported and supplied with the essentials

Suggested steps in telephonically supporting your colleagues in quarantine/isolation

Colleagues feel better supported when conversations are informal and reflecting the closeness of their relationship. However, the steps detailed below may be taken as a broad guidance for those unsure on what needs to be done.

- Start with neutral issues, preferably topics of mutual interest or of current relevance (preferably unrelated to COVID-19).
- Use humor if that could make the conversation lighter
- Explore how they are spending their time in quarantine
- If they would like to talk about the incident that led to infection, allow them to speak.
- Ask them, “How are they feeling?” This in most cases will help them to express themselves.
- Allow them to express all their emotions. Do not interrupt.
- Acknowledge and validate their feelings (I can fully understand what you are going through)

- Check on the concerns related to quarantine /isolation (examples given below)
 - Fear about own health and health of loved ones
 - Stress of being monitored
 - Anger and frustration of being stigmatized
 - Guilt feelings about not being able to perform normal work
 - Worries about family members and their safety
 - Reemphasize on why they are in quarantine & why it is needed.

If they do not want to discuss, do not compel

- Reassure that their children/family are being supported (Ensure the same)
- Ask them to focus on keeping a routine for themselves while in isolation
- Encourage to do physical exercises
- Encourage to access information from only reliable sources (ICMR, Government of Karnataka, Government of India)

Always remind

- All people who are exposed do not get infected (if exposed waiting for test)
- Vast majority of people infected will remain asymptomatic or develop only mild symptoms (after having tested positive)

Do not

- Overload them with COVID-19 related information
- Do not initiate discussion on fatalities or other media stories related to COVID-19. If the discussion is initiated from the clients side, discuss it in the larger context (for example only 2-3% die, the rest 97% recover fully).

Ensure

- Your conversation also encompasses topics of general or mutual interest.
- Give sufficient time, do not rush
- Conclude with hopeful statements

Tell them that they can call anytime and assure that you will keep in touch.

Stigma

Personnel working in hospitals in times of pandemic often experience stigmatising attitudes from the general public. Most may experience hurtful social distancing at their place of residence, local groceries or place of worship. Friends and relatives may show reluctance to interact with them. There have been instances of landlords denying residential accommodation to healthcare workers. In rare cases, there can be concerns about physical safety.

The organisational leadership should not be dismissive of these aspects and ensure the safety of their staff. They should encourage staff to remain connected to their friends/family through digital methods. Policymakers should implement local programs of “honouring front line personnel” and acknowledge their role using various media platforms. All staff should be sufficiently informed on means to access mental health and psychosocial support services if required.

OTHER PSYCHOLOGICAL STRATEGIES OF RELEVANCE IN COVID-19 TREATMENT SETTINGS

“How to break bad news”, “Handling Grief”, and “Debriefing” are other psychological techniques which may be of use for HCWs in COVID-19 treatment settings. Often HCWs may be required to break bad news or handle grief of their colleagues/patients.

How to Break Bad News

This may involve communication about the death of a loved one to their family members, deterioration of health status, positive test result for COVID, suggesting quarantine and others.

- Before breaking bad news, confirm the information and study the details.
Ex: Breaking the news of the death of the father to the son in an ICU setting
- Prepare yourself to deliver the news.
- Be genuine and honest
- Rehearse in mind how to deliver the news.
- Have details of how the person might respond to bad news
- Choose the right setting to break the news
- Use simple sentences to deliver the news “I’m sorry to have to tell you this”. Don’t overload with information
- Provide information in two or three simple sentences
- Allow the person to respond. The responses may vary from silence to anger. Be prepared to deal with all these emotions.
- Don’t be in a hurry. If the person is crying allow them to do so. If the person is angry (you sense signs of aggression, call for help). If the response is silence give them some time
- Provide emotional support until the person gains control
- Summarize, plan further support and revisit.

Handling Grief

Pandemics can cause tragic loss of lives. People may lose their family members, friends, and other loved ones. Things can be further aggravated owing to the inability to attend funerals, guilt regarding the inability to save etc.

Steps

- Acknowledge feelings of loss.

Tell them that you can't imagine how difficult it must be for them

- Allow them to express their emotions (crying, shock, disbelief)

If the person is crying or in shock, be with the person and do not interrupt them. Give them time to express their feelings.

- Allow them to talk about the loved person if possible.

Let the person express about the loved person if they are ready to speak.

- Ask them what they need

This needs to be done in a sensitive manner. This is to elicit the needs of the individuals going through grief

- Help them to connect with the persons who will support them

Ask them about the person who they would like to connect and provide the support for the same (would you like to call anyone now).

- Ask them what support they need for what happens next.

Persons might need to complete the procedures and will need support for the same.

- If you do not have answers for a question, acknowledge that you don't know what to say. Never give information you are not authorised to.

- If there are many members of a family and want time with each other, allow them the space to talk to each other.

- Provide them with the contact details of the person if they need to contact for any details.

It is useful to provide details of the contact persons of the settings whom they can contact if need be

- Each individual and families have different ways of grieving so do not judge.

Do not judge or impose your beliefs.

- Ask them to get in touch with mental health professionals, if emotional problems worsen.

Tell them that if they are persisting to feel highly distressed, have thoughts about harming themselves, they need to seek professional help

Debriefing

In the event of unfortunate events, when a front line health worker becomes unwell and has deterioration in health status, it is important to debrief the co-workers and colleagues. Ensure you have the relevant details, start with addressing the people involved, allow them to express their thoughts and emotions related to the person, situation. Allow them to express the current concerns and future worries. Address safety and security concerns and the steps that are being taken. It is important to listen actively.

INDICATIONS FOR SPECIALIST MENTAL HEALTH REFERRAL

In most cases, mental health issues are self-limiting. But it is not uncommon for some personnel to show more severe and persistent mental health symptoms which may require immediate assessment and specialised intervention.

The common among them are:

- Expressing suicidal ideas
- Violent/aggressive behaviour
- Uncontrolled use of alcohol/drugs
- Crying or expressing uncontrollable distress
- Unexplained bizarre behaviour like talking or smiling to self
- Significant deterioration in occupational functioning