The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate.

YOUR QUESTION

What psychological supports are required to assist health workers during the COVID-19 pandemic?

What does the World Health Organization say?
Mental Health and Psychosocial Considerations During COVID-19 Outbreak[1]

Feeling under pressure and experiencing stress are normal in the current situation. Managing mental health is as important as managing your physical health. Take care of yourself: sufficient rest and respite between shifts; eating well; physical activity; and staying in contact with family and friends. Avoid coping strategies such as tobacco, alcohol and drugs. Use strategies for managing stress that have helped in the past. Some healthcare workers may experience stigma. Use digital methods to stay in touch with and turn to colleagues for social support.

If you are a manager, protecting your staff from chronic stress and poor mental health will mean that they are better able to fulfil their roles. This is a long-term situation and requires long-term occupational capacity rather than repeated short-term crisis responses. Ensure that good quality communication and accurate information updates are provided to all staff. Staff should be rotated from higher-stress to lower-stress functions. Make use of a buddy system for supporting staff. Encourage and monitor work breaks and implement flexible schedules for workers who are directly impacted or have a family member who is. Allow time for colleagues to provide social support for each other. Ensure that staff know where to access mental health and psychosocial support services. These provisions need to be in place for both workers and managers and managers can be a role model in managing stress.

What do the Centres for Disease Control and Prevention (United States) say?
Coronavirus Disease 2019 (COVID-19): How to Prepare, Manage Anxiety and Stress [Responders][2]

Responding to COVID-19 can take an emotional toll on responders. There are things you can do to reduce secondary traumatic stress (STS) reactions:

— acknowledge that STS can impact anyone helping after a traumatic event
— learn the symptoms including physical [fatigue, illness] and mental [fear, withdrawal, guilt]
— allow time for you and your family to recover from responding to the pandemic
— create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising or reading
— take a break from media coverage of COVID-19
— ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak

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[1] World Health Organization. https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_8. [Accessed 26 March 2020].
[2] Centres for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html. [Accessed 26 March 2020].

What does the international literature say?

Huang et al. Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19[3]

In COVID-19 epidemic, the incidence of anxiety and stress disorder is high among medical staff. Medical institutions should strengthen the training of psychological skills of medical staff. Special attention should be paid to the mental health of female nurses.

Lijun Kang et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus

Understanding the mental health response after a public health emergency might help medical workers and communities prepare for a population's response to a disaster. On Jan 27, 2020, the National Health Commission of China published a national guideline of psychological crisis intervention for 2019-nCoV. This publication marks the first time that guidance to provide multifaceted psychological protection of the mental health of medical workers has been initiated in China. The experiences from this public health emergency should inform the efficiency and quality of future crisis intervention of the Chinese Government and authorities around the world.

Adams et al. Supporting the Health Care Workforce During the COVID-19 Global Epidemic[4]

Hospital personnel, including caregivers, support staff, administration and preparedness teams will be stressed by the challenges of a prolonged response to COVID-19, and leadership must emphasize the importance of self-care as the centre of the response. Transparent and thoughtful communication could contribute to trust and a sense of control. Ensuring that workers feel they get adequate rest, are able to tend to critical personal needs such as care of an older family member and are supported both as health care professionals and as individuals will help maintain individual and team performance over the long run. Liberating clinicians and administrative team members from other tasks and commitments allows them to focus on the immediate needs. Provision of food, rest, breaks, decompression time and adequate time off may be as important as provision of protocols and protective equipment as days turn into weeks, then months. Frequent information and feedback sessions with local managers and the broader facility community, complemented by clear, concise and measured communication will help teams stay focused on care and secure in their roles.

Xiang et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed[5]

Health professionals, especially those working in hospitals caring for people with confirmed or suspected 2019-nCoV pneumonia, are vulnerable to both high risk of infection and mental health problems. They may also experience fear of contagion and spreading the virus to their families, friends or colleagues.

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[3] Huang et al. https://www.ncbi.nlm.nih.gov/pubmed/32131151 [Accessed 19/03/2020]
[4] Adams et al. https://jamanetwork.com/journals/jama/fullarticle/2763136. [Accessed 19/03/2020]
[5] Xiang YT et al https://www.sciencedirect.com/science/article/pii/S2215036620300468?via%3Dihub. [Accessed 19/03/2020]

Farquhar et al. Doctors' wellbeing: self-care during the covid-19 pandemic [BMJ Blog][6]
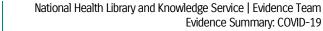
During a period of increased stress and uncertainty it is more important than ever for staff to look after themselves. The seeming paradox that rapidly emerges is that the more pressured things become, the more important, not less, it is to pay attention to the wellbeing of staff. We must give ourselves permission to change "the patient is always first" narrative to "the patient is always … but not always first." A better strategy for long-term psychological wellbeing is being able to allow yourself to stop. Paying attention to signs of physiological hyper-arousal is a good starting point. Supporting staff to be able to get the best sleep they can while responding to the pandemic is critical, because sleep is essential for physical and mental health. Many trusts are mobilising their psychological therapists to help frontline staff manage through this time.

Khalid et al. Healthcare Workers Emotions, Perceived Stressors and Coping Strategies During a MERS-CoV Outbreak[7]

HCWs were fearful of personal safety and the wellbeing of colleagues and family. Positive attitudes in the workplace, the clinical improvement of infected colleagues and the stoppage of disease transmission among HCWs alleviated their fear and drove them through the epidemic. They appreciated recognition of their efforts by hospital management and expected similar acknowledgment, infection control guidance and equipment would entice them to work during future epidemics.

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[6] Farquhar et al. https://blogs.bmj.com/bmj/2020/03/16/self-care-during-the-covid-19-pandemic/. [Accessed 19/03/2020]
[7] Khalid I et al. PMID: 26847480 https://www.ncbi.nlm.nih.gov/pubmed/26847480. [Accessed 19/03/2020]

Produced by the members of the National Health Library and Knowledge Service Evidence Team.† Current as at 19 March 2020. This evidence summary collates the best available evidence at the time of writing. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

Population	HEALTH WORKERS
Intervention	ADEQUATE PSYCHOLOGICAL SUPPORT DURING COVID-19 PANDEMIC
Comparison	
Outcome	ENDURANCE. PSYCHOLOGICAL WELLBEING.

The following search strategy was used:

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National Health Library and Knowledge Service | Evidence Team

BMJ Best Practice

Cochrane Clinical Answers