PROFESSIONAL PRACTICE GUIDELINES:

Supporting the Mental Health of Frontline Healthcare Workers

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Faculty of Health, School of Psychology, Deakin University, Burwood, Australia

Acknowledgments

Disclaimer

This PPG is a general guide to appropriate practice, to be followed subject to the organisation's judgement and the frontline healthcare worker's preference in each individual case. This professional guideline is designed to provide information to assist decision-making and the recommendations included within are based on the best evidence available at the time of development.

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Executive Summary

These professional practice guidelines aim to provide evidence-based recommendations for mental health practitioners in the delivery of therapeutic services to frontline healthcare workers (FHW) given their roles during and emerging from the COVID-19 pandemic in Australia. The guidelines were developed through a review of the literature, longitudinal research conducted by the team with frontline healthcare workers during the COVID-19 pandemic and consultation with experts in the field. The guidelines are organised into four key areas: 1) background information, 2) assessment considerations, 3) management considerations, and 4) additional considerations of FHW with families.

Key recommendations include being aware of and considering higher risk groups, the context of COVID-19 outbreaks, adjusting the threshold for symptoms and normative behaviours within healthcare, and using validated tools adapted for healthcare workers where available. As well as taking into account and being mindful of trauma-related symptoms, burnout and work-related stressors, professional identity, moral injury, stigma and discrimination, social support, personal life impacts, self-care and self-compassion, and potential work-related barriers to treatment seeking both when conducting a thorough assessment and planning evidence-based interventions tailored to FHW unique circumstances.

Additionally, the guidelines provide considerations for working with FHW with families, such as protective and risk factors, including cohesive and supportive family processes, and social and familial relationship stress.

These guidelines intend to be a supplementary resource for mental health practitioners to improve the quality of care provided to FHW and should be used alongside existing treatment guidelines. They are not intended to replace clinical judgment or the need for ongoing professional development and supervision.

<p align="center">**Professional Practice Guidelines:**</p>

<p align="center">**for Supporting the Mental Health of Frontline Healthcare Workers**</p>

Introduction

Since it began, the COVID-19 pandemic has resulted in widespread disruption and increased demands in an already strained healthcare system in Australia. This has placed significant pressure on frontline healthcare workers (FHW) employed in high-risk infection settings such as emergency departments (EDs) and intensive care units (ICUs). Studies from the past three years highlight the burden of the COVID-19 pandemic on healthcare workers, with links between hospital-based healthcare roles and burnout (Magnavita et al., 2021), insomnia (Sahebi et al., 2021; Lee et al., 2023), depression (Yan et al., 2021; Lee et al., 2023), anxiety (Raoofi et al., 2021; Yan et al., 2021; Lee et al., 2023), post-traumatic stress disorder, (PTSD; Yan et al., 2021; Lee et al., 2023) and a deterioration in subjective wellbeing (McGuinness et al., 2022). Despite this evolving body of knowledge, there is still limited direction available for mental health professionals to effectively support FHW. Given the importance of this workforce in both the function of healthcare systems and the quality and safety of patient care; the unique challenges that they face, and their increased rates of mental ill-health, guidelines are needed to inform the assessment and management of mental health concerns in Australian FHW.

Purpose and Scope

This is a guide for health and social care practitioners, such as psychologists, social workers, counsellors, and other mental health professionals, who provide mental health support including assessment, counselling, and therapy to FHW. This guide is intended to improve the mental health and wellbeing of FHW during and following the COVID-19 pandemic in Australia. General recommendations to increase awareness, knowledge, and

skills in assessing and managing mental health concerns in FHW are provided. These guidelines are not mandatory, definitive, or exhaustive.

Background

Throughout the pandemic, FHW have reported considerable distress in the context of exceeding pressures to meet work demands and workplace changes. These experiences include increases in workload (Billings et al., 2021; Spányik et al., 2022), staffing shortages and resignations of senior and long-term staff (Frogner & Dill, 2022), lack of adequate personal protective equipment (PPE) and in-patient beds (Hennein & Lowe, 2020), frequent and unpredictable changes in policies, procedures, and guidelines to manage the virus (Digby et al., 2021; Hunt et al., 2022), and reduced opportunities for adequate breaks and respite (Gemine et al., 2021; Blake et al., 2021). Further, many FHW have reported prominent levels of hypervigilance and concerns about contracting and transmitting COVID-19 (Hendricksen et al., 2022; Feng et al., 2023; Scott et al., 2023); these concerns have continued even with protective measures, the easing of restrictions, and the emerging philosophy of "living with COVID". PPE protocols and lack of breaks were often described as restrictive, with some FHW feeling unable to address basic personal care such as nutrition, hydration, and toileting. These stressors have occurred on top of considerable daily workplace challenges such as high patient volumes, long hours, shift work, physical labour, interpersonal conflict, exposure to potentially traumatic events, organisational problems, and often low financial compensation.

Frontline healthcare workers have repeatedly described experiencing peer and relational difficulties through the pandemic, including social isolation, alienation, loneliness, violence, and aggression (Schaffer et al., 2022; Sheen et al., 2022). Recurrent ethical dilemmas have also been reported. For example, working with scarce resourcing, crowded wards, long wait times, and increasingly complex patient presentations (due to delays in seeking medical care) has increased concerns about providing insufficient, low-quality, and

inequitable care (Plouffe et al., 2021; Silverman et al., 2021). Vaccine mandates and treating unvaccinated patients often also elicited ethical concerns. FHW with families faced additional stressors such as balancing work and family commitments, as well as hypervigilance related to concerns about infecting their family (Sheen et al., 2022; Schaffer et al., 2022).

The compounding and ongoing impacts of these challenges faced by FHW are profound. Many have reported persisting mental health issues such as anxiety, depression, and PTSD. These challenges have led some to depart their role or careers, creating further strain on the healthcare system. Supporting the mental health of FHW is essential to improve their wellbeing and safeguard both the long-term resilience of the healthcare system and the provision of the best possible patient care.

Using this guide with other guidelines on specific mental health problems

➢ This guide is designed to increase awareness of specific background issues and considerations that may be relevant to the assessment and management of common mental health difficulties in FHW.

➢ This guide is intended to be used alongside other guidelines on specific mental health problems, such as the Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (Phoenix Australia, 2020), the 2020 Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders (Malhi et al., 2021), or the RANZCP clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder (Andrews et al., 2018).

Assessment

Groups at Higher Risk of Mental Health Issues

- ➢ Certain subgroups of FHW may be at higher risk of experiencing mental health difficulties because of the COVID-19 pandemic. These subgroups include,

    - o Those with caring roles for dependent children and/or those with complex health needs (Schaffer et al., 2022; Sheen et al., 2022),

    - o Managerial staff (Middleton et al., 2021),

    - o Younger FHW and those with fewer years of experience (Kisely et al., 2020; Moitra et al., 2021; Czepiel et al., 2022),

    - o Those with pre-existing mental health challenges (Mackenzie et al., 2021; Chinvararak et al., 2022),

    - o Individuals with greater anxiety about COVID-19 (Hendricksen et al., 2022; Feng et al., 2023; Scott et al., 2023)

COVID-19 Outbreaks

- ➢ COVID-19 outbreaks remain a stressor for FHW working in hospitals. The different phases of an outbreak can have different impacts on the mental health of FHW. When conducting mental health assessments, it is important to inquire about whether the FHW is presenting in anticipation of, during, or after a COVID-19 outbreak and consider the following:

    - o FHW can experience elevated anxiety when anticipating an outbreak or during an outbreak.

    - o FHW may experience persistent traumatic stress, depression, or burnout symptoms after an outbreak.

    - o Ongoing outbreaks may continue to re-trigger past mental health difficulties like anxiety or burnout.

- Outbreaks can place additional demands on the individual and their family system. This can be particularly salient as recognition or support during outbreaks in hospitals may decrease alongside reductions in community restrictions and awareness.

Symptom Presentation

- Consider normative behaviours associated with the unique context of an individual's circumstances against pathological symptoms that impact mental health and daily functioning. In the context of the unique workplace demands and shift work associated with healthcare, the threshold for 'symptoms' may need to be raised. It is also important to consider the individual's usual 'healthy' baseline when determining 'symptoms' and looking for significant changes in behaviours outside of what might be expected or predicted as 'normative' behaviours. Examples of 'normative' behaviours for FHW are considered below:
  - FHW may experience thoughts and behaviours related to regular hand washing or sanitizing that are a necessary and protective workplace behaviour.
  - FHW may experience sleep and appetite disturbance as a consequence of their working conditions.
  - Return to work anxiety following leave or prolonged absence may be normative given the high-intensity nature of the work and the need for repeated workplace exposure to increase comfort. This is particularly pertinent for healthcare workers in high-acuity areas such as Emergency Departments and ICUs.
  - Social withdrawal or self-imposed isolation practices in the absence of mandated protocols appear to have continued in this group.

o FHW may routinely experience elevated levels of stress. A degree of stress or arousal may aid performance in high-intensity environments provided the stress is mediated outside of the workplace.

Conducting a mental health assessment

When conducting mental health assessments, strive to develop a comprehensive understanding of the additional factors that may specifically influence the mental health of FHW. In addition to usual protocols, such as the assessment of mood, trauma history, daily functioning, substance use, and so forth, consider any of the following that apply:

➤ Disproportionate hypervigilance or concerns about infection, contamination, and transmission of COVID-19 and frequent checking for symptoms.

➤ Psychiatric sequelae following diagnosis of COVID-19 or long COVID.

➤ Avoidance of situations that may trigger anxiety or traumatic memories, such as working with COVID-19 patients.

➤ Irritability, anger, or increased interpersonal conflict (e.g., with workplace management or family members).

➤ Signs and symptoms of burnout, such as feeling overstretched and emotionally exhausted, feeling indifferent or detached toward patients, experiencing a lack of perceived control over patient care or the healthcare system, questioning professional identity, and feeling unfulfilled or unaccomplished within their role.

➤ Somatic symptoms such as chronic fatigue or lethargy, headaches, stomach aches, or muscle tension which have exacerbated or worsened compared to the individual's baseline or usual somatic experiences.

➤ Exposure to repeated, multiple micro-traumatic events, such as the death of patients or colleagues, ongoing heightened personal risk of contracting the

virus, or repeated outbreaks may trigger an intense pattern of distress or contribute towards the development of PTSD.

➢ Work-related stressors, including but not limited to:

  o Changes in duties, responsibilities, and workplace environment (e.g., hospital or ward relocation, or transition to a temporary isolation ward.

  o Lack of perceived control.

  o Working in high-risk exposure settings to the virus.

  o Increased workplace demands (e.g., long working hours, high patient volumes, additional infection control tasks).

  o Workplace and organizational support and recognition.

  o Stigmatization and aggression directed towards FHW.

➢ Experiences of ethical dilemmas or perceived moral transgressions during the pandemic, such as rationing resources, prioritizing patient care; assessing and managing personal risks of infection; enforcing infection control policies and procedures and administering and receiving vaccinations.

➢ The potential impact of FHW's occupational role on their family's mental health (e.g., influencing anxiety in family members), concerns about infecting family members with COVID-19, or the impact of increased workloads and burnout on the family system.

➢ Increased use of alcohol, drugs, or prescription medication.

➢ Thoughts about suicide and self-harm.

➢ Any changes in behaviour reported by family members, carers, peers and/or colleagues.

➢ Lifestyle factors, self-care practices, personal strengths, and coping mechanisms.

Consideration of these factors can help practitioners develop a more comprehensive understanding of the presenting problems faced by FHW and tailor their interventions accordingly. It is also important for practitioners to approach their work with sensitivity and understanding of the unique challenges faced by this workforce.

Assessment tools

- ➤ During any mental health assessment:
    - o Use validated tools applicable to the disorders or problems being assessed.
    - o Use valid tools to screen for coexisting mental health disorders or problems.
    - o Consider supplementing any mental health assessment with:
        - ▪ Measures of anxiety symptoms, such as the Generalized Anxiety Disorder 7-item Scale (GAD-7; Kroenke et al., 2007).
        - ▪ Measures of depressive symptoms, such as the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001).
        - ▪ Measures of PTSD symptoms, such as the PTSD Checklist for DSM-5 (PCL-5; Bovin et al., 2016).
    - o Consider using measures to also evaluate:
        - ▪ General distress, such as the Kessler Psychological Distress Scale (K6; Kessler et al., 2003).
        - ▪ Burnout, such as the Maslach Burnout Inventory - Human Services Survey for Medical Personnel (MBI-HSS [MP]; Maslach & Jackson, 1981).
        - ▪ Moral injury, such as the Moral Injury Symptom Scale - Health Professional (MISS-HP; Mantri et al., 2020)

- Sleep disturbance, such as the Insomnia Severity Index (ISI; Morin et al., 2011).

➢ Take into consideration whether any implemented assessment tools have been developed or adapted for healthcare workers when interpreting the findings.

➢ Screening tools should not be used as the sole method to determine whether a mental health disorder is present.

➢ Use tools in conjunction with clinical judgment and other assessment measures, such as the individual's baseline and context, to ensure a comprehensive evaluation of mental health symptoms.

Management Considerations

These guidelines provide management considerations for mental health professionals (e.g., psychologists, social workers, EAP clinicians) who are providing mental health services to FHW. These guidelines do not make recommendations for specific therapy modalities or techniques for supporting FHW. There is a range of therapy modalities that may be useful so long as appropriate evidence-based treatments are selected and adhered to. Management decisions should be based on clinical expertise and referrals should be made where necessary. The considerations below are not intended to be specific to any one type of therapy or profession but may be useful for any mental health professional supporting the mental health of FHW.

➢ **Consider providing psychoeducation**: Offer to provide psychoeducation regarding presenting symptoms, available treatment options, and mental health stigma. Psychoeducation must be balanced with honouring the individual's own expertise and narrative.

➤ **Consider potential barriers to help-seeking**: This may include stigmatisation of mental health issues, concerns about privacy and confidentiality, and potential work-related impacts. The limits to confidentiality must be outlined and any mandatory reporting requirements should be overt (this may be particularly relevant for EAP clinicians).

➤ **Consider trauma-related symptoms**: The moral distress, trauma and recurrent microtrauma experienced by FHW before, during and after the pandemic has resulted in an increase in trauma-based diagnoses, including PTSD. Consider trauma-informed approaches to therapy and refer to trauma-focused therapy if needed.

➤ **Managing burnout and work-related stressors**: Most FHW are extremely resilient and manage work stressors well. As so, managing burnout and work-related stressors for this cohort may be less reliant on typical interventions such as self-care practices, mindfulness-based interventions, and problem-solving strategies and more focused on addressing the practical and cognitive barriers to accessing their usual care. It is also important to consider system and organisational responses that have occurred in FHW' workplaces and how they may impact their usual care and stress management. If stress reduction techniques are requested, consider referring to The Essential Network for Health Professionals through Black Dog Institute (Baldwin et al., 2022).

➤ **Acknowledging stigma and discrimination**: FHW may have experienced stigma or discrimination about their role in healthcare during the pandemic. Such experiences may be internalised and have ongoing impacts on their mental health and wellbeing, including difficulties with feelings of shame and self-blame. Validation of these experiences, identifying and challenging negative beliefs about oneself, affirming their role and motivations in healthcare work, developing coping skills to manage stress and anxiety associated with these experiences, and psychoeducation of the

cultural, historical, and systemic factors that may contribute to stigma and discrimination, as appropriate, may be useful in supporting healthcare workers to process their experiences of stigma and discrimination.

➢ **Building social support**: Many FHW experienced reductions in support networks due to the pandemic and may benefit from problem-solving interventions to increase access to workplace supports such as childcare, extended hours for parking, or peer support networks.

➢ **Addressing impacts on personal life**: FHW may have experienced other personal life challenges that have contributed to their current difficulties such as changes to caregiving responsibilities or social isolation.

➢ **Promoting self-care and self-compassion**: Improving self-care and self-compassion may improve mental health and provide additional coping strategies to FHW. For relevant resources and strategies, FHW can be referred to the Black Dog Institute's TEN program which provides evidence-based recommendations for anyone in the healthcare profession. Self-care assessment tools (Dorociak et al., 2017) are also available and can be used by FHW to assess and plan self-care.

➢ **Exploring professional identity**: Some FHW may be experiencing distress related to their professional identity and career changes and could benefit from exploring this.

➢ **Moral injury**: Some FHW may be experiencing distress related to moral injury in the workplace which may require a targeted approach.

➢ **Insomnia**: Consider specific management options for insomnia, particularly in the context of shift workers.

Additional Considerations for FHW with Families

As adversities and hardships are experienced not only by the individual but by their entire family, practitioners should seek to also understand the impacts of working in frontline healthcare on the family system and children of FHW. Cohesive and supportive family processes have been found to protect individuals from the negative effects of life stress. Conversely, social and familial relationship stress are risk factors for higher psychological distress. As such, the assessment should consider both strengths and stressors within FHW families. Interventions should be tailored to augment protective factors and address any specific family challenges.

- ➤ Common protective factors within families identified in the literature include:
  - ○ Family cohesion and connection.
  - ○ Effective and open communication and problem-solving skills.
  - ○ Flexibility in managing family roles and duties.
  - ○ Clear, consistent, and appropriate personal boundaries with other family members.
  - ○ Support and acknowledgement of the ongoing challenges faced in healthcare, including the impact of work stressors on family life and relationships.
  - ○ Empathy and understanding of family dynamics and how distress and needs are expressed.
- ➤ Familial stressors for FHW may include:
  - ○ Conflict or tension in the family.
  - ○ Lack of family support, such as emotional support, encouragement, understanding, or practical support to manage home duties.

- o Limited opportunities for social and practical support from friends and extended family due to work demands.

- o Conflicting responsibilities between work and caring for their families,

- o Concern about their family's health, including contracting COVID-19 or transmitting it to family members.

- o Feelings of guilt or shame related to not being able to fully meet their family's needs.

- o Holding unrealistic expectations of themselves and their parenting role.

- o An imbalance between individual self-care and wellbeing and family needs.

➢ Consider undertaking a family assessment to identify specific family dynamics that are contributing to stress or mental health difficulties. This may involve interviewing family members or using validated assessment tools to identify areas of family functioning that may be contributing to stress such as the Family APGAR Scale (Smilkstein et al., 1982) or Family Assessment Device (FAD; Epstein et al., 1983).

➢ Consider family or couples-based interventions to support FHW experiencing family conflict or tension such as through addressing unhelpful family dynamics or patterns.

➢ Parental mental health challenges and stress can impact parent-child relationships and children's emotional wellbeing and development, further affecting family functioning. Be aware of how FHW' mental health challenges and work stressors may affect their provision of care and support to their children including their parenting competence and self-efficacy, and their children's development, quality of life and wellbeing.

➢ Consider how FHW can be supported in their parenting. This may include:

  o Providing psychoeducation on child development and behaviour such as developmental milestones, behaviour management strategies, and how healthy social and emotional development can be promoted to empower parents to better support their children's growth and identify and address any developmental concerns. A valuable resource to consider and assist professionals is the Raising Children Network (Raisingchildren.net.au, 2006-2023).

  o Supporting FHW to provide emotional support and having age-appropriate, open conversations with their children about their mental health challenges and stressors they may be facing at work, as well as their children's feelings and concerns.

  o Exploring practical strategies for FHW to help their children manage stress, such as creating a consistent and structured daily routine, getting enough sleep, eating well, and engaging in physical activity.

  o Encouraging prioritisation of quality time with their children, and engage in activities that promote relaxation and connection, such as reading or playing games together.

  o Navigating how FHW can effectively support their children's school engagement and learning. Consider practical strategies to support FHW to balance work demands with children's schooling needs, particularly if at-home learning arrangements are in place. Encourage communication and collaboration with schools and teachers to support their children's learning where needed. This may include developing individual learning plans, flexible learning options, and sharing resources and guidance.

- o The Let's Talk About Children (LTAC) guide for professionals and the self-directed online training program by Emerging Minds (Emerging Minds, 2023) may be helpful resources for professionals seeking to enhance their ability to engage in conversations about parenting and children's needs. They are free to access and may be helpful for professionals to learn how to assist FHW to support their children during times of stress and uncertainty.

➢ Be aware of and consider support options, referrals, or collaboration opportunities with services to manage practical challenges such as childcare arrangements, children's online learning and school support, financial difficulties, and social support.

Summary

This guide should be used in conjunction with established treatment guidelines, serving as a supplementary resource to address the unique challenges encountered by FHW during and following the COVID-19 pandemic in Australia. Grounded in current literature, the recommendations outlined in this guide aim to provide supportive measures to increase awareness, knowledge, and skills in assessing and managing mental health concerns specifically tailored for FHW to enhance the mental health and wellbeing of this vital workforce.

Definitions

- Frontline Healthcare Workers (FHW): refers to healthcare workers (including but not limited to nurses, doctors, and allied health professionals) providing direct care to patients diagnosed with COVID-19 infection in frontline departments, including emergency departments, intensive care units, and aged care facilities.

- Moral injury: refers to the traumatic psychological, social, and spiritual impacts, such as guilt, shame, loss of trust, and existential dread, which may arise when a person's moral beliefs and values are betrayed or violated by partaking in or witnessing perceived transgressions, often in high-risk circumstances (Jinkerson, 2016).

- Burnout: a constant state of stress characterised by a cluster of symptoms including emotional exhaustion, mental fatigue, depersonalization or detachment, and cynicism about one's colleagues or workplace (Magnavita et al., 2021).

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