

## Mental Health Support for Healthcare During COVID-19

### Topic: Which Interventions for Whom?

Tuesday, April 14, 2020 | Noon-1:00 pm

*Participant list and chat transcript shared separately with this summary. Recording also available.*

Discussion opened after welcome and an antitrust reminder. This effort to mobilize statewide mental health support for healthcare workers, sharing real time experiences, practices and learnings was started by the ICSI mental health working groups. The series is open to anyone interested.

### Meeting Summary

CentraCare and Sanford Health shared how they are tailoring their interventions to meet the needs of their employees during COVID. Additionally, ICSI staff opened the meeting with a brief food for thought on design thinking, what is the problem we are trying to solve and how does it relate to the experience we're trying to create. Full notes below.

### Organizational Sharing: Which Interventions for Whom?

#### Sanford Health:

- They have segmented decision-making for choosing interventions into two populations: 1) People caring for COVID positive patients, and 2) people who support those care providers. They also have a specific team focused on physicians/clinicians.
- They identified three service lines needing immediate support: IT, Lab, Patient Access. All three of these service lines were having to quickly adapt to the changing times with a high workload which makes them susceptible to increased stress and burnout.
- A 20-30 minute presentation on general well-being was created for staff, rolling out to these groups first. 50% of the value is content, 50% is the time and space to process as a group.
- It's provided only upon request/not mandatory. To date, 17 presentations for 650 employees
- Favorable response from staff. Mainly, staff is appreciative that their team and the organization are there for them and supportive of what they are going through.
- Requests from other areas, expanding to primary care next and potentially nursing staff.
- Additionally, a daily e-mail called Mental Health Moment has taken off. Initially, it started out with one small mental health team and now sent to a broader distribution list within the organization. Hoping to continue to expand the distribution list.

#### CentraCare:

- Using the USI (Universal, Selected, Indicated) Preventive Model to determine interventions for different workforce populations. USI is a national NIH model used for suicide prevention
- Universal = entire population. Selected = population at higher risk but not everyone in that group may need the same specific intervention. Indicated = population at higher risk and for whom a specific intervention is indicated.

- In the context of COVID, selected population group would include health care workers at risk of burnout or at high risk of exposure. Indicated would include health care workers with the same risk as selected group but in need of more direct outreach, such as staff working with COVID positive patients.
- Examples of interventions for universal and selected: EAP, employee letter on internal resources. EAP can apply to all three population groups whereas an employee letter can be more directed based on the risk.
- Example of interventions for indicated (frontline groups and leaders): Frontline COVID subgroup to address teams with the most stress and potential for burnout. Subgroups were created to address following frontline population groups:
  - Staff on COVID + critical care units
  - Staff in Supplies/logistics
  - Administrative/COVID leaders
- Specific activities:
  - Use PDSA to understand the impact of interventions: what's working, staff feedback and what needs to improve.
  - Wellness/resiliency presentations to indicated groups
  - Huddle starters-wellness/resiliency, mental health tips
  - Feedback page to frontline staff-what do you need, how do you need it, and how we can best support you.
- Other activities:
  - Incorporating spiritual services for staff and family members
  - Coaching for leaders to support staff (emotional and organizational)
  - Working on a subgroup on post-vention-what to do as an organization when a staff member dies of COVID or a staff member loses a family member (what do teams need in those scenarios and how to support staff and their families).
  - Once the pandemic is over, how best to dismantle the COVID infrastructure and get back to normal in a way that doesn't exacerbate the emotional shock and burnout.

**Update on COVID Cares** – new volunteer warmline service is open 9am-9pm daily from FastTrackerMN, MN Psychological Association, MN Psychiatric Society, Mental Health Minnesota  
Flyer shared with this summary

**COMING UP Tuesday April 21 at noon: More Examples From the Field**

**[Resources WebPage Here](#): Please continue to provide feedback, examples from your work, and resources that you think are particularly valuable to post.**