**Mental Health Support for Healthcare During COVID-19**

**Tuesday, July 14, 2020 | Noon-1:00 pm**

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

Discussion opened after welcome and an antitrust reminder. This effort’s focus is sharing strategies to implement mental health services and other supports to healthcare providers and staff during the COVID-19 crisis.

**Presentation Summary**

**RISE Peer Support Program (RISE – Resilience in Stressful Events)
Johns Hopkins: Albert W Wu, MD, MPH**

The coronavirus pandemic is having a significant impact on the psychological well-being of health care workers and on institutional resilience. The presentation will describe steps that health care institutions can take to support health workers, using the integrated program at Johns Hopkins as an example.

**Overview**

* Praise and accolades heaped on healthcare workers during COVID-19 with new found respect for healthcare workers. However, not a rosy picture. COVID-19 is a defining health crisis of our generation.
* Addressing Maslow Hierarchy of Needs (article shared on website) New demands related to lack of mass transit, food, toilet paper, childcare, etc. Worker safety and adequate PPE. Psychological Needs and Crisis Leadership and Communication key, quickly, freely, to message all workers with information. Listen, communicate honestly with a clear plan and focus on group cohesion.
* Coordinating Committee on Staff Support formed RISE Peer Support Program
* Learning from the aviation industry; determined employee health is a “Red Ball” issue and detrimental to critical mission if not addressed. Status of staff health assessed daily.
* Developed a continuum of staff support from Healthy at Hopkins and various activities. Spiritual care was widely utilized across a wide spectrum.
* 24 hours per day phone access by department of psychiatry. Staff were added to see walk in patients and triage for appropriate level of care
* Dedicated website- Office of Wellbeing- created with MESH Mental Emotional Spiritual Supports
* Healthy at Hopkins: Extensive and coordinated wellness programs, expanded to include child care and food for staff as well.
* Spiritual Care and Chaplaincy team well known to staff met regularly for coordination and monitoring to develop programs
* RISE increased services as well
	+ In 2011 RISE was created. Article shared on website: Wu, Connors & Everly. Annals of Internal Medicine, 2020
	+ 35 Trained staff members Psychological first aid and peer support.
	+ Now expanded to 71 responders for face to face or calls. In last 100 days have done more calls and support than over the years since created in 2011. This program is being disseminated in/via Maryland patient safety organization [www.marylandpatientsafety.org](http://www.marylandpatientsafety.org) and about 40 hospitals across the U.S.
	+ Rapid Psychological First Aid- Dr. George Everly’s Coursera Course. Free Link: [www.coursera.org/learn/psychological-first-aid/](http://www.coursera.org/learn/psychological-first-aid/)
	+ mySupport: Expanded to phone support for employee and family members
	+ Psychiatry COVID-19 rapid clinic created care for frontline workers and group therapy and referrals
	+ Phases of Psychological Response to Disasters used to inform this work. Responses seen to apply to both individuals and groups
	+ Frontline workers other than nurses and physicians are reaching out for support in larger numbers
	+ Contact Information: Albert Wu awu@jhu.edu @withyouDrWu

**Questions**

1. How can we educate and orientate people to be ready for the unanticipated?

 Developed 10 commandments for staff support and how to communicate and deal effectively

applies to all levels of leadership. Humility is key. Recognize that if cabin pressure is lost, put your own oxygen on first, to be able to care for other people. We are trying to convey that it is not a sign of weakness to ask for help. RISE is part of orientation for new House Staff. Training all leaders in nursing using crisis management.

1. Question on the phases of psychological response to disaster—Is there a “typical” timeline (weeks, months) for this?

Varies by disaster and each have a tempo. Initial impact and subsequent impact. Have seen this play out on individual units. Infection control as an example prep work early and when COVID hit, already burned out.

1. In a pandemic, over a year or more, what do you anticipate for movement of the psychological response to disaster curve?

Have seen conceptual model of people cycling back and forth. Infection control as an example rallied and came back and subsequently back down

1. More about deployment methodology. How do people contact you and how do the responders reach them?

Pager and electronic pager used that rings to cell phones to responders on call, at least 12 on call for backup. Group page and discuss who will cover. On-call rotation, varies. Currently 71 Peer responders

1. What is involvement of Social Workers?

 They are also members of RISE.

1. Psychological First Aid via Virtual how is this done effectively?

Difficult in absence of feedback and empathy. Need to use videos to catch non-verbal communication on Zoom.

1. Curious in regard to Black Lives Matter crisis and impact on patients and staff.

Hard time with this as we do not feel we are experts on racism, however we are good listeners. When someone is upset and hurt, provide support. Prospectively we have deferred to the department of equity and inclusion. We have provided back up support to them.

1. Such good support and reaction, how did RISE become so successful?

Unsure, it rose to about 2000 calls over three months, vs prior 12 calls a week. Still feel majority of the people needing help do not call. Two things may have helped:

1. Culture has shifted over last 9 years common place for RISE and Psychological First Aide
2. A lot of support from top leadership across organization and trumpeting RISE and clinical excellence in health system. It has been a process. The more you can do the more people will take advantage.

**COMING UP:**

* Register on this website, and download mental health playbook: [Mental Health Support for the Healthcare Workforce website](https://www.icsi.org/mental-health-covid19/mental-health-support-for-covid-19/)
* Wednesday, July 29th (noon-1pm) Dr. Liselotte Dyrbye, Co-Director of Dept of Medicine Physician Well-Being Program Mayo Clinic
* Wednesday, August 12th (TBD) Wednesday, August 26th (noon – 1pm) Dr. Susan Scott, Nurse Scientist/Adjunct Associate Professor, Founder, forYOU Team University of Missouri Health Care
* Wednesday, September 9th (noon – 1pm) Dr. Jonathan Ripp, Senior Associate Dean for Well-Being and Resilience & Chief Wellness Officer Mount Sinai Health System, NY