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

**Wednesday, July 29, 2020 | Noon-1:00 pm**

Discussion opened after welcome and review of coming sessions. [*See website*](https://www.icsi.org/mental-health-support-call/) *for recording, more info.*

**Liselotte Dyrbye, M.D., MHPE, Co-Director of Physician Well-Being Program**

**Mayo Clinic |** Employee Well-Being at Mayo During the COVID-19 Pandemic

Looking at people’s well-being pre-COVID (November 2019):

* Burnout among physicians and other clinicians was 37-44%, depression 28-32%
* There is more burnout relative to physicians to other US workers
* Suicide rate higher amongst physicians

**Why take action against burnout**? Quality, access, service. Burnout costs billions/year, and threatens successful healthcare reform. Needs to be collectively confronted

We know that 2003 SARS resulted in high level of work place depression, anxiety and distress, and higher workload in places around the world. Early data is showing there are higher forms of stress now in COVID.

The questions is, how do we support people from a **system** perspective, instead of leaving them to figure it out individually? We recognized we needed to think about different groups of workers, types of workers, multiple domains, strategies.

* COVID-19 frontline workers, e.g., workload increases, decrease in PPE, moral distress
* Tele-workers, e.g., equipment, VPN access, new care delivery models
* Displaced workers, e.g., decrease elective surgery, furloughs, financial strains

Needed different ways for people to connect

* Started a FB page with many options to give people an opportunity to create connections.
* COMPASS Groups for physicians are now virtual
* Website for Mayo employees with a sign-in (outside of firewall, accessible to those w/o intranet access)
* Healthy living center – content is now online
* Psychological first aid – free training that many employees volunteered to take
* Well-Being Newsletter – 23,000 are looking at the newsletter

Self-Assessment of wellness is actually not easy, so they created a Well-Being Index, and strongly encourage all staff to use this index and to track themselves over time.

**Specific Resources for Different Groups of Workers**

Starting out we put all kinds of resources out to frontline workers, when what we really needed was to target different resources to different groups of our staff.

COVID-19 Frontline Workers

SOS Care Packages (chocolate, little items – a thank you including resources e.g., list of resources)

Going home check list (decompress your day)

Quiet Rooms – close to areas such as ICU, etc.

Remote expediators – clinical assistants who round with hospitalists via iPad doing clerical tasks. This has been effective and they will continue to build this and will become part of their new normal.

Healing the emotional lives of peers (HELP) – This has been around in anesthesia and OB areas for a long time; minimize second adverse event phenomenon. This has now been expanded to other depts. There is a four-hour training to support this program. This has been very well received and supported.

Quarantined colleagues

Virtual social connections with colleagues

Virtual real time exercise lead by HLP

Virtual connections with HLP coaches

Help with getting supplies from office

Warm line: Weren’t getting very many calls, used it four months and transitioned back to the EAP.

Bereavement Response Plan

Mayo had nothing to support the death of an employee regardless of how they died so they put a plan in place. The have a Bereavement Response Support Team (can be accessed by the Mayo operator). It’s up to the leader as to whether to activate the BRP. Includes Notification plan (who, when, how), Reaching out to family/emergency contact, Sharing the news (who, when, how), Memorialization, Social media, Sample scripts

Questions:

What have you been surprised by (both positive and negative) in the programs? Crisis mode to put out resources – they treated everyone like they were a frontline worker which wasn’t relevant to everyone. This was a learning opportunity for them. A blanket approach does not work for everyone.

Well-being index – are resources curated by each organization? Yes. If you as an individual download the well-being index, you can self-assess and compare your well-being to other peer groups. COVID related resources and also non COVID related resources. This is available to individuals for free. If an organization has a subscription, the resources can be tailored for the staff in that organization.

How is the transition to Zoom COMPASS meetings? Did people continue to sign up? Have more started? They haven’t done a big push to get new recruits. The COMPASS groups are established so they’ve continued. Most people sign up in groups. How do we create new connections? Want to learn from the audience so please share.

Feedback from staff – how have you gotten staff feedback? Utilization tracking, FB site, quarantine survey. Continue to think about what’s needed now. Be more agile as needs arise.

Shannah MulvihillI shared with the group that there COVID Cares support phone line now has a toll-free number: 833-HERE4MN. The line offers free, confidential, anonymous support for healthcare workers, essential personnel and others. Staffed by volunteer mental health professionals, open 9AM to 9PM, seven days / week.

**COMING UP:**

Thursday, August 13th (noon– 1pm)

Dr. George Everly, Professor, Johns Hopkins School of Public Health and School of Medicine

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

Mental Health Playbook is now available on the ICSI website – [www.icsi.org](http://www.icsi.org)

Visit icsi.org to get the details of the sessions coming up