



Mental Health Support for Healthcare During COVID-19

Wednesday, June 3, 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 organizing to provide mental health services and support to frontline healthcare providers and staff during the COVID-19 crisis. Invitees consisted of members of all 4 ICSI mental health working groups along with other members and partners. This includes healthcare administrators, mental health leaders, health plans, Emergency Departments, primary care, community mental health programs, DHS, MDH, associations, EAP, etc.

Meeting Summary

The main topic of the meeting was a presentation on Minnesota Resilience Action Plan (MinnRAP) Program by a team of faculty at the University of Minnesota Medical School's Department of Anesthesiology and Department of Psychiatry and Behavioral Sciences. This program was developed and deployed to protect the emotional well-being of M-Health Fairview healthcare workers during COVID-19. Full notes below.

Main highlights from the presentation:

Experiences and Stressors of COVID-19 among health care workers

- Risk of infection
- Sense of loss of human contact
- Financial/PPE
- Questioning of the roles
- Personal effect
- Societal stressors (inequalities, racism, mental health access)

In light of current events in our community and the nation, the topic of racism and its effect on health was greatly discussed and the group acknowledged the disproportionate impact of COVID deaths on people of color. The group also started out the discussion with how stress impacts brain and ways to manage it individually and collectively.

Individual ways to manage stress:

- Positive emotions
- Deeply meaningful things
- Honoring stories
- Interacting with people, keeping connection

Collective ways to manage stress:

- Optimism
- Finding connection
- Fostering self-efficacy
- Fostering collective efficacy

MN Resiliency Action Plan (MinnRAP) Program

- Modeled after a model from U.S. Army
- Different departments teaming up together to develop and deploy it
- Based on the motto – if can't take care of providers, then can't take care of patients. During traumatic times, people want to talk to someone, check in with someone and have each other's back.
- Developed to help health care workers manage their response to acute and chronic stressors during COVID-19 but can also be used in other traumatic events

- Provides guidance on how to respond both as an individual and organization
- Provides peer support for health care providers during COVID-19
- Provides guidance on communicating with patients during traumatic events
- Promotes having tough conversations and coming to resolutions
- The ultimate goal is not just to respond to COVID, but develop cultural shift to increase comfort in speaking out and affecting positive change.

“Buddy System”

- The signature characteristic of the program
- Based on the U.S. Army model (Battle Buddy) for peer mentoring and support which came out of suicide epidemic 15 years ago
- Intended to help increase comfort, talking to each other to address issues at work and help keep home for respite
- Validates experiences, identify and address stressors early, keep work at work, develop and maintain resilience (keeping environment healthy and not just give up)
- Peer to peer support to validate we’re all in this together and also work through the issues together
- Logistics/training
 - Assign people to a buddy – wrt to age, life cycle, status in clinical practice, relatable characteristics
 - Implement within the division, department, clinic
 - Need a champion – alone or mental health consultant meets with leadership to propose buddy system based on similar roles/demographics
 - Start with small group conversations with staff about the buddy need. Understand that even if you think you don’t need it, someone else will.
 - Buddies check in with each other on a regular basis. They are supposed to share about their responses to traumatic situations, giving honest feedback, problem solve to support each other on mental health and also challenging each other about potential biases and misconceptions.
 - Simple model-flexible, quickly adopted and customizable
 - If people resistant-just go ahead and assign people which would hopefully help create a momentum for it. Important to meet people where they are, if not meeting the needs, then respect that, can also start with injecting the idea about having conversations. May be easier to mobilize buddy system when the need is acute.
 - Role of dedicated mental health consultants-
 - MH consultant can provide additional support for small group presentations, resources, but not required part of the model.
 - MH consultant – steady vs. regular presence, shorter exposure more than intensive. The role is there for support.
 - MH consultant – point person that works with the buddy group, touches base regularly, checks in, advises, helps with referrals
- Stress inoculation for “buddies”:
 - Anticipate and identify stressors
 - Problem solve around that
 - Strategies on how to cope
 - Personal resiliency plan – coping, resources, strengths to use for it
 - Deter-Buddy should never act as a therapist, instead help with connecting with counseling or EAP

The presentation ended with how we turn emotions into meaningful steps.

First steps:

Selfcare

Connect with colleagues

Don’t ask anyone to fix your emotional response

Check in with your teams

Call on colleagues to cover professional responsibilities

Practice active self-compassion

Extend compassion to each other

Next steps:

Speak up

Listen – Examine existing resistance to change

Get comfortable with the uncomfortable

Avoid

Program Website for more information: <https://med.umn.edu/covid19/minnrap>

Next Steps:

- Next call: Wednesday, 12-1pm starting on June 17th
- COVID-19 Mental Health Resources Web Page: [Mental Health Support for the Healthcare Workforce website](#)