

COVID-19 and Worker Mental Health



Healthy Work Center



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No conflicts of interest

- Employee of Washington University in St. Louis
- Research funding from NIH, NIOSH, HRSA
- Research grants director for the Longer Life Foundation (funded by Reinsurance Group of America)
- Scientific Advisory Boards for several universities

Overview

- What do we know about the effects of the pandemic on the mental health of HCW?
- What individual supports and care do HCW need?
- What should we be doing on an organizational level vs. an individual level?
- New program to support the mental health of HCW at Washington University / BJC HealthCare

Pandemic related mental health risks

- Pandemic had effects on mental health workers in all industries
- Health care workers focus of most research
- Pandemic caused work and family disruption
- Those working from home have social isolation from workmates, enforced proximity to family, struggle with work-life separation
- Those at work are worried about infection for themselves and their family members, struggle with childcare
- Economic disruption => Financial stress and anxiety

Mental Health of HCW during the pandemic

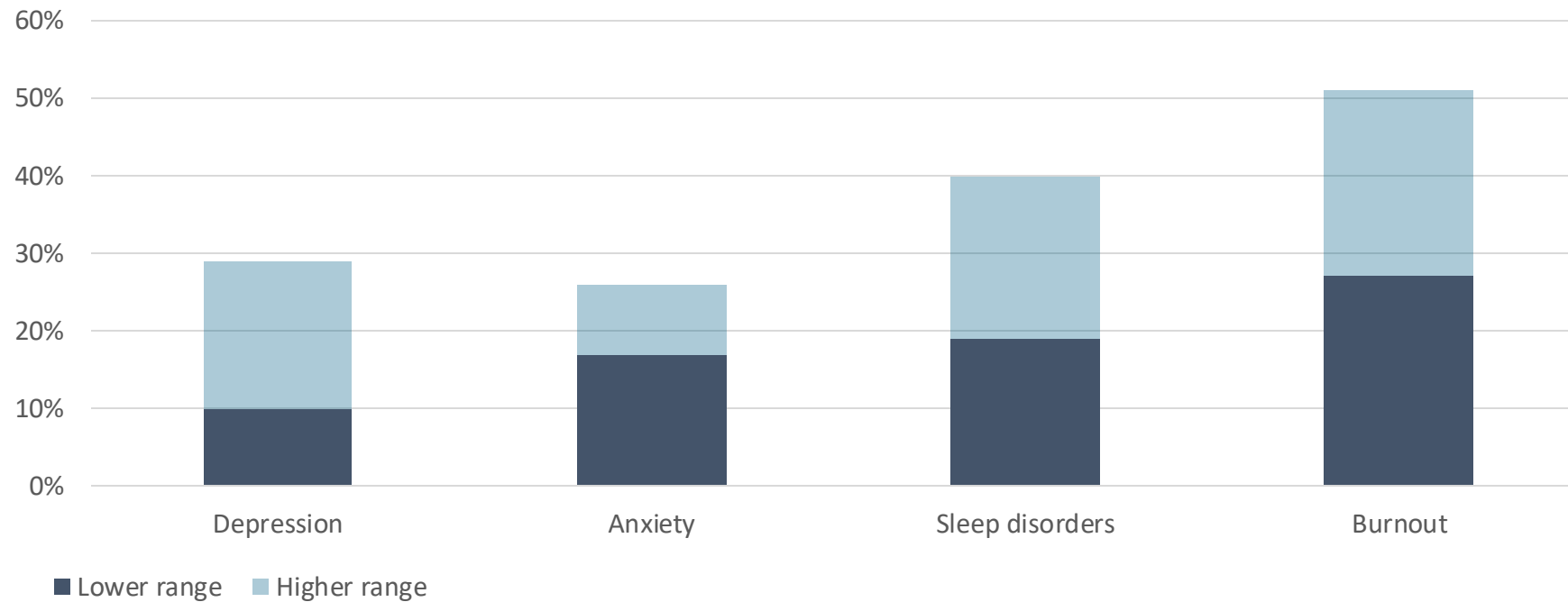
- HCWs are at uniquely high risk for mental health disorders (stress, depression, anxiety, burnout, work exhaustion)
- In past pandemics, effects were long-lasting
- Work-related factors influence adverse outcomes
 - job type
 - level of exposure to infected patients
 - chronic or repeated exposure to traumatic events
 - perceived social support from coworkers and supervisors

Large literature on mental health of HCW during COVID-19 pandemic

- Recent review found >18,000 papers, abstracted 44

Condition	Pooled Prevalence	95% CI
Depression	36%	24-50%
Anxiety	47%	22-74%
Insomnia	49%	28-70%
Stress	37%	19-59%
PTSD	27%	6-69%

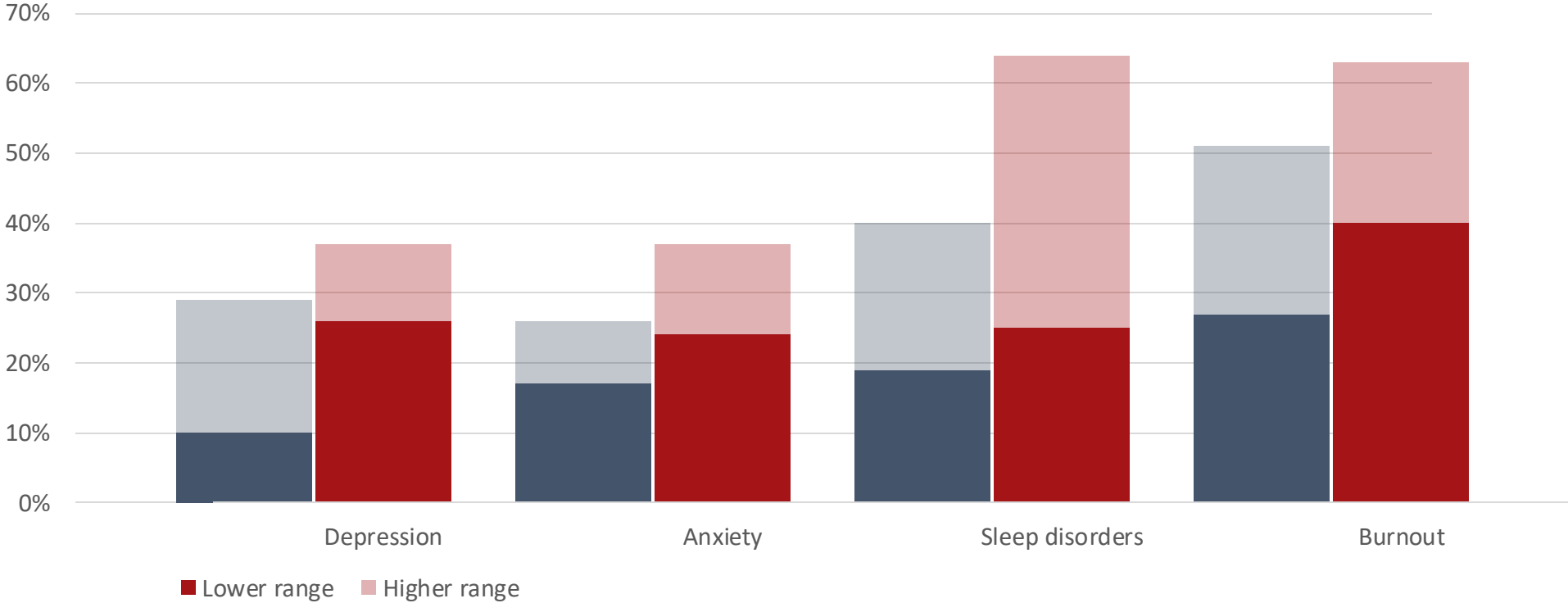
Working in healthcare traditionally comes with a high burden to mental health, even pre-COVID



Then COVID happened...

Rates of mental health difficulties among healthcare workers

Pre-COVID > Post-COVID



Longitudinal survey of all employees at Washington University in St. Louis

- Five waves: mid-April , early June, late July 2020, February 2021, February 2022
- Web-based surveys emailed to all WU faculty and staff (~16,000)
- Self-generated unique ID code enabled anonymous matching across waves
- Structured and open-ended questions
- 5543 respondents in first wave (34% response rate)
- 4150 responded in at least two waves (25% of employees)

Improved over time:

- Life stressors: reporting 3 or more life stressors 46% - > 22%
- Wellbeing: reporting worsened overall wellbeing 61% - > 56%
- Less productivity due to current work situation 63% -> 51%

Worsened over time:

- Work exhaustion 43 -> 51%
- Burnout 37 -> 48% (HCW only)

Essentially unchanged:

- Stress, anxiety, depression, less productivity due to health

Longitudinal Risk Factors

Variable	<i>Moderate to high stress</i>		<i>Moderate to high anxiety</i>		<i>Moderate to high depression</i>		<i>High work exhaustion</i>	
	RR	CI	RR	CI	RR	CI	RR	CI
Age above 40	0.52	(0.44 - 0.61)	0.58	(0.49 - 0.69)	0.59	(0.51 - 0.68)	0.74	(0.69 - 0.79)
Household Income ≤\$70,000	0.99	(0.82 - 1.2)	1.37	(1.14 - 1.65)	1.34	(1.14 - 1.56)	1.02	(0.95 - 1.1)
Family/home stressors	1.74	(1.46 - 2.07)	2.05	(1.71 - 2.47)	1.55	(1.33 - 1.79)	1.30	(1.21 - 1.39)
Exposure to COVID19 in any wave	1.00	(0.82 - 1.21)	1.15	(0.95 - 1.39)	1.06	(0.9 - 1.25)	0.99	(0.92 - 1.06)
Poor supervisor support	1.49	(1.25 - 1.76)	1.42	(1.2 - 1.69)	1.46	(1.27 - 1.69)	1.35	(1.26 - 1.44)

Family Supporting Supervisor Behavior Short-form (FSSB-SF) (Hammer et al., 2013)

- Your supervisor makes you feel comfortable talking to him/her about your conflicts between work and non-work
- Your supervisor demonstrates effective behaviors in how to juggle work and non-work issues
- Your supervisor works effectively with employees to creatively solve conflicts between work and non-work
- Your supervisor organizes the work in your department or unit to jointly benefit employees and the company

1, Strongly agree | 2, Agree | 3, Neutral | 4, Disagree | 5, Strongly disagree

Data summary

- Family/home stressors and perceived family-supportive supervisor behavior were strong predictors of mental well-being in both prevalent and longitudinal models
- Among HCW, caring for patients with COVID-19 and work in high-risk clinical settings were additional risk factors for anxiety, depression, work exhaustion and burnout early in the pandemic

Pandemic effects on residents

Exposure to COVID-19 patients increases physician trainee stress and burnout (doi:10.1371/journal.pone.0237301, 10.1007/s11606-021-07350-y)

- Residents caring for COVID patients had a higher prevalence of stress (29.4% vs. 18.9%), and burnout (46.3% vs. 33.7%) than those not caring for COVID patients. The exposed group also experienced more stress regarding childcare and reported worse work-family balance.

Impact of Changes in EHR Use during COVID-19 on Physician Trainee Mental Health (doi: 10.1055/s-0041-1731000)

- Increased EHR use (at work and at home) was associated with higher burnout, depression, and PTSD outcomes among physician trainees. Among physician trainees with increased EHR use, those exposed to COVID-19 patients had significantly higher burnout and depression scores

Use and awareness of mental health resources remain low relative to need

Which of these reasons have kept you from using the mental health resources offered by WU Wellness?	Clinical	Non-Clinical
Too busy to access the resources	38	26
Not aware of resources available	23	17
Privacy/confidentiality concerns	16	10
Lack of supervisor support	5	2
Too difficult to access the resources	5	6
Too many to choose from	4	3
Resources are ineffective	4	4

Stigma still an issue

Question	% Yes
It is a sign of personal weakness or inadequacy to receive treatment for emotional or mental health problems	3
My supervisors would see me in a less favorable way if they believed that I had an emotional or mental health problem	22
My co-workers would see me in a less favorable way if they believed that I had an emotional or mental health problem	21
Mental health care provided to faculty and staff at Washington University is truly confidential	47

Barriers and Facilitators to HCW seeking care.

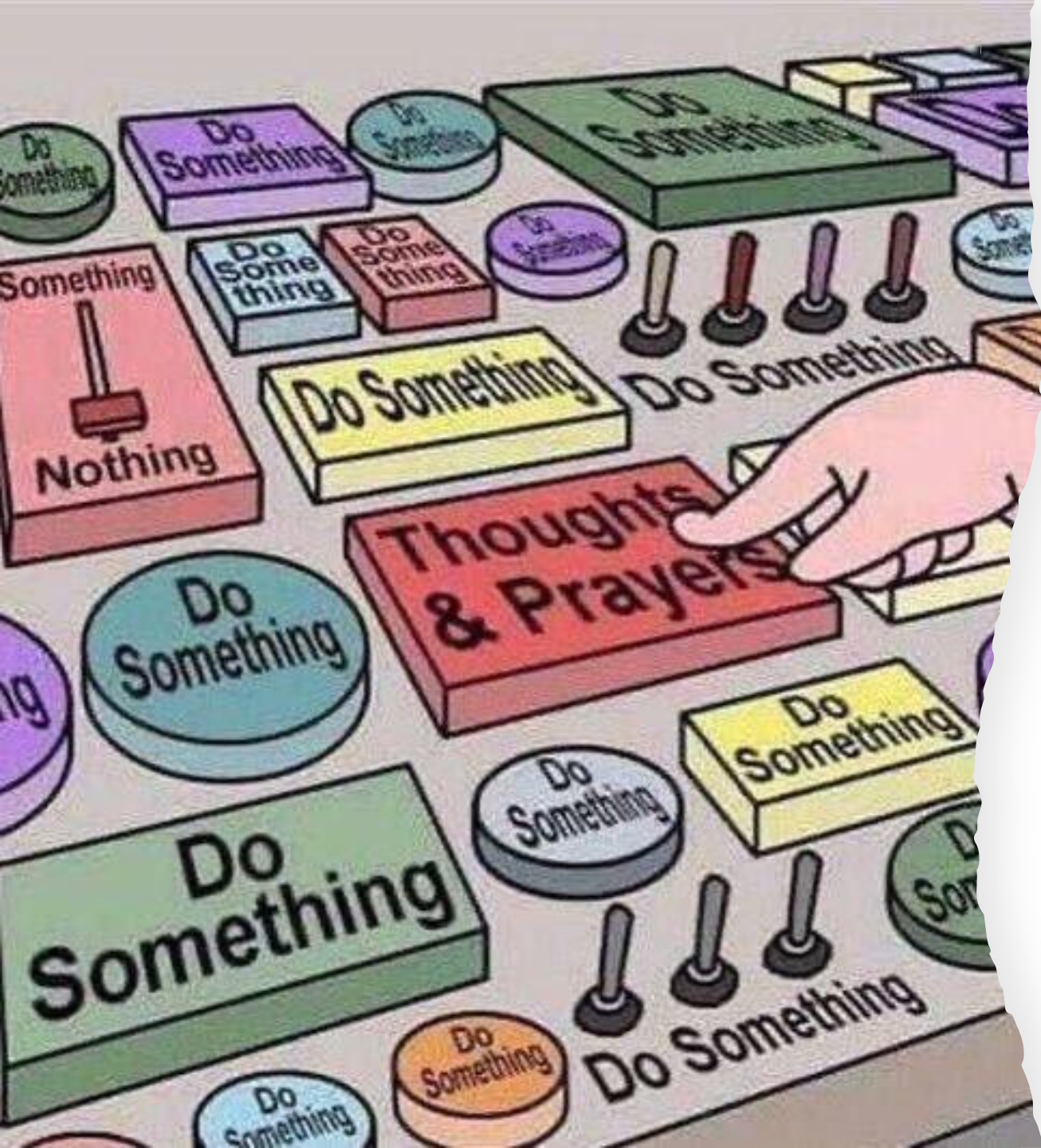
doi: 10.1186/s12888-022-04202-9, doi: 10.1111/hsc.13992

Barriers

- Self-stigma
- Perceived stigma
- Costs of seeking treatment
- Lack of awareness and availability of support
- Negative career implications
- Confidentiality concerns
- Lack of time to seek help

Facilitators

- Positive work environment
- Availability of support services
- External confidential mental services
- Protected time
- Greater awareness and accessibility
- Open culture and supportive supervisors.



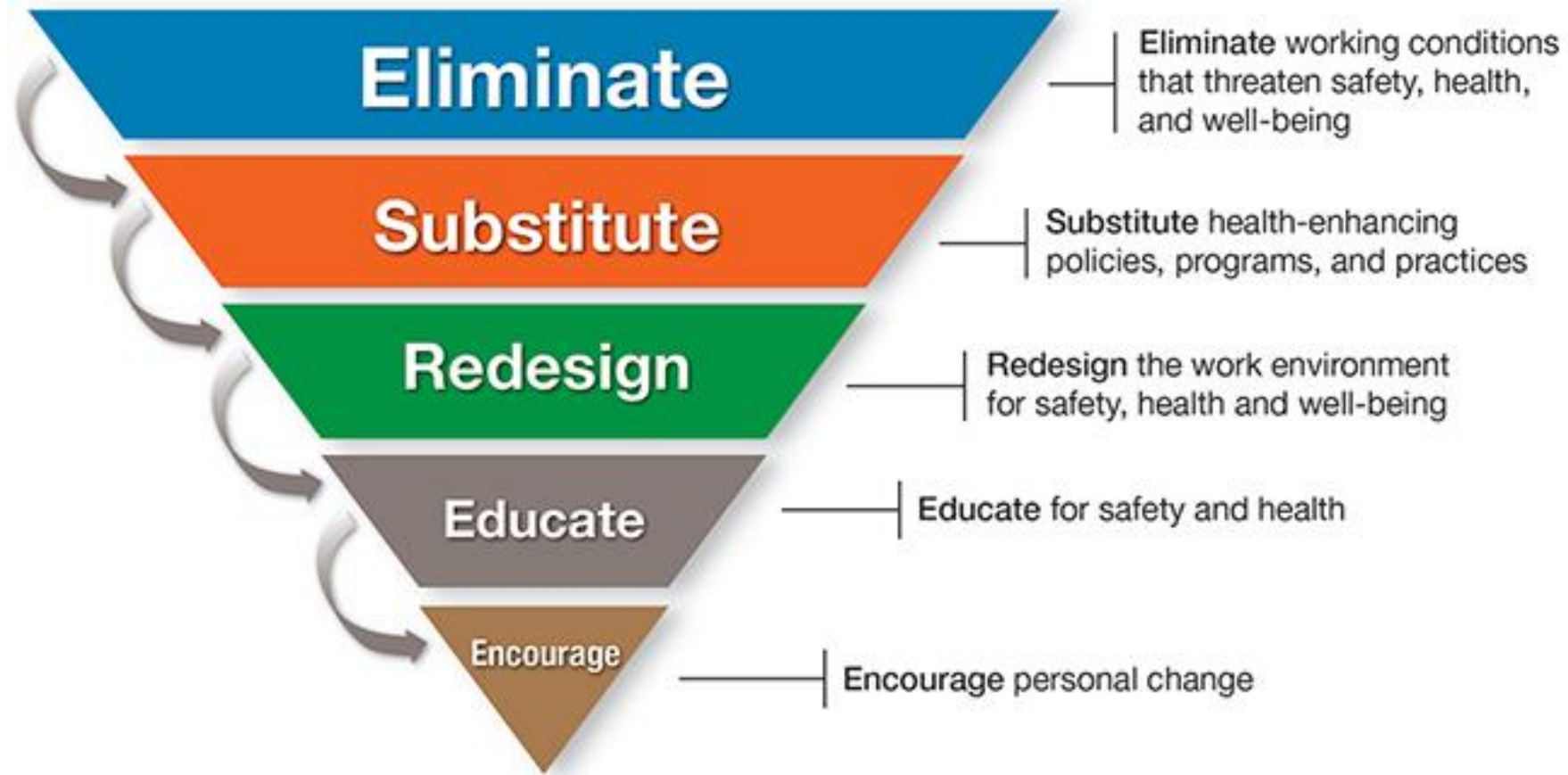
“My burnout is not due to lack of yoga.”

- focus group participant

Move beyond “resilience” prevention focus

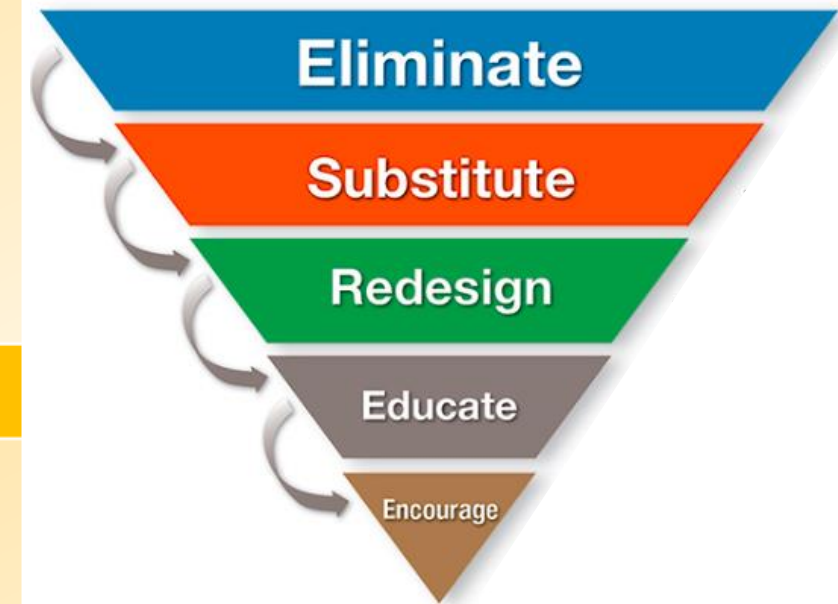
- In occupational health we look at the hierarchy of controls – need to look for systemic, organizational issues and not focus only on individual susceptibility.
- Reduce mental health issues by eliminating or limiting systemic hazards

Hierarchy of controls as applied to Total Worker Health



Workplace Hazards

Job Design	Organizational Practices
<ul style="list-style-type: none"> Long hours Low pay Unrealistic deadlines Fear of layoff Frequent turnover 	<ul style="list-style-type: none"> Mandatory overtime Inflexible rules Poor supervision Job insecurity Multiple supervisors Lack of recognition Poor communication
Physical Stressors	Interpersonal Relationships
<ul style="list-style-type: none"> Chemical agents Noise, heat, vibration Poor air quality Improper lighting Poorly designed equipment Repetitive motion Awkward postures/Heavy lifting 	<ul style="list-style-type: none"> Distant, uncommunicative supervisors Poor performance from subordinates Bullying or harassment Problems caused by excessive time away from family



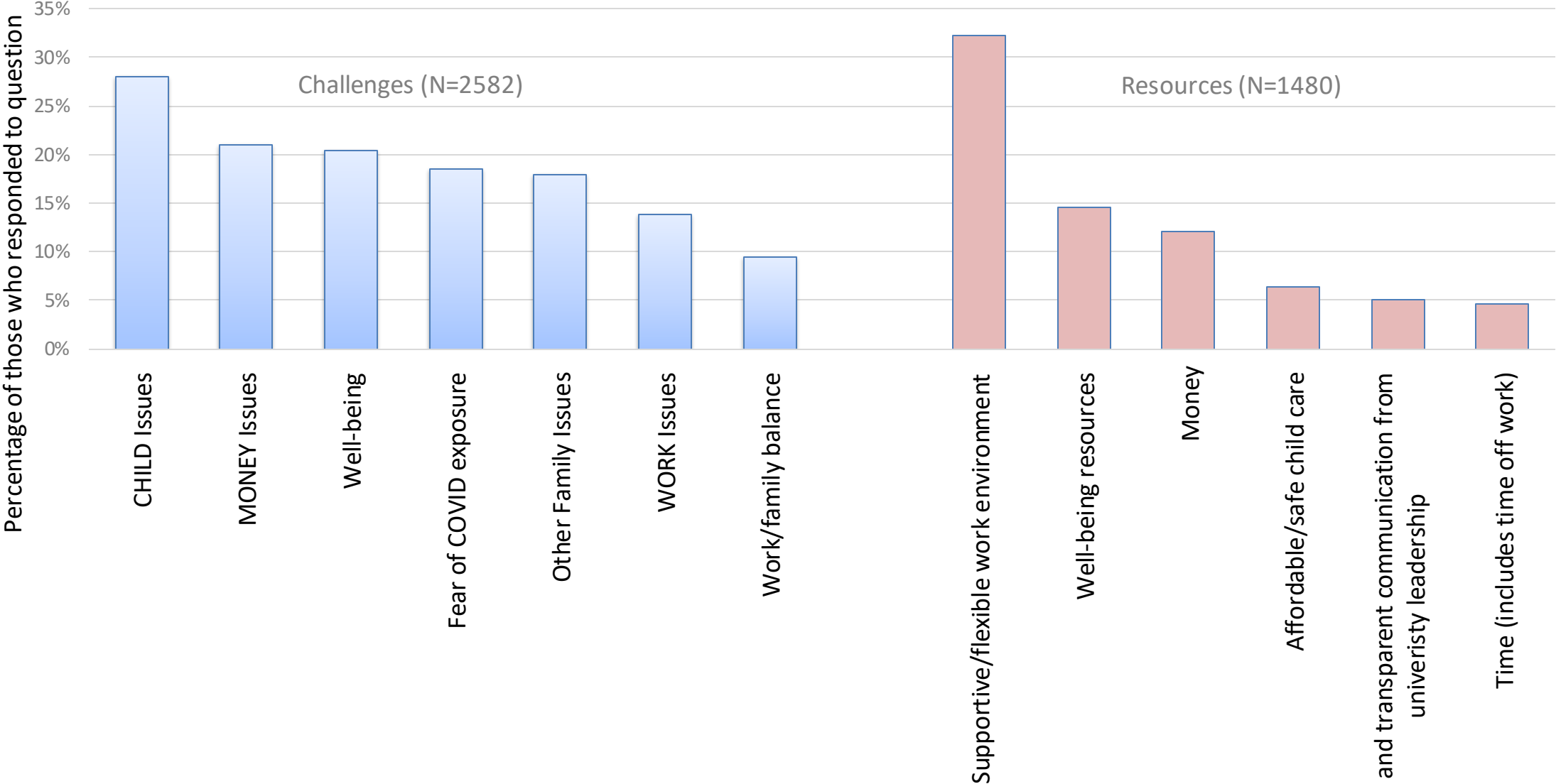
Hierarchy of Controls Applied to NIOSH Total Worker Health

Scoping review of organizational interventions

- Reviewed the effectiveness of mental health interventions at the organizational level for healthcare workers during or after a public health emergency.
- “There is a distinct lack of research examining organizational interventions addressing mental resilience and well-being in healthcare workers in disaster settings.”

doi: [10.1186/s12889-022-13761-1](https://doi.org/10.1186/s12889-022-13761-1)

Common Themes in Open Ended Questions (Wave 3)



CHALLENGES: WHAT IS THE BIGGEST CHALLENGE THAT YOU AND YOUR FAMILY ARE CURRENTLY FACING?
RESOURCES: WHAT ADDITIONAL RESOURCES WOULD BE HELPFUL TO YOU OR OTHER WU FACULTY AND STAFF?

Work/Family issues are key!

- Family stressors a major component of mental well-being
- Supervisor support for work/family balance a major driver of mental well-being (and satisfaction / retention)
- Work flexibility and support from employer / supervisors most commonly reported resource requested by workers

Potential employer responses

- Find out how your employees are doing and what they need
- Do more active outreach, with better communications to improve uptake of existing resources. (tailored communication?)
- Enhance supervisor training to increase perceived support by employees; examine policies on flexible work
- Increase social opportunities for employees; enhance & encourage peer support (goal is *physical* distancing with social *connection*, NOT “social distancing”)
- Normalize help-seeking, reduce stigma

Specific to Health Care

- Reduce/monitor clinical workload
- Improve clinical workflow (“friction in the system” leads to more work, delays, frustration)
- (Don’t say “improve clinical efficiency”, as this implies reducing staff for the same patient load)
- Pandemic has highlighted existing system vulnerabilities, and worsened pre-pandemic mental health issues among HCW
- The EHR has altered healthcare, not always for the better

Elements of a Mental Health Policy

- Communicate support to employees who suffer from a mental illness (including substance use)
- Address aspects of the workplace that impact mental health
 - Environment, workload, decision making authority, etc.
- Reduce stigma associated with mental illness in the workplace
- Identify reasonable accommodations
- Train supervisors/coworkers (recognize signs, what to say, etc.)
- Benefits, access to care, EAP, recovery friendly workplaces
- Privacy

National responses

- Several organizations have released plans to improve mental wellbeing among HCW
- National Academy of Medicine will release its plan 10/3/22 “National Plan for Health Workforce Well-Being”
 - Positive work environments and culture
 - Mental health and stigma
 - Effects of COVID-19 on the health workforce
 - Compliance, regulatory, & policy barriers for HCW daily work
 - Measurement, assessment, & research on well-being
 - Effective technology tools

Gateway 2 Wellness Study



- One of ten large grants from the Health Resources and Services Administration (HRSA) to help healthcare organizations create or expand mental health and well-being programs.
- Funding purpose: “...ensuring we have enough critical frontline workers by supporting health care providers now and beyond as they face burnout and mental health challenges. We will continue to promote the well-being of those who have made so many sacrifices to keep others well.” -- HHS Secretary Xavier Becerra

Major barriers

- The culture of healthcare doesn't always support mental health and wellbeing
- Healthcare workers are reluctant to seek support
- It's hard to find support that is effective, accessible, affordable, and the right fit

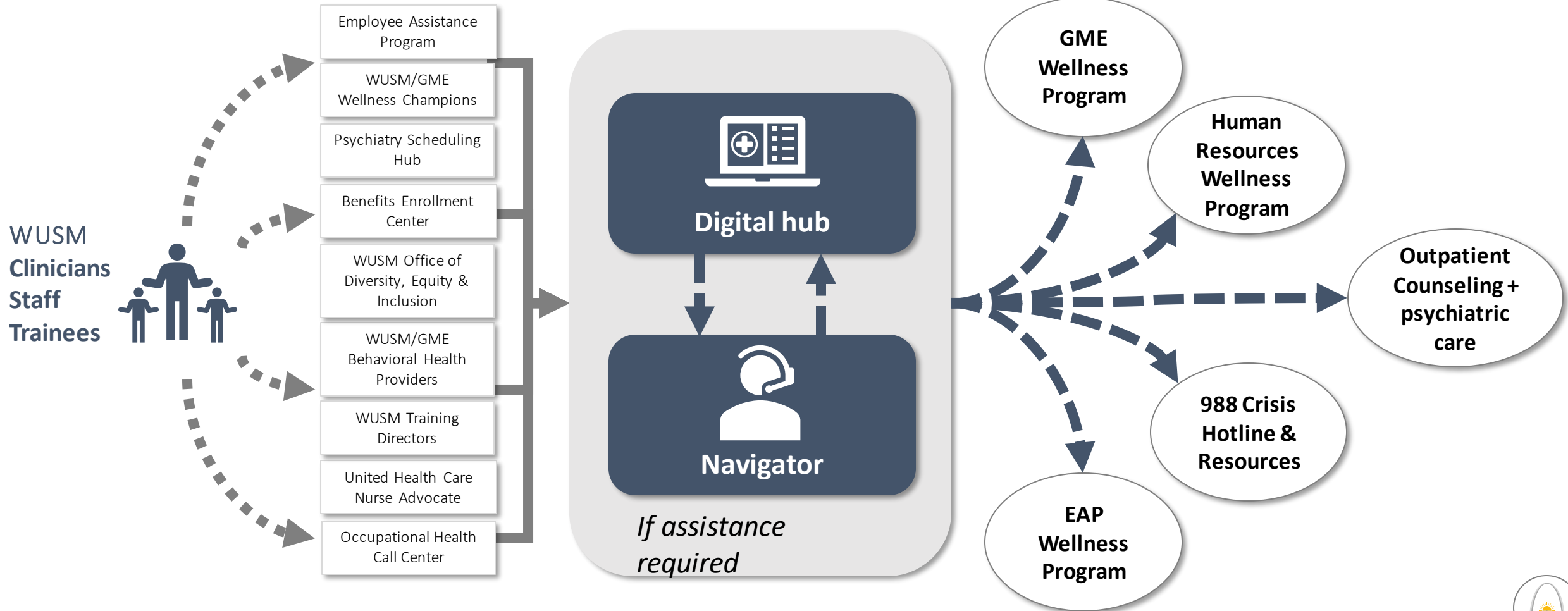
The G2W approach

- Offering confidential self check-ins to assess mental health in multiple areas
- Connecting healthcare workers with vetted, personalized support resources
- Launching a campaign to change the way we talk about and support wellness, explicitly including mental health

Gateway 2 Wellness Program Overview

Connect from anywhere

Personalized connection to the right resources

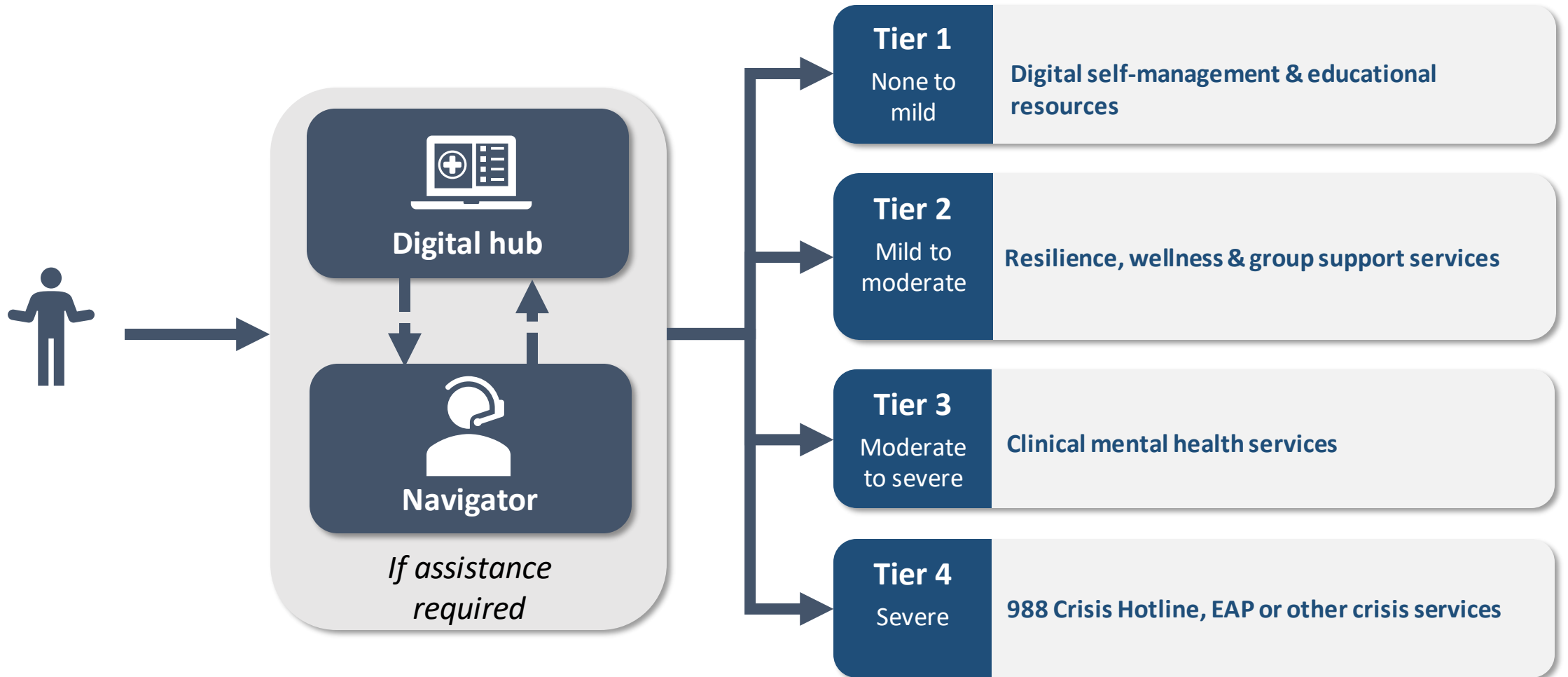


Confidential self check-ins: What they cover



- Evidence-based check-ins to assess 5 domains
 - Stress
 - Mood
 - Sleep
 - Burnout
 - Support
- Online, free, and completely confidential

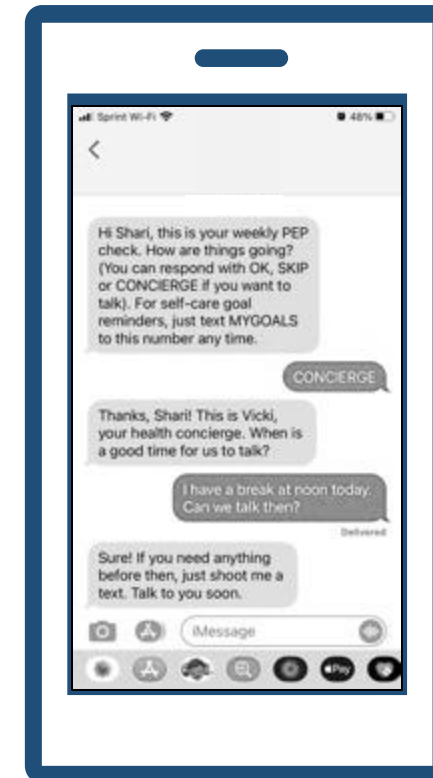
Connecting HCWs to the Right Level of Mental Health Support



Digital hub - convenient access to check-ins, resources and reminders

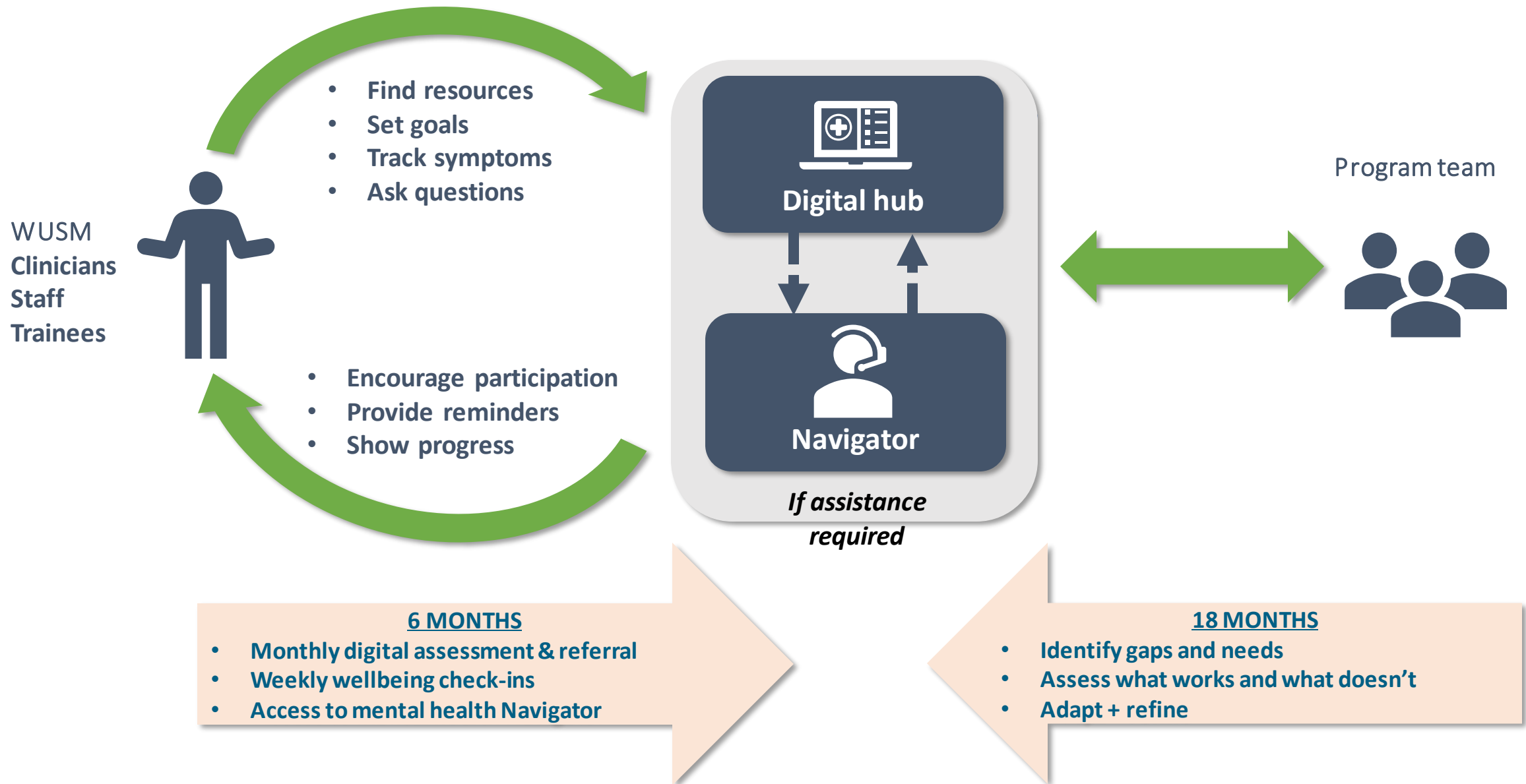


Personalized web dashboard
Tracks individual wellness + resources



Text message check-ins
Reminders

Providing ongoing support & adapting to meet new HCW needs



We also must address the larger culture, and are launching a campaign to change the way we approach mental health



Start the conversation

- Sharing best practices
- Personal stories
- Town halls
- Website
- Change coalition
- Peer recognition
- Learning maps

Track progress

- Pulse surveys
- Quarterly dashboard
- Research deep dives

Learn and improve

- Leadership briefings
- Identify problem areas
- Problem-solve areas for improvement
- Adapt and scale the program

Planning for a phased rollout to the community

Oct 2022

Launch to initial,
limited cohort of
WU employees

Mar 2023

Rollout to BJC
employees

Jan 2023

Expanded rollout to
WU employees





What is Gateway2Wellness?

A new program at Washington University to help **you** – our healthcare workers – find support:

- **Check-in** to measure your mental health and wellness
- **Connect you with support** personalized to fit your needs
- **Be there for you** throughout your wellness journey

Who is eligible?

All WU healthcare workers – anyone who supports healthcare delivery (hospital, clinic, or clinical research)

How can I sign up?

Starting Oct 2022, our pilot is opening to a *limited number* of employees

- Visit gateway2wellness.wustl.edu
- **Learn more** about our pilot program + team
- **Enroll online** to start your journey 2Wellness





“This whole thing is not about heroism. It’s about decency. It may seem a ridiculous idea, but the only way to fight the plague is with decency.”

Albert Camus, *La Peste*,
(1947)