

Psychosocial briefing for healthcare workers preparing to respond to an epidemic of a novel disease

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Introduction

Caring for patients during an epidemic of a novel disease places significant psychological demands on Healthcare Workers (HCWs) at every stage of the epidemic. Alongside exposure to the suffering of their patients, HCWs must also contend with the fear of becoming infected themselves, with uncertain consequences.

This document offers a brief outline of the kinds of reactions HCWs might expect to experience at different stages of their assignment or outbreak, the risk factors that might make them more vulnerable to these pressures and how to respond in a resilient way. It also outlines relevant Thrive Worldwide services. It assumes that an epidemic or pandemic of a new pathogen is emerging, that there is some warning and that quarantine is being used as a partial response.

After the Epidemic is identified and before it arrives locally (PREPARE)

You may feel ...

- **Fear** Because the virus pathogen itself is not a threat that can be “seen”, it can stir up anxieties linked to the unknown and of contagion. There may also be fear of spreading the pathogen to family or friends.
- **Shame/guilt.** Some people will feel ashamed of feeling afraid. Paradoxically, this can particularly affect those who have a lot of field or clinical experience who tell themselves that they somehow shouldn’t be feeling this way.
- **Excitement.** The prospect of working in such a demanding environment can also fuel feelings of excitement, even euphoria. Remember, stress hormones can create a kind of “high”.

All of these feelings are common and are normal responses to an unusually intense environment.

¹ Yu-Tao Xiang et al, Timely Mental Health Care for the 2019 novel corona virus outbreak is urgently needed, Lancet, February 2020. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30046-8/fulltext#.XjsWORPSc4.linkedin](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30046-8/fulltext#.XjsWORPSc4.linkedin)

Resilience strategies include ...

- **Peer support.** Creating a safe space (e.g. reflective practice groups, daily Huggles) within which colleagues can openly express hopes, fears and anxieties without fear of reprisal is known to promote a sense of psychological safety in teams. This in turn bolsters engagement, learning and effectiveness.
- **Robust briefing.** Receiving solid and reliable information on what to expect can help inoculate workers against the stress of the unknown.
- **Information for families.** Whilst family members may not want to know every detail of the work, keeping them informed of where you will be and for how long will considerably reduce the stress on all of you. Many people find that media coverage of outbreaks in the early stages has only served to ramp up levels of anxiety. It becomes even more important to give loved ones clear information about the disease, the safety measures that you will be using and the level of risk to you and them. It is also important to talk through the procedures that are in place for your return. Explaining the different risk categories and associated guidelines will give you and your family the opportunity to prepare and plan together. Information for children needs to be given in age-appropriate language. Tell them the basic facts of the situation using simple terms and clear explanations without unnecessary detail.
- **Contingency plans.** While we all hope for the best, it's also important to plan for the worst. Make sure you leave clear instructions and identify trusted people to help your family in the event of a worst-case scenario (such as becoming infected).
- **Creating a learning environment.** The situation and responses are new for everyone – create and participate in learning opportunities from new information and updates and create blame free reviews of mistakes to promote learning or changes in practice. This boosts staff morale and a sense of control.
- **Prepare a personal grab bag and keep it available to you.** In the bag keep some cash, credit cards, ID such as a driver's licence, photos, some changes of clothing especially underwear, sanitary products, any medicine you may need, spare spectacles, some snack bars and phone / tablet and chargers. Pack as if you are going away for a weekend but it needs to fit in a small rucksack. If you are unable to return home for any reason this will help you settle quicker in temporary quarters.
- **Ensure** you have attended to any underlying health conditions that could worsen if infected and that your vaccinations (including flu) are up to date. You want to be as healthy as possible if the outbreak arrives locally to reduce the likelihood of being ill with something else at the time of the outbreak, to maximise the chances of a good outcome should you become infected and to be fit enough to care for others.

Unhelpful coping strategies include ...

- **Bottling it up.** Although there is nothing wrong with processing fear in your own way, the evidence shows that bottling up anxieties over a prolonged period can have a very negative effect on levels of functioning.

- **Omnipotence.** Some people will begin to act as if they are invulnerable. We know that no one is, so adopting this stance can potentially leave them without the tools to cope if something bad should happen.
- **Shutting off.** It is common for some of us to detach from our feelings completely. This can be done either by simply denying our emotions or by losing ourselves in the busy-ness of preparation.

You might be at risk if ...

- You have a history of mental health difficulties (e.g. self-harm, eating disorders, addiction, depression) that has not been sufficiently addressed. Unresolved problems can be reactivated by significant added stressors.
- You have experienced previous trauma that has not been fully dealt with. This may link back to a single critical incident or an accumulation of stressful experiences. If there are previous events that you find you cannot talk about or re-experience in the form of dreams or flashbacks, you must attend to this.
- You have experienced a recent bereavement or loss. Even if you are normally very resilient, a shock in your recent past will quite naturally erode your current capacity to cope.
- You or a close family member has recently been very ill. Again, you will not be functioning at your fullest if this is the case.
- If This is your first assignment as Humanitarian Aid worker away from home or if you have had more than five assignments away from home. Both a lack of experience and “too much” can represent a risk to your wellbeing.
- You don't have a clear job description and Terms of Reference. A lack of clarity in this area is known to significantly increase job stress.
- You don't have a safe home to return to. This can make you vulnerable while you are travelling.

If any of these risks apply to you, it is advisable that your psychological fitness is assessed before departure to identify coping strategies. (see Thrive Worldwide services below).

Thrive Worldwide Services available in the preparation phase

- **Resilience Profile** – This is an online questionnaire that asks you about different areas of personal resilience and helps you reflect on both your strengths and limitations. Your answers are reviewed by a Thrive Worldwide therapist who provides written feedback and recommendations for you and your organisation.
- **Pre-assignment Psychological Assessment** – This is an extended 90 minute face-to-face consultation designed to explore your psychological health in detail. It is offered to people whose Resilience Profiles have indicated resilience risks that require further exploration. A report will be

provided to your organisation to highlight any identified support needs and recommendations.

- **Stress and Personal Resilience Training** – This is a training lasting up to one day, aimed at helping participants identify and manage their own stress responses and bolster their levels of resilience.

During the epidemic (SUSTAIN)

You may feel ...

- **Fear.** Once the epidemic takes hold locally fear of the disease can be replaced by fear of the patients themselves.
- **Shame/guilt.** HCWs may feel guilty that they fear the people that they are meant to help. They can also feel shame that they don't feel stronger.
- **Anger.** People who feel threatened may feel angry, either with themselves for feeling vulnerable or with the patients for putting them in harm's way. Others may experience more of a spiritual crisis and feel angry with God.
- **Helplessness.** It is easy and quite understandable to feel overwhelmed by the scale of the crisis, particularly if working in a resource-poor environment. Left unchecked, feelings of helplessness can lead to despair.
- **Numbness.** If you find yourself feeling not very much of anything, it's likely that you're trying to cut yourself off from your emotions. While this is useful and even necessary for short periods of time, it can lead to burnout and other psychological illnesses if it goes on for too long.

Resilience strategies include ...

- **Acknowledging** any of the feelings above that emerge; naming them and then talking with a trusted colleague. These feelings are common and it can be reassuring to hear how others are feeling and how they are dealing with those feelings. HCWs mostly fall back on their training and overall competence at this stage which is helpful. If the feelings are interfering with your ability to function then, again, it is helpful to speak about it and identify ways of coping.
- **Peer support.** Talking through the challenges of each day with trusted colleagues in a safe setting is very effective in processing stress. Managers do not need to be present at peer support discussions, but it is important that key requests and support needs are communicated clearly to senior levels.
- **Regular contact with family members and close friends.** Research into resilience is unanimous on the value of contact with loved ones as a protective factor. Technology such as Skype, WhatsApp, Facetime has made this kind of contact much easier to maintain, particularly if either you or they are quarantined or separated for any reason. For younger children contact around routine activities such as bed time stories, homework, arriving home from school helps them significantly.
- **Robust self-care.** Ensuring adequate sleep, nutrition and exercise is essential. This is not always easy in the midst of a crisis response so it

becomes important to be creative (e.g. bring exercise DVDs, build your own “Quarantine gym”, create a running track around the isolation units). Take regular breaks. To adapt advice that’s often given to surgeons: “Eat when you can, sleep when you can.”

- **Challenging any unhelpful thinking.** Watch for catastrophizing, over-generalizations, jumping to conclusions, excessive rumination (endlessly churning negative thoughts in your mind about past or future events), perfectionism. Identify what you can and can’t control. As it says in the Serenity Prayer, “Grant me the serenity to accept the things I cannot change, the courage to change the things that I can, and the wisdom to know the difference.”
- **Creating meaningful rituals and routines.** Simple routines can help lend structure to chaotic and frightening environments. If quarantined then decorating your living space with pictures from home and of family or other loved ones can also bolster a sense of a secure base when you get back after your shift.
- **Relaxation exercises.** There is a wealth of information available on the internet providing tips on relaxation exercises that can help you unwind when the going gets tough. There are also many resources available on Mindfulness (including books, DVDs and CDs). A good place to start is this NHS page - <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mindfulness.aspx>.
- **If Quarantined or working in an isolation unit:** There is a heightened risk of boredom and frustration, loneliness or anger amongst patients and an increase in any pre-existing mental health issues. Staff are at heightened risk of trauma responses arising from being confined together with depression arising from potential sense of helplessness and anxiety regarding infection. Remote access to psychological support and screening is advised.

Unhelpful coping strategies include ...

- **Dehumanizing patients/becoming overly attached.** It is well documented that people in helping professions can at times treat the recipients of that help as less than human (i.e. a collection of symptoms rather than a whole person) in a bid to protect themselves from overwhelming feelings. Conversely, they can also become overly involved emotionally with particular patients in the hope of rescuing them. This loss of professional boundaries can become very draining and sets up a substantial vulnerability to burnout.
- **Rigidity with procedures and task performance.** It is also tempting to become overly focussed on maintaining routine and structure amidst the chaos. This may offer some sense of safety, but it can also compromise the flexibility and adaptability needed to do good work.
- **Overwork.** Sometimes known as “presenteeism”, overwork may look industrious or be a coping strategy but it becomes increasingly ineffective or risky the more tired and worn out you become.

- **Compulsive behaviours/risk-taking.** It is understandable that HCWs need some release from the pressure of their work. While it can be tempting to seek solace in alcohol and sexual involvement with colleagues or local people, these strategies often end up causing more problems than they address. They also tend to deplete your energy levels rather than replenish them, which increases the likelihood that you will take risks or make mistakes.
- **Gossip and cliques.** In high-pressure contexts, work teams can easily fragment into smaller factions in a bid to manufacture a sense of stability. If you have a problem with another team member, try and deal with it as quickly and as openly as possible without criticising them behind their back. Dealing creatively with conflict will bolster the resilience of both you and your team.

Signs and symptoms to watch out for ...

- **Physical** – Pounding heart, elevated blood pressure, sweaty palms, tight chest, sore neck, jaw and back muscles, nausea, insomnia, substance misuse, promiscuity
- **Mental** – Forgetfulness, disorganised thoughts, negative self-talk, loss of perspective
- **Emotional** – Isolation, mood swings, anxiety, hyper-alertness, panic attacks
- **Spiritual** – Loss of faith/sense of meaning, compulsive spirituality, magical thinking

Again, it is not unusual to experience a range of these symptoms. What is important is that you recognize changes in your behaviour, thoughts and feelings and respond proactively. It is also possible that stress symptoms might be confused with early signs of infection, which makes minimizing stress all the more important.

If you are exposed ...

One of the most common human reactions to overwhelming fear is to try and shut it down and avoid it. If you are exposed at any time, it is quite possible that you may try to deny that it has happened, both to yourself and to others and try to ignore or minimise early symptoms.

While this is a perfectly natural response, it is clearly vital in this context that you seek help immediately. One way of getting to grips with the fear is to pause, take some long, deep breaths to calm yourself, then let someone know what's happening. If you are placed in quarantine, you will again be in an unfamiliar environment, but there will be people there to look after you. Do talk to those around you and accept the help and support that's offered.

Thrive Worldwide Services during your assignment

- **Psychological First Aid** – This is a 1-hour appointment via Skype or telephone aimed at helping individuals identify what they need following a traumatic event or a period of cumulative trauma and to decide what to do

next. This guidance and support is also suitable for those with responsibility for the welfare of affected staff.

- **Family Liaison Support** - For Family Liaison specialists within an organisation who require psychological support & professional guidance during and or after liaising with a family (60 minutes).

POST-assignment (AFTERCARE)

You may feel ...

- **Euphoria.** For a period following the subsidence of the epidemic, you may still feel as if you're running on adrenalin. Added to this, you might also feel a heady mix of joy and relief that you came through a demanding experience unscathed and uninfected.
- **Fatigue.** This period can be followed after a few days by a radical loss of energy as you gradually slow down and begin to feel the fatigue that has built up over the course of the response.
- **Dislocation.** It is not unusual to then start feeling isolated as you begin to miss the intensity of the work and the sense of camaraderie with your colleagues. This can give way to feelings of loss.
- **Isolation.** You may sense that some people feel uncomfortable around you if they know that you have recently been in an affected zone. It's been said that the most effective way to fight fear is with facts. You can do a lot to allay people's concerns by supplying them with reliable information about the epidemic and the many safeguard and screening processes that are in place.
- **Hyper-Vigilant.** You may be on the lookout for any unusual symptoms in yourself. Again, this is natural, but could lead to chronic physical and emotional tension if left unmanaged.

Resilience strategies include ...

- **Re-establish simple routines.** This is very effective in helping you ground yourself and readjust to life back in your home country.
- **Reconnect with loved ones.** There is nothing wrong with taking some time for yourself to assess and process what you have been through, but you will find that your transition back to home life will be much smoother if you make time to meet up with the people you care about.
- **Talk to people who understand.** It may not feel appropriate to discuss some of your experiences with people who might be upset by what they hear or not be able to understand what it was like. Ensure you have contact with at least one friend or colleague who you can be completely honest with.
- **Look after yourself.** Getting some gentle exercise (including plenty of stretching), drinking water regularly, eating well and getting lots of sleep will help you release tension and ground yourself.
- **Avoid big decisions.** If you have had an intense experience, you may be re-evaluating your life and feeling that you need to make changes. This can be a

healthy process, but don't do anything hasty before you've had a chance to settle yourself.

Unhelpful coping strategies include ...

- **One of the riskiest approaches to dealing with post-crisis stress is simply to sign up for another crisis.** If you're feeling overwhelmed by the aftermath of your experiences it can be very tempting to believe that returning to another crisis will make it all better. This may work once or twice, but our clinical experience at Thrive Worldwide tells us that this is not a long-term solution. Sooner or later you will need to readjust to the demands of ordinary life. Once you have done that, there is nothing to stop you from helping with another crisis however avoiding those initial feelings of discomfort can store up significant problems further down the line.

A word on trauma

Given the disturbing nature of work during an epidemic you may experience some of the following post-trauma symptoms after your return.

- Intrusive thoughts, nightmares and flashbacks
- Feeling cut off/numb/diminished interest in activities
- Easily startled/jumpy/irritable/aggressive
- Guilty or blaming

This is common and not a sign of weakness, particularly if you have witnessed harrowing scenes. It is known as Acute Stress Reaction and mostly settles over a 4-week period following the end of a crisis or after a trauma. If, however, you are still experiencing any of these more than a month later it is important that you seek advice (see services below).

Thrive Worldwide Services following your assignment

- **Confidential Debriefing / Review – end of assignment.** This is a confidential opportunity for individuals to reflect on the impact of an assignment on personal, and work-related issues, psychological health and general wellbeing. (60 minutes)
- **On-going counselling** – If you continue to struggle with adjusting to life back at home, it's possible that your deployment may have stirred up something in your past that has yet to be fully processed. Talking this through in a secure, confidential setting over a series of sessions (4 - 8 is usual) can be very helpful in getting back on track

Authors

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Thrive's Counselling Services

If you're experiencing stress, burnout, depression or other emotional issues, and you'd like to speak with one of our qualified counsellors, then get in touch. You can email info@thrive-worldwide.org to book an online or face-to-face appointment with one of our counsellors. We offer appointments in Arabic, English, French, Kiswahili and Spanish.

