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**The world is grappling with the biggest pandemic of a lifetime and struggling to get a grip. In the UK, this has landed on top of an overstretched NHS enduring a crisis in the mental health of its employees.**

**In this edition of MAGNIFI**, we discuss the new roles healthcare professionals (HCPs) are expected to fill, along with the repercussions this is likely to have on their mental health further down the line.

From an awareness perspective, we hope that this will cast a little light on to the struggles experienced by some of our biggest stakeholders and most importantly, what pharma can do to help.

## Healthcare practitioner: an ever-expanding role

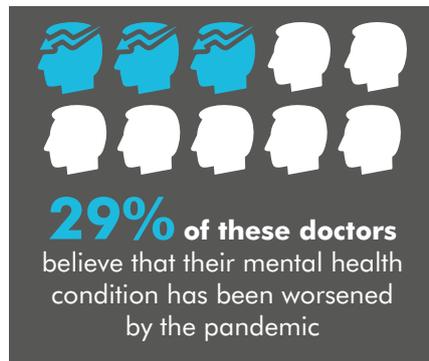
The one recurring theme that becomes apparent from hearing HCPs, patients and other hospital workers recount their experiences throughout the pandemic so far, is the magnitude of what is currently being asked of our healthcare workers.

Although accustomed to making life and death decisions, in the span of just a few months, the responsibilities have piled on.

A recent survey reported in the BMJ,<sup>1</sup> revealed that 41% of participating doctors were dealing with a mental health condition relating to or worsened by their work. Of all respondents to answer the survey, 29% believe that the pandemic had worsened their condition.



By going outside our front doors every Thursday to clap for the NHS, we were acknowledging their role as our protectors in this crisis and demonstrating our gratitude. But is this too much of a burden to task anyone with?



**DECISION MAKER**

Although a key element of a medic's training is focused on making tough, emotional decisions – this has been amplified. With a greater volume of patients requiring hospitalisation, decisions must be made confidently and quickly, one after another, after another.

The workforce now includes recently retired HCPs returning to the wards and final year students beginning their careers early, meaning that not everyone will be as accustomed to this level of daily responsibility.

On top of this, the urgency of these decisions has increased, the family is rarely at hand to consult, and the choices will change lives forever.

With the relentless workload seen at what was thought to be the initial peak,<sup>2</sup> **HCPs just don't have the time to process these actions.**

The outcome of these decisions is often bleak. With ventilator shortages seen across the world, decisions must be made based on capacity, not necessity.<sup>3</sup> Doctors describe the helplessness of watching people die in circumstances that, had they occurred months ago, would have been survivable, all due to a lack of equipment.



**END-OF-LIFE COMPANION**

Under normal circumstances, HCPs will experience death. That is an unavoidable fact of the profession. However, they have a defined role as a care provider, and a mental rulebook as to how to act in these situations. One of the most difficult aspects of this pandemic is the risk of infection, meaning that in many cases, the family can't be present when a patient is dying.

**The responsibility then falls to the HCPs to be the last human contact for these patients in their final moments.** The enormity of hearing someone's last words will likely be a moment that stays with a person for life, carrying great emotional weight.

During the peak of the pandemic here in the UK, many doctors and nurses experienced these moments several times per day.<sup>4</sup>

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## PATIENT

**'Doctors make the worst patients' – a well-known phrase often used to describe the reluctance of healthcare workers to acknowledge symptoms in themselves.**

However, the symptoms have now become impossible to ignore. With front-line workers at the highest risk of catching the virus, it has spread rapidly through hospital staff.<sup>4,5</sup>

Alongside the reduction in the task force from those that become ill, there is also the risk of asymptomatic carriers spreading the virus both in and out of the hospital. Because of this, some doctors are choosing to self-isolate from their families indefinitely. Others are experiencing judgement from members of the public who see them as carriers of disease.<sup>4</sup>

So far, two of the biggest challenges for hospitals in the UK have been a lack of testing capacity along with a shortage of critical PPE.

From a public health perspective, this increases the risk of infection and makes the task of designating COVID and non-COVID wards more difficult.

According to the government guidelines, anyone experiencing symptoms or living with someone who is must self-isolate at home for a set period.

However, not all of these people will actually have the virus. Without being tested, these HCPs will have to stay at home unnecessarily, when they could be an extra pair of hands on the wards. This became a big issue at the peak of the pandemic, when hospital admissions were at their highest and testing capacity was limited.



**On an individual level – HCPs are scared. Scared of catching the virus, of passing it on to their families, of dying from it.<sup>4</sup>**

Watching the death toll of healthcare workers rise, seeing healthy people their age admitted to the ICU and overall getting a snapshot of the worst cases of coronavirus, it's no wonder they are concerned. But they must keep going because it is their job and they are needed. And again, these emotions don't have time to be processed.



## HEALTHCARE HERO

We've heard this phrase a lot throughout the pandemic, an expression of admiration for people on the front line. A way of saying thank you because we could never do their job.

While meant as a sign of respect, this term can also have an effect of 'othering' healthcare workers. Of saying that they can handle this terrifying role because they are special, stronger than us, more resilient. While I'm sure many HCPs take comfort in this phrase, there is a risk that by putting this 'superhuman' ideal to them, we are ignoring their very human responses.

It's a very sobering thought that before this pandemic began, UK doctors were reported to be experiencing a mental health crisis.<sup>6</sup>

**A survey<sup>6</sup> of over 4,000 UK doctors found that 80% of respondents were at high risk of experiencing burnout, while 27% had been diagnosed with a mental health condition at some point.**

In 2017, the conversation about mental health in the medical profession was brought to the forefront when statistics were released discussing the concerning suicide rates amongst doctors.

So far this year, Dr Lorna M. Breen, a doctor in New York, one of the hardest hit cities globally, has already been victim to suicide, making global headlines.<sup>7</sup> Here in the UK, concerns over **'an increase in suicide, self-harm and suicidal ideation'** have also been raised.<sup>8</sup>

While our NHS staff are renowned for optimism, resilience, and gallows humour in bad times, they are doing an already difficult job in the biggest crisis the UK has experienced since the second world war. When the worst of this pandemic is over, HCPs are going to experience the repercussions, and many of them will need help.

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## The psychological impact of a pandemic

### What have we seen so far?

HCPs have described the variety of ways that working through a pandemic has been impacting them in the short term.

Physical symptoms include:



a **lack of sleep**,<sup>4</sup>



higher levels of **anxiety**,<sup>4,9</sup>



increasing levels of **discomfort** and **exhaustion** from having to work in bulky PPE.<sup>4</sup>

Mentally, thoughts turn to worry for the health of themselves and their loved ones<sup>4</sup> and guilt over both their decisions and their potential roles as carriers of the virus.<sup>4</sup>

In some cases, the public have even been turning against HCPs, making accusations of doctors being paid to falsify death certificates or even leaving patients of ethnic minorities to die.<sup>10</sup>

Although the number of people who believe these conspiracies are small, this is just another thing for HCPs to worry about.

### But what impact will these changes ultimately have in the long term?

Earlier this year, a correspondence in *The Lancet*<sup>9</sup> discussed some of the mental health issues that were observed in doctors dealing with the initial outbreak in Wuhan. The correspondence ultimately raised concerns over both the doctor's long-term mental health and their overall ability to control the outbreak.

### The psychology of trauma

There are some comparisons we can draw on in order to predict potential challenges that may arise for HCPs further down the line.

### The lasting effects of SARS and Ebola

One of the more obvious comparisons to make is to the HCPs impacted by previous outbreaks. After the 2003 SARS epidemic in China, research into the psychological wellbeing of hospital workers found around 10% of respondents to have experienced symptoms of post-traumatic stress.<sup>11</sup>

The more recent Ebola outbreak in 2014 shared similarities to COVID-19 with PPE shortages and high infection rates amongst HCPs being a key concern.<sup>12</sup>

**During this Ebola outbreak, approximately 50% of infected healthcare workers are thought to have died from the disease and many who survived experience PTSD to this day.<sup>12</sup>**

### War veterans and an injury of morality

Another mental health repercussion predicted to be on the cards are 'moral injuries'.<sup>13</sup> Put simply, these are a form of psychological distress that occurs when someone is put in a position to act in a way that violates their own moral and ethical code.<sup>13</sup>

While not in itself a mental illness, it is thought that moral injury may contribute to conditions such as PTSD and depression.<sup>14</sup>

Moral injuries are often associated with soldiers returning from war.<sup>15,16</sup> However, this is not the first time that moral injury has been linked to practising physicians.

Questions have been raised as to whether lack of funding, or increased pressure to see more patients has led to doctors being unable to provide what they believe to be the best form of care for their patients.<sup>17</sup> What was previously referred to as 'burnout' is being reframed as a moral injury.<sup>17</sup>

In the context of this pandemic, it's easy to see where moral injuries may arise. From the doctor choosing which of their patients receives a ventilator, to the nurses working in hospitals struggling for capacity, it's likely that the actions of HCPs will stay with them long after the worst of the pandemic.



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## Is COVID-19 unpredictable?

While comparisons can be drawn to the war veterans, first responders to terrorist attacks or even HCPs working through previous outbreaks, it is likely that the impact of COVID-19 will be something unique.

This is a prolonged state of trauma experienced not only across regions, but across the globe, and is the biggest pandemic within living memory.

## What can we do?

According to psychologists, the immediate aftermath of this crisis will be the deciding factor in how well staff cope.<sup>18</sup> To fully address this issue will require the efforts of governments, employers, and wellbeing organisations across the globe.

On a large scale, programmes and resources must be in place for HCPs to access. With mental healthcare in the UK already experiencing capacity issues<sup>19</sup> and the lockdown predicted to lead to a surge in demand,<sup>20</sup> this may not be counselling in the traditional sense.

## Dealing with the Psychological Impact of a Major Incident

In the past few years, the UK has experienced a move toward online mental health and trauma recovery courses, often recommended by GPs. However, what has the potential to be particularly useful in this situation is the use of structured online therapy courses.

One such project that IGNIFI has had a helping hand in, is 'Dealing with the Psychological Impact of a Major Incident', an online course looking at the psychological impact of major incidents affecting communities and groups of people like HCPs and early responders.

Available through the NHS Recovery College Online, this tool and its

readily accessible format could prove extremely supportive going forward.

In the future, being able to create a course tailored to the common experiences of the HCPs treating COVID-19 would create the potential for deploying specialised help immediately, to a very large group of individuals where one-on-one therapy just wouldn't be feasible.

## The key to preventing a greater mental health crisis in the coming months will be getting out in front of it.

While providing resources is essential, another key element of providing better mental healthcare is reducing the stigma for the HCPs that are accessing these resources.

An often cited reason by doctors for not coming forward with their mental health issues is the fear of judgement and even an impact on future career prospects.<sup>21,22</sup> **So what use are these new resources if HCPs don't feel safe enough to access them?**

From employers, policies must be in place to protect HCPs that speak up about their mental health. Be it confidentiality assurances, career security or just a general culture that encourages open conversation around mental health, they can have a big impact on encouraging workers to get the help that they need.<sup>23</sup>

## Alongside making more resources available, the time has come to tackle the stigma of mental health in healthcare.

Finally, for those working in healthcare marketing, whether it's directly through pharmaceutical sales, or indirectly through creating or regulating promotional materials, it will be important in the coming months and years, when life slowly returns to 'normal', to remember just what extremes our HCP partners have been through. While our own lives may have been disturbed, theirs will have been indelibly changed.



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