

Here4HealthCare: A Response to the Emerging Mental Health Crisis of the Frontline Healthcare Workforce

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ABSTRACT

Instead of simply observing a looming mental health crisis for the front line healthcare workforce in the wake of Covid-19, a community mental health agency in Ontario created a coordinated response by tailoring their services to front line healthcare workers, first responders, and their families to stay ahead of the curve.

Keywords: Canadian Mental Health Association, Covid-19, mental health, healthcare workers, community mental health

RÉSUMÉ

Plutôt que de constater simplement une crise imminente de santé mentale pour les travailleurs en santé de première ligne dans le contexte de la COVID-19, une agence communautaire de santé mentale d'Ontario a créé une réponse coordonnée en adaptant ses services aux employés de première ligne, aux premiers intervenants et à leur famille afin d'assurer une marge d'anticipation.

Mots clés : Association canadienne pour la santé mentale, COVID-19, santé mentale, professionnels de la santé, santé mentale communautaire

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BACKGROUND

Prior to Covid-19, it was estimated that one in five Canadians would experience a mental health problem or illness in any given year (Mental Health Commission of Canada, 2013). Research on mental health during disasters, such as the Covid-19 pandemic, suggested that emotional distress is widespread in the entire population (Pfefferbaum & North, 2020). Emotional distress is even more heightened for front line healthcare workers, who were already at increased risk of burnout, compassion fatigue, and emotional trauma prior to the onset of the pandemic. During the pandemic, they also face additional distresses such as personal protective equipment shortage, extended work hours, and personal obligations (Pfefferbaum & North, 2020).

Similar trends were also observed at the Canadian Mental Health Association Waterloo Wellington (CMHA WW), an agency that provides mental health and addictions services to residents of all ages in the region of Waterloo and Wellington county in Ontario. In addition to being a service provider, our agency also acts as the centralized intake for all 12 agencies providing mental health and addictions services in the Waterloo-Wellington region, which allowed us to detect several emerging trends in mental health needs for front line healthcare workers and first responders very early in the pandemic. First, emotional and physical exhaustion were unavoidable for many. Second, work and life were harder than ever to balance with the risk of transmitting the virus to families and loved ones always present, forcing many to live somewhere else temporarily. Third, there was the potential that many would seek temporary relief from tobacco, alcohol, and similar substances.

Initial observations early in the pandemic also suggested that front line healthcare workers and first responders are distinct from the typical clients that seek mental health services from our agency. They are high functioning individuals, without existing severe mental health issues, and able to maintain employment. Many had the skills to cope with stresses and are experienced in providing care, therefore a new tailored set of services were needed.

HERE4HEALTHCARE

Recognizing the unique circumstances and vulnerability of the front line healthcare workforce, a new program called Here4HealthCare was launched in April, 2020 by CMHA WW. Our goal is to protect mental health of front line healthcare workers and keep them mentally resilient during the pandemic. All clinical professionals living or working in our catchment area, who are keeping the healthcare system running, are eligible for services at no charge. Physicians, nurses, custodial staff, catering staff, personal support workers in long-term care facilities, pharmacists, paramedics, police officers, and firefighters are examples. Additionally, families and loved ones of front line healthcare workers and first responders are also eligible.

Here4HealthCare reflects our innovative thinking in delivering mental health services differently to provide easy access, quick, and tailored mental health services to front line healthcare workers, first responders, and their families. Knowing that the task requires resources beyond our capacity, we put out a call for mental health clinician volunteers to augment our existing staff pool. We received overwhelming responses across the regions, such as from private psychiatrists, mental health clinicians from local universities and school districts that have closed their campuses, and funding from the Kitchener Waterloo Community Foundation and United Way Waterloo Region Communities through the Covid-19 Community Response

Fund. The support from our community partners allow our organization to extend our capacity rapidly to meet the needs of front line healthcare workers and first responders, while still able to maintain the same standard of service for everyone else that we serve.

Here4HealthCare is made up of two components: (1) a website of curated mental health resources specific for front line healthcare workers and first responders, and (2) dedicated service pathways for healthcare workers and first responders. The online resources were curated guides and educational materials on skills and coping mechanisms that are specific to the target audience. The dedicated care pathways provide three options to initiate services, all of which deliver through virtual means in accordance with the government's stay-at-home order and physical distancing guidelines.

First, immediate virtual care can be initiated using the website for two existing services, BounceBack® and Big White Wall. BounceBack® is an existing free skill-building program managed by the Canadian Mental Health Association to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry over the phone with a coach and/or online videos. Big White Wall is an online resource where Ontarians 16+ can express their feelings anonymously in a safe environment, have the ability to connect with peers who share similar feelings, and access self-guided assessments or courses.

Second, front line healthcare workers and first responders can self-refer using a web form to connect with a trained mental health professional within 24 hours. A clinical assessment will be conducted to create a care plan, if necessary. Whenever possible, we try to match healthcare professionals with a peer to reinforce that they are not alone in their struggle, such as a physician to a psychiatrist, a registered nurse to a mental health nurse, or a paramedic to a mental health crisis worker. Our agency will follow up within 6 to 12 weeks to conduct another assessment and initiate additional services, if required. For families and loved ones of front line healthcare workers and first responders, mental health support services for parents and children can be initiated simultaneously with the front line healthcare workers and first responders; these services were traditionally provided separately to each person. Similarly, an initial and follow-up assessment will be conducted.

Third, for immediate crisis, front line healthcare workers and first responders can reach our existing crisis phone line, which is the same as the existing centralized intake system that operates 24/7. In times of crisis, trained staff will assess the caller, provide gentle directions on how to keep the caller and others safe, provide a follow-up call within a few hours, offer to meet in person, or call emergency services and dispatch a CMHA WW's trained mental health clinician along with first responders, if necessary.

Within the first week of launching, we observed more than 3,000 hits to the website. In the first month, there were 46 front line healthcare workers served, and a few cases included their family members. Qualitative feedback from our staff indicated that service recipients have common problems with sleeping, decreased level of energy during and after work, lack of appetite, and a higher level of anxiety. Some reported increased consumption of alcohol and substances.

Despite a promotional campaign via healthcare employers and the media, early observations indicated some unforeseen barriers in seeking services, such as stigma of being seen by peers with whom a person may work closely within the healthcare system, and limited free time available outside of work and family

obligations. Recipients reported that they found out about Here4HealthCare mainly from their employers, which suggested that promoting to healthcare employers can be an effective channel.

At CMHA WW, we recognize that there will be a lot to be learned with respect to the delivery of mental health services in a post-pandemic world. Within the region, we are working with research partners at the University of Waterloo and interRAI to develop screening instruments that are reliable and sensitive to the needs of this unique targeted population, as well as maximizing interoperability with existing mental health assessment instruments currently used in other care settings in Ontario (Hirdes et al., 2020). Beyond our region, we are working with the provincial partners to create service plans for the next few months of the pandemic by reviewing emerging trends of mental health needs. We also intend to synthesize insights from our data and observations to help healthcare employers to better understand their workforce's mental health, and educators to better train the next generation of the healthcare workforce.

Covid-19 likely will not be the last pandemic experienced by Canadians in their lifetime. Here4HealthCare shows what a single community mental health agency with limited resources like ours can do when it brings together community partners to extend capacity to care for one another. Our case study should serve as a call to action for the governments at all levels to play a larger role in uniting capacity of our mental healthcare system and crafting a coordinated response to the emerging mental health crisis.

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