



Clinician wellbeing

The state of mental health before and after COVID-19

July 20, 2020



Vision

Ohio is a model of health, wellbeing and economic vitality.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy that improves health value.



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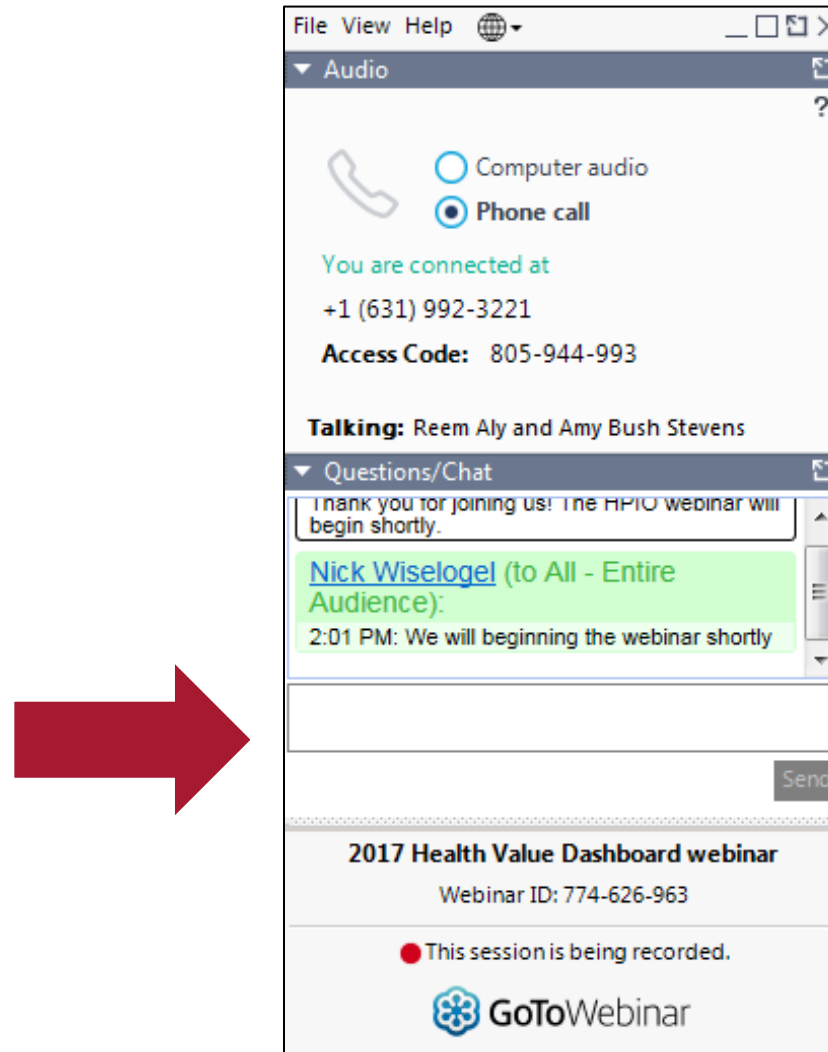


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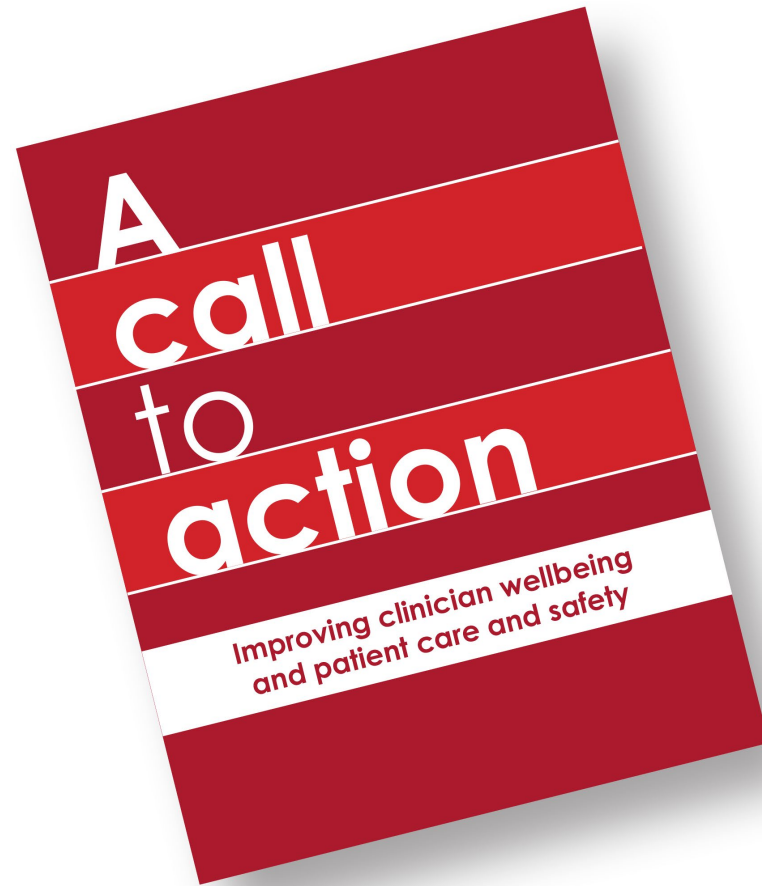


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Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'. The 'Audio' section includes a telephone icon, radio buttons for 'Computer audio' and 'Phone call' (which is selected), and connection details: 'You are connected at +1 (631) 992-3221' and 'Access Code: 805-944-993'. Below this, it says 'Talking: Reem Aly and Amy Bush Stevens'. The 'Questions/Chat' section shows a message: 'Thank you for joining us! The HPIO webinar will begin shortly.' followed by a message from 'Nick Wiseloge (to All - Entire Audience):' at '2:01 PM: We will beginning the webinar shortly'. Below the chat messages is an empty text input field with a 'Send' button to its right. A large red arrow points from the left towards this input field. At the bottom of the interface, it displays '2017 Health Value Dashboard webinar', 'Webinar ID: 774-626-963', and a recording indicator: 'This session is being recorded.' with the GoToWebinar logo.



A call to action: Improving clinician wellbeing and patient care and safety



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on the event page at

<http://bit.ly/HPIOevents>



Reem Aly
Vice President, HPIO

The state of clinician wellbeing

prior to the COVID-19 pandemic

A

call

to

action

**Improving clinician wellbeing
and patient care and safety**

3

key takeaways for state policymakers and healthcare leaders

1. There is a bidirectional relationship between clinician wellbeing and patient care and safety.
2. Clinicians face serious problems related to their overall health and wellbeing.
3. Improving outcomes for clinicians and health professional students requires a comprehensive approach that provides a continuum of prevention, treatment and recovery supports.

Key finding

1

There is a bidirectional relationship between clinician wellbeing and patient care and safety.

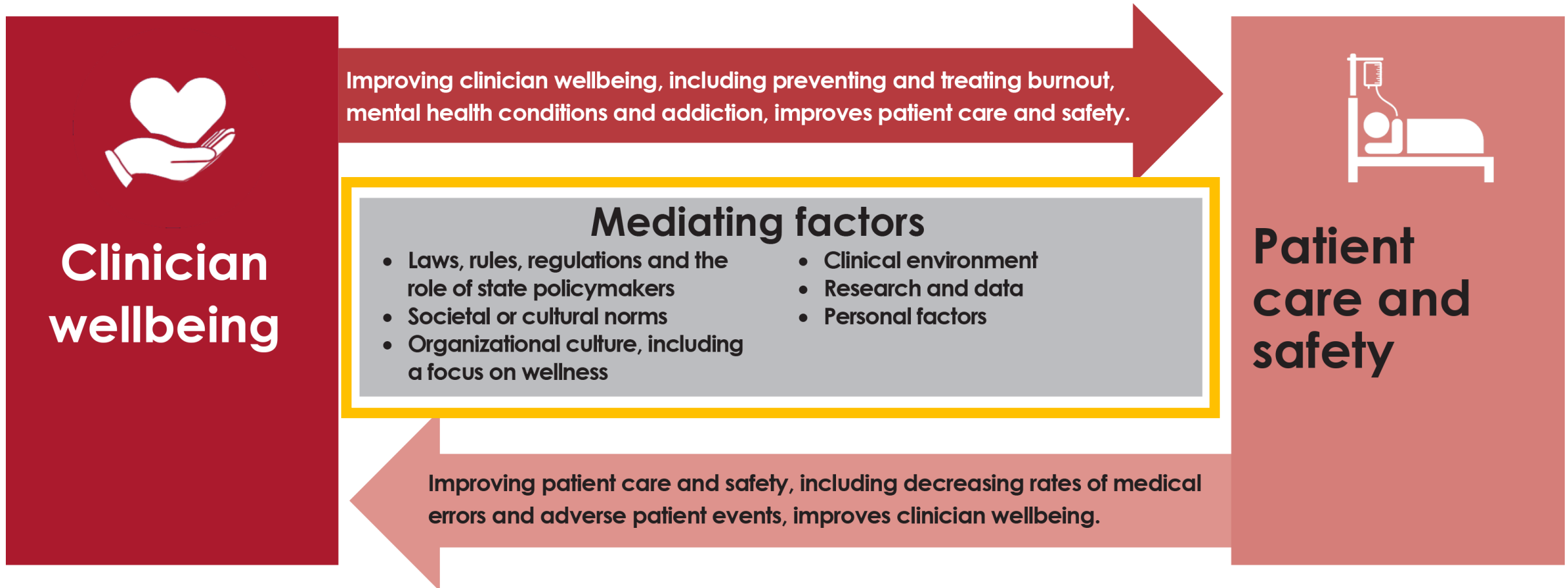
The relationship between clinician wellbeing and patient care and safety



Note: Framework informed by literature review conducted by the Health Policy Institute of Ohio and the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience's *Factors Affecting Clinician Well-Being and Resilience – Conceptual Model* (2018).

Source: The Ohio State University College of Nursing Fuld Institute and Health Policy Institute of Ohio, "A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety"

The relationship between clinician wellbeing and patient care and safety



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Source: The Ohio State University College of Nursing Fuld Institute and Health Policy Institute of Ohio, "A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety"

Key finding

2

Clinicians face serious problems related to their overall health and wellbeing.

Burnout

**Mental
health
conditions**

Addiction

Suicide

Consequences of burnout for clinicians

Physical consequences

- Exhaustion
- Fatigue
- Inattentiveness
- Irritability
- Risk of motor vehicle accidents

Psychological consequences

- Stress
- Substance abuse
- Disruptive behavior
- Mood disorders
- Depression
- Suicidal ideation

Source: The Ohio State University College of Nursing Fuld Institute and Health Policy Institute of Ohio, "A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety"

Data source: Adapted from Patel, Rikinkumar S., et al. "Factors related to physician burnout and its consequences: A review." Behavioral Sciences 8, no. 11 (2018): 98.

Burnout

**Mental
health
conditions**

Addiction

Suicide

Burnout

**Mental
health
conditions**

Addiction

Suicide

Top reasons for disciplinary action, State Medical Board of Ohio

state fiscal year (SFY) 2015-2019

Top reasons for disciplinary action	SFY 2019 (n=135)	SFY 2018 (n=114)	SFY 2017 (n=165)	SFY 2016 (n=200)	SFY 2015 (n=156)
Impairment (e.g., due to drugs, alcohol, or other substances)	27%	32%	28%	25%	35%
Prescribing issues	25%	27%	19%	20%	19%
Criminal acts/convictions	17%	8%	14%	13%	12%
Actions by other boards or agencies	12%	10%	10%	8%	11%

Note: Impairment for the State Medical Board of Ohio is defined in the Ohio Revised Code as "...impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."

Source: The Ohio State University College of Nursing Fuld Institute and Health Policy Institute of Ohio, "A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety"

Data source: State Medical Board of Ohio, 2019 Annual Report

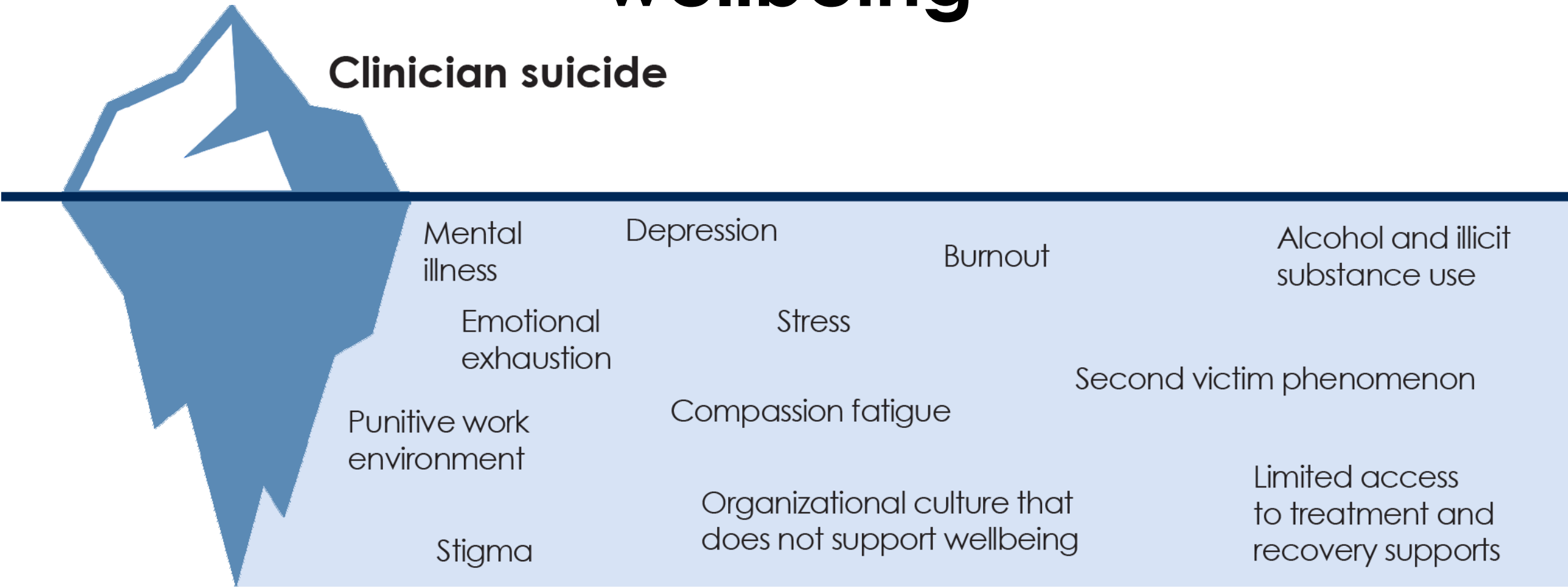
Burnout

**Mental
health
conditions**

Addiction

Suicide

Suicide as a measure of clinician wellbeing

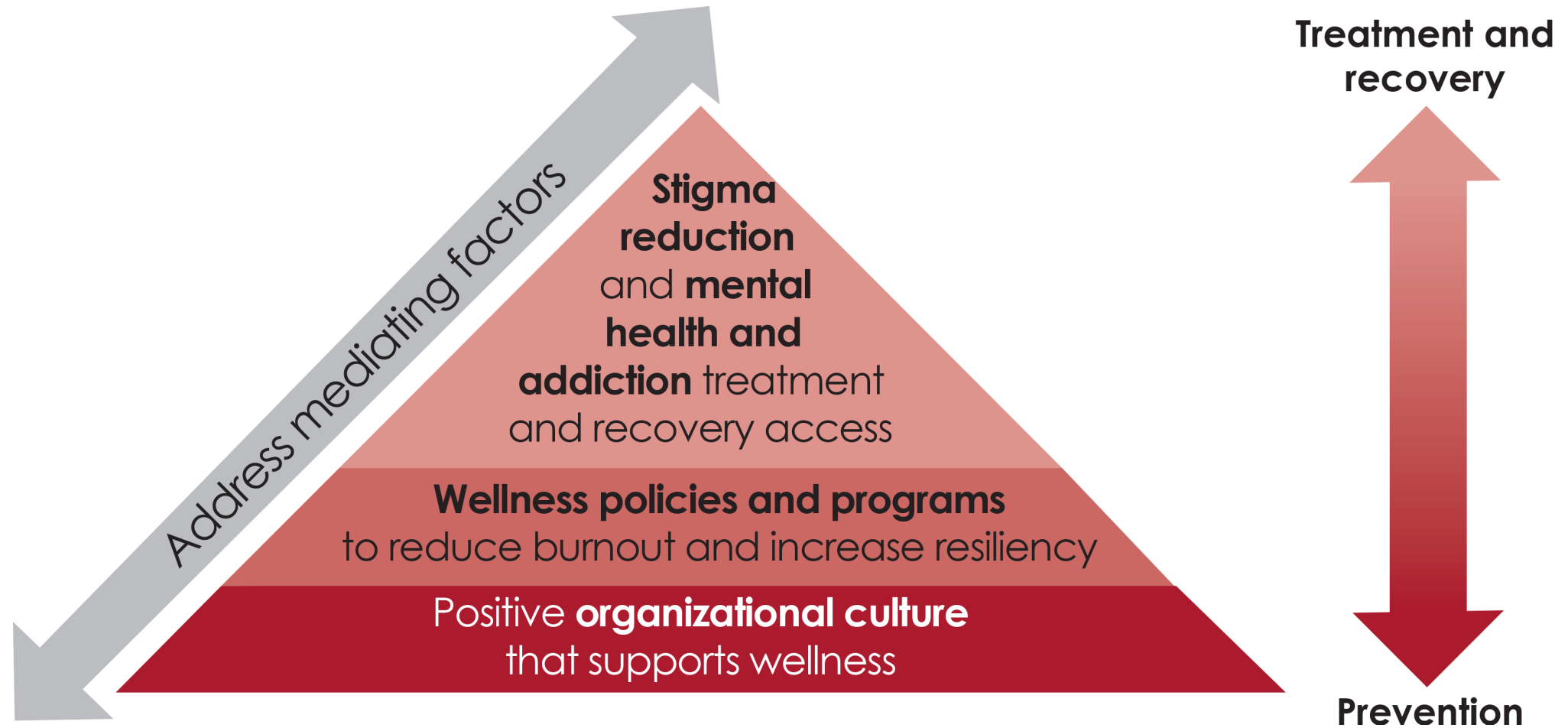


Key finding

3

Improving outcomes for clinicians and health professional students requires a comprehensive approach that provides a continuum of prevention, treatment and recovery supports.

Evidence-informed key findings



Source: The Ohio State University College of Nursing Fuld Institute and Health Policy Institute of Ohio, "A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety"

Evidence-informed approaches to improve clinician wellbeing

1. Develop and maintain a positive organizational culture that supports wellness and safety
2. Implement evidence-informed policies and programs that support clinician wellbeing, reduce burnout and increase resiliency
3. Reduce mental health and addiction stigma and increase access to treatment and recovery services

Advance an organizational culture that supports wellness

- Leadership prioritizes clinician wellness
- Diversity of the health workforce
- Racism and discrimination in healthcare
- Supports to address administrative demands

Promote wellness programs that reduce burnout and foster resiliency among health professional students and clinicians

- Cognitive behavioral therapy/skills building
- Mindfulness-Based Stress Reduction (MBSR) and Mindfulness Based Intervention (MBI);
- Peer support, meaningful recognition and compassion programs

Require confidential mental health and addiction screening, referral and treatment services for health professional students and clinicians and support policies that reduce stigma

- Confidential screening assessment, referral and treatment services
- Alternative to discipline treatment and monitoring programs
- Limited clinician licensure application question inquiries
- Independent organization to oversee clinician treatment and monitoring

Monitor and track data on health professional student and clinician wellness

- Reliable measurement tools
- Statewide reporting mechanism to track and publicly report on clinician wellness and related measures

Contact

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Guest presenter



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Vice President for Health Promotion, Chief
Wellness Officer

Dean and Professor, The Ohio State University
College of Nursing

Executive Director, Helene Fuld Health Trust

National Institute for Evidence-based
Practice in Nursing and Healthcare

Impact of COVID-19 on Mental Health and Wellbeing of Clinicians

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN

Vice President for Health Promotion

University Chief Wellness Officer

Dean and Professor, College of Nursing

Professor of Pediatrics & Psychiatry, College of Medicine

Executive Director, the Helene Fuld Health Trust National Institute for EBP



THE OHIO STATE UNIVERSITY



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

400
physicians die by suicide
each year, a rate more than
2X
that of the general
population
Andrew & Brenner, 2015

24%

of ICU nurses tested positive
for symptoms of post-traumatic
stress disorder
Mealer et al., 2007



Physician rates of
depression
remain alarmingly
high at

39%

Shanafelt, 2015

23-31%

Prevalence of emotional
exhaustion among
primary care nurses
Gomez-Urquiza et al, 2016

How can we protect the health of the people who protect our own?



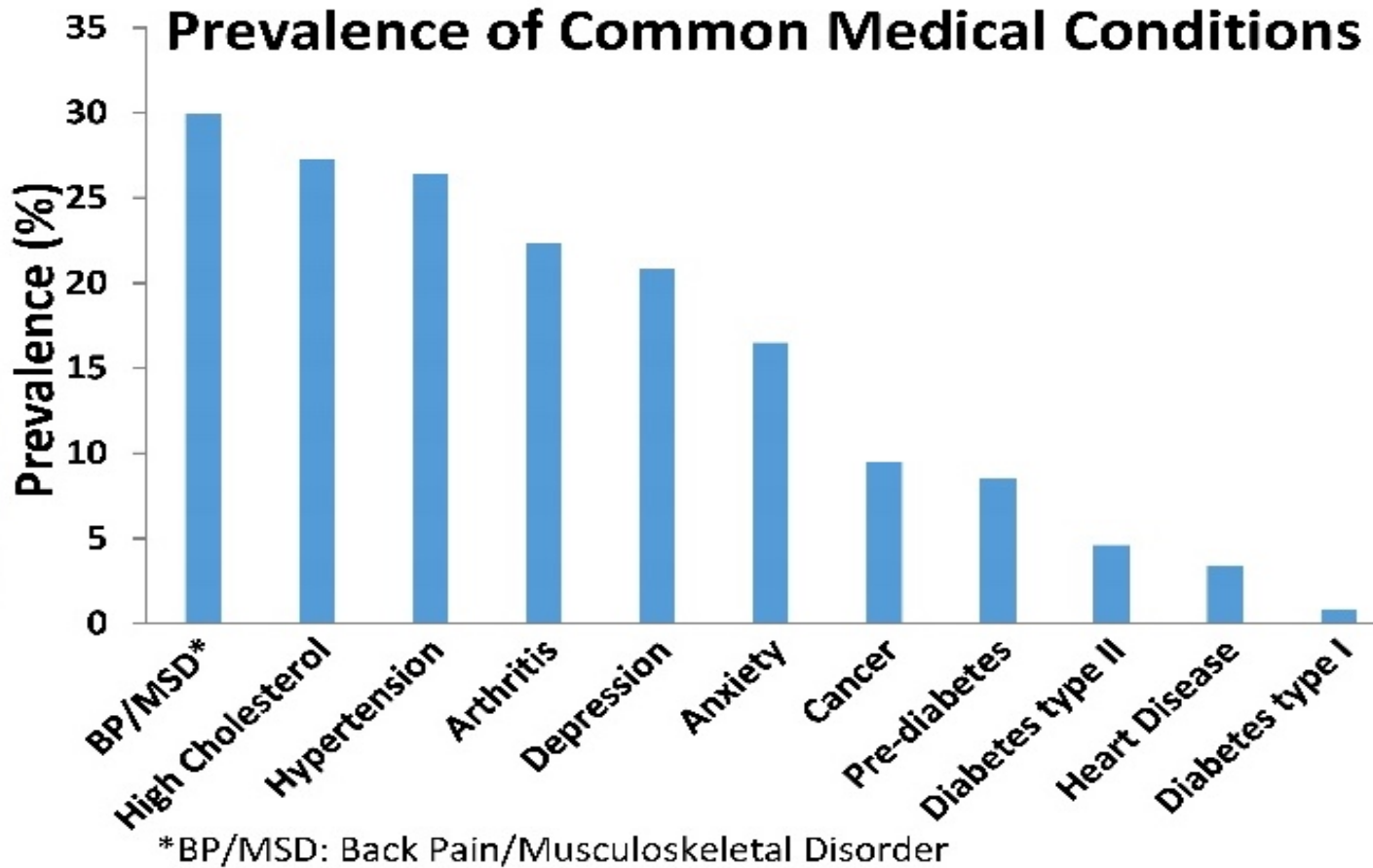
National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

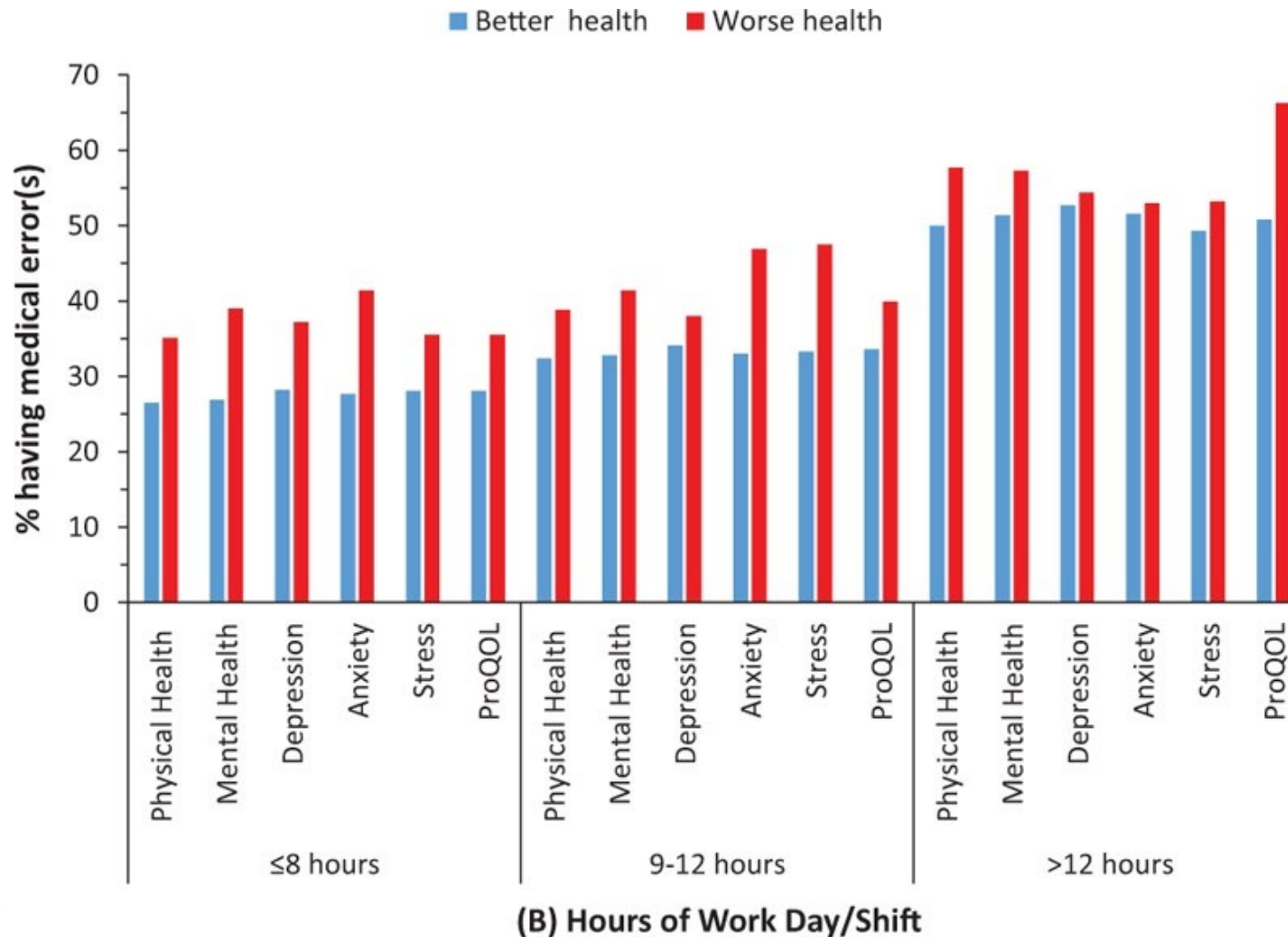
Learn more at nam.edu/ClinicianWellBeing

 @theNAMedicine

A National Study Links Nurses' Physical and Mental Health to Medical Errors and Perceived Worksite Wellness (N = 1790)



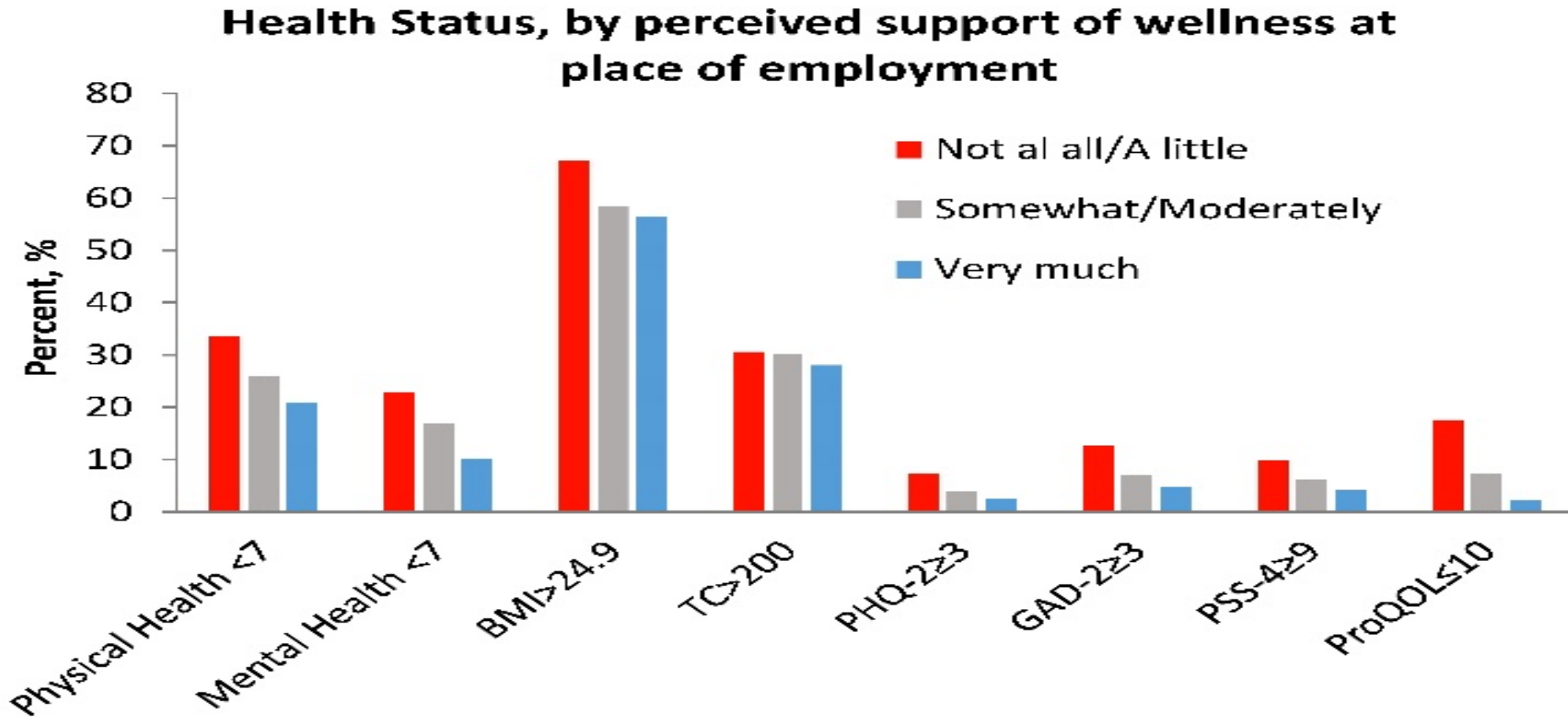
Percentage of Nurses with Medical Errors by Health Measures and Hours of Work Shift



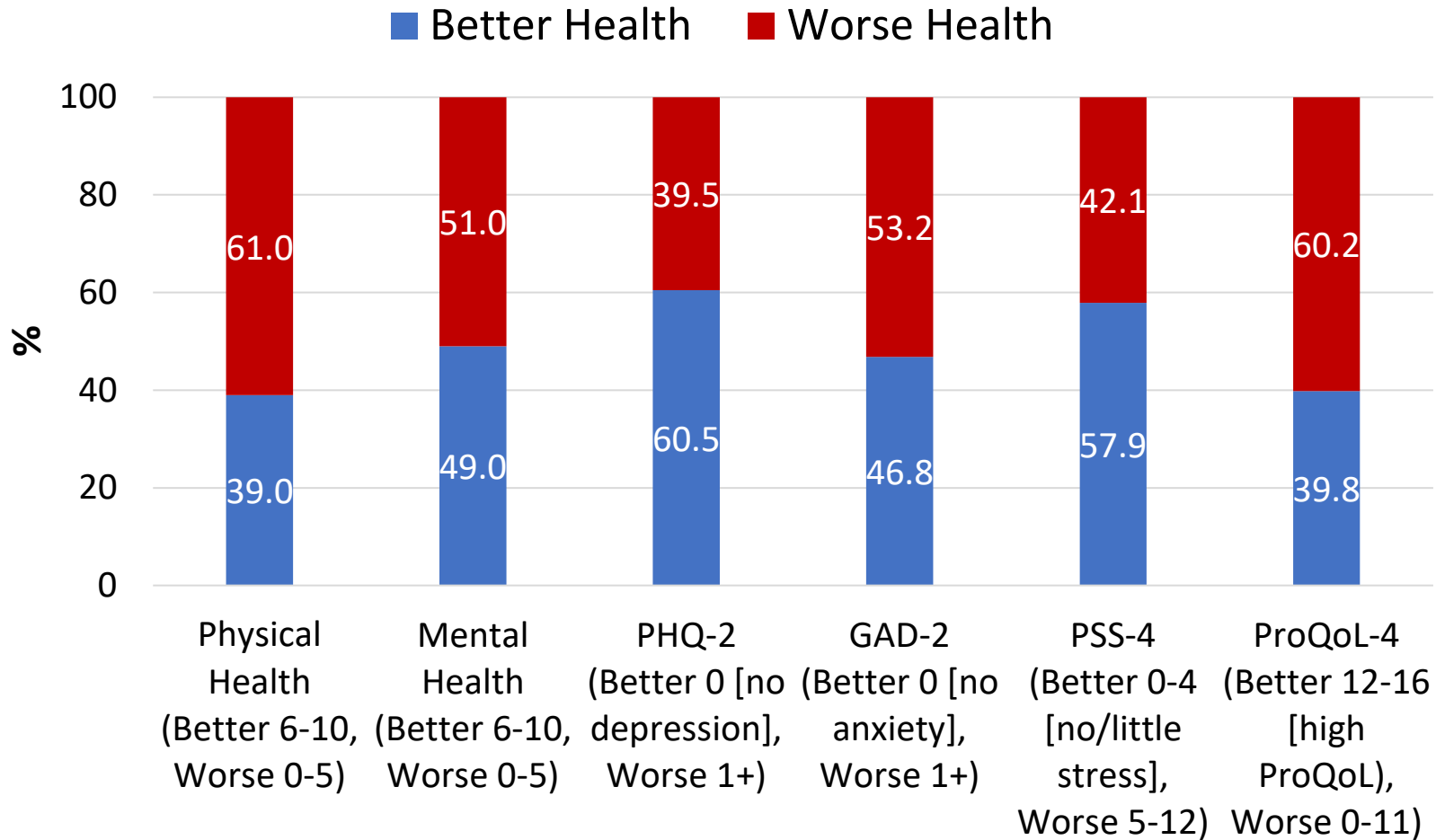
Blue bars represent better health categories, including good physical health (6–10), good mental health (6–10), high professional quality of life (ProQOL: 11–20), no depression (PHQ-2 = 0), no anxiety (GAD-2 = 0), and no/little stress (PSS-4 score ≤4).

From Melnyk et al., 2018, *Journal of Occupational and Environmental Medicine*

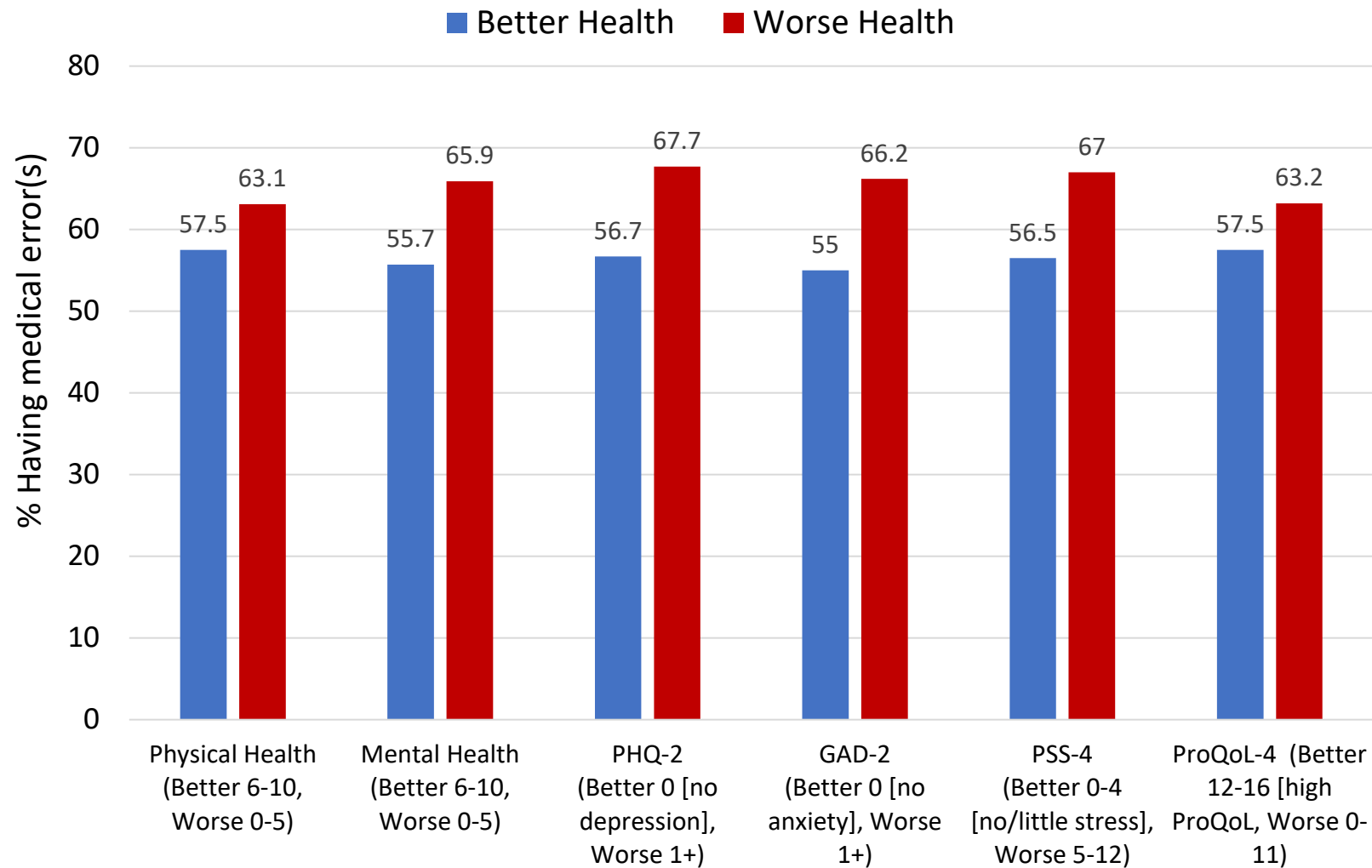
Health Status by Perceived Wellness Support



Physical and Mental Health of 771 Critical Care Nurses Across the U.S.



Percent of Critical Care Nurses Having Medical Error(s) in the Past 5 years (overall = 60.9%) by Health Status



A Longitudinal Analysis of Nurse Suicide in the United States (2005–2016) with Recommendations for Action

From Davidson et al., 2020, *Worldviews on Evidence-Based Nursing*

- Nurses at greater risk of suicide than general population
- Female nurses who completed suicide used pharmacological poisoning more frequently
- Male nurses more frequently used firearms
- **Job problems and history of mental health issues** were associated risks of suicide



Mental Health Status of Physicians and Physicians-in-Training in North America

From Milhailescu & Neiterman, 2019, *BMC Public Health*

- **Burnout and mental health** concerns affect 30% - 60% of all physicians and residents
- **Poor mental health** was linked to decreased physical health
- **Unbalanced schedules & increased administrative work** were defined as key factors



Clinician Mental Health During Pandemics

- **Trauma and Stressor-Related Disorders, including acute stress disorder and PTSD**
- **Anxiety Disorders, including Panic Disorder**
- **Depressive disorders**
- **Substance-related disorders**
- **Suicide**



Psychological Distress, Coping Behaviors, and Preferences for Support Among New York Healthcare Workers During the COVID-19 Pandemic

***N* = 657 clinicians**

- Positive screens for psychological symptoms common
- **More nurses** and advanced practice providers had positive screenings
- **Acute stress: 57%**
- **Depression: 48%**
- **Anxiety: 33%**
- Physical activity = most common coping behavior
- **Online self guided counseling** garnered the most interest



Clinician Suicides During COVID-19



William Coddington, Florida nurse, found dead after struggling with Coronavirus Trauma



Daniela Trezzi, Italian Nurse, Commits Suicide Over Fear of Spreading Coronavirus



Laura Breen, NYC ER Doctor Commits Suicide During the Pandemic

What We Know from Prior Pandemics

*Factors that **increase** risk of adverse psychological outcomes*

Individual Factors

- History of mental health disorders or substance misuse
- Increased contact with affected patients
- Increased time in quarantine
- Being a nurse
- Being female

Service and Societal Factors

- Perceived lack of organizational support
- No compensation for staff
- Societal stigma against hospital workers

Kisely et al., 2020. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ*, 369.

What We Know from Prior Pandemics

Factors that decrease risk of adverse psychological outcomes

Individual Factors

- Adequate time off work
- Faith in precautionary measures
- Supportive peers
- Family support

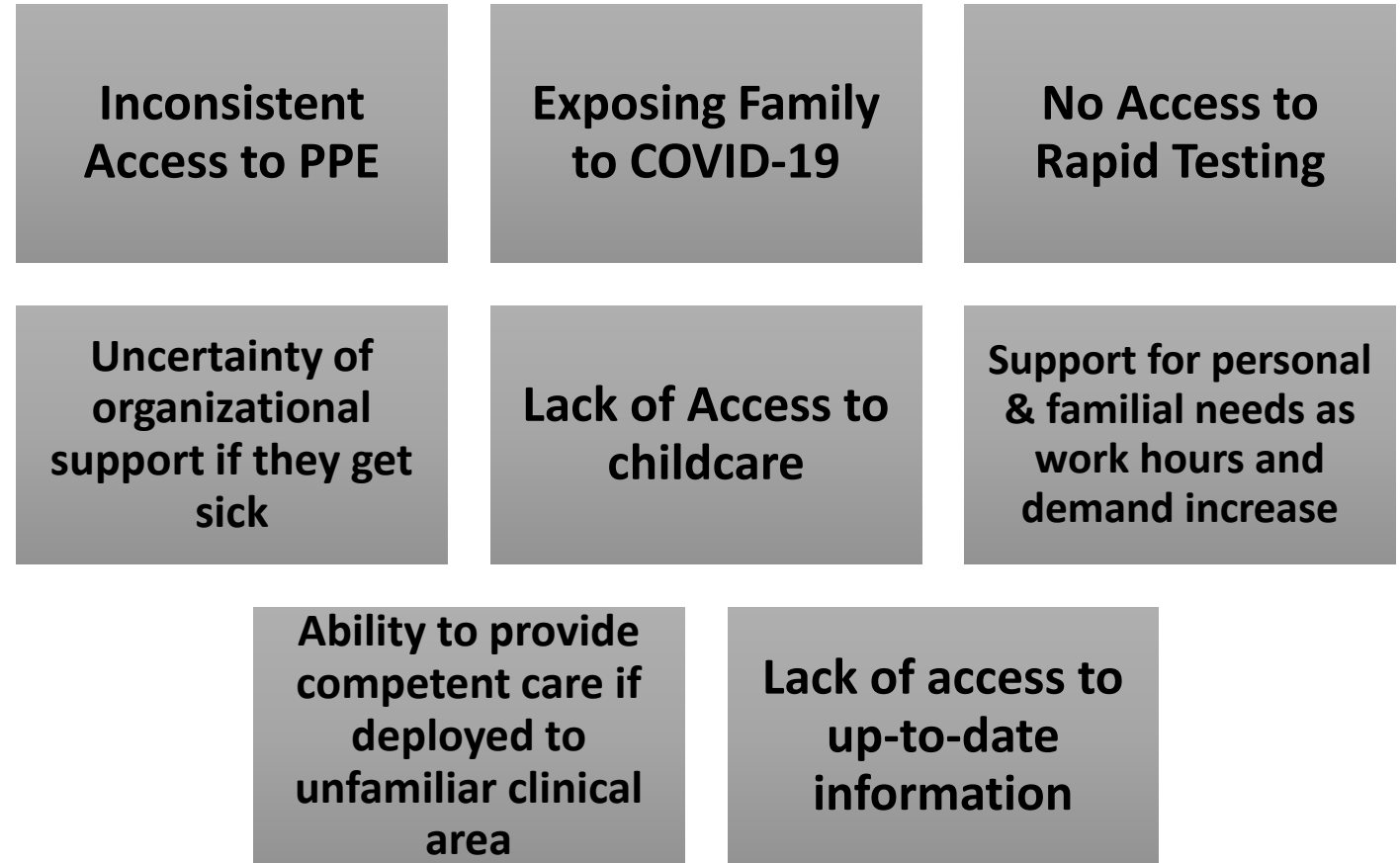
Service and Societal Factors

- Provisions of protective gear
- Staff faith in infection control procedures
- Clear communication
- Access to tailored psychological interventions based on needs of individual staff

Kisely et al. 2020. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ*, 369.

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

- 8 sources of anxiety identified



Suicide Mortality and Coronavirus Disease A Perfect Storm?

- Suicide rates are at highest rate in the US since 1941
- COVID-19 requires spatial distancing to reduce spread
- Secondary consequences of social distancing may increase rates of suicide
- This is in relation to changes in suicide risk factors
 - ↑ Economic stress
 - ↑ Social isolation
 - ↑ Barriers to mental health treatment
 - ↑ National anxiety
 - ↑ Healthcare professional suicide rates
 - ↑ Firearm sales

What Can We Do?

- Improving outcomes requires a paradigm shift to healthcare systems using a comprehensive approach that provides a continuum of prevention, treatment, and recovery support
- Healthcare System Issues Need Urgently Fixed



Interventions to Improve Mental Health, Well-being, Physical Health and Lifestyle Behaviors in Physicians and Nurses: A Systematic Review

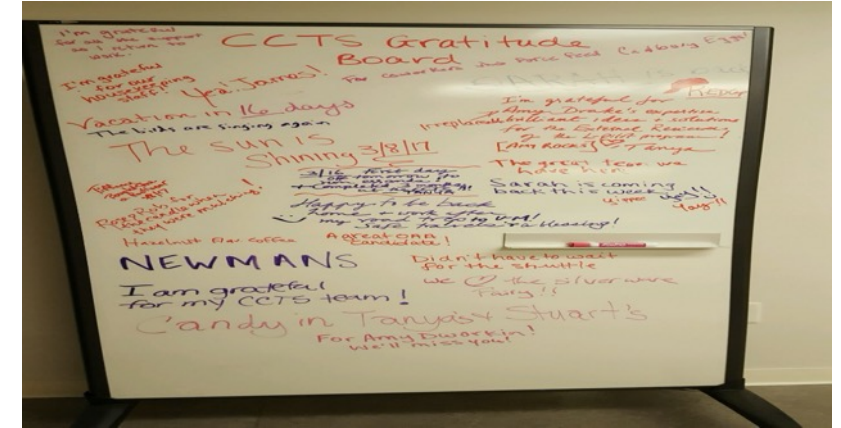
29 studies (2,708 participants)

Melnyk, Kelly, Stephens, Dhakal, McGovern, Tucker, Hoying et al. al. (2020). *American Journal of Health Promotion*

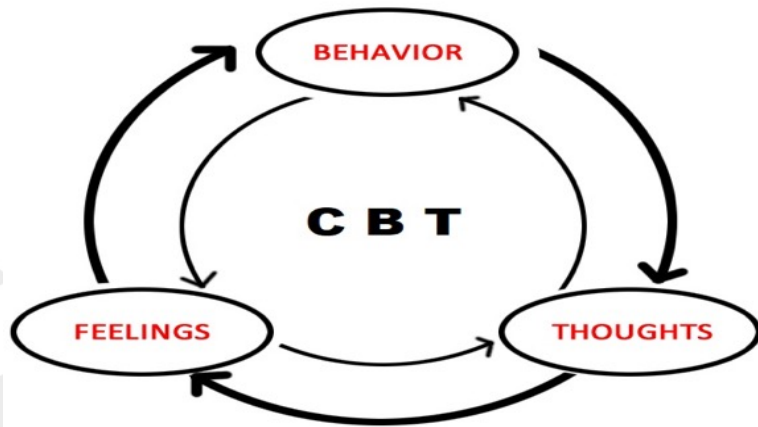


Mindfulness

What Works?



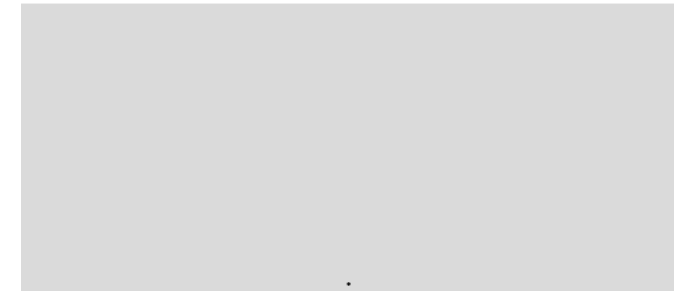
Gratitude



**Cognitive-Behavioral Therapy/
Skills Building (MINDSTRONG at OSU)**



Sync your breathing with this



Deep Breathing: See go.osu.edu/justbreathe

MINDBODYSTRONG

An 8-session cognitive-behavioral skills building program
for New Nurse Residents at Ohio State's Wexner Medical Center:

A Randomized Controlled Trial

Sampson, Melnyk & Hoying

Journal of Nursing Administration, 2019

6-Month Outcomes

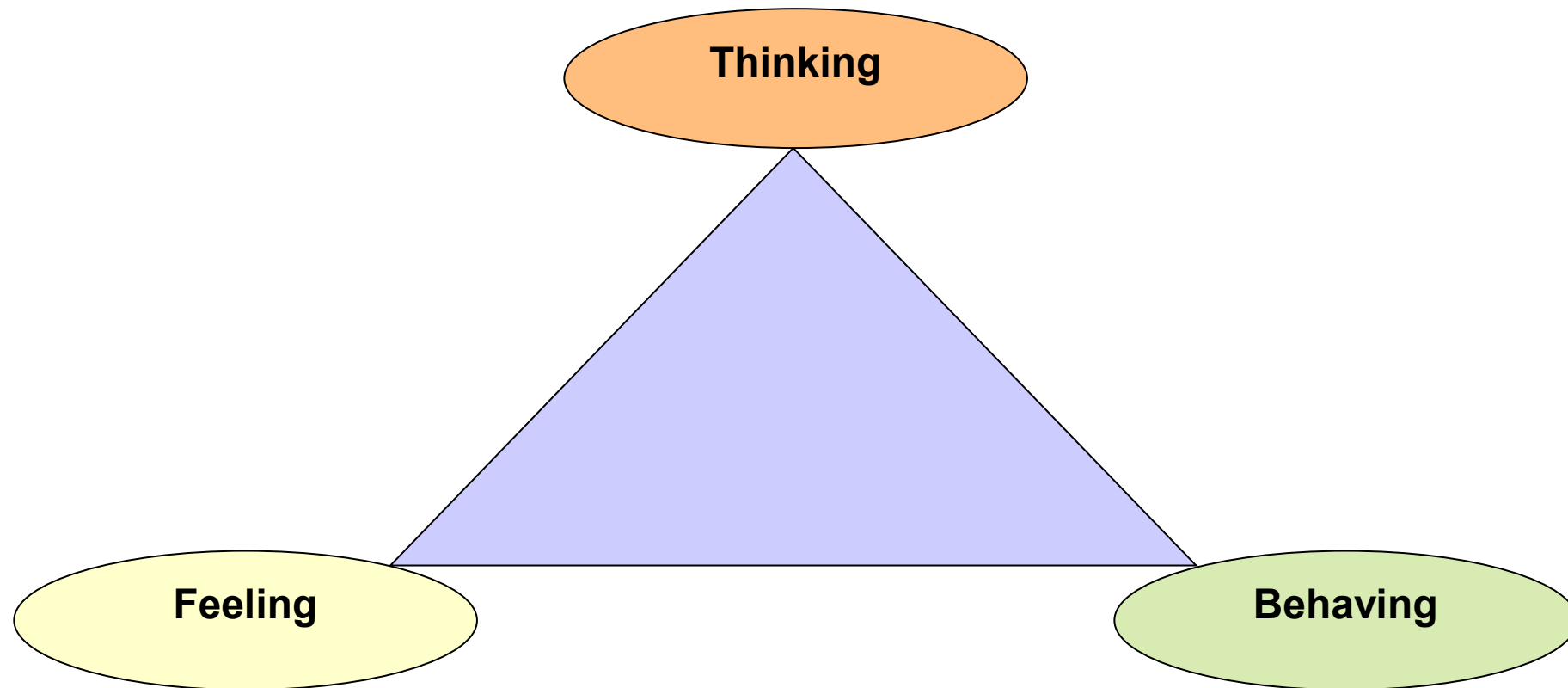
Sampson, Melnyk & Hoying

Worldviews on Evidence-based Nursing, 2020



Cognitive-Behavioral Therapy/Skills Building is the Best First Line Evidence-based Treatment for Stress, Anxiety and Depression

THE THINKING/FEELING/BEHAVING TRIANGLE



Catching Your Automatic Negative Thoughts

- When you notice your mood has changed or intensified, or is going in a negative direction or you are noticing bodily sensations associated with negative emotions, ask:

What was just going through my mind?

Is this thought really true?

Is this thinking helpful?

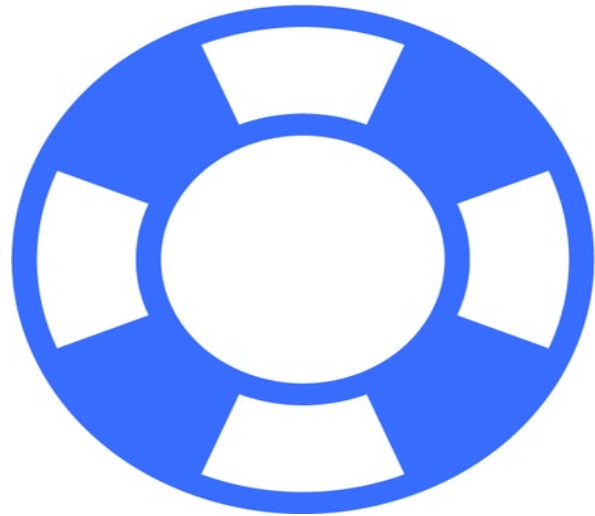
Do I have evidence to back this up?



Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

**Be Proactive: Provide Depression
Screening and Referral for Clinicians and
Health Sciences Students**



**American
Foundation
for Suicide
Prevention**

Key Ohio State Initiatives During COVID-19



- 8-week online series that provided evidence-based tactics and resources in each session
- Session topics included: CBT, staying active at home, mindfulness, sleep habits, staying connected, building resiliency, healthy eating, and positivity and gratitude
- Recorded sessions can be accessed here:
<https://u.osu.edu/keepcalmcovid19/recorded-webinars/>

How To Talk To A Colleague at Risk

Video Series by The Ohio State College of Nursing

Spearheaded by Sharon Tucker PhD RN FAAN

Care, Listen, Paraphrase, Name Feelings, Tell Me More
Ask about Suicidal Ideation

Referral for:

- Rumination
- Self Harm
- Impaired
- Requests help
- More than a friend can offer

<https://u.osu.edu/cliniciansindistress/videos/>

STAR | STRESS, TRAUMA AND RESILIENCE

Reclaim your sense of safety. We help trauma survivors heal.

Committed to evidence-based, trauma-informed therapy and education

The STAR Program at the Ohio State Department of Psychiatry and Behavioral Health offers programs and services in three basic areas:

1. Support for professionals
2. Support for survivors
3. Leading-edge research

STAR Support Line: Provides Phone Support

OSU STAR BEST Program – Brief Emotional Support Team Training

- Provides a pre-emptive framework to **recognize** and **address trauma** amongst themselves
- Gives support to **debrief**, **defuse**, and **grieve** after a **traumatic** event or repetitive exposure to profound stress
- In-team support **more effective** than critical incident stress debriefings conducted by an outside entity
- Provides the **tools** and **skills** to **develop** and nurture a **culture** of built-in **support**



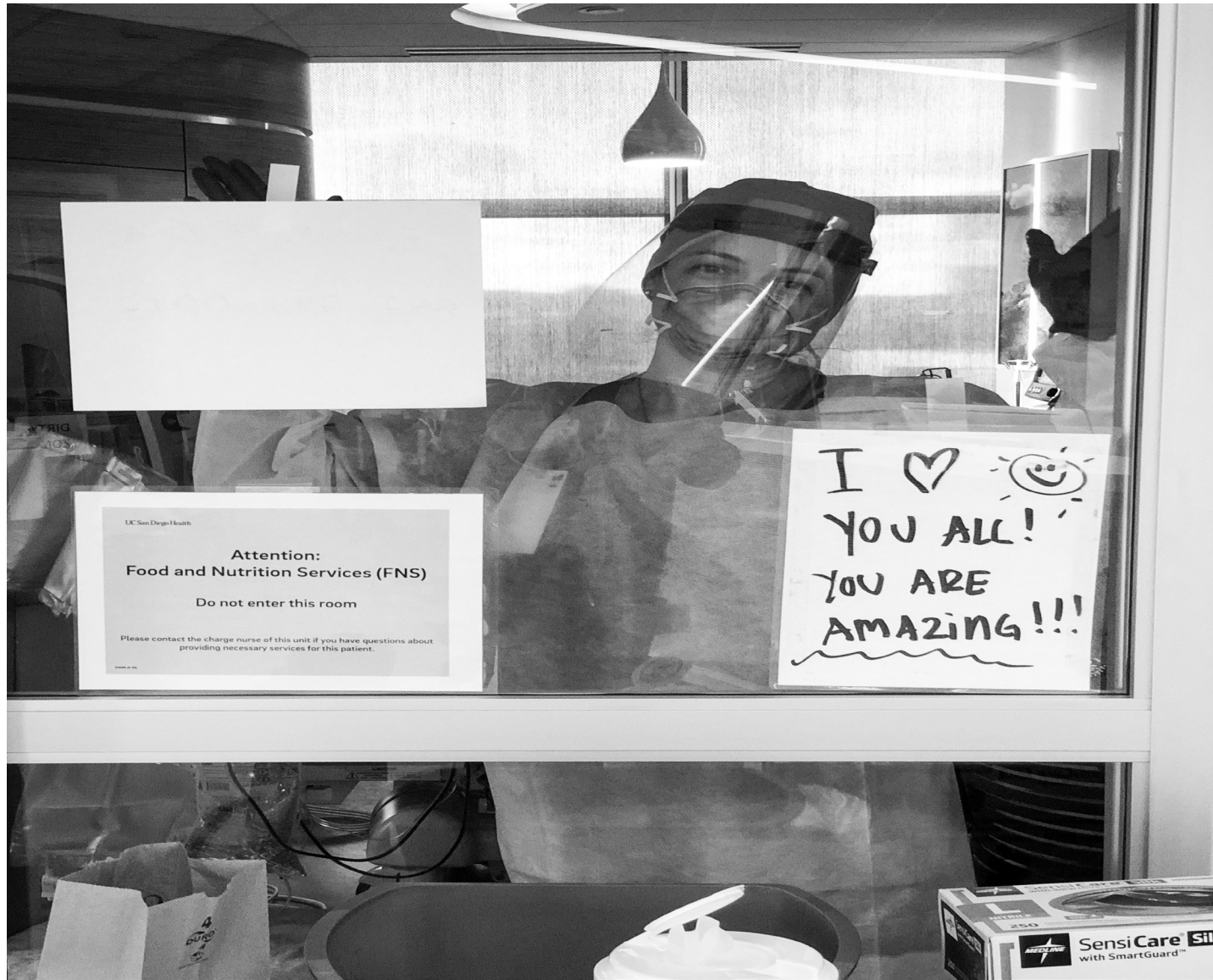
Trusted Health & The OSU College of Nursing Launch Wellness Support Partner Program for Nurses on the COVID-19 Front Lines



THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

NP Students Serve as Wellness Coaches for Nurses on the COVID-19 Front Lines



Rachael Stokes RN



COPE with COVID

Control the things that you can, not the things you can't
Open up and share your feelings
Practice daily stress reduction tactics, including physical activity
Engage in mindfulness; be here now; *worry will not help!*

Count your blessings daily
Overturn negative thoughts to positive
Volunteer to help others
Identify helpful supports and resources
Do your part to prevent spread of the virus

- Bern Melnyk



**THE OHIO STATE
UNIVERSITY**

OFFICE OF THE CHIEF
WELLNESS OFFICER

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Guest presenter



Lori Criss

Director, Ohio Department of Mental Health and Addiction Services



Mike DeWine, Governor
Lori Criss, Director, OhioMHAS

Stress and the Pandemic

July 20, 2020

Lori Criss, Director, OhioMHAS



Governor DeWine

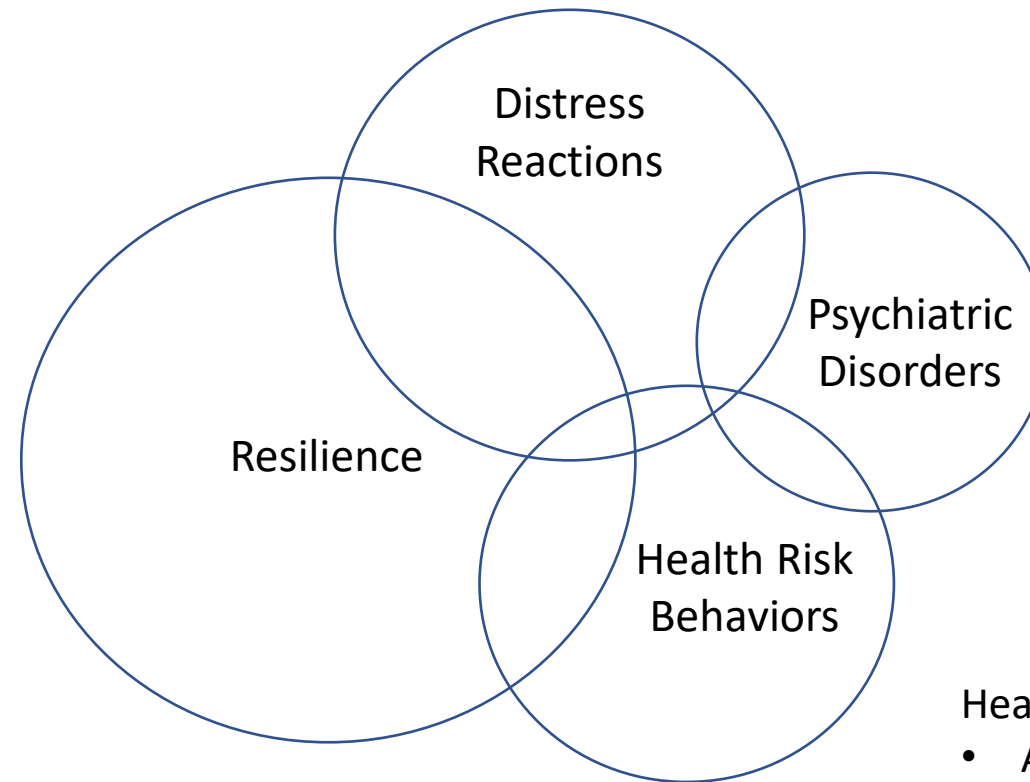
“We must help those struggling with mental illness or substance use disorders by giving them a system that provides quality treatment on demand. And, we must build recovery-friendly communities that support and promote health and wellness to ensure all Ohioans can live long, productive lives.”

*From the RecoveryOhio Advisory Council Initial Report,
March 2019*



COVID-19 Behavioral Health Surge

Psychological & Behavioral Responses to Disasters and Pandemics



Distress Reactions

- Sleep difficulties
- Decreased sense of safety
- Physical (Somatic) symptoms
- Irritability, Anger
- Distraction, Isolation

Psychiatric Disorders

- Depression
- Anxiety
- PTSD
- Complex Grief

Health Risk Behaviors

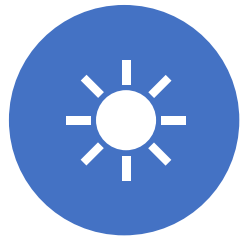
- Alcohol, Tobacco, Rx meds
- Family Distress
- Interpersonal Conflict/Violence
- Disrupted Work/Life Balance
- Restricted Activities/Travel

Ursano RJ, Fullerton CS, Weisaeth L, et al. (2017). Textbook of Disaster Psychiatry, Second Edition. Cambridge, UK: Cambridge University Press.

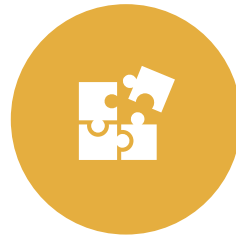
Flattening the Behavioral Health Curve



Making help
visible



Improving opportunities
for personal insight &
motivation



Ending stigma



Improving
financing



Ensuring access to
treatment &
recovery

Ohio's BH Surge Reduction Strategies Underway



Telehealth for continued access to care for new and existing clients



Wellness campaigns to promote mental wellness, reduce stigma, and highlight availability of care



Increased screenings, brief intervention, and referral to treatment



Easy “on-ramps” to care like the COVID CareLine and the Crisis Text Line

COVID-19, Trauma, and Stress

- Trauma can result from exposure to an incident or series of events that are emotionally disturbing or life-threatening.
- This can have lasting adverse effects on functioning and on mental, physical, social, emotional, and/or spiritual well-being.
- Trauma can be a pervasive problem for some groups, especially groups that are either in the role of providing care or in the role of protectors
- Secondary traumatic stress can result from hearing about or seeing traumatic experiences in others.





COVID19

~ ~ ~

We are all in
the same
storm, but
not in the
same boat

Know the Signs of Distress.

- Fear and worry about your own health and the health of your loved ones
- Changes in sleeping or eating
- A hard time concentrating
- Worsening of chronic health problems
- Increased alcohol, tobacco, or other drug use
- Physical reactions, like headaches, body pains, stomach problems, and skin rashes
- Anger or short temper

Listen to your feelings.



You can't pour from
an empty cup.

You need to take
care of yourself.



DrLaura.com

Experiencing Trauma Related to the COVID-19 Epidemic

Tips for managers and administrators:

- **Make information** about secondary traumatic stress **available** to staff and families including signs, where to go for help, & self-care strategies.
- **Create an environment** that makes it OK to acknowledge emotions and provides opportunities for self-care like mindfulness to decrease reactivity and increase control.
- Have **regular check-ins and coaching** with staff.
- **Debrief** at the end of each shift.

Things you can do to support yourself:

- **Take breaks from media.** Watching, reading, or listening to news stories, including social media, about the pandemic repeatedly can be upsetting.
- **Take care of your body.** Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- **Make time to unwind.** Try to do some other activities you enjoy.
- **Connect with others.** Talk with people you trust about your concerns and how you are feeling.



Addressing Healthcare Provider Stress Protecting Against COVID-19

- ✓ Take care of basic needs. Eat healthy meals and snacks. Drink water. Sleep. Tend to hygiene.
- ✓ Be aware of hours worked. To reduce the risk of burnout, health systems should make sure breaks are provided and taken.
- ✓ Support mental health. Learn about the effects of stress and ways to reduce it through means such as resiliency training, meditation, or counseling. Health systems should provide lists of mental health resources.
- ✓ Leadership should show compassion and empathy about the overwhelming amount of information surfacing each day and fears of catching COVID-19 and passing it to family members, colleagues, or others.
- ✓ Redistribute workloads as needed. Physicians and other healthcare workers who are home with children or due to a COVID-19 exposure can manage electronic in-basket work while workers in the hospital can manage sick people.
- ✓ Maintain a culture of wellness. Leaders can help reduce stress in clinicians, and the system can watch out for leaders' needs to refresh and sustain. Be supportive of work being done and stress how important it is, and consider cross training, rotating leadership, and forced time away from work.



From Dr. Mark Linzer, director of the Institute for Professional Work Life at Hennepin Healthcare and professor of medicine at the University of Minnesota, via the American Medical Association

Support for Direct Care Staff

- Weekly Calls with OhioMHAS RPH's led by Kim Kehl, Trauma-Informed Care Initiative Coordinator
- Opportunity for Hospitals to share ideas to support staff and patients through the stress of COVID-19
- Examples from the calls include:
 - Workplace Yoga Demonstration
 - Expressive Dance Demonstration
 - Mindfulness Techniques
 - Second Victim Peer Support Program
 - “In This Together”
 - Wristbands
 - Hand Sanitizer



Managing Anxiety Around COVID-19 – Returning to Work Checklist

- ✓ Do everything you can to help protect yourself and others from getting sick, including handwashing, cleaning high-touch areas, wearing a face mask, staying 6 feet away from others when possible, and stay home if you are sick.
- ✓ Use resources offered to you to help cope with the changes and emotions. If you see a therapist, continue to stay in touch during your transition back into your work routine.
- ✓ Try to embrace the return to structure. Lack of a routine can be a driving force for many mental illnesses and can heighten anxiety. If you can, try to get into your work routine at home before physically returning – wake up at the normal time, get bathed and dressed as you would normally, and try to return to your normal timeline during the day.
- ✓ Try to make sure you are getting a healthy night's sleep. While it may seem simple, getting enough sleep can make an incredible difference on our mood and amount of anxiety during the day. Try to get back to your routine from before quarantine and try to go to bed without interruption to allow for the best rest possible.
- ✓ Remember – it is okay and normal to feel anxious. There is nothing wrong with feeling anxious about changes and uncertain times, and you are not alone in these feelings.



Selection of Toolkits Available for Health Professionals and Providers

- Caring for Patients' Mental Well-being
- Clinician Outreach and Communication Activity
- Coronavirus Preparedness Business Planning
- Disaster Planning Handbook for Behavioral Health Treatment Programs
- Emergency Responders: Tips for Taking Care of Yourself
- Mental Health Crisis Care
- Mental Health Guidelines for Preparedness
- Psychological Effects of Quarantine for Providers
- Sustaining Well-being of Health Care Professionals

<http://mha.ohio.gov/coronavirus>



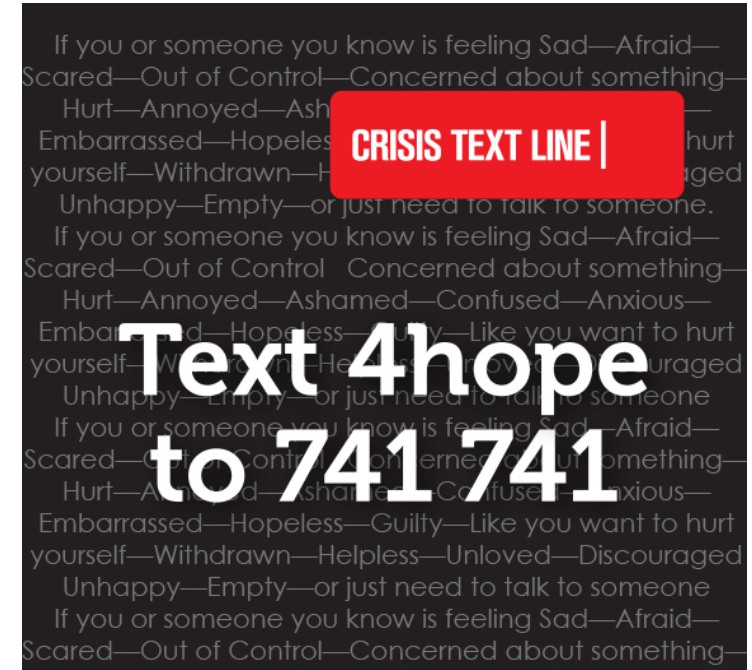
Getting Help



Your mental health is just as important as your physical health.

**COVID CareLine:
1-800-720-9616**

Help is available 24 hours a day, seven days a week



**Text 4hope
to 741 741**

You are not alone.

More Information



<http://mha.ohio.gov/>

**Join our OhioMHAS e-news listserv
for all of the latest updates**



Guest presenter



Dr. Bryant Adibe

System Vice President, Chief Wellness Officer, Rush University System for Health

Creating Wellness in a Pandemic

July 20, 2020

Bryant Adibe, M.D.
System Vice President, Chief Wellness Officer

Creating Wellness in a Pandemic

- 1. Wellness Rounds:**
Interdisciplinary WRT
composed of physicians,
nurses, LCSWs, chaplains,
and psychologists



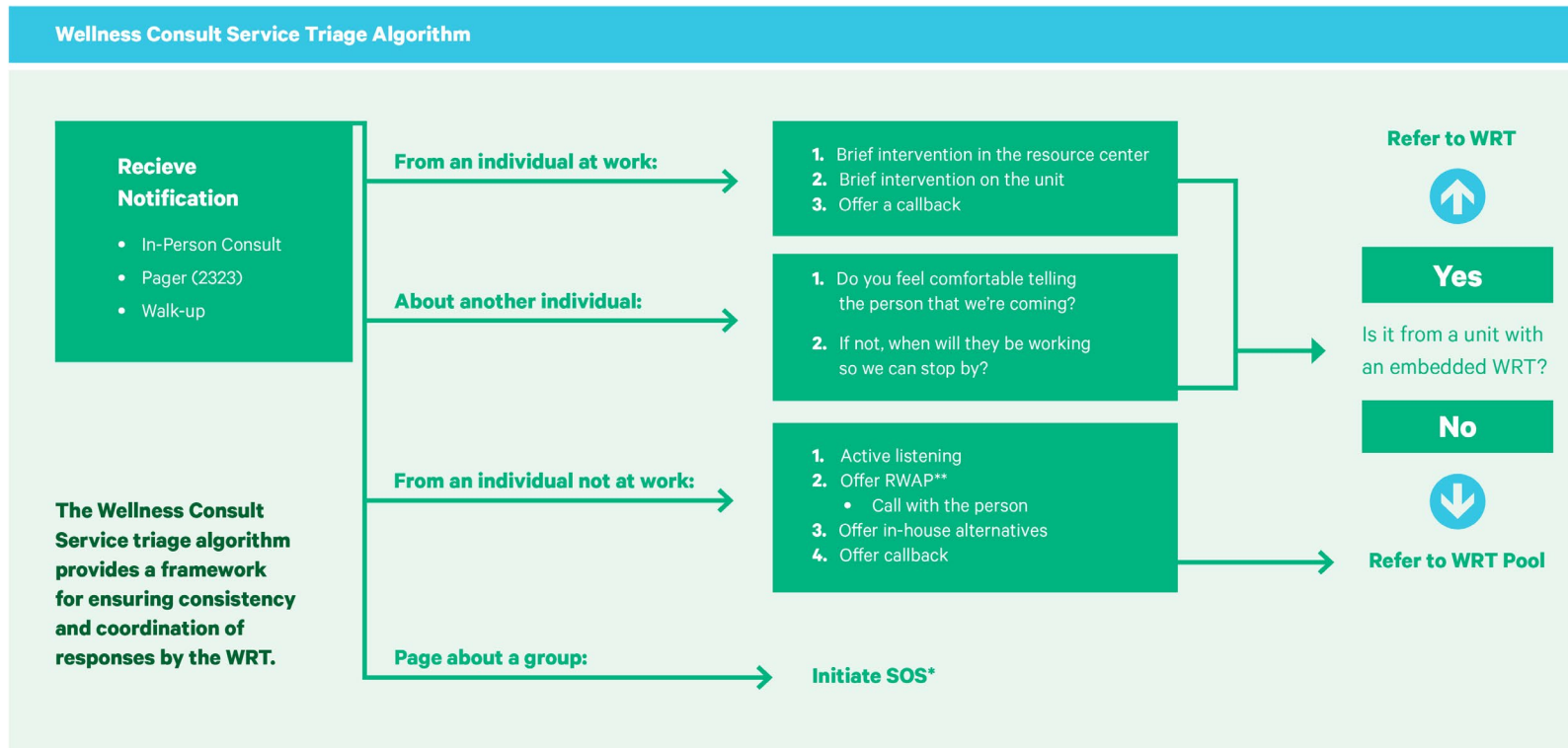
Creating Wellness in a Pandemic

2. Wellness Resource Hub / Wellness Rooms: Pop-Up central wellness hub, staffed with mental health providers. “Hub and spokes” model; network of wellness rooms



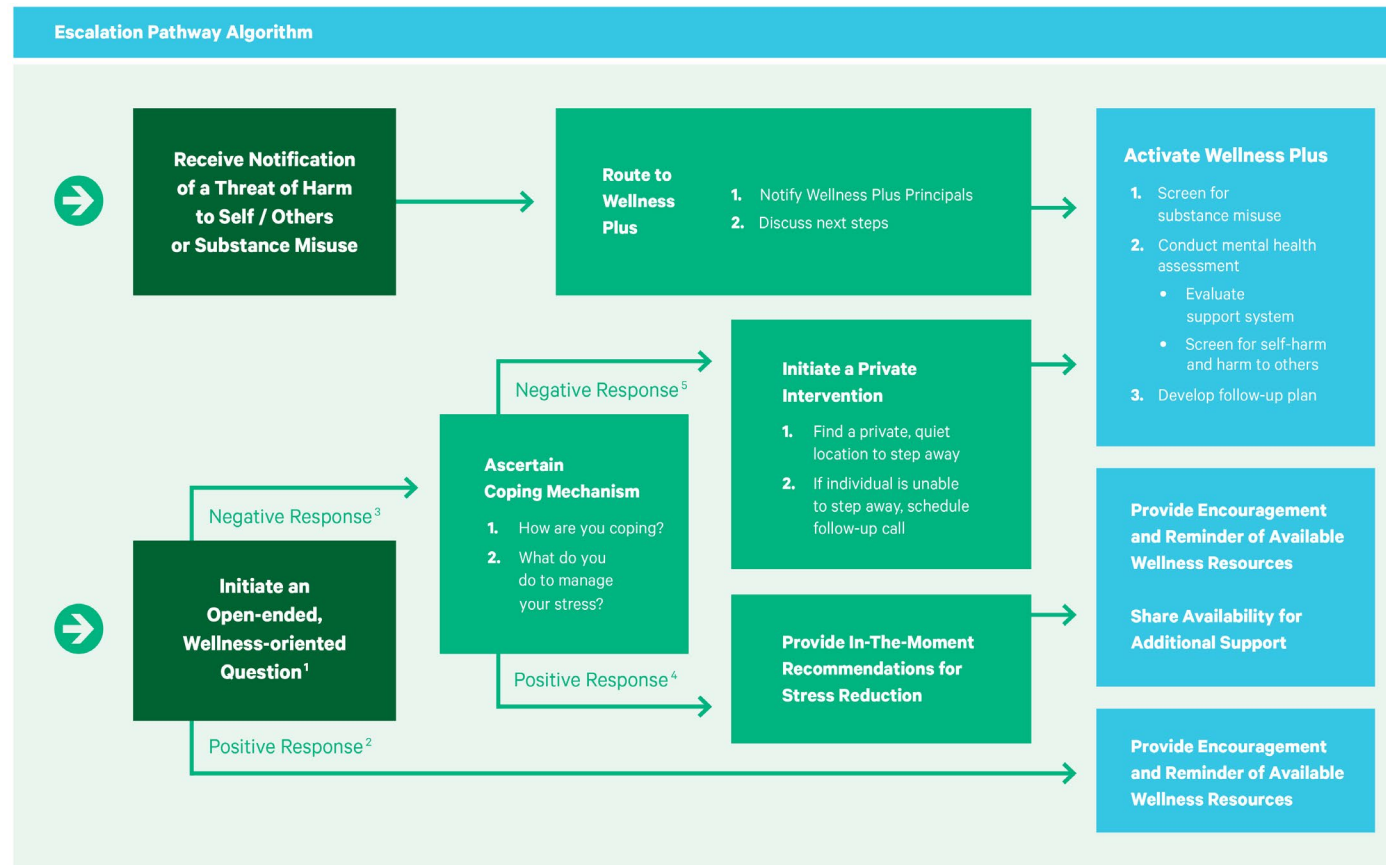
Creating Wellness in a Pandemic

3. Wellness Consult Service: Incorporating wellness formally into the clinical environment; aligning clinician responses



Creating Wellness in a Pandemic

4. Wellness Plus: For the rare, but serious



Creating Wellness in a Pandemic

Future Considerations:

- System-wide roll-out (complete)
- Integration with new Rush *Center for Clinical Wellness*
- Screening for PTSD

Final Recommendations

- Emphasis: Wellbeing → Resilience
- Prepare for “Reverse Surge” (Winter)
- Support staff through Disillusionment → Reconstruction phase

Questions & Discussion

Questions