

# COVID-19 Primary Healthcare Guidance

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## What social and emotional wellbeing and mental health care/support is needed for health care workers (HCWs) in the context of COVID-19?

### Context

*Currently available data indicate that there are higher levels of reported anxiety and psychological distress in the general population, and that some of those with severe, complex and chronic mental illness have disconnected from services. There is strong evidence from previous pandemics and broader research that there are risks of increasing mental ill health, including new presentations of mental distress and illness, increased substance use and increased risk of suicide in the longer term.*

[National mental health and wellbeing pandemic response plan](#), May 2020, Australian Government

- In addition to the impact experienced by the general population, there are a number of specific challenges to the social and emotional wellbeing and mental health of health care workers (HCWs):
  - the threat to personal safety of being exposed to and greater risk of acquiring infection
  - the increased responsibility of risk of spreading COVID-19 between patients and to family and other community members
  - having to respond to the heightened worry and distress of many patients, increasing the risk of vicarious distress
  - increased intensity in work and longer hours and/or more days due to greater demand and to depleted workforce in some instances
  - having to make many adjustments adapting to new technologies and ways of working including telehealth, changed workflows, increased paperwork, less contact with co-workers, etc.
  - for primary care, having reduced availability of and access to many usual health services — e.g. medical specialists, elective surgery, dental care, etc. — creating more responsibility and pressure on primary care providers to hold healthcare together
  - experiencing moral distress for a range of reasons; for example, the inability to provide usual standard of care including knowing that many people are not accessing regular care for chronic disease management, screening and preventive care; feeling responsible but not having resources to respond to patient and community needs
  - risk of being put under pressure to meet income (e.g. MBS) and reporting targets (e.g. NKPIs) in the changed environment.

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Aboriginal and Torres Strait Islander HCWs may also experience other stressors such as:

- connection to many family and community who are experiencing greater distress and hardship
  - financial stress of supporting family who have lost work
  - being a carer for others
  - isolation from family and community because of increased risk of COVID-19
  - unable to visit country, family or community because of travel restrictions (including for funerals and important gatherings)
  - unable to observe cultural obligations or care for those they usually would
  - specific challenges in remote settings especially due to fewer (visiting) health providers, leading to greater responsibility to do more, and fewer support services
  - being identified in the national pandemic response as at higher risk, particularly of serious COVID-19 illness if infected
  - greater challenges if need to isolate — possibility of greater loneliness and grief being separated from family/community
  - larger numbers of people sharing housing, which may impact ability to isolate, less privacy for receiving tele-health supports, etc.
  - greater likelihood of prevalence of other factors that impact upon social and emotional wellbeing, such as pre-existing complex trauma, financial or housing insecurity, domestic and family violence, etc. These are also likely to be exacerbated during the pandemic.
- Non-Indigenous health services may have limited knowledge and understanding of the particular stressors, needs and cultural obligations experienced by Aboriginal and Torres Strait Islander HCWs.
  - There may also be personal factors that influence the capacity, resilience and vulnerability of individual HCWs including mental health history, existing self-care awareness and established coping strategies.
  - Mental distress can be increased by over-exposure to news about the pandemic.
  - There are organisational factors and systems that support the social and emotional wellbeing and mental health of HCWs. These include:
    - reflection and sharing experience (debriefing) as part of routine practice
    - accommodating and respecting the needs of staff including cultural and family obligations
    - availability and promotion of employee assistance programs
    - clear protocols and communication about adjustments in work practices so staff know and understand what to do
    - clear processes and information regarding pay, leave and other operational matters.
  - Consulting, engaging with and including staff in decisions that affect them supports agency, respects principles of self-determination and is protective against burn-out and trauma.
  - Employers have a responsibility to provide a safe workplace for employees. The impact on social and emotional wellbeing and mental health may create an unsafe workplace for some HCWs therefore breaching occupational health and safety standards.

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## Summary of recommendations

### Organisational strategies to support staff wellbeing

#### *Consider the particular needs of team members during the pandemic*

- support social and emotional wellbeing of staff and acknowledge the particular stressors experienced by HCWs in all roles including clinical staff, reception and administration, drivers, cleaners and security, managers and others
- encourage managers to check-in on staff regularly to provide support and to gauge staff morale
- review workload and expectations to reduce pressure on staff eg remove non-urgent tasks, extend deadlines, adjust income expectations, etc
- consider the infrastructure (equipment and environment/privacy) that HCWs need to do their job specially in the context of changed work practices such as telehealth
- schedule time for staff to reflect and share experiences (debrief) as part of routine work practice
- allow and encourage HCWs to take regular breaks. Consider structural ways to support this to happen.

#### *Ensure clarity and flexibility in HR, policies and procedures*

- develop and communicate clear processes and information regarding pay, leave, rostering and other operational matters
- provide flexibility in accommodating and respecting the needs of staff including consideration of cultural and family obligations
- develop protocols and communication strategies about adjustments in work practices so staff know and understand what to do.

#### *Empower staff*

- consult, engage with and include staff in decision-making about social and emotional wellbeing needs and support
- provide opportunities for staff to describe their needs and what social and emotional wellbeing support is most useful.

#### *Promote existing programs relevant to wellbeing*

- promote access to employee assistance programs and/or assist staff to access culturally appropriate psychosocial supports
- consider providing training for staff in self-care and psychological first aid including Aboriginal and Torres Strait Islander mental health first aid.

#### *Optimise additional care strategies for Aboriginal & Torres Strait Islander HCWs*

- provide culturally appropriate psychosocial support services for Aboriginal and Torres Strait Islander HCWs including information about Aboriginal and Torres Strait Islander health professional organisations

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- For example, consider trauma-informed approaches, support by traditional or cultural healers, yarning sessions, Aboriginal-led webinars or helplines, resources in community languages.
- consider long-term strategies for building and resourcing social and emotional wellbeing and mental health of HCWs such as
  - building capacity of non-Indigenous health services to understand and respond to the particular stressors, needs and cultural obligations experienced by Aboriginal and Torres Strait Islander HCWs
  - increasing the capacity of workforce to provide culturally appropriate social and emotional wellbeing and mental health support and services (especially through employing, training and upskilling Aboriginal and Torres Strait Islander employees or peer workers).
- facilitate access to other support services that focus on factors impacting upon social and emotional wellbeing, such as domestic and family violence services, financial support services, housing, etc.

## Individual strategies to support wellbeing

### ***Maintaining wellness***

- Talk about experiences at work with co-workers and, whenever available, take part in team reflection and debriefing practices.
- As much as possible, take regular breaks while at work.
- Consider participating in webinars and online training on self-care and social and emotional wellbeing for HCWs including building knowledge and understanding of the impact of working in the pandemic environment, and the emotional and mental health risks for HCWs during the pandemic.
- Maintain awareness of personal coping strategies including personal strengths and challenges.
- Reach out to or continue to access existing professional emotional wellbeing and mental health services if they are part of usual self-care.
- Follow strategies/do the things that are known to support general health and social and emotional wellbeing, such as:
  - maintaining social connection with family, friends and community
  - eating well and avoiding highly-processed high-calorie-low-nutrition foods and sugary drinks
  - maintaining regular physical activity and exercise
  - getting enough rest and sleep
  - avoiding increased/unsafe alcohol and/or other substance use
  - considering regular relaxation and mindfulness practices.
- Consider the amount of exposure to news about the pandemic. Seek information from reliable sources and avoid unreliable sources and over-exposure to negative news.
- Consider Aboriginal and Torres Strait Islander-specific culturally safe supports or strategies, such as accessing trauma-informed services, support by traditional or cultural healers, yarning sessions, connecting with country or culture if possible, storytelling or singing, Aboriginal-led webinars or helplines, accessing resources in community languages.

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## Seeking help

- Discuss work difficulties with the manager or designated person in the workplace.
- Use employee assistance services provided by the employer and/or other telephone or online support services including from culturally-specific sources such as Aboriginal and Torres Strait Islander health professional organisations.
- Seek support from health professionals such as a GP, psychologist or other mental health provider.

## Recommendations and rationale

### Organisational strategies to support staff wellbeing

Recommendation	Rationale
<p>Consider the particular needs of team members during the pandemic:</p> <ul style="list-style-type: none"> <li>▪ support social and emotional wellbeing of staff and acknowledge the particular stressors experienced by HCWs in all roles including clinical staff, reception and administration, drivers, cleaners and security, managers and others</li> <li>▪ encourage managers to check-in on staff regularly to provide support and to gauge staff morale</li> <li>▪ review workload and expectations to reduce pressure on staff eg remove non-urgent tasks, extend deadlines, adjust income expectations, etc</li> <li>▪ consider the infrastructure (equipment and environment/privacy) that HCWs need to do their job specially in the context of changed work practices such as telehealth</li> <li>▪ schedule time for staff to reflect and share experiences (debrief) as part of routine work practice</li> </ul> <p>allow and encourage HCWs to take regular breaks. Consider structural ways to support this to happen.</p>	<p>HCWs have all the normal stressors of the general community during a pandemic. For example, they may worry about health and wellbeing of family friends and broader community, have fears of contracting COVID-19, and concerns about the economy.</p> <p>However, HCWs are also dealing firsthand with the health crisis caused by COVID-19. For example, very ill patients and patients that will lose their lives, and extra work loads (17).</p> <p>Some HCWs are also choosing to self-isolate from family to protect their families from COVID-19, leaving HCWs isolated with no one to discuss their feelings with and debrief.</p> <p>Organisations need to be approachable (12) and provide a supportive workplace environment, where HCWs and managers feel safe to seek help if they are not coping, including mental health support (0,1,3,6,11). Senior staff and managers should check-in with HCWs regularly and monitor how they are coping, and offer support (6,7,12,17).</p>
<p>Ensure clarity and flexibility in HR, policies and procedures:</p> <ul style="list-style-type: none"> <li>▪ develop and communicate clear processes and information regarding pay, leave, rostering and other operational matters</li> </ul>	<p>HCWs are facing increased workloads, and processes need to be communicated to reduce work related stress.</p> <p>HCWs are required to use PPE and other protocols, that may be new to them and HCWs need relevant training with these new requirements (6,12).</p>

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Recommendation	Rationale
<ul style="list-style-type: none"> <li>▪ provide flexibility in accommodating and respecting the needs of staff including consideration of cultural and family obligations</li> <li>▪ develop protocols and communication strategies about adjustments in work practices so staff know and understand what to do.</li> </ul>	<p>Many HCWs may be asked to step up and adopt roles that they are not normally responsible for or not familiar with, so HCWs need to be provided with appropriate training (6,12).</p> <p>Additionally, many HCWs are at much great exposure to contracting COVID-19, and are working much longer hours than normal, in stressful environments (4). They need to be supported with flexibility and load sharing (17).</p> <p>Aboriginal and Torres Strait Islander HCWs may also find it difficult and stressful being unable to connect with extended family and fulfil cultural obligations, such as caring for others or caring for country. Therefore, they may need extra support (17).</p>
<p>Empower staff</p> <ul style="list-style-type: none"> <li>▪ consult, engage with and include staff in decision-making about social and emotional wellbeing needs and support</li> </ul> <p>provide opportunities for staff to describe their needs and what social and emotional wellbeing support is most useful.</p>	<p>HCWs are the on the frontline; they are putting their lives on the line to care for others. HCWs are the experts in dealing with the pandemic, therefore it is paramount that HCWs are consulted and when appropriate leading the decision-making process (0-3). There must be engagement with HCWs about the appropriate steps in dealing with the pandemic. Engagement and consultation is very important to Aboriginal and Torres Strait Islander people, therefore engagement is paramount for any proposed new measures to be effective (0-3).</p>
<p>Promote existing programs relevant to wellbeing:</p> <ul style="list-style-type: none"> <li>▪ promote access to employee assistance programs and/or assist staff to access culturally appropriate psychosocial supports</li> <li>▪ consider providing training for staff in self-care and psychological first aid including Aboriginal and Torres Strait Islander mental health first aid.</li> </ul>	<p>Many HCWs are working in a highly stressful environments, and need to have access to self-care and basic training in recognising when they are not coping, or a co-worker is not coping and may need mental health support (0-3,4,6,17,20). There are training programs to equip HCWs with the skills to identify when a person experiences mental health concerns, and there are specific Aboriginal and Torres Strait Islander training programs available. These types of training should be considered for all HCWs (0-3,20).</p>
<p>Optimise additional care strategies for Aboriginal &amp; Torres Strait Islander HCWs:</p> <ul style="list-style-type: none"> <li>▪ provide culturally appropriate psychosocial support services for Aboriginal and Torres Strait Islander HCWs including information about Aboriginal and Torres Strait Islander health professional organisations</li> </ul>	<p>Aboriginal and Torres Strait Islander communities are very vulnerable and the spread of COVID-19 could be catastrophic. Aboriginal and Torres Strait Islander HCWs need to have access to culturally appropriate self-care and specific mental health training (4). HCWs should have cultural competence training (20), and mental health care first-aid training that will better equip HCWs (4) to support Aboriginal and Torres Strait Islander patients and HCWs. There are many Aboriginal and Torres Strait</p>

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Recommendation	Rationale
<ul style="list-style-type: none"> <li>▪ consider long-term strategies for building and resourcing social and emotional wellbeing and mental health of HCWs such as               <ul style="list-style-type: none"> <li>○ building capacity of non-Indigenous health services to understand and respond to the particular stressors, needs and cultural obligations experienced by Aboriginal and Torres Strait Islander HCWs</li> </ul> </li> </ul> <p>increasing the capacity of workforce to provide culturally appropriate social and emotional wellbeing and mental health support and services.</p>	<p>Islander professional organisations that can provide specific expert support and advice around social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective (20). These organisations can provide a wide variety of supports, such as grief services, Aboriginal-led yarning sessions, holistic health, traditional healers, translators and help-lines (0-3). These organisation and services should be promoted and offered to Aboriginal and Torres Strait Islander HCWs.</p>

## Individual strategies to support wellbeing

Recommendation	Rationale
<p><b>Maintaining wellness</b></p> <ul style="list-style-type: none"> <li>▪ Talk about experiences at work with co-workers and, whenever available, take part in team reflection and debriefing practices.</li> <li>▪ As much as possible take regular breaks while at work.</li> <li>▪ Consider participating in webinars and online training on self-care and social and emotional wellbeing for HCWs including building knowledge and understanding of the impact of working in the pandemic environment, and the emotional and mental health risks for HCWs during the pandemic.</li> <li>▪ Maintain awareness of personal coping strategies including personal strengths and pitfalls.</li> <li>▪ Continue to access existing professional emotional wellbeing and mental health services if they are part of usual self-care.</li> <li>▪ Follow strategies/do the things that are known to support general health and social and emotional wellbeing, such as:               <ul style="list-style-type: none"> <li>○ eating well and avoiding highly-processed high-calorie-low-nutrition foods and sugary drinks</li> <li>○ maintaining regular physical activity and exercise</li> <li>○ getting enough rest and sleep</li> </ul> </li> </ul>	<p>HCWs need to be able to debrief and reflect on their difficult work during the pandemic. Since many HCWs are self-isolating from family due to concerns of spreading COVID-19, co-workers may be the only face to face contact they have with one another (other than patients). HCWs with limited face to face contact may consider interacting using social media and online services. HCWs could meet with co-workers regularly to reflect and debrief with each other.</p> <p>During self-imposed isolation, or the busy nature of the workplaces during COVID-19, online training in self-care will become extremely important (4,7,8,10,13-16,18,19,21).</p> <p>Maintaining a healthy diet, being socially connected, participating in regular exercise and getting an appropriate amount of rest have been proven to improve mental health and wellbeing (10).</p> <p>Avoiding over consumption of alcohol and unnecessary use of medication has been known to contribute to poor mental health (4,7,14,16) and may make things worse (8).</p> <p>Over exposure to negative news about the pandemic, especially from unreliable sources, may contribute to anxiety and poor mental health (4,8,16,18).</p>

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Recommendation	Rationale
<ul style="list-style-type: none"><li>○ maintaining social connection with family, friends and community</li><li>○ avoiding increased/unsafe alcohol and/or other substance use</li><li>○ considering regular relaxation and mindfulness practices.</li></ul> <p>Consider the amount of exposure to news about the pandemic. Seek information from reliable sources and avoid unreliable sources and over-exposure to negative news.</p>	
<p><b>Seeking help</b></p> <ul style="list-style-type: none"><li>▪ Discuss work difficulties with the manager or designated person in the workplace.</li><li>▪ Use employee assistance services provided by the employer and/or other telephone or online support services including from culturally-specific sources such as Aboriginal and Torres Strait Islander health professional organisations.</li></ul> <p>Seek support from health professionals such as a GP, psychologist or other mental health provider.</p>	<p>It is important for HCWs to share with others if they are not coping at work. There are HCW specific services to support HCWs, including culturally appropriate services for Aboriginal and Torres Strait Islander people. Managers should encourage HCWs to access and use these services. There are also many private mental health support services available to HCWs (7,8,10,14-16,21).</p>

## Related topics and resources

Australian Government

[Mental Health and Wellbeing Pandemic Response Plan infographic](#)

[National Mental Health and Wellbeing Pandemic Response Plan](#)



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