

Will the Behavioral Health Needs of Health Care Workers Be the Next Wave: What We Can Do Now?

Teresa Bertsch MD

VP of Medical Affairs, The NARBHA Institute
Chief Medical Officer, The Guidance Center

July 28, 2020

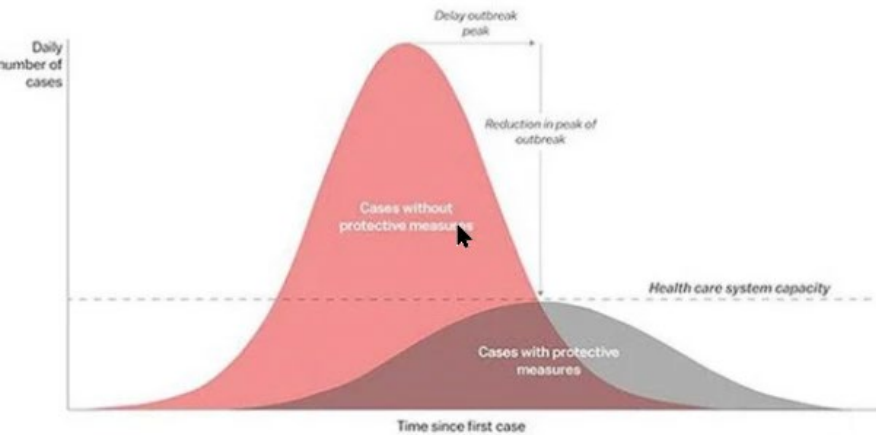


Image from Centers for Disease Control and Prevention


Introduction

Teresa Bertsch MD is a Board-Certified Psychiatrist who for the past 28 years has been the Chief Medical Officer (CMO) of NARBHA and now the Vice President of Medical Affairs at The NARBHA Institute. In that capacity she was also the CMO of the Health Choice Integrated Care and Steward Health Choice AZ Medicaid managed care health plans, a partnership between The NARBHA Institute (TNI) and Health Choice. She is the CMO at The Guidance Center, a psychiatric medical center with an inpatient psychiatric hospital, and a subsidiary of TNI.

In 2015 she received the Arizona State Behavioral Health Leadership in Services Award from Arizona State University for designing and delivering innovative behavioral health care systems and for a lifelong dedication to public service.

Since 2010, she has also practiced at North Country HealthCare, an FQHC. As adjunct faculty for AT Still School of Medicine, she teaches medical and nurse practitioner students at NCHC and TGC to provide compassionate, trauma-competent psychiatric care.

Dr. Bertsch received her Bachelors and Masters degrees from Stanford University, and completed medical school at Case Western Reserve School of Medicine, and Psychiatry residency at University of New Mexico School of Medicine where she was Chief Resident.



Two 2020 weeks
=
“One COVID-Year”

I'm tired....

Of not knowing.

Of not hugging.

Of being hypervigilant.

Of not trusting authorities.

Of not being trusted.

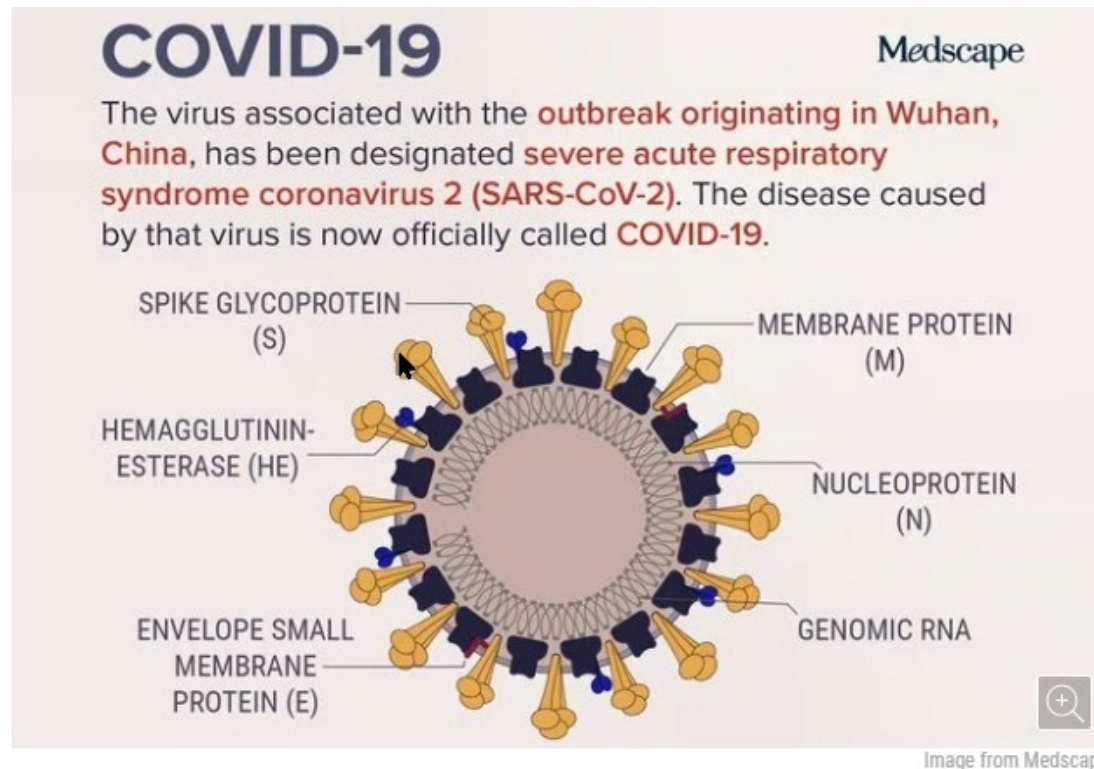
Of not trusting myself.

Mental Health Consequences for Health Care Workers (HCWs)

- Intellectual Strains
- Personal Strains
- Moral Strains

**Burnout causes more errors,
less compassion,
higher turnover rates,
sense of loss.**

What's so special about this little virus with a beautiful name?

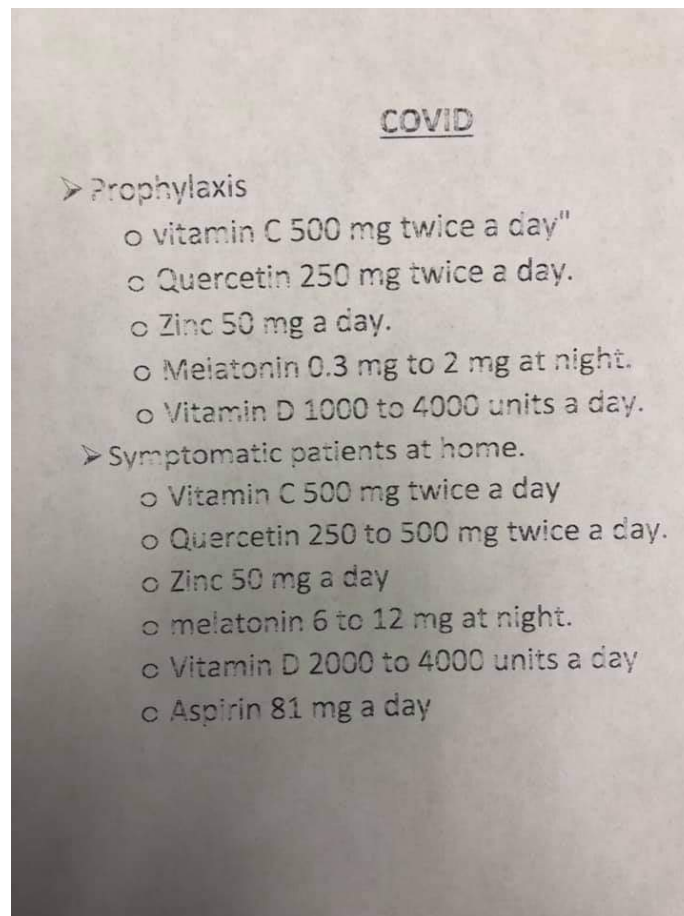


- It took **< 4 months to kill 100K** Americans (almost twice the number who died in the Vietnam War).
 - As of 7/27/20- **149K USA deaths**
- Our prior experience to pandemics of this magnitude occurred tens (2003, 2009) to hundreds (1346, 1918) of years ago
- **Half the world** was in **quarantine** (4/2020)

Intellectual Strain for Health Care Workers (HCWs)

- World-wide **lack of experience** with this virus
- **Rapid** information and skills acquisition needed
- Working memory and flexibility are taxed leading to tension and cognitive exhaustion.. **decision fatigue**
- **Deterioration** in the feeling of professional **mastery** (proven protective factor for resiliency)

Widely Circulated COVID "Protocol"



Intellectual Strain for Health Care Workers

- Medicine selects for people who have a high personal sense of **perfection**
- Perfection increases risk of **suicide**
 - Higher suicide rate for MDs
- Hard to have family or patients **not trusting us** anymore
- **Shame and blame** in society– malpractice litigation– who to blame and punish?
- Leads to a sense of **isolation**– very stressful for humans.

What do you mean, you (I) don't know??

Clinical Practice Guidelines: COVID-19 Pandemic

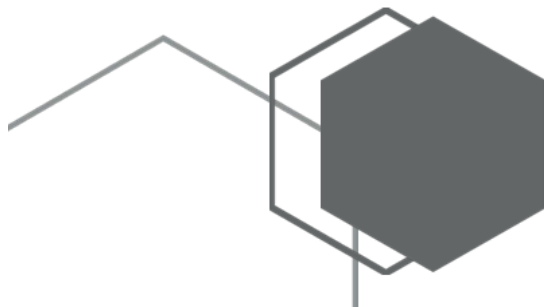
2020

Revised: March 15, 2020; March 20, 2020; May 5, 2020; June 16, 2020; July 2, 2020; July 23, 2020

6 "Final"
revisions since
3/15/20

Teresa Bertsch MD, Chief Medical Officer

Lorraine Bartlett-Sung RN, Director of Nursing



THE
Guidance
CENTER

THE
Guidance
CENTER

EFFECTIVE IMMEDIATELY- FINAL
3/31/2020, Revised 4/3/2020, Revised 4/29/20, Revised 05/14/20, Revised 5/19/20, Revised 5/22/20

6 Revisions

• PPE and COVID19 supplies being tracked by Finance:

Surgical masks	COVID 19 test kits and swabs
N-95, KN95 masks	Gloves
Face shields	All disinfecting wipes (Sani-Wipes, Clorox Wipes, Lysol)
Gowns	All hand sanitizers
Suits	Ultraviolet light cleaning product

• Inventory control:

- o Δ || pf these items will have an individual control number or employee name and an assignment to a staff member or a BH member:
 - Surgical face masks (numbered for members only)
 - N-95, KN95 masks (employee names)
 - Face shields
 - Gowns
 - Suits
 - COVID19 test kits and swabs
- o Δ || pf these items will have a control number and an assignment to a unit:
 - Gloves (box)
 - All disinfecting wipes (Sani-Wipes, Clorox Wipes, Lysol)
 - All hand sanitizers

• Allocation (PAR) or stock on hand. Inventory will be checked by purchasing once per day (M-F) for restock. (Subject to change)

- o Crisis-25 surgical masks for admits, intakes, and screenings
- o Crisis- 10 emergency face shields for affected members' care
- o CSU- 4 gowns
- o VSO OPN- 10 surgical masks for member walk-ins
- o SARRP-10 surgical masks for member replacements
- o SARRP-5 emergency face shields for affected members' care
- o PAC- 10 surgical masks for member replacements
- o PAC-10 emergency face shields for affected members' care
- o PAC- 5 emergency face shields for members who can't/won't wear masks
- o PAC-10 gowns
- o PAC-10 sets booties
- o _____
- o OPS-10 surgical masks for member walk ins
 - to outpatient services (O#)
 - PAC for members who need a replacement mask (P#)
 - SARRP for members who need a replacement mask (S#)
- o COVID19 test kits and swabs are assigned to Janice Enloe NP who then assigns to a member name when used and reports to Lorraine Bartlett-Sung RN, Infectious Control Coordinator.
- o Gowns, suits, goggles- will be numbered and distributed on an as needed basis

• Individual Staff Assignment of PPE:

- o Staff working on-site or going to members' homes can receive a surgical face mask daily at the temperature tent by doing a MASK EXCHANGE of their used mask for a fresh mask. Facilities staff will be distributing PPE requests daily during the campus rounds. The distributed PPE will be numbered and labeled in a paper bag.
- o Staff working off-site or from home will NOT be issued PPE.
- o N95 and KN95 Masks

Will BH Needs of HCW Be the Next Wave: What We Can Do
Now? Teresa Bertsch MD

Effect on MDs of Errors In Work and Life Domains

A survey completed by 3,171 of the 4,990 eligible physicians in internal medicine, pediatrics, family medicine, and surgery (64% response rate.)

Following errors, physicians reported:

- Increased anxiety about future errors (61%)
- Loss of confidence (44%)
- Sleeping difficulties (42%)
- Reduced job satisfaction (42%)
- Harm to their reputation (13%)

The Emotional Impact of Medical Errors on Practicing Physicians in the United States and Canada 2007. A.Waterman, et al. TJC Journal on Quality and Patient Safety. Vol 33, Issue 8, August 2007

“Thwarted Recovery”

Survey- US and UK 265 RNs and MDs

- After medical error, 30% had:
 - **Moderate to high negative impact** on work performance or personal life
- Disclosure and apology difficulties when there is an error
- Strained colleague relationships
- High levels of **personal shame**

Emotion and Coping in the Aftermath of Medical Error. Harrison et al J patient Saf 2015 Mar; 11(1):28-35

Personal Strain for Health Care Workers (HCWs)

- Unable to protect themselves from infection due to **no PPE**
- **Helplessness** because couldn't test self or patients due to **lack of tests**
- Feeling of **no way out** for oneself or loved ones
- **Avoidance** of family and friends due to fear of exposure
- Staff **shortages** due to infected coworkers



Mental Health Consequences of Pandemics

- Lack of **social cohesion** for many; for others a sense of **shared purpose**
- **Incorporating COVID-19** into BH symptoms- psychosis, OCD, anxiety, separation anxiety, guilt
- Adverse psychological and behavioral **responses to infectious disease** outbreaks are **common**:
 - insomnia
 - reduced feelings of safety
 - scapegoating
 - increased use of alcohol and tobacco
 - somatic symptoms (physical symptoms, such as lack of energy and general aches and pains)

Doctors Worry-Will COVID-19 Affect the Brain Like Other Viruses?

- **Survivors of SARS-CoV1 (2003) at 31-50 months post-infection (baseline 3%):**
 - PTSD 54.5%
 - Depression 39%
 - Pain Disorder 36.4%
 - Panic Disorder 32.5%
 - OCD 15.6%
- **In-utero** exposure to viral infections linked to **schizophrenia**
- Increased prevalence of **antibodies** for HCoV strains in patients with recent **psychotic** episode
- Immune response compromises the blood-brain barrier leading to **immune cells entering the brain** and disrupting neurotransmitters
 - White blood cells can remain **persistently infected** by CoV

Are we facing a crashing wave of neuropsychiatric sequelae of COVID-19? E. Troyer, et al.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152874/>

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Moral Strain for Health Care Workers

- **Imposter** Syndrome
- **“Fairness”**
- Knowing that end of life care is **not how anyone wants to die**
- Feeling **abandoned** by the health care system and government
- **Moral injury**



A protest in front of the White House on Tuesday, April 21, 2020
Nicholas Kamm/Getty Images

Moral Injury

Moral injury results from committing, witnessing, imagining, or failing to prevent acts or events that can be judged as evil or harmful, and that violate foundational social and ethical taboos... [Veterans Administration]

- The symptoms of moral injury include:
 - sorrow
 - grief
 - regret
 - shame
 - alienation
 - betrayal
 - loss of purpose

#IStandWithFauci

IDSA Statement in Support of Anthony Fauci, M.D., FIDSA

*As 12,000 medical doctors, research scientists and public health experts on the front lines of COVID-19, the **infectious diseases community will not be silenced nor sidelined** amidst a global pandemic. Reports of a campaign to discredit and diminish the role of Dr. Fauci at this perilous moment are disturbing.*

*Despite the nation's vast resources and abilities, more than 135,000 people in America have died from COVID-19 – more than any other country, and the numbers keep rising. Every day now brings a new high in the number of newly infected people and deaths. This is a **full-blown crisis** unlike any America has ever faced and it needs to be treated as such.*

*The only way out of this pandemic is by following the science, and developing evidence-based prevention practices and treatment protocols as new scientifically rigorous data become available. **Knowledge changes over time.** That is to be expected.*

*If we have any hope of ending this crisis, **all of America must support public health experts, including Dr. Fauci, and stand with science.***

<https://www.idsociety.org/news--publications-new/articles/2020/isda-statement-in-support-of-anthony-fauci-m.d.-fidsa/>

#IStandWithFauci- July 13,2020

I stand with science.

I stand with medicine.

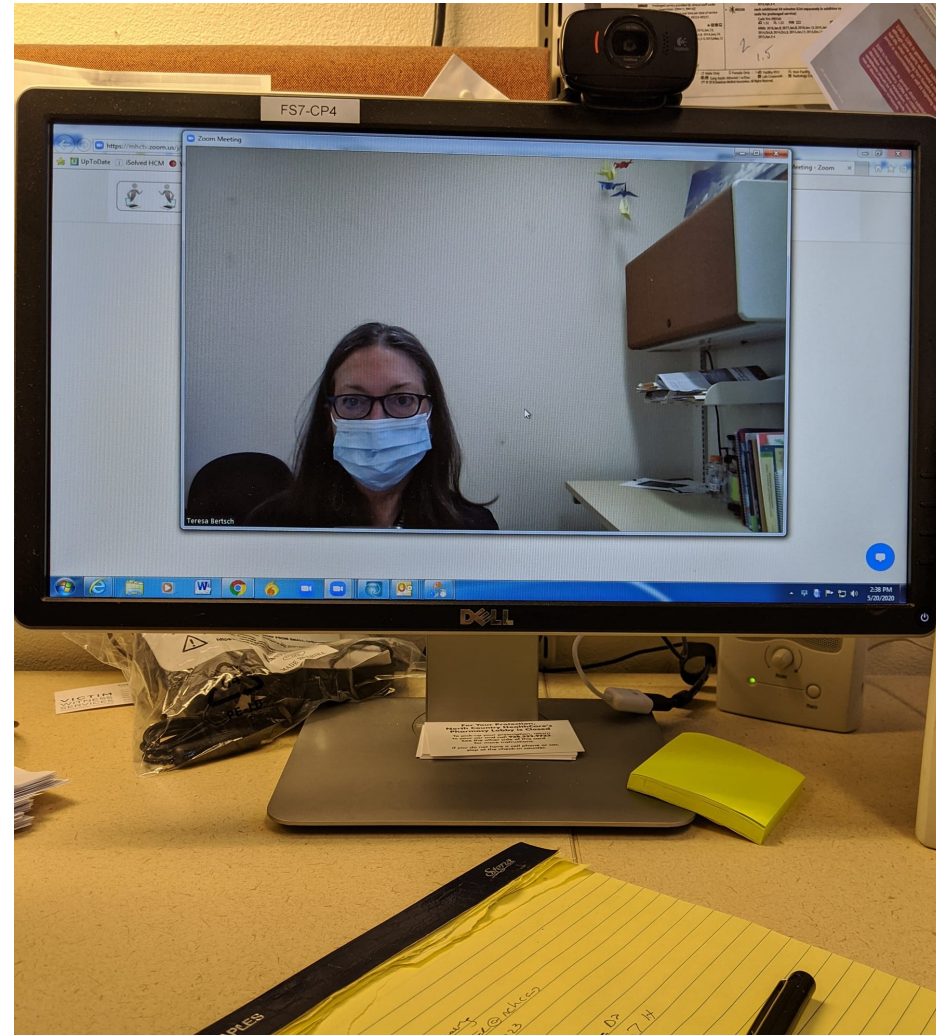
I stand with my fellow doctors,
nurses, pharmacists & healthcare
providers.

I stand with the truth.

COVID-19 is NOT a hoax.

Listen to the experts and NOT the
politicians.

Please wear your mask as I wear
mine.



What Else Is Coming.... “Deaths of Despair”?

- Increase in **social isolation**
- Loss of employment and **income**
 - **Wage/suicide association** is strongest when there's high unemployment
- **Diversion of funding** and resources to immediate needs
- **Coping** mechanisms- substance use, gun purchases
- Parental **death** (Adverse Childhood Event factor for suicidal ideation as adults)
- Direct and secondary **trauma**

2020 Study Looking at Minimum Wage Law Changes on Suicide Rate

The effect of a US **\$1 increase** in the minimum wage ranged from a **3.4%--5.9% decrease** in suicides.

Effects of increased minimum wages by unemployment rate on suicide in the USA.
Kaufman JA, Salas-Hernández LK, Komro KA, *et al.* *J Epidemiol Community Health* 2020;**74**:219-224.<https://jech.bmj.com/content/74/3/219>

“Racism is a public health issue.”

- American College of Physicians

Racism

- Increases chronic stress, depression
- Higher rates of comorbidities and **lower life expectancy**
- Generational **trauma** and personal trauma for Native Americans
- As of 7/27/20, **Navajo Nation** reports
 - COVID-19 8891
 - 439 known deaths
- Spillover effect of experiencing racist events **vicariously** on people in their family and in their community

“WhiteCoatsforBlackLives”



“Improving the social determinants of health will be brought at last to a boil only by the heat of the moral determinants of health.”

The Moral Determinants of Health. Donald Berwick MD. JAMA June 12, 2020

*“I wake up in the morning in a panic.
The only way I can describe it is like
I’m in a plane crash.” 7/19/20*

--MD mother who had COVID-19, now back in quarantine for another exposure

PTSD---HCWs are not immune

- Work-related critical incidents
 - Meta-analysis of 11 studies hospital-based health-care providers (3866 HCWs)
 - Increased PTSD symptoms
 - Increased depression and anxiety

Work-related critical incidents in hospital-based health care providers and the risk of post-traumatic stress symptoms, anxiety, and depression: a meta-analysis. J. De Boer, et al. 2011 Jul;73(2):316-26. doi: 10.1016/j.socscimed.2011.05.009. Epub 2011 May 30.



PTSD---HCWs working with or having COVID-19

Survivors of COVID-19 are at high risk for PTSD:

- Experiencing and suffering from COVID-19 illness
- Witnessing the patients' struggles, deaths and impact on loved ones
- Experiencing fear of infection, social isolation, exclusion and stigmatization
- After 2003 SARS, 2009 H1N1, HIV occupational exposure:
 - 21% (10-33%) HCW had PTSD
 - 40% had high PTSD symptoms 3 years post exposure

Survivors of COVID-19 are at high risk of posttraumatic stress disorder. S. Xiao, et al. Global Health Research and Policy (2020) 5:29

Could the universal experience of COVID-19 be the breakthrough needed?

- For the stigma and **career barriers** of seeking behavioral health care to be overcome?

Improving How State Medical Boards Ask Physicians About Mental Health Diagnoses: A Case Study From New Mexico. E. Barrett, et al. An Intern Med. May 5, 2020

- For docs to **accept help**?
- For help to move **beyond personal resiliency** strategies to health care system changes?
- For validating that the **“work” of all physicians is knowledge-based** and that coordinating care is valued-added and should be billable?
 - Telemedicine (and telephone) can be done by all specialties
 - Visit coding can be time-based versus “click-based”

Breaking Through Stigma



Esther Choo, MD MPH ✓
@choo_ek



I'm an ER doctor. I've seen a therapist and have been on antidepressants. Our system considers this a red flag, instead of a positive signal that I'm taking the best care of myself possible. This needs to change.



Esther Choo, MD MPH ✓ @choo_ek

Replying to @choo_ek

Getting mental health care can be shameful and a career killer for a physician. That needs to change.

We also know that COVID has neuropsychiatric effects but do not acknowledge that in return to work criteria. That needs to change.

10:33 AM · Jul 11, 2020



36.2K



See the latest COVID-19 information on Twitter



Javeed Sukhera MD PhD
@javeedsukhera



I'm a psychiatrist too. This tweet is the 1st time I have publicly shared that I have seen a therapist. Even though I research stigma, I have internalized so much shame from our toxic workplace culture in health care. It doesn't have to be this way. This needs to change.



Jessi Gold ✓ @drjessigold

I'm a psychiatrist. If I didn't see a therapist I wouldn't be able to see healthcare workers as patients because I wouldn't be healthy enough to help. Psychiatry supports it, but the system doesn't, even joking that psych is a weaker specialty, bc..feelings. This needs to change.
twitter.com/choo_ek/status...

10:42 AM · Jul 11, 2020



1.6K



312 people are Tweeting about this



Mimi Niles, Midwife, PhD, MPH
@mi_niles



I'm a midwife and nurse and have been in therapy for 5 years. can we talk about how healthcare environments are themselves quite intense and borderline toxic..and hence the need & value for therapeutic care?

It makes me a more grounded and thoughtful professional.



It Is Time To Stop Stigmatizing Mental Health Among Healthcare Workers. J. Gold. Forbes. 07/13/2020

“Prescribe” Connections to Counteract Our #1 Public Health Strategy...Isolation

Citing a meta-analysis of 148 articles—

Low social interaction is similar to or more harmful than:

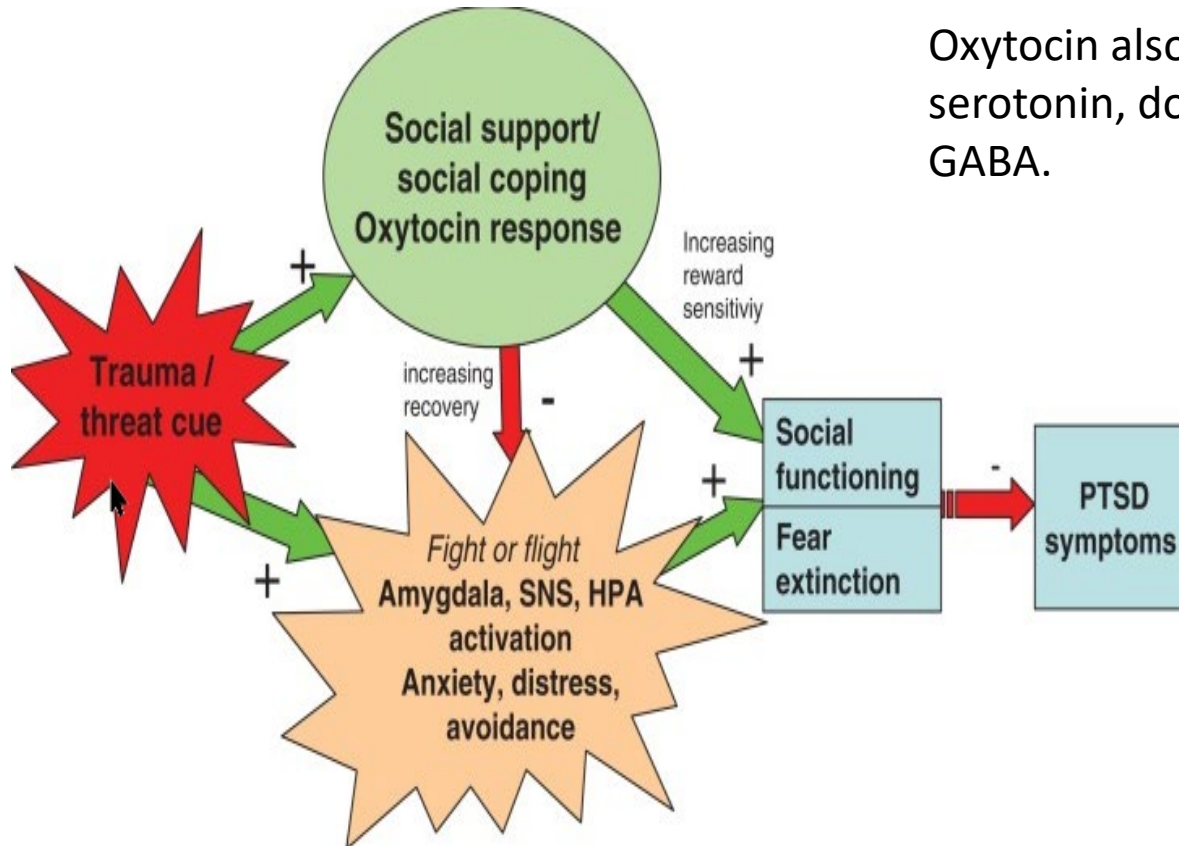
- Smoking 15 cigarettes per day
- Drinking >6 alcohol drinks per day
- Not exercising
- Twice as harmful as obesity

Low social interaction adversely affects:

- BMI
- Cancer survival
- Blood sugar
- Cardiovascular mortality
- Depression
- PTSD symptoms
- Overall mental health

The Connection Prescription: Using the Power of Social Interactions and the Deep Desire for Connectedness to Empower Health and Wellness. J. Martino, et al. [Am J Lifestyle Med](#). 2017 Nov-Dec; 11(6): 466–475. [10.1177/1559827615608788](https://doi.org/10.1177/1559827615608788)

Bonding After Trauma



Oxytocin also affects serotonin, dopamine, GABA.

WHAT??
Oxytocin is activated more for faces than for nonsocial stimuli (cars).



Bonding after trauma: on the role of social support and the oxytocin system in traumatic stress. M. Olf . [Eur J Psychotraumatology](#) 2012;3. doi: 10.3402/ejpt.v3i0.18597. Epub 2012 Apr 27.

Barriers to Physicians Seeking Support

- Lack of time (89%)
- Stigma (77%)
- Lack of confidentiality (79%)
- Access (67%)



Physician's needs in coping with emotional stressors: the case for peer support. Hu Y, Fix M, Hevelone N, et al. *JAMA Surg.* 2011;147(3):212-217. doi: 10.1001/archsurg.2011.312

Peer Support for Physicians

Mitigate the Effects of Emotional Stressors Through Peer Support-- AMA Program, June 25, 2020

- Organization **nominates** peer supporters
- **“This is not therapy!”**--Empathetic listening, question-asking and some sharing of personal experiences
- **Paid?** Behavioral economics studies show that paying people to do something they would do out of the goodness of their heart decreases their enjoyment of an inclination to do it.
- **Needs to be actively offered, as clinicians fail to reach out for help themselves.**
- Where to publicize– peer review, NEO, M&M, complaints, low patient scores
 - Grand rounds
 - Quality and safety conferences
 - Faculty meetings
 - Medical staff meetings
 - Clinical practice meetings
 - On-boarding/orientations

Most Effective– “Push” to Support, Not “Pull”

- **Pull-** Do I really need it? Am I distressed enough? Am I taking up too much time? What if I know the person?
- **Protecting against liability**– no notes taken. Usually liability is about treatment and diagnosis, not MD’s feelings related to the incident.
- **Information sheet** for reaching out on own which may include:
 - Mental health counseling
 - Stress reduction resources, such as cognitive behavioral therapy or mindfulness meditation
 - Medicolegal advice
 - Disclosure and apology coaching
 - Administrative and leadership assistance in scheduling time off from work
- **Reach out after any critical event, but what to do with ongoing situation like pandemic?**

How New York City Health +Hospitals Did It

Helping Healers Heal (H3) (New York City)– 1000 trained peer support specialists on 18 teams plus 230 BH providers:

- Individual and group counseling
- BH hotline
- Webinars on resilience, wellness, grief and mourning
- Respite rooms
- Mourning rooms for colleagues who have died
- Wellness rounds– team distributed support information throughout hospital
- Groceries, scrubs, transportation vouchers

Coping With Trauma, Celebrating Life: Reinventing Patient and Staff Support During the COVID-19 Pandemic. E.Weii, et al. Health Affairs 39, No. 9 (2020)

Peer Support Programs

- **Brigham and Women's Program – Started 2006, Jo Shapiro MD**

- Group peer support– worked after significant events, but the **MDs rarely came** so shifted to **one-to-one support**
- Developed the model that AMA Peer Support is based on

Peer Support for Clinicians: A Programmatic Approach. J. Shapiro, et al. Acad Med. 2016;91:1200-1204. June 28,2016

- **Arizona Medical Association– Launches Oct. 2020, Juliana Stanley**

- Partnership with CCA, an EAP firm
- AZ MD peers will receive 7.5 hours of live training, plus ongoing support
- Interactive webinars
- One to one support and group support
- No-cost to Arizona MDs



Peer Coaching– Different Than Peer Support

Physician Coaching Elements

- Like “executive coaching”
- Focuses on MD’s **internal locus of control** in maintaining motivation and satisfaction
 - Change how you think about your circumstances
- Not psychiatric treatment or cognitive-behavioral treatment
- **Results-oriented, future-focused**
- Draws from fields of positive psychology, mindfulness and self-determination theory

Physician Burnout: Coaching a Way Out. G.Gazelle, et al. J Gen Intern Med 30(4):508-13. 2014

Peer Coaching– Different Than Peer Support

Randomized Controlled Trial--6 coaching sessions for 88 Mayo Clinic MDs:

- 19.5% decrease in emotional exhaustion
- 17.1% decrease in burnout
- Improved resiliency and quality of life

Effect of a Professional Coaching Intervention on the Well-being and Distress of Physicians. A Pilot Randomized Clinical Trial [Liselotte N. Dyrbye](#), *JAMA Intern Med.* 2019;179(10):1406-1414.
doi:10.1001/jamainternmed.2019.2425

Professional Coaching for 179 Internal Medicine Residents: 3-Year Intervention at Mass. General Hospital

- High degree of satisfaction with program
- Reduction in emotional exhaustion after internship year

Professional Development Coaching for Residents: Results of a 3-Year Positive Psychology Coaching Intervention.
K.Palamara, et al. *J Gen Intern Med* 33(11):1842-4. 2018

Peer Wellness Coaching Focused on COVID-19 California Medical Assn



California Medical Assn “Care 4 Caregivers Now”

Support and coaching by volunteer peers:

- 4 hours of training
- 4 hours/week for coaching and mastermind sessions.

Free to front-line California physicians, RNs, PAs, NPs and RT.

Developed with Stanford Medical School.


COVID Coach

For managing stress related to the COVID-19 pandemic

Uses:

- Learn ways to improve your well-being during this global pandemic
- Use trackers for mental health and personal goals
- Find tools for coping and self-care
- Follow links to additional resources

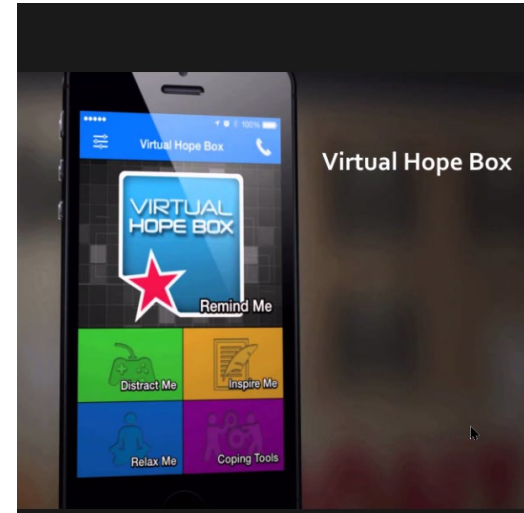
Download on the App Store
GET IT ON Google play



Developed by the Mobile Mental Health Apps Team at the VA's National Center for PTSD.


Contact our team with feedback to help us improve this app:
MobileMentalHealth@va.gov

Learn more <https://www.mobile.va.gov/app/covid-coach>



Breathe 2 Relax

- A portable stress management tool that uses breathing exercises to manage stress. It uses animation, narration and videos that help you have an in-the-moment experience.
- Benefits of diaphragmatic breathing are well supported in the literature
- Cost-minimization analysis showed that app saves time and money (Luxton, Hansen, & Stanfill, 2014)



40

Christina Armstrong PhD...VAMC and DOD Free Virtual Care Apps

- COVID Coach– by VA National Center for PTSD
- CBT-I-- Cognitive Behavioral Therapy for Insomnia
- Virtual Hope Box
- Breathe 2 Relax

Available in VA app Store mobile.va.gov

Resilient Arizona Crisis Counseling for AZ Residents

In partnership with the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS) and made possible by Federal Emergency Management Agency Grant funding, Crisis Response Network (CRN) announces that the new Resilient Arizona Crisis Counseling Program was launched on **June 22, 2020 to provide 100% free** and confidential support and connections to resources **for Arizona residents** impacted by the COVID-19 Pandemic.



ARIZONA DEPARTMENT
OF HEALTH SERVICES



RESILIENT *Arizona*
CRISIS COUNSELING PROGRAM

Physician Support Line

Free Confidential Peer Support Line by
Volunteer Psychiatrists Helping our US Physician Colleagues
Navigate the Many Intersections of Our Personal and
Professional Lives

1-888-409-0141

**7 days a week
8am - 1am ET**

www.physiciansupportline.com

f Physician Support Line

@PhysicianLine

Our Goals:

To normalize pursuit of mental wellness by physicians.

To encourage unity and empathy among physician colleagues.

To provide a resource for physician emotional wellness to healthcare organizations and institutions.

- 700+ volunteer psychiatrists
- 1000+ calls

Other Programs

- Flagstaff Medical Center
 - “Bypass ED option” for physicians with psychiatric emergencies
 - Can directly call the Psychiatrist on call
 - No ED visit necessary for an emergency medical condition screening (“medical clearance”) if needed for psychiatric admission. ED MD would facilitate outside of ED.
 - Debriefs
 - Routinely after pediatric deaths in ED, or adults when requested
- The Guidance Center Health Care Workers Support Groups-- free

Other Resources- Databases and Self-Help

- **Emotional PPE Project (Boston)**– national volunteer database for no-cost telemedicine therapy. <https://www.emotionalppe.org/faq>
- **Project Parachute (North Carolina)**-- national volunteer database for no-cost telemedicine therapy. <https://project-parachute.org/faq.html>
- **Physician Mental Health**– national database of psychiatrists for fee-for-services physician services.
<https://physicianmentalhealth.com/>
- **The Pandemic Project- Expressive Writing**– University of Texas
<https://utpsyc.org/covid19/>

Let's Go Together

“The NARBHA Institute embraces imagination, builds capacity, and inspires innovative solutions by leveraging resources and serving as a catalyst for well-being opportunities.”

Teresa.Bertsch@narbha.org

Tbertsch@TGCAZ.org



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- https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_10
- <https://www.ptsd.va.gov/covid/COVID19ForProviders032020.pdf>
- <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks>
- https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf
- <https://wellmd.stanford.edu/healthy/resilience.html>
- https://edhub.ama-assn.org/steps-forward/module/2767766?resultClick=1&bypassSolrId=J_2767766
- Beyond PPE: Protecting Health Care Workers to Prevent a Behavioral Health Disaster. A. Meshnick, et al. Health Affairs, June 4, 2020
[10.1377/HBLOG20200603.842660](https://doi.org/10.1377/HBLOG20200603.842660)