

Preparing for Practice

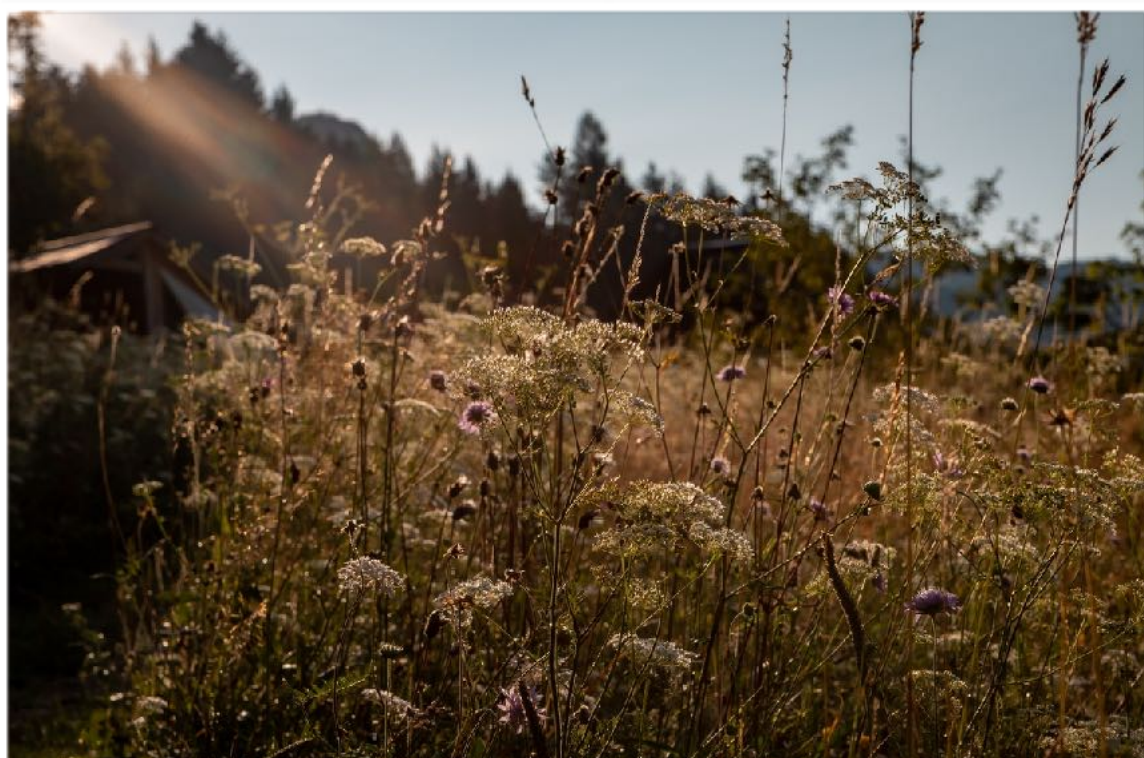
A Handbook for Junior Doctors

Psychological Considerations during the COVID-19 Pandemic

“I frequently remind myself and students that it is a privilege to be a doctor; perhaps it is even more of a privilege in a time of crisis. It is a privilege to be offered the opportunity to care, a privilege to enter into the suffering of others, a privilege to bring help and healing to those who need it. With that great privilege comes great responsibility - not least the responsibility to care for ourselves, to recognise our own suffering and distress, to maintain our own health. This little booklet will help you do just that - I recommend you read it and return to it regularly in the coming days. My thanks go to the authors, and to you for embracing the privilege and responsibility of being a doctor in these challenging times”

Professor Neil Kennedy, Director of Centre for Medical Education,
Queen's University Belfast

Friday, 3rd April, 2020





Preparing for Practice

A Handbook for Junior Doctors

Psychological Considerations during the COVID-19 Pandemic

Dr Ciaran Mulholland, Dr Julie
Anderson and Dr Melanie
Macpherson

Psychiatry, Centre for Medical
Education, QUB and NHSCT

Michael Duffy, School of Social
Sciences Education and Social
Work, QUB

Foreword by Dr Mulholland

You are joining the medical workforce much earlier than you expected. You will not be able to take the well-earned break you expected between the graduation ceremonies in July and commencing work in August. Indeed, you will for now forego the joy and celebration of the graduation ceremony itself. It is likely that when you first heard about the plan to fast-track the final weeks of your time at Queen's that you were disappointed. That is entirely understandable. By now you will be focused on the weeks ahead.

The transition between medical school and working on a hospital ward is always challenging. Previous generations of doctors have had to adjust quickly to unexpected and world-changing events. It is now a long time ago but those who graduated in the summer of 1939 were plunged into a world war within weeks.

Locally, the class of 1969 were only just finding their feet when Northern Ireland exploded in violence. Many from that cohort went on to make a real difference not just for their local community but, through the development of new surgical





*"The nature of being a doctor is to go above and beyond to deliver the care our patients require. But in this crisis situation, compassion, civility, and self-care will matter more than ever."*²

Dame Clare Marx, chair of the GMC

techniques, for the practice of medicine across the globe. Northern Ireland can claim that surgical advances which originated here, such as the use of titanium plates to close deficits in the skull, have saved tens of thousands of lives in conflict zones internationally.

In more recent decades doctors had to continue working when the population of Northern Ireland was effectively in a "lockdown". In the late 1990s each summer saw intense conflict on the streets, and widespread road blocks meant that everyone stayed at home when they could. Doctors could not stay at home and had to make their way to work in tense and difficult times.

No previous situation is directly comparable to the one in which you find yourself of course. The global nature of this crisis, and the near certainty that it will continue for several months, make it very different.

Only your cohort will have this specific experience, and it will define your entire career. This is why it is so important for you to consider the psychological impact of the pandemic on the entire population, on the patients you will treat in the coming months, on your family and friends, and on you.





Introduction

It is self-evident that psychological distress accompanies any emergency situation.¹ This guide focuses on the potential psychological effects of this crisis for the public, patients and ourselves. As clinicians, looking after each other and caring for ourselves are much more important than ever at this difficult time. If we are not well ourselves, how can we care for others?

In the words of Dame Clare Marx, Chair of the GMC²,

“None of us has experience of a pandemic like this. Dealing with coronavirus is the biggest challenge to face the NHS since it was founded. And it’s going to ask a lot of us all.”²

How true these words are for each and every one of us. At the best of times **uncertainty** can be a defining feature of our work, but never before has this been more prominent. Having control over our lives gives us a sense of security. By its very nature a pandemic strips away this sense of control and we feel uncertainty, anxiety and fear. To feel otherwise would not be human. As much as possible we need to anticipate this and try to **mitigate** feelings of **helplessness** and **loss of control**.

No one could possibly wish for the scenario that faces us at present but, historically speaking, rising to the challenge in seemingly impossible situations has been the hallmark of the medical profession. It is a profession which prides itself on **giving** and **caring selflessly** for others and it is already evident that this is our approach at the present time. The attitude of 750,000 members of the public who have volunteered to help the NHS gives us further encouragement and moral support.³ The worst of times brings out the best in people. In the most difficult of circumstances we can and will rise to the challenges that face us as individuals and as doctors. Adopting a positive mindset, taking control of situations, learning as quickly as possible and adapting to evolving situations will all be of paramount importance. Being **tolerant** and **forgiving** of our own failings and weaknesses will also be a key aspect of our coping strategy.

While we would never have wished you to face such challenges and adversity, your skills, resourcefulness and support to the medical workforce will be invaluable at this critical time. Words cannot express adequately our and the public’s heartfelt thanks to you for the significance of the contribution you will undoubtedly make. What you, the youngest generation of medical practitioners learn during this pandemic will unquestionably inform responses in similar situations and shape future medical practice and the nature of the NHS.





Effects of a Public Health Crisis

Psychological distress manifesting itself in sadness, anxiety, hopelessness and anger accompany any emergency and are experienced by most people.¹ “The prevalence of common mental disorders such as depression and anxiety is expected to more than double in a humanitarian crisis.”¹ They tend to improve over time for the majority but for some the effects will be long term.¹

Almost everyone is facing quarantine. “Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease.”⁴ For the most part, this feels unnatural and unpleasant. A review in the Lancet⁴ identified a number of negative psychological effects associated with mandated mass quarantine including “post-traumatic stress symptoms, confusion and anger.”⁴

Factors contributing to increased psychological distress include; a longer duration of quarantine, fears of infection either through infecting loved ones or fear that physical symptoms may be perceived as signs of the disease, confinement, isolation, inadequate supplies or inadequate information including a lack of clarity from public health authorities or the government. Financial loss may lead to longer term anger or anxiety with those on a lower income more likely to be adversely affected. Stigma, due to a perception of risk of infection, may be a relevant factor particularly for healthcare workers perpetuating the trauma and distress already experienced.^{4,10}

In order to mitigate some of the psychological effects of mass mandated quarantine, emphasising the altruism and sacrifice of others in order to keep vulnerable members of society safe is important. It is often easier to bear suffering if we feel our effort is benefiting someone else.⁴ Clear information about procedures, duration of isolation and how to access help if one becomes unwell, along with adequate supplies and financial assistance are crucial. Providing people with practical advice on coping with stress and uncertainty, including encouraging the use of technology to improve social networking and support groups are simple interventions we can all do which can be of benefit. Support of colleagues quarantined and managerial assistance are essential in order to reduce stigma and feelings of guilt among healthcare workers.⁴



Mental Health Problems

80% of respondents were identified as being at high/very high risk of burnout with junior doctors most at risk⁵

27% reported a diagnosis of a mental health condition

40% reported a “broader range of psychological and emotional conditions”⁵

1 in 3 responded that they used alcohol, drugs, self-medication or prescribing as a means of coping with a mental health condition⁵

Key findings from a pre-pandemic report by the BMA⁵

Practising medicine does not offer immunity to psychological distress or mental illness. A recent BMA survey⁵ of 4300 UK doctors and medical students revealed significant concerns regarding wellbeing within the profession. Key findings are included in the coloured circles. Questions were raised over pressures faced by doctors, resultant poor mental health and a culture where those in need felt unable to seek help.⁵

This survey was conducted over a year before the Coronavirus pandemic. Pre-existing concerns regarding our wellbeing, the pressures we face and our mental health, are likely to pale in comparison to the magnitude of the crisis we now face.

The challenges are likely to be numerous. Moral dilemmas relating to inadequate resources, fears about our lack of knowledge or experience which could place others at risk, an inability to balance the needs of our patients against our own physical and psychological health or those of our loved ones and the traumatic experiences we may face will sometimes dominate our thinking and perhaps our conscience.⁶

Mild and normally manageable psychological difficulties or traits are common and can be exacerbated in a pandemic such as this. Mild obsessional thoughts, for example, related to cleanliness could develop into significant fears regarding contamination and compulsive hand washing in excess of recommendations.⁷ Similarly, an awareness of or caring for patients or colleagues who may not recover may lead to significant personal anxiety related to our own health and mortality. While the risk to our individual personal health for most people is likely to be low,⁸ anxiety surrounding this is natural, understandable and common.

Ethical dilemmas encountered in both our personal and professional lives can lead to additional stress. Balancing our duty of care towards our patients along with anxieties about protecting our families and loved ones can cause a sense of helplessness due to a feeling of being unable to balance these seemingly competing factors. Simple steps such as adhering to the latest infection prevention guidance⁹ and appropriate use of personal protective equipment will not only help ensure we minimise the risk of infection and further transmission but also give us a sense of control which may mitigate anxiety.



Resilience and Psychological Growth

For some, this crisis may lead to psychological injury and predispose us to experience a worsening of pre-existing mental illness or lead to the development of a new condition.⁶ For others, as highlighted in a paper in the BMJ, “Managing mental health challenges faced by healthcare workers during COVID-19 pandemic”⁶ they may “experience a degree of post-traumatic growth, a term used to describe a bolstering of psychological resilience, esteem, outlook, and values after exposure to highly challenging situations. Whether someone develops a psychological injury or experiences psychological growth is likely to be influenced by the way that they are supported before, during, and after a challenging incident.”⁶

It is crucial that we acknowledge and understand the threat this crisis poses, not only to our physical health, but to the psychological health of our community, our patients and ourselves.¹⁰ If we understand and acknowledge the inherent psychological risk, we can try and take steps to protect our mental health, act quickly if we do become unwell and minimise the risk of long lasting damage to healthcare staff.

The GMC highlights our responsibility with regards to our health in Good Medical Practice;¹¹

“If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.”¹¹

Key points with regards to mental health and mental illness

- Prioritise your mental health as well as your physical health¹⁰
- Seek appropriate and timely help if you feel you may be suffering from a mental illness or psychological distress. Do not be afraid to seek help or look on it as a sign of weakness
- Communicate with your GP, supervisor and occupational health department as appropriate
- Take advice offered including making any necessary changes to your practice and informing the GMC if required
- Be kind and try and support colleagues as much as possible
- Recognise that many doctors already suffer from mental illness⁵ and no one is invulnerable to the development of a mental illness or burnout - if this affects you, remember you are far from alone



Looking After Yourself

The following is not intended to negate or eliminate the distress we will all experience during this time. Emotions, both positive and negative, are a natural and normal response to the situations in which we find ourselves.

The following suggestions, with some additions, are taken from the WHO document, “Mental Health and Psychosocial Considerations During Covid-19 Outbreak”¹⁰, in recognition of the stress generated by this crisis in the population. These suggestions may help support mental and psychosocial wellbeing for ourselves, our communities and our patients to minimise, albeit not eliminate, the distress experienced.

“Managing your mental health and psychosocial wellbeing during this time are as important as managing your physical health”¹⁰

Some people may find maintaining individual religious or spiritual beliefs provides comfort and benefit for them

“For health workers, feeling under pressure is a likely experience for you and many of your health worker colleagues. It is quite normal to be feeling this way in the current situation”¹⁰

“You should not be hesitant in keeping yourself psychologically well. This is not a sprint; it’s a marathon”¹⁰

Minimize watching, reading or listening to news that causes you to feel anxious or distressed; seek information only from trusted sources”¹⁰

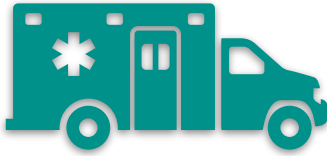


“Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak”¹⁰

The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried”¹⁰

Protect yourself and be supportive to others

Find opportunities to amplify positive and hopeful stories”¹⁰



Protecting Ourselves from Psychological Harm

Questioning past decisions and dwelling on experiences at work are common and understandable in any profession, particularly at times of heightened stress and pressure. Research has shown¹³, however, that thinking styles can predict the development of **post traumatic stress** and detrimentally affect our mood.¹³

Rumination, defined as repetitive negative thinking, and resilience appraisals are two cognitive factors which are robust predictors of poor mental health in emergency workers. Those who reported ruminative thoughts during critical incidents were more likely to experience poor levels of coping.¹³ Adaptive appraisals led to more successful attempts to regulate emotions and fewer PTSD symptoms.¹⁴ Research from paramedic trainees shows that rumination at the start of paramedic training uniquely predicted PTSD and low resilience, uniquely predicted an episode of major depression.¹⁵

Why?
If only....
What if?

Feelings of guilt and asking ourselves lots of 'why,' 'what if,' and 'if only' questions could be a sign that we are ruminating and dwelling on the past. An ability to develop an **awareness** of this, can allow us to shift our attention. Exercising, focussing your attention on a new task or changing position are ways in which this can be achieved.

Unwanted intrusive memories are normal following distressing events and can be problematic. Studies in a range of professionals have demonstrated that intentionally breaking the link between the **past event** and triggers in the **present** can help to reduce unwanted memories.^{16,17} This can be achieved by trying to **focus on the differences** between the trigger in the present, for example a similar patient, sound or sensation and the memory in the past. If possible, try and allow memories to come and go rather than try and suppress them.





Signposts

The following may provide additional sources of support or guidance which you may find of use or benefit;

- [COVID-19: Guidance for the public on mental health and wellbeing](https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19) - <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>
- [MIND Coronavirus and your wellbeing](https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/) - <https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>
- [NHS 5 steps to mental wellbeing](https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/) - <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>



References

1. WHO Mental Health in Emergencies, <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies> (Website, accessed 27/03/20)
2. GMC website, <https://www.gmc-uk.org/news/news-archive/doctors-will-stop-at-nothing-to-provide-care-in-this-crisis-our-job-is-to-support-them>, (Website accessed 27/03/20)
3. NHS England, <https://www.england.nhs.uk/participation/get-involved/volunteering/nhs-volunteer-responders/> (Accessed 30/03/20)
4. S. Brooks, R Webster et al, The psychological impact of quarantine and how to reduce it: rapid review of the evidence, *The Lancet*, 2020; 395: 912–20
5. BMA report, <https://www.bma.org.uk/news/media-centre/press-releases/2019/may/serious-mental-health-crisis-among-doctors-and-medical-students-revealed-in-bma-report>, (Accessed 27/03/2020)
6. N. Greenberg, M. Docherty et al, Managing mental health challenges faced by healthcare workers during covid-19 pandemic, *BMJ* 2020;368:m1211
7. Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19), Government publication, <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>, (Accessed 29/03/20)
8. Government publication, Coronavirus Action plan a guide to what you can expect across the UK, <https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk>, (Accessed 27/03/2020)
9. COVID-19: Guidance for infection prevention and control in healthcare settings. Version 1.1, 27/03/20, Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876577/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf, (Accessed 30/03/20)
10. WHO publication, 12th March 2020, Mental Health and Psychosocial Considerations During COVID-19 Outbreak, <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>, (Accessed 30/03/2020)
11. GMC Good Medical Practice, <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2---safety-and-quality#paragraph-28>, (Accessed 27/03/2020)
12. Images kindly provided by Si Watts. Image one, Dovje, Slovenia, image two Lake Matheson, South Island NZ, Image three Coromandel, North Island, NZ
13. Wild, J., Smith, K. V., et al. (2016). A prospective study of pretrauma risk factors for post-traumatic stress disorder and depression.



Psychol Med, 2016, 46(12), 2571-2582. doi:10.1017/S0033291716000532

14. Shepherd L, Wild J. Emotion regulation, physiological arousal and PTSD symptoms in trauma-exposed individuals. *J Behav Ther Exp Psychiatry* 2014;45:360–7.
15. Shepherd L, Wild J. Cognitive appraisals, objectivity and coping in ambulance workers: a pilot study. *Emerg Med J* 2014;31:41–4
16. Byrne, M., Wild, J., & Ehlers, A. (2020) Stimulus discrimination reduces unwanted memories after analogue trauma. Manuscript in preparation.
17. Kennedy-Smith, P., Ehlers, A., & Wild, J. (2020). Stimulus discrimination training vs thought suppression to reduce trauma-related intrusive memories: A randomised experiment. Manuscript under review.

