

Guidance for Behavioral Health Workforce – COVID-19 Frequently Asked Questions

Updated June 12, 2020

Q: How can we, as behavioral health professionals, support individuals receiving care in state psychiatric hospitals?

A: Safety

Caring for the physical and psychological safety of individuals served is paramount during this crisis. Clearly the physical setting must be safe as well as the interpersonal interactions must promote a sense of safety.

Recommendations include:

- Encouraging exercises on self-compassion, gratitude, and mindfulness.
- Providing individuals access to virtual visitation via technologies/programs such as Facetime, Skype, phones, etc.
- Developing a safety fact sheet on COVID-19.
- Asking staff and individuals in care what will enhance their personal safety at this time.
- Encouraging peers to develop personal comfort strategies.
- Offering informational materials and sessions for persons served to educate them on the crisis.
- Helping persons served understand the difference between isolation (confirmed positives or people showing symptoms consistent with COVID-19) and quarantine for people exposed to see if they will develop symptoms. (This should include regular meetings for information and questions.)
- Explaining variations in protocols (e.g. why staff and designated patients must wear face coverings and people served may not.)

Empowerment, Voice and Choice

Whenever possible, allowing individuals in care the opportunity for choice will provide an increased sense of control. Hearing expressed concerns and fears and providing suggestions for self-soothing can reduce symptoms.

Recommendations include:

- Giving persons served the option to wear masks and providing them information on the benefits of using masks.
- Playing soothing music and sounds to soothe the anxieties of persons served.
- Providing persons served with video-streaming services of relaxing environments, such as zoos or wildlife preserves.
- Engaging peers in developing meaningful and relaxing activities on the unit (i.e. games).
- Developing activities for those in isolation that are engaging and meaningful to increase overall health and well-being. One way to do this is to ask the persons served what they would like to have to help cope with the crisis.
- Persons served in isolation continue to receive clinical services either in person or virtually.
- Giving persons served the options to do yoga and other online exercises.
- Offer creative expression opportunities to work through emotions about the virus, such as art making, poetry, or other activities that can be accomplished while social distancing.



Trustworthiness & Transparency

During these uncertain times, it is so critical to maintain trust through regular communication and information sharing.

Recommendations include:

- Presenting information on COVID-19 in increments.
- Providing updated information and opportunity to process feelings is important in calming escalating fears. Anxiety is high for everyone during this stressful time. Peers may witness another on the unit escorted by outside paramedics being transported to the hospital.
- Engaging in honest discussion and allowing fears to be expressed can mitigate escalating feelings.
- Developing concrete guidance and dos and don'ts list for the crisis.
- Being transparent with persons served about feelings and fears over the crisis.
- Practicing calming strategies may also be helpful. Please see the mind body calming strategies attached that can be printed and displayed. They can also be practiced at community meetings.
- In the unfortunate event that a peer on the unit dies, giving the group the opportunity to grieve and honor the individual in a way that is meaningful to them.
- Hosting informational sessions to explain changes in policy, practice, and clinical programming. The practice guidelines to deal with this epidemic are constantly changing and being revised. As such, it is important for people to understand what's behind the change.

Collaboration & Mutuality

Everyone has a role to play during the COVID-19 crisis. Persons served and persons serving are all experiencing fear, anxiety and uncertainty. We are truly in this together and you don't have to be a therapist to be therapeutic!

Recommendations include:

- Creating a warm line for persons served to call to discuss their own experiences and receive information concerning the virus.
- Create a "coping kit" composed of stress management and coping strategies favored by staff and persons served.
- Hosting consistent meetings together with staff, peer support, and clients on updates concerning the COVID-19 crisis. Ideally, this should be done virtually through programs like Zoom and WebEx; and it should end with a breathing exercise.
- Using virtual meetings to transition persons served out of state hospitals into community settings.
- Holding morning (daily) check-ins/community meetings to speak with and check on the status of persons served. Providing a forum for both staff and people served to provide support to each other.

Peer Support

Utilizing traditional in-person peer support might be challenging during this time of social distancing. Whatever can be done virtually will provide important connection when physical connection is not possible. Encouraging mutual self-help and learning to care for one would provide additional comfort during this difficult time.

Recommendations include:

- Continuing peer support, either in-person or virtually (depending on the hospital's policies).
- Providing in-unit peers with information and tools (i.e. curriculum, training) for them to assist other patients in their units.
- Encourage the use of peer-to-peer support among peer workers at your facility.



Cultural, Historical & Gender Issues

Family and cultural connections are important for the well-being of persons served.

Recommendations include:

- Informing patients that all people can be affected by this crisis. Educate honestly that while older people are at highest risk, even younger people with pre-existing conditions, including current and former smokers or people with diabetes, are at high risk.
- Encouraging individuals to share their traditional, cultural healing rituals and values.
- Attending to issues of stigma. Media coverage often focuses on certain groups being more susceptible to COVID-19 than others. As such, it is important to provide accurate information in order to preemptively address issues over misinformation.

We also encourage the behavioral health workforce to visit these resources and remember to practice self-care:

- [Mind Body Skills](#) (link is external)
- [Rethinking Crisis: Crisis Strategies to move from Crisis to Empowerment](#) (link is external)
- [NASMHPD All Facilities Manual](#) (link is external)

May 1, 2020

Q: Guidance was requested by a provider (appeal the unit designation) and NABHO on the DBH medication management unit of service.

A: The 4/9/2020 Behavioral Health FAQ stated that the unit of service for medication management is 15 minutes with telehealth and that telephone appointments are now permissible routes of service delivery. In general, providers contracted with the Regions are encouraged to work with the Region to handle unique circumstances to that expectation. There are unique circumstances for which the provider could document one-time occurrences in the medical record.

The Division of Behavioral Health (DBH) is uncertain as to the frequency of the medication management unit issue brought to our attention by the provider; however, with respect to appeals, units of service are a contract issue not a regulatory issue. There is an appeal process for regulatory issues. DBH solicits Region feedback for contract updates on an annual basis. At this time, the medication management unit will remain 15 minutes.

The provider's original conversation with DBH did not indicate the concern was specifically related to COVID-19. The information submitted to the mailbox did reference COVID-19. DBH will establish a minimum of 10 minutes to bill for one 15-minute unit during the COVID-19 Public Health emergency, effective April 1, 2020.

Q: With the changes to delivering care virtually, are there resources that address how to best engage consumers using this route of service delivery?

A: Kenneth Zoucha, M.D., has provided the following resources to help in asking questions to patients:

We use different screening questionnaires for our patients. Often those are given in the waiting room or in the room before the provider enters. We have started to do these on-line with the patients. It definitely opens up questions and items/issues that the patients want to talk about. A lot of the spontaneity of the encounter goes away by telehealth and this opens it up.

EPIC (Our EMR) has screening questions built into them.

First is the Sheehan Disability Scale:

http://www.cqaimh.org/pdf/tool_lof_sds.pdf

I ask these questions of the patients during the interview. I put it in at various times throughout the interview. It is a way to track improvement over time as well. Again, often these questions will elicit other conversations with the patients.

I ask the PHQ-2 questions:

http://www.cqaimh.org/pdf/tool_phq2.pdf

It has validity and science behind it as a great tool for depression. If they are positive then I move to PHQ-9:

http://www.cqaimh.org/pdf/tool_phq9.pdf

Finally, I ask the GAD-4:

<https://www.mdcalc.com/gad-7-general-anxiety-disorder-7>

You don't have to ask all of these every time, and you can tailor it to each individual patient.

All of these except for GAD-4 can be found for use at the following website: www.cqaimh.org

Just some suggestions. I have found them very helpful and again they are in or can be built into an EMR and scored while talking with the patients.

Teresa Bledsoe, PLMHP, Community Alliance, has provided tips to help engage consumers:

I would like to share some tips as clinical day rehab staff. We have been attempting to contact consumers a few times a week in order to help them stay on track with meeting goals on their day program treatment plans. Of course, this can be challenging since they are not able to engage socially with their peers or participate in a classroom/group environment right now. I've been trying to preserve as much of that as possible by finding materials that I can use for educational purposes as they relate to the consumer's goals. I try to find materials that are interactive where the consumer has to provide some type of response and it will facilitate further discussion. One tool I utilized last week was "positive affirmation journal prompts", in which I would give a statement like "Something I like about myself is..." or "one thing I accomplished today was...". Activities which engage the consumer are much more effective and help us to better assess how they are doing based on their responses.

Other resources addressing tips and guidelines for delivering online services include:

https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924?referer=from_search_result

https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ata_5_29_13.pdf

https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/Practice%20Guideline%20Covers/NEW_ATA%20Children%20&%20Adolescents%20Guidelines.pdf

https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/Practice%20Guideline%20Covers/NEW_ATA%20Children%20&%20Adolescents%20Guidelines.pdf



https://www.integration.samhsa.gov/hit/telehealthguide_final_0.pdf

https://www.researchgate.net/publication/340066049_COVID-19_Tips_Building_Rapport_with_Youth_via_Telehealth

<https://www.ncbi.nlm.nih.gov/books/NBK344045/>

April 20, 2020

Supporting Emotional Health of the Behavioral Health Workforce During COVID-19

There is no health without behavioral health. As a behavioral health provider, thank you for your commitment to serving Nebraskans. It's essential you take care of yourself during this healthcare crisis. You are likely experiencing additional challenges during the COVID-19 infectious disease outbreak. This may include concerns about your own health, your family's health, stigma from within your community, and managing the distress of people you support in your professional life.

We acknowledge the risks you take every single day, and we recognize that with the COVID-19 outbreak the world feels upside down. You are shifting your office setting to telehealth, learning new technologies, determining who needs a face to face appointment and how to do that safely, and where to send people who may be in more distress. We recognize that with all the changes comes increased stress. We also recognize the increased risk and burden placed upon you and your family. If you are still needing to see people face to face for support of their behavioral health condition, your duty to serve can put you at increased risk of getting sick and conflicts with your own safety. That is a stress most will never understand. We thank you for showing up day after day, and for shifting to work through technology, while the rest of the community may not understand all the nuances of what you do. We thank you for your bravery and dedication to serving others every day, and especially during this crisis.

The intention of this kit is to provide resources to help preserve your own resilience and mental health, as well as that of your family. Additionally, it highlights areas you can monitor for yourself and your peers during this crisis, in order to seek help early in coping with the unique stress you experience. Many front-line behavioral health providers are experiencing increased levels of depression, anxiety, insomnia and stress. You are not alone in these feelings, and there are resources to help you get through them.

Resources for Behavioral Health Workers

For Your Family

Nebraska DHHS Guidance & Resources

<http://dhhs.ne.gov/Pages/Coronavirus.aspx>

On March 26, 2020, Governor Pete Ricketts signed Executive Order 20-10 which suspends several statutes and their implementing regulations from the Uniform Credentialing Act relating to specific health care providers, including mental health care providers. For FAQs related to Executive Order 20-10 go to:

<http://dhhs.ne.gov/OEHS%20Program%20Documents/EMS%20EO%2020-10%20FAQ.pdf>.





Childcare for Essential Workers in Nebraska

Governor Pete Ricketts signed Executive Order 20-08 on March 26, 2020 waiving certain requirements regarding the Child Care Licensing Act. The Department is asking programs to serve as many children of essential personnel as can be done safely and appropriately, complying with all requirements outlined in the executive order.

Find Access to Child Care

Responding to the needs of behavioral health care providers and other essential workers, a group of early childhood stakeholders has collaborated to create the Nebraska Child Care Referral Network — a searchable database at www.NEchildcarereferral.org.

The website allows parents to search for child care providers by:

- address (including multiple radius options around your home) or zip code
- age of child(ren)
- providers who accept subsidy payments
- providers who are part of Step Up to Quality

All programs listed on the website have been licensed by the Nebraska Department of Health and Human Services to care for and educate young children and meet safety and quality standards of the State of Nebraska. Providers will be encouraged to update their information as they fill openings or have slots open up, to keep the database as current as possible.

Parents who would like more information about how to choose a provider can call Nebraska's Child Care Resource and Referral Line at 1-800-892-4453 or 402-557-6880.

For Your Health

EAP (Employee Assistance Programs)

Ask your employer if you have an EAP for free, confidential assessments and short-term counseling for mental and emotional well-being. Many EAPs help with trauma and other emergency response situational.

Finding Better Sleep During COVID-19

https://www.cstsonline.org/assets/media/documents/CSTS_FS_Fight_COVID19_w_Better_Sleep_Health.pdf

Compassion Fatigue Resources

<http://champsonline.org/assets/files/ToolsProducts/OEResources/CF-Resources-Handout.pdf>

<https://www.goodtherapy.org/for-professionals/business-management/human-resources/article/cost-of-caring-10-ways-to-prevent-compassion-fatigue>

CSTS (Center for Study of Traumatic Stress) - Provider, Leader and Family Resources

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

NAMI (National Alliance on Mental Illness)

<https://www.nami.org/Find-Support>

The American Psychological Association

<https://www.apa.org/topics/stress/>

American Psychiatric Association:

<http://workplacementalhealth.org/Employer-Resources/Working-Remotely-During-COVID-19>

<https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks>

Nebraska DHHS Guidance & Resources

<http://dhhs.ne.gov/Pages/Coronavirus.aspx>

First – Be safe!

The best way to prevent the spread of illness is to **stay home when you are sick**. Behavioral health providers have shifted so much to technology, but even doing that work and emotionally supporting others can be exhausting. If you are still engaged in face to face encounters, you may have direct contact with sick and otherwise vulnerable populations. Screening staff when they report for duty reduces the risk to patients and other employees.

Every healthcare worker, including behavioral health workers, like those in community mental health clinics, opioid treatment programs, and inpatient psychiatric units, should screen themselves every shift.

Answer three simple questions when you report for duty:

Do you have a cough?



Do you have a fever?



Are you short of breath?



If you are experiencing symptoms, feel ill, or develop a fever – stay home and contact your employer for further direction regarding potential testing, isolation and shift coverage, in accordance with their COVID-19 Plan.

Have a Plan in Case You Become Ill

At work: Discuss what will happen if you become ill with COVID-19 with your manager or supervisor.

- Where will you isolate?
- How will you isolate from your family to protect them?
- How will you be compensated during isolation?
- How long will your employer expect you to remain off duty? What is the policy for returning to work?
- Are there tasks you can do from home if you must isolate?

At home: Find ways to get your family involved in routine and emergency activities that prevent the spread of illness in your home.

Prevent illness in your household:

- Wash your hands with soap and water, especially when returning home from work.
- Clean frequently touched surfaces like doorknobs, counters, phones.
- Teach your family best practices for hand washing, cough and sneeze hygiene, and surface cleaning.

Plan for illness in the household Behavioral health workers have unique needs when it comes to planning for illness in the household. Discuss with your family what to do if you become ill, or if another family member becomes ill. By participating in the plan, your family might not feel as overwhelmed or as if they do not have power in the situation.

- Consider separate living spaces and bathrooms.
- Create a plan for childcare and pet care if you become ill.
- Create a family plan for where you will isolate (at home or away from home) if you become ill.
- Discuss the possibility for increased shifts, longer shifts, schedule changes, increased travel, or telework during this crisis.

Recognize When You Need A Break

The fact that COVID-19 is human-to-human transmissible, relatively unknown, and potentially fatal may intensify the feelings of personal danger. It is important to understand types of stress so that you can recognize them in yourself and in others.

Burnout describes a human response to chronic emotional and interpersonal stress at work signaled by exhaustion, cynicism, and work inefficacy.

Compassion fatigue is the resulting exhaustion from constant exposure to the same stressor leading to decreased compassion or empathy for others.

Resilience is the ability to adapt successfully in the face of trauma, adversity, tragedy or significant threat. Creating a stress resilience plan helps you fight against burnout and compassion fatigue.

Create a Stress Resilience Plan

1 Self-Assess

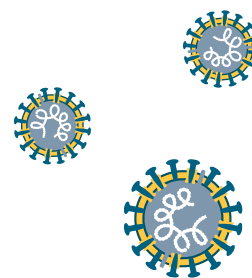
- What are my early warning signs of excessive stress?
- What do I do currently on a daily basis for self-care?
- What do I do on a weekly basis to improve self-care?
- What do I do when my stress level is unusually high?

2 Plan for the Future

- What can I add to my self-care routine?
- How will I make time for these new strategies?
- How often should I review what I am doing?
- What challenges do I expect to have with my plan for change?
- How will I know if my changes are helping?

3 Get Support

- Who can I turn to for support with my plan?
- How often should I check in with them?
- What professional support is available for me if I need it?



Stay Healthy!

Behavioral health workers, just like all those in healthcare, need to take care of their own health to be able to provide care for individuals in a high-stress environment. Workers must be able to stay focused on the job in the dynamic, crisis environment.

Pace Yourself

- Pace yourself, this pandemic is a marathon, not a sprint.
- Watch out for each other. Coworkers may be intently focused on a particular task and not take appropriate precautions to protect themselves.
- Be conscious of those around you. You might be exhausted, stressed, or even temporarily distracted, and that can lead to errors or irritability.
- Take frequent rest breaks. Mental fatigue, particularly over long shifts, can greatly increase workers' risk of injury and burnout.

Prioritize Your Physical Health

- Keeping a healthy routine, especially during uncertain times, will help curb stress.
- Drink plenty of fluids, especially water.
- Maintain a healthy diet and exercise when you are able. Simply taking 20 minutes and going for a walk can help manage stress.
- Take breaks away from your workspace, or go out for fresh air, when possible.

Don't Ignore Your Mental Health

As a behavioral health workers, you know how important mental health is, but often forget to watch your own mental health. Make sure you think about your mental well-being during this extraordinary time of stress. Some of the following may help:

- Keep in touch with friends and family: A simple phone call, text message, or videochat helps to manage stress and keeps you in contact with those close and important to you.
- Limit media exposure: Take some time every day to digitally unplug and get a break from all the media.
- Recognize and accept what you cannot change such as the organizational structure, complex work environment, waiting times, supply shortages, etc.
- Talk to people when you feel like it. You decide when you want to discuss your experience
- Identify a buddy, ideally a peer, who understands your unique stresses, and check in often with one another. Try to process the difficulties of a shift or a day in the clinic, and then point out positive elements too. Lift one another up!
- Give yourself permission to feel upset or scared: you are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. But, remember, if your sleep is so disrupted that it is hard to function, take time off and seek mental help. You cannot emotionally support others as well if you are having difficulties and not maintaining your own balance.



Identifying Stress

Physical Behavioral health workers experiencing any of the following symptoms should seek IMMEDIATE medical attention: <ul style="list-style-type: none">• Chest pain• Difficulty breathing• Severe pain• Symptoms of shock If behavioral health workers experience symptoms over time or if they become severe, workers should seek medical attention. <ul style="list-style-type: none">• Fatigue• Nausea/vomiting• Dizziness• Profuse sweating• Thirst• Headaches• Visual difficulties• Clenching of jaw• Nonspecific aches and pains	Cognitive If these symptoms occur on the scene, workers may not be able to stay clearly focused to maintain their own safety or to help patients in distress. Behavioral health workers may experience momentary cognitive symptoms; however, if symptoms are chronic or interfere with daily activities, workers should seek medical attention. These symptoms include: <ul style="list-style-type: none">• Confusion• Disorientation• Heightened or lowered alertness• Poor concentration• Poor problem solving• Difficulty identifying familiar objects or people• Memory problems• Nightmares
Behavioral As a result of a traumatic incident, behavioral health workers may notice the following behavioral changes in themselves or coworkers: <ul style="list-style-type: none">• Intense anger• Withdrawal• Emotional outburst• Temporary loss or increase of appetite• Excessive alcohol consumption• Inability to rest, pacing• Change in sexual functioning	Emotional Strong emotions are ordinary reactions to a traumatic or extraordinary situation. Behavioral health workers should seek mental health support from a disaster mental health professional if distress continues for several weeks or if they interfere with daily activities. Emotional symptoms include: <ul style="list-style-type: none">• Anxiety or severe panic (rare)• Guilt/sense of failure• Denial• Grief• Fear• Irritability• Loss of emotional control• Depression• Feeling overwhelmed• Blaming others or self

Managing Stress

Recognizing stress in yourself is important. Here are some things you can do for yourself to help you manage your stress:

Talk to your peers about the stresses of the day, jobs, and other worries you share. Place an emphasis on validating one-another's concerns without focusing on the grim. Help point out positive elements of the shift or day for one another.

Seek help from support systems available in the healthcare environment. Many systems have point people or resources to help with burnout, fatigue and other concerns. Having conversations about your worries can help reduce anxiety. Check out the list of resources at the end of this document as well.

Self-care helps you stay strong in order to better help others. Self-care can be eating healthy, exercising and getting good sleep. Self-care may also include taking care of family, including children and others. Making sure you fill your own cup is just as important as pouring from it to serve others.

Stay in touch with older parents and family members you would normally visit. Connect by phone or video chat, write letters, or send supplies safely to their residence to maintain your connectedness.

Take things one day at a time - step back from the "sprint" mentality. Remember that this pandemic will not be solved quickly, treat it like a marathon.

Take mindful minutes. Slow breaths on the top of the hour, taking time to recognize all the small things around you, acknowledging them, and letting them go. Getting outside or stepping away from your workspace regularly.



NEBRASKA FAMILY
HELPLINE
(888) 866-8660



Information adapted from Michigan Department of Health and Human Services (2020, April 2). Supporting Emotional Health of the Behavioral Health Workforce During COVID-19:
https://www.michigan.gov/documents/coronavirus/Behavioral_Health_Workers_Final_685877_7.pdf