



Mental Health

OF SERVICE PROVIDERS: EXPERIENCES AND COPING STRATEGIES

The Bottom Line

Healthcare providers and other frontline workers experienced negative mental health from trauma on the job. Many strategies exist to support frontline workers and their families.

Experiences

Frontline and Healthcare workers experienced heightened pressure and stress from excessive work hours, the rapid pivot to different modes of service delivery, higher volumes of people accessing services, and not enough hours or resources to meet the demand. The reality is that for healthcare workers, exposure to many traumatic events is relatively normal and simply part of the job. However, when service providers and other frontline workers don't find effective coping strategies for the trauma they witness or experience, this can cause feelings of grief, PTSD, and suicidal ideation

Moral suffering occurs from questioning and blaming the self about morally ambiguous decision-making, such as the extent of support or the distribution of scarce resources. Morally injurious events that are experienced or witnessed by healthcare workers can lead to feelings of shame and guilt. As such, this may also spillover into their home-life and may affect their families as well as their social relationships.

Multiple experiences with the pain and suffering of others leads to compassion fatigue, causing hyperarousal or emotional numbness. Healthcare and frontline workers also experience high levels of burnout, causing consistent holistic exhaustion, grief, and negative self-efficacy. Many instances of ambiguous loss can lead to complex, prolonged, and excessive loss, leading to chronic and complicated grief.

Possible Responses: Supporting Positive Mental Health of Frontline and Healthcare Workers

- **Connect with people:** Early intervention and social support are strong predictors of positive outcomes from grief. Use technology to maintain connections with others.
- **Ask for support:** Share feelings with trusted others and seek professional support if needed. Many people may not know if they should or how to initiate hard conversations. Be assertive in asking for what is needed (e.g., “I need to talk about x. I would like you to do x for me. I would not like you to try and do x.”).
- **Let Go:** Some service providers might feel the self-imposed pressure of worrying that if they seek support from others, they are not strong enough to provide support. This is untrue, and results in increased stress and tension. Work toward understanding that everyone needs support.
- **Normalize emotions:** Acknowledge and share feelings being experienced. Recognize these feelings are common and that each individual will experience grief differently. Reframe and challenge negative or worrisome thoughts.
- **Practice ‘off-duty’ mode:** Service providers in protective positions may constantly feel in work-mode. Accept that certain things are out of anyone’s control, and separate self-identity from the job.
- **Self-care:** Neglecting self-care makes it difficult to recover from negative mental health. Participate in healthy activities as well as pleasurable activities, even if they do not seem pleasurable at the moment. Keep a steady routine to help regulate emotions.
- **Stay in the present:** Research and practice mindfulness and grounding exercises that work best. Focus on the present, rather than the future or past. Target energy at solving current problems rather than potential future problems. This will increase confidence in problem-solving abilities and decrease catastrophic thinking.
- **Self-compassion and self-kindness:** Reframe negative self-talk and empathize with yourself. Focus on the positive impact made and accept that humans are error-prone. Recognize the strength in enduring the pressures being experienced.

Possible Responses: Supporting Positive Mental Health for Families of Frontline and Healthcare Workers

- Communicate: Frontline and healthcare workers should communicate what they are experiencing at work with their family. This will decrease family anxiety over safety of the worker due to the frightening information all over the media.
- Probability over possibility: Families should attempt to think in terms of danger probability in the present, rather than examining all potential dangerous outcomes.
- Start the conversation: Check in with service providers and let them know when they are ready to talk, you are ready to listen. Emotional boundaries may need to be set to prevent vicarious trauma. Support them to the best of abilities.



For original sources and documents, please visit: www.childtraumaresearch.ca