

# Suicide Prevention and Self-Care for Frontline Workers During a Pandemic

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# Additional COVID-19 Stressors for Frontline Workers

Fear of the unknown

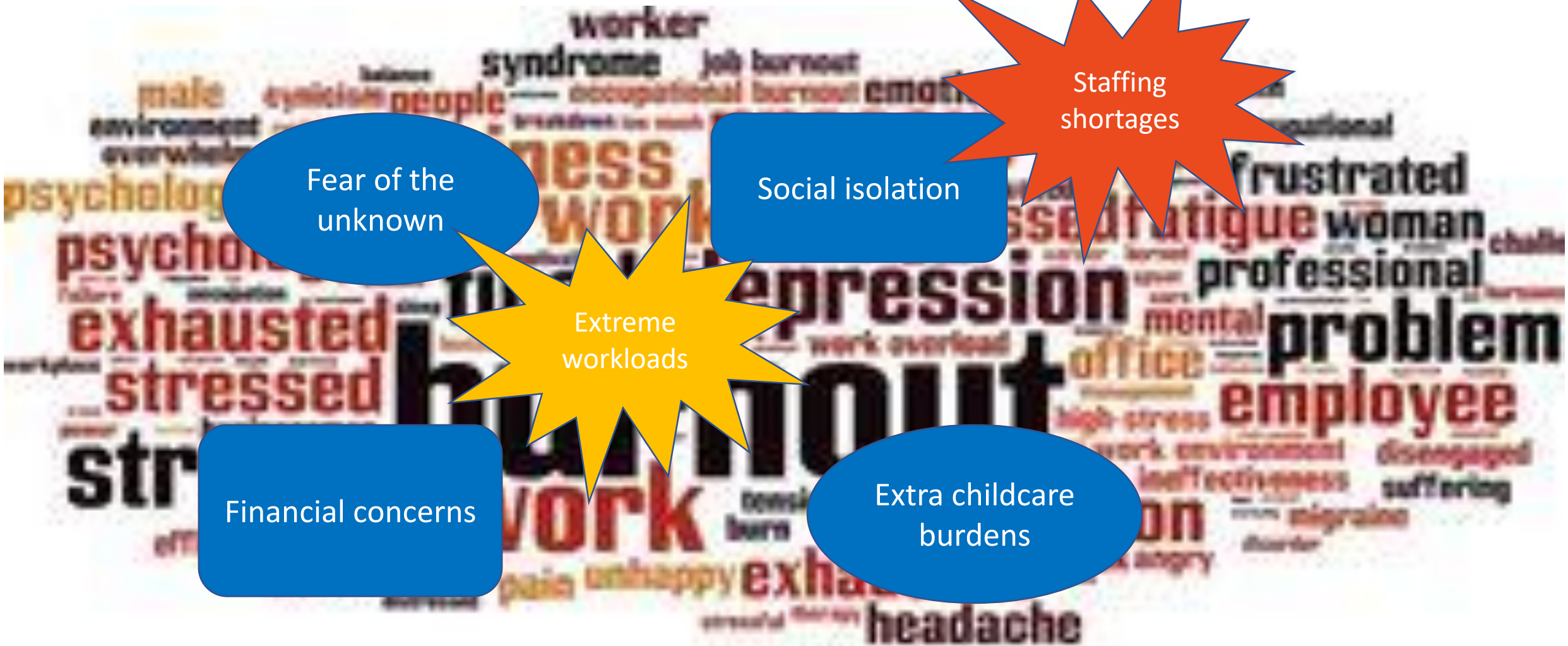
Social isolation

Staffing shortages

Extreme workloads

Financial concerns

Extra childcare burdens







# Additional COVID-19

# Challenges for Frontline Workers

Medical equipment shortages

Will I get sick? Will I infect my family?

Staffing shortages

unknown

Social isolation

Extreme workloads

Are my colleagues safe?

Financial concerns

Extra childcare burdens





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The guidance keeps changing – who do I listen to? What is the right thing to do?

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Tele-WHAT?

Is this PPE adequate?

Financial concerns





# Additional COVID

# Issues for Frontline Wo

Medical equipment shortages

What is the newest policy?

Will I get sick? Will I infect my family?

Staffing shortages

unknown

Social isolation

The guidance keeps changing – who do I listen to? What is the right thing to do?

Extreme workloads

Witnessing patient deaths

Are my colleagues safe?

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Tele-WHAT?

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Tele-WHAT?

Comforting grieving families

Extra childcare burdens

Is this PPE adequate?



Depression

Anxiety

Grief

Burnout

Insomnia

Compassion Fatigue

# COVID-19 and Secondary PTSD

Health care workers directly caring for SARS patients during 2002–2003 outbreak of severe acute respiratory syndrome (SARS) in Asia and Canada, especially those workers who were quarantined due to possible exposure, reported increased rates of:

- Fearfulness
- Vulnerability
- Symptoms of trauma-related disorders

Bai et al.,2004; Chong et al. (2004)

2,579 frontline health care workers (FHCWs) providing care during the Spring 2020 COVID-19 pandemic surge in New York City:

- 1,005 (39.0%) met criteria for symptoms of COVID-19-related PTSD, MDD, or GAD
- 599 (23.3%) screened positively for PTSD symptoms
- 683 (26.6%) for MDD symptoms
- 642 (25.0%) for GAD symptoms

Mortier P, Vilagut G, Ferrer M, et al. (2020)





# COVID-19 and Secondary PTSD

## Mitigating Factors:

- Intensity of exposure/increased contact with affected individuals
- Pre-pandemic conditions of the community or hospital
- Past-year burnout
- Female
- Younger
- Parents of dependent children
- Pre-existing psychological disorders

Kisely, S., Warren, N., McMahon, L., Dalais, C., Henry, I., & Siskind, D. (2020)

# COVID-19 and Secondary PTSD

## Protective Factors

- Higher perceived support from leadership
- Older
- More clinical experience
- Frequent breaks
- Adequate time off
- Family support
- Access to psychological interventions

Kisely, S., Warren, N., McMahon, L., Dalais, C., Henry, I., & Siskind, D. (2020)

Almost everyone who experiences a traumatic event will initially experience these symptoms of PTSD.

The most common reaction to trauma is healing.

Some people get stuck in the recovery process. It is this “stuck” place that we call PTSD.



# Moral Injury

Moral injury is the social, psychological, and spiritual harm that arises from a betrayal of one's core values, such as justice, fairness, and loyalty.

Examples of events that may lead to moral injury include:

- Having to make decisions that affect the survival of others or where all options will lead to a negative outcome
- Doing something that goes against your beliefs (referred to as an act of commission)
- Failing to do something in line with your beliefs (referred to as an act of omission)
- Witnessing or learning about such an act
- Experiencing betrayal by trusted others

# COVID-19 and Moral Injury

Frontline workers may be asked to:

- Prioritize one important set of values (such as caring for patients with contagious diseases) over another (such as keeping family members safe from infection).
- Make decisions about how to distribute life-saving resources when there aren't enough to go around.
- Be present for end-of-life scenarios that are counter to their beliefs about how people should die, such as patients dying without loved ones present.
- May feel guilt and shame because they felt numb in the face of suffering and death.
- On rare occasions, health care workers may witness what they perceive to be unjustifiable or unfair acts or policies that they feel powerless to confront.

# Assessments for Burnout and Secondary Traumatic Stress

## **Professional Quality of Life Scale (ProQOL)**

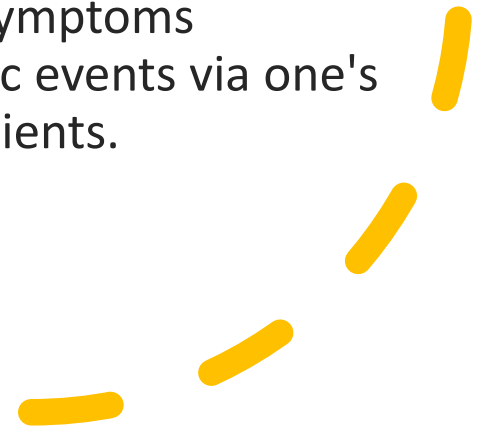
- Measure of both the negative and positive effects of working with those who have experienced traumatic stress. Measures compassion satisfaction and fatigue.

## **Maslach Burnout Inventory**

- More general measure of burnout for professionals working in human services. Three scales: emotional exhaustion, depersonalization, and personal accomplishment.

## **Secondary Traumatic Stress Scale (STSS)**

- Measures intrusion, avoidance, and arousal symptoms associated with indirect exposure to traumatic events via one's professional relationships with traumatized clients.



# Suicide Risk in Frontline Workers

Compared to general population, increased Suicide Risk for:

- **Physicians** (male physicians 1.4X higher; female physicians almost 2.3X higher)
  - Especially anesthesiologists, psychiatrists, general practitioners, and general surgeons
- **Nurses**
- **First responders**
  - More first responders die by suicide than in the line of duty every year

A study in Spain over a 30-day period following the first wave of the pandemic:

- 8.4% of hospital workers reported suicidal thoughts or behaviors. Of those:
  - 4 out of 10 had active suicidal ideation
  - 6 hospital workers had a suicide attempt

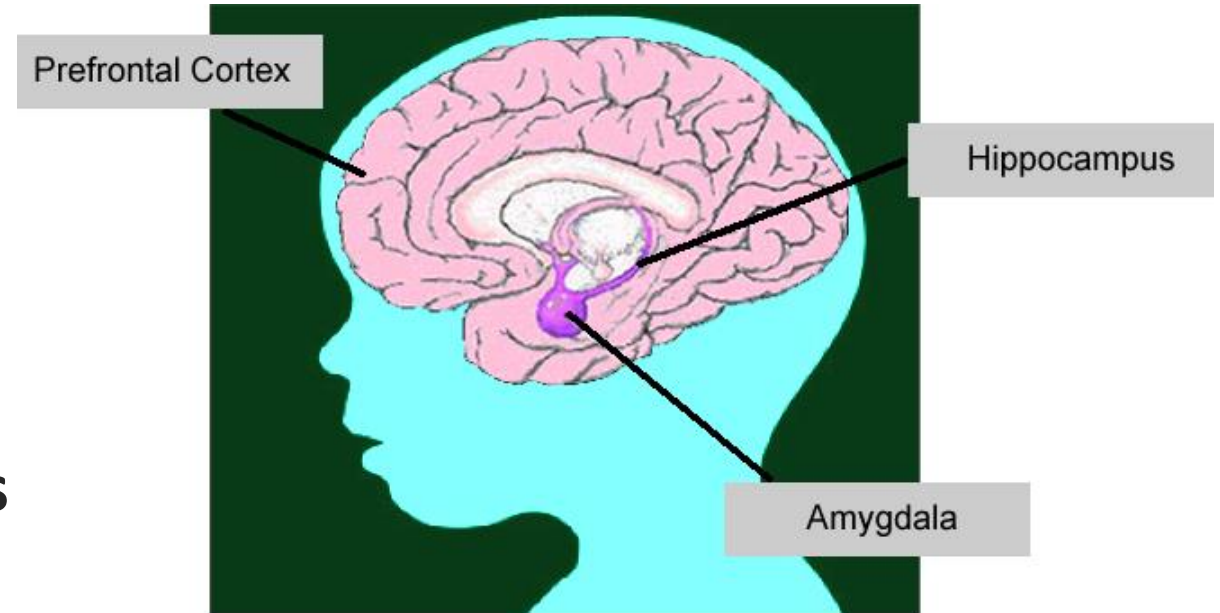


# Overlap Between PTSD/Trauma and Suicide Risk Factors

- Impulsivity (pre-frontal cortex)
- Insomnia
- Defeat/Entrapment
- Avoidance/Isolation
- Depletion of Emotional Resources
- Repeated Exposure to Death/Dying
- Guilt/Moral Injury

# Changes in the Brain

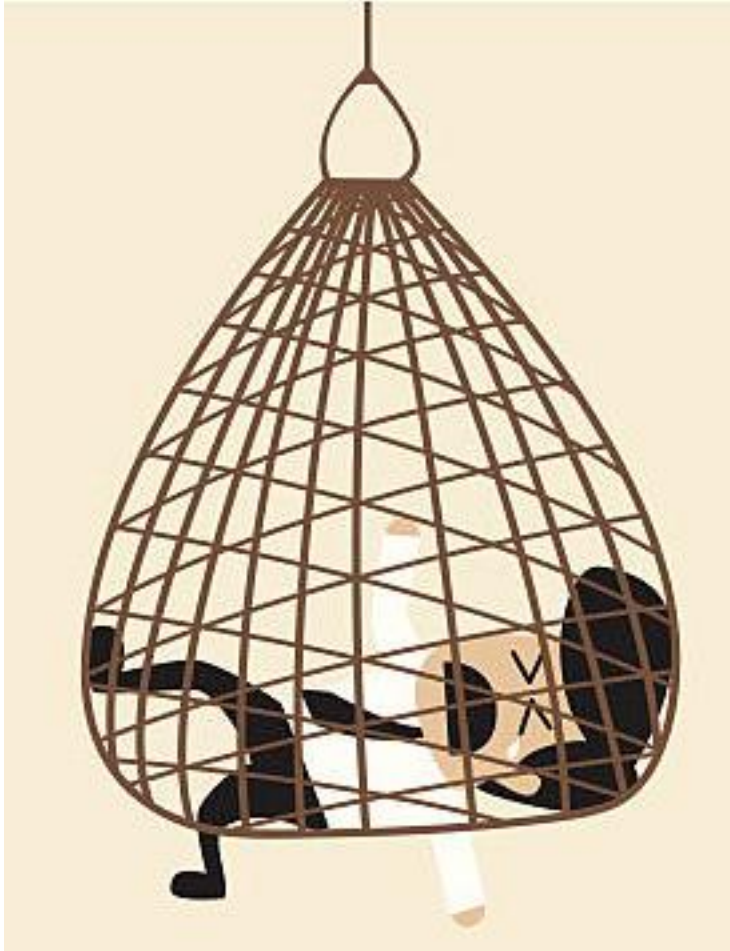
- Hyper-responsive **amygdala**
  - Everything is perceived as a threat
- Decreased volume of **hippocampus**
  - Disruption in memory and ability to overcome fear response
- Decreased volume of **pre-frontal cortex**
  - Thinking, planning, reasoning, analyzing
  - Impulse control



# Insomnia

- Nightmares
- Hopelessness
- Decision-Making





# Defeat/Entrapment

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Defeat: failure, loss of status or identity

Entrapment: being unable to move forward or escape

# Avoidance/Isolation



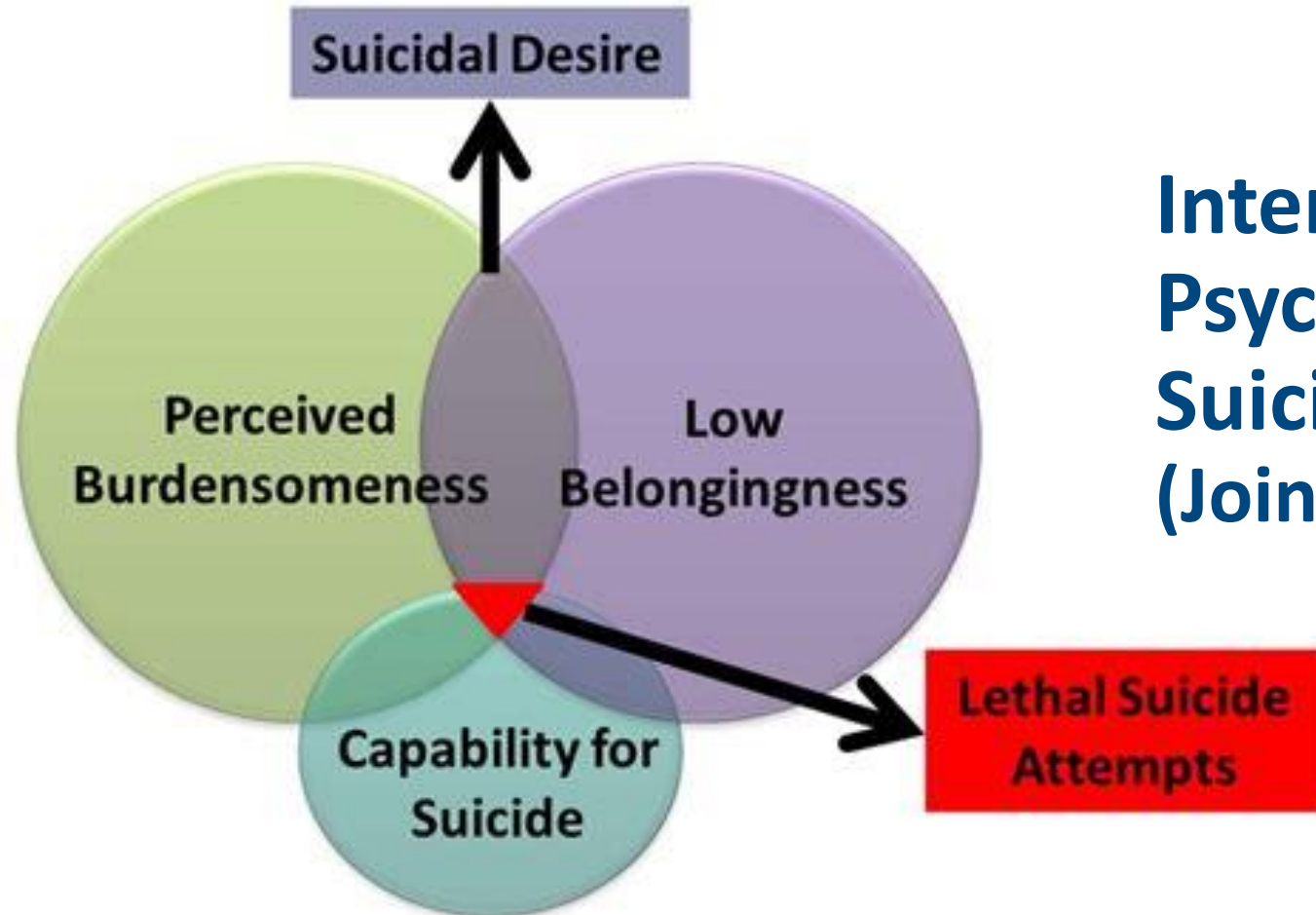
# Depletion of Emotional Resources

## Unhelpful Coping Strategies

- Abusing drugs/alcohol
- Risky behavior
- Over-scheduling/workaholic
- Creating drama (vs. trauma)

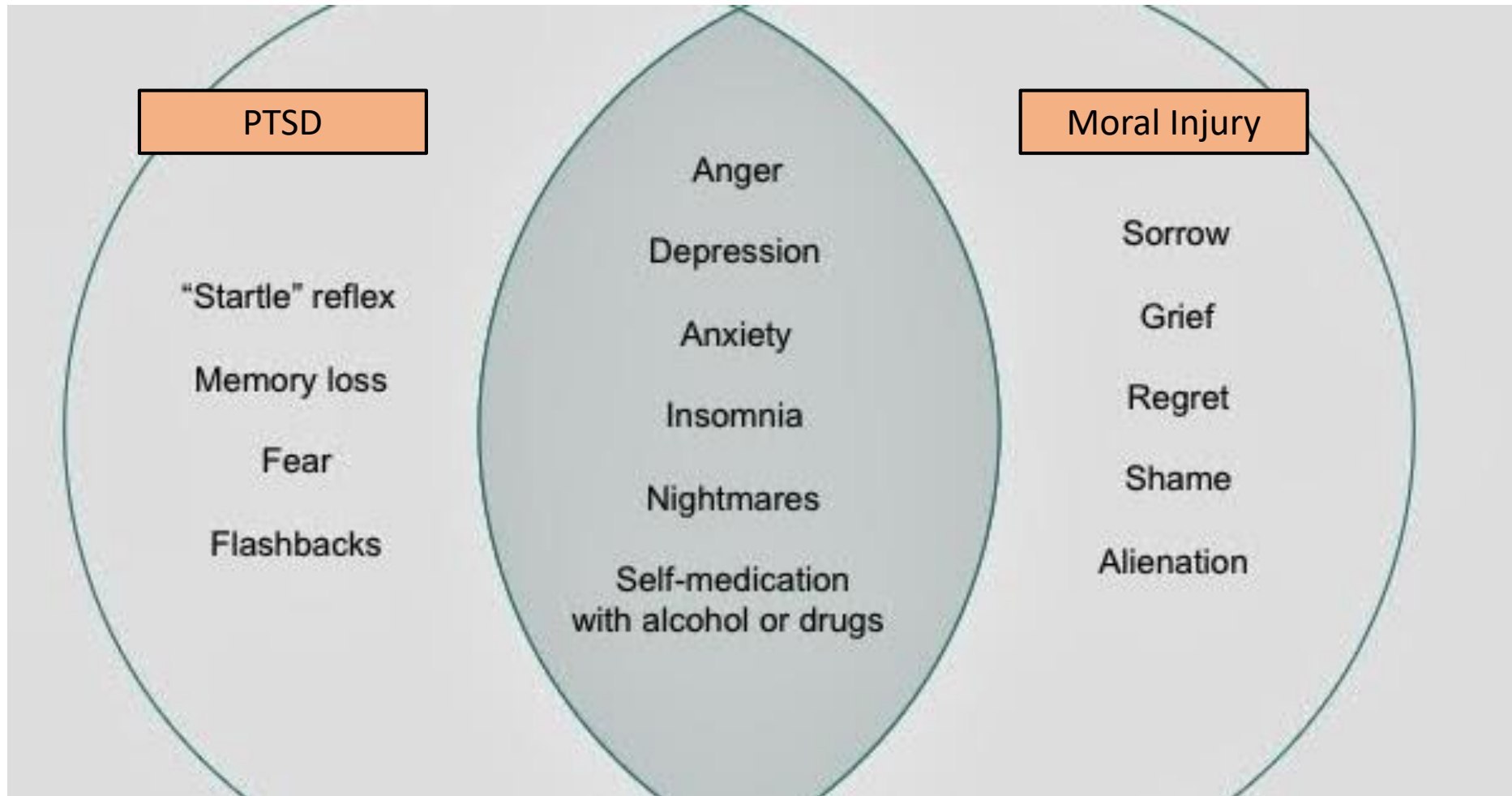


# Repeated Exposure to Death/Dying



**Interpersonal  
Psychological Theory of  
Suicide  
(Joiner, 2005)**

# Guilt/Moral Injury







*Sentinel* **Alert**  
*Event*

# Joint Commission Sentinel Event Alert

February 2, 2021

“The continuing onslaught of COVID-19 is pushing health care organizations to their limits and workers beyond physical exhaustion. COVID-19 is inflicting emotional damage among those who care for patients.”

Second victims have three possible future trajectories:

- Dropping or transferring out, leaving the profession, or self-harm.
- Surviving, while showing increased absenteeism, working while sick, or decreased work performance.
- Thriving in an ideal state that indicates positive resilience.

## S.A.V.E.

**S.A.V.E.** will help you act with care and compassion if you encounter an individual who is in suicidal crisis.

- **S**igns of suicidal thinking should be recognized.
- **A**sk the most important question of all.
- **V**alidate the person's experience.
- **E**ncourage treatment and **E**xpedite getting help.

# Risk and Protective Factors

## Risk

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness

## Protective

- Healthy relationships
- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being



**Goal:** Minimize risk factors and boost protective factors

# S

## Signs of Suicidal Thinking



Learn to recognize these warning signs:

- Hopelessness, feeling like there is no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends



# Signs of Suicidal Thinking

Ideation

Substance use

Purposelessness

Anxiety

Trapped

Hopelessness

Withdrawal

Anger

Reckless Behavior

Mood Swings

Thwarted belonging/Isolation  
Burdensomeness





# Signs of Suicidal Thinking

Ideation

Substance use

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Hopelessness

Withdrawal

Anger

Reckless Behavior

Mood Swings

## Acute Warning Signs:

Threatening to hurt or kill self

Seeking access to means

Talking or writing about death,  
dying, or suicide

Thwarted belonging/Isolation  
Burdensomeness





## Asking the Question

**Know how to ask  
the most important question of all...**



## Asking the Question

“Are you thinking about killing yourself?”





## Asking the Question

“It sounds like you’re going through a lot right now, are you having any thoughts of killing yourself?”

“You sound really overwhelmed. Have you had any suicidal thoughts?”

“It sounds like you’ve really been struggling. Does your mind ever hand you thoughts about suicide?”



## Asking the Question

Do's	Don'ts
<p><b>DO</b> ask the question if you've identified warning signs or symptoms.</p>	<p><b>DON'T</b> ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself, are you?"</p>
<p><b>DO</b> ask the question in a natural way that flows with the conversation.</p>	<p><b>DON'T</b> wait to ask the question when someone is halfway out the door.</p>

# Columbia Suicide Severity Rating Scale (The Columbia Protocol app)



- 1) Within the past month, have you wished you were dead or wished you could go to sleep and not wake up?
- 2) Have you had any actual thoughts of killing yourself?
- 3) Have you thought about how you might do this?
- 4) Have you had these thoughts and had some intention of acting on them?
- 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

If yes, was this within the past 3 months?



## Validate the Person's Experience



- Talk openly about suicide. Be willing to listen and allow this person to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure the person that help is available. Treatment works!
- Be present. Be genuine.



## Validate the Person's Experience

“You’re going through a really tough time right now.”

“The harder you try to cope, the more out of control you feel.”

“This feels really scary, and you don’t know what to do.”

“You’re having a hard time seeing a way out of this.”

“You’re hurting.”

“Of course you’re feeling overwhelmed.”

“This is too much for *anyone* to handle alone.”

“You feel like you’ve lost all direction.”



# **E** Encourage Treatment and Expedite Getting Help

What should I do if I think someone is suicidal?

- Don't keep suicidal behavior a secret.
- Do not leave him or her alone.
- Reassure the person that help is available.

## Imminent

- Take them to the nearest emergency department.
- Call the National Suicide Prevention Hotline at **1-800-273-8255** together.
- Call 911.

## Moderate

- Offer to research providers/therapists in the area.
- Set periodic calendar reminders to send a text, call, grab coffee.

## Low

- Check back in to see how it's going.

# Columbia Protocol App



**THE COLUMBIA PROTOCOL:**  
COLUMBIA SUICIDE SEVERITY  
RATING SCALE (C-SSRS)

JUST ASK. YOU CAN SAVE A LIFE.

### The National Suicide Prevention Lifeline

1-800-273-8255

The answers selected indicate **LOW** risk. Seek help from family and friends. A behavioral health referral may be appropriate.



RESTART PROTOCOL

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RATING SCALE (C-SSRS)

JUST ASK. YOU CAN SAVE A LIFE.

### The National Suicide Prevention Lifeline

1-800-273-8255

The answers selected indicate **MODERATE** risk. Seek help from family and friends. A behavioral health referral is appropriate.



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JUST ASK. YOU CAN SAVE A LIFE.

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1-800-273-8255

The answers selected indicate **IMMINENT** risk. Immediately seek help from emergency personnel, call the Suicide Prevention Lifeline, or call 911. Please do not remain alone.



RESTART PROTOCOL

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Safe Call Now: [1-877-230-6060](tel:1-877-230-6060) This confidential, comprehensive, 24-hour crisis referral service is for all public safety employees, all emergency services personnel and their family members nationwide.



Fire/EMS Helpline: [1-888-731-FIRE \(3473\)](tel:1-888-731-FIRE) Confidential and 24-hour, the Fire/EMS Helpline was created for first responders by members of the fire service. This program is specifically designed to meet the unique needs of firefighters, EMTs, rescue personnel and their families.



Copline: [1-800-267-5463](tel:1-800-267-5463) This resource is a confidential, 24-hour law enforcement officer hotline manned by retired law enforcement officers trained in active listening.

**NATIONAL**

**SUICIDE PREVENTION LIFELINE™**

**1-800-273-TALK (8255)**

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

## 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](http://www.physiciansupportline.com)

Physician Support Line

@PhysicianLine

Magellan's Crisis Phone & Text Line  
for First Responders and Healthcare Workers

**1-800-327-7451 (TTY 711) or  
text SUPPORT to 78137**



We're here to help:  
Local resources • Coping • Guidance

Phone available  
**24/7**

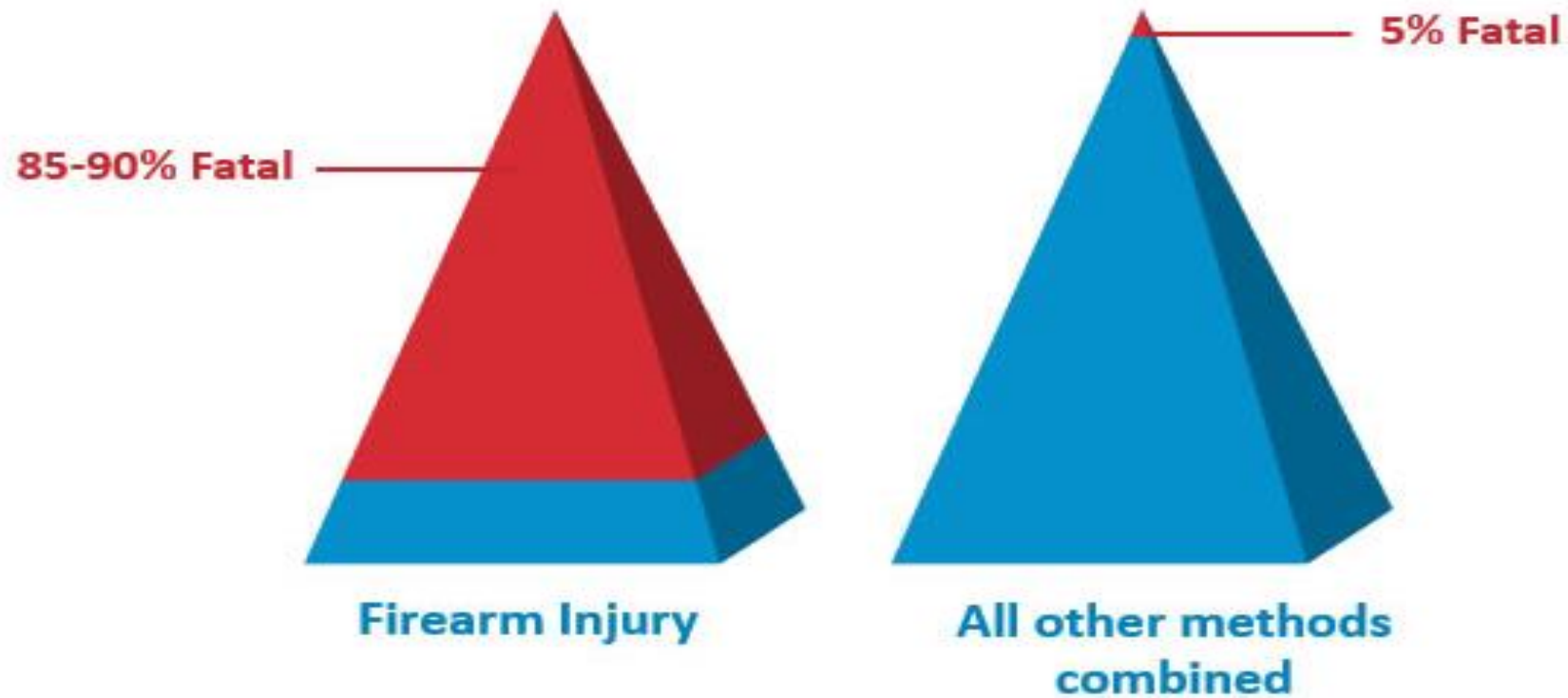
**FREE**  
& open to all  
 **100%**  
Confidential

Text line M-F  
**8:00 am-6:00pm**  
 Behavioral health  
**EXPERTS**





# Lethality of Suicide Methods



CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

# Recommendations - Firearms



Store firearms away from the home:

Friends or Relatives

Shooting Ranges

Gun Shops

Pawn Shops

Self-Storage Rental Units

*Safest*

Secure storage inside the home:

Store in a gun safe or lock box

Remove a component

Use gun locks too

Change the combination or key

Remove ammunition

“Freeze the keys”

*Second Best*

# Stress

What the brain does to itself and the body when a life experience is perceived as a threat or challenge

# Self-Care



**Self**

Body scan – scan for tense muscles (200X/day) and relax them

Pelvic floor relaxation – connects to back, abdominal, quadriceps, hamstrings



**Others**

Personal – think of one person you’ve missed recently and call/text

Partner – develop a “check in” partner. Agree to be there for each other

Team - take a moment to check the emotional temperature of the room

Co-Workers – Reach out to co-workers showing signs of distress

# Harvard/MGH 10-point Self-Care Protocol for COVID-19

## Harvard/MGH Trauma Programs Self-Care Pocket Card

### TOP PRIORITY: FIRST, TAKE CARE OF YOURSELF, YOUR FAMILY AND LOVED ONES

*Working long hours of intense work is stressful - check-in with loved ones as often as possible*

- 1. MISSION:** Understand the mission and your role in executing the mission. While you help people; do no harm to yourself. Inadequate achievement of mission goals can lead to moral distress and burnout!
- 2. SKILLS:** Make sure you have the skills and knowledge to fulfill your role in the mission, if you need support, ask for help from your leadership and team immediately.
- 3. SELF CARE:** Take care of the basics; eat well, exercise (do some basic stretching and simple exercises), and make sure to get a good night's sleep. Try deep breathing, listening to music, reading, and other ways to relax. Most importantly, create a safe place and self-care plan for yourself and your family.
- 4. PEER SUPERVISION:** It is essential you work as a team; develop the "buddy system" of checking on one another, and make sure you have good supervision at least once a week. Crisis work can cause confusion and fear; get support from your supervisor and peers.



Harvard/MGH Trauma Programs  
Harvard Medical School  
Massachusetts General Hospital  
[www.hprtselfcare.org](http://www.hprtselfcare.org)

- 5. EMPATHY:** Regulate your empathy towards those you are helping, as finding the balance between empathy for others and taking care of yourself is critical. If you feel you are getting overwhelmed, step out of the situation and calm yourself down – check in with your buddy. At the end of the day allow yourself to calm your mind and stop thinking about all of the tragic and terrible things you experienced that day.
- 6. REFLECTION:** Consider keeping a personal memento, such as, a family picture, a religious medal, or a picture of a special animal in your pocket. Think of all the positive things and goodness in your life and try to develop a sense of gratitude. Don't be afraid to ask yourself for the energy and courage to do this important work. A daily written journal of your thoughts and feelings of the day can be helpful.
- 7. MINDFULNESS, MEDITATION:** Learn deep breathing and practice it as often as needed for 5 minutes each time. Make a small special place in your home or office as a special safe place of peace. This could be a place for meditation, prayer, or guided thoughts (this does not have to be religious) to the higher principles and sacred things in your life. Be mindful, focus on being present in the moment. Appreciate your life, including family, friends, and nature with the wonderful plants and animals with whom we share this earth.
- 8. NATURE:** Try to spend a little bit of time each day in nature, if that is not possible, look at nature videos (many beautiful ones exist). Listen to frog and bird songs, if possible, keep a plant in your office especially one with a flower. Keeping a nature journal can be very helpful.
- 9. MONITOR:** Assess the state of your self-care each day. Use this card as a checklist. Notice the joyful moments in your day. If you feel depressed, anxious, and/or you have trouble sleeping, or have nightmares, see your doctor and/or a mental health specialist.
- 10. DIGNITY:** Always treat every person, including yourself, with great respect and dignity! Even in the most stressful moments, try to touch the heart of those you are caring for. Try to remember the Golden Rule!



Harvard/MGH Trauma Programs  
Harvard Medical School  
Massachusetts General Hospital  
[www.hprtselfcare.org](http://www.hprtselfcare.org)

Richard F. Mollica, Eugene F. Augusterfer,  
Gregory L. Fricchione, Sonia Graziano

# Recommendations For Leaders

## Suggestions from the Field:

- Increase expressions of praise and gratitude for the work employees are doing
- When able and within applicable legal limits, rotate workers from higher-stress to lower-stress functions
- Foster open and transparent communication (particularly around changing policies) to build trust, reduce fears, build morale, and sustain an effective workforce
- Try to have check-ins—even brief ones—after particularly difficult days or cases
- Automatically sign up all employees for counseling, and let people cancel if they don't need it

“You can't round like a politician. This isn't where you're going through the unit and shaking hands and saying, you know, ‘Do you need lunch?’ This is the kind of leadership where we acknowledge that there's fear, anxiety, and frustration. We are listening to that. We are showing our face. We are locking arms with you. We are emoting.”

## Recommendations For Leaders

Pay attention to the signs of moral injury, and either make time to check on employees showing these signs, or delegate that responsibility to other staff.

The following may require professional care:

- **PTSD symptoms that do not resolve on their own**, such as intrusive memories, avoiding people or places, changes in mood or ways of seeing the world and trouble sleeping or concentrating
- **Self-harming behaviors**, such as poor self-care, alcohol and drug abuse, coping with excessive use of food, recklessness and parasuicidal behavior
- **Self-handicapping behaviors**, such as retreating in the face of success or good feelings and undermining efforts by others to help
- **Demoralization**, which may entail confusion, sense of futility, feelings of depression, hopelessness and self-loathing

# Real-Life Examples from Around the Country

Atrium health: operate a program called Code Lavender that offers rapid-response emotional support to health care workers from trained practitioners

Cody (Wyoming) Regional Health created a wellness area to provide a calming place to recover the mind, body and soul. The new space, staffed 24/7, includes a meditation room, eight bedrooms with private bathrooms, laundry and shower facilities, on-site access to licensed therapists for emotional support, puzzles and games, and an exercise area to meet employee needs

Ochsner Health in southeast Louisiana set up relaxation areas with calming music, low lighting and other amenities

“At my organization, we’ve received resources from the city for free child and pet care, as well as free online resources to support mental health through yoga and meditation services,”

Ochsner Health set up a pop-up grocery store in its cafeteria where staff can purchase essentials like bread, milk, eggs and orange juice.

Virtua Willingboro (N.J.) Hospital is providing fresh produce to staff free of charge



IT'S  
OKAY TO  
NOT BE  
OKAY

# Breaking Down Barriers

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First Responders and Health Care Workers tend to minimize their own distress.

Remember: It is NORMAL to have emotional reactions to human suffering. It is NORMAL to have fears about one's own well-being. It's okay to not be okay.

Stop Stuffing Emotions: Share with a friend, co-worker, therapist, hotline

Reduce Stigma: Talk about your own struggles and healing journey.

A Story of  
Hope and  
Healing

