

Mental Health: What residents can do if and when the surge arrives at their institution

In the first document on mental health before a surge, we focused on what residents could do to enhance their mental health in the period before a surge. This document focuses on approaches for the midst of a surge, but many of the strategies from the first document are also useful during a surge. Let's start by reviewing the important factors in supporting mental health in the midst of a crisis, and how to manage acute stress and reduce risk of subsequent development of PTSD.

Nature of the event

- Preparedness for the event. While the health care system is not nearly as well prepared as we would hope, tremendous efforts are being made to get hospitals set for the surge. You yourself are prepared with the medical knowledge and skills you need to be effective in providing care. As I said in the first podcast, you are some of the most highly trained people on the planet.
- Power/agency in preventing the traumatic event. You may feel virtually no power to prevent a surge, but you do have the power to influence your experience of the trauma of it, as well as how others around you are experiencing it.

Environmental factors

- Calm leadership, community and connection, and an environment that allows and encourages expressions of feelings of distress
- Hopefully your hospital, your program, and your faculty will exhibit these-- but recognize that you can cultivate them for yourself, even if you feel low on the hierarchy. This can give you some sense of control and agency even when very little agency seems possible.

Personal factors

- As said in the first document, the level of alarm one feels before and during an event is important. You can't change your genetics or your baseline temperament, but you can do a number of things to help calm your limbic system.
- Self-calming techniques. As said in the first podcast, use tactical breathing techniques.
- Don't work beyond the 80-hour limit, ACGME has been clear in stating that these duty hours still apply. Watch overuse of caffeine and of course, get whatever rest and sleep you can.
- Share your feelings with others if it feels right; don't try to hide your distress from your colleagues
- Be aware of patterns of thinking that can contribute to harmful personal narratives. Patterns of thinking that are common in physicians include perfectionism and impostor phenomenon. These can contribute to second-guessing, should statements ("I should have done this", "I should have done that"), and feelings of personalization and self-blame. Try to recognize these thought patterns if they emerge and try to extend the compassion you have for other people to yourself.

Another tool: Psychological First Aid

PFA is an approach that anyone can use. It can be helpful with distressed patients, but also with distressed colleagues, family members, and friends. It has been endorsed by WHO, Doctors without Borders, the UN, and the American Red Cross.

Below are suggestions for things to say and do, and what not to say and do. They're drawn from the WHO PFA and the VA guide.

What you can do: Be sincere in offering your help and care. Try to find a quiet place to talk, and minimize outside distractions if you can.

- Respect privacy and keep the person's story confidential.
- Be free of expectations or judgments
- Be patient and calm.
- Let them know you are listening; for example, nod your head or say "hmmmm..."
- Allow for silence.
- Acknowledge how they are feeling and any losses or important events they tell you about. "I'm so sorry. I can imagine this is very sad for you."
- Show respect for individuals' reactions and ways of coping
- Help think of positive ways to deal with their reactions
- Acknowledge the person's strengths and how they have helped themselves.
- Acknowledge that this type of distress can take time to resolve and offer to talk or spend time together as many times as is needed
- Importantly, believe that the person is capable of recovery.

What **not** to do

- Don't pressure someone to tell their story.
- Don't interrupt or rush someone's story
- Don't rush to tell someone that he/she will be okay or that they should just "get over it"
- Don't think and act as if you must solve all the person's problems for them.
- Don't judge what they have or haven't done, or how they are feeling.
- Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
- Don't talk about your own troubles.
- Don't give false promises or false reassurances.
- Don't tell them they were lucky it wasn't worse
- Don't take away the person's strength and sense of being able to care for themselves.

Finally, recognize when people need more advanced support than you can provide. Of course, if someone has thoughts of hurting themselves or others, they need professional care. In addition, if their ability to function appears impaired, they need help from professionals if available.

Last tips

- Freezing in a crisis is actually very common in soldiers in battle and is largely involuntary. If you experience it yourself, you need to work to forgive yourself.
- Community and connection really matter. Do what you can to love and support each other. Recognize when you or a colleague has reached your limits and need to withdraw for some interval from clinical care.
- If you are worried about long-term mental health problems from this, remember in Iraq war veterans, post-traumatic growth was more common than PTSD

Importantly, if you are struggling deeply and these things seem too difficult to use, reach out to your program director, to chief residents, to mental health providers to help you, and don't feel shame in doing so.

Know you are appreciated and loved by countless Americans. You may not be the direct recipient of applause by citizens as seen in Italy and Spain, but know the sentiment is there and the nation is immensely grateful. And this one may be hard to do, but in the face of the stress and trauma, notice the good, the beautiful, the moments of grace and compassion and love that are almost certainly around you. Do what you can try to shape the meaning associated with all of this. Try to find a place of feeling heroic because you should.