

NHMA COVID-19 Virtual Briefing Session 15

Mental Health: Addressing Burnout in Healthcare and Families

Wednesday, April 27, 2022
7:00 - 8:15 p.m. ET

bit.ly/COVIDSeries15

MODERATOR:



ELENA V. RIOS, MD, MSPH, MACP

President & CEO
National Hispanic
Medical Association

SPEAKERS:



J. COREY FEIST, JD, MBA

President & Co-Founder,
Dr. Lorna Breen Heroes'
Foundation



CHARLES JIN, MD

Medical Director,
Centene Advanced Behavioral
Health, Centene Corporation



Welcome



Elena Rios, MD, MSPH, MACP

President & CEO

National Hispanic Medical Association

Housekeeping

- Tonight's session will feature PowerPoint presentations followed by live audience Q & A.
- All participant microphones will be muted, but please feel free to use the raised hand feature to be unmuted to ask a question or type your question into the Q & A box for the panelists to address after all presentations.
- Please fill out the short post-webinar survey that will be emailed out after the event – Raffle prizes are available upon completion.
- Recording and slides will be housed on NHMAmd.org and sent out one week after the event.

Hispanics and Mental Health Pre-COVID-19

- In 2019, suicide attempts for Hispanics were 30% higher than for non-Hispanic white girls, grades 9-12 (HHS)
- In 2019, suicide was the second leading cause of death for Hispanics, ages 15 to 34 (CDC)
- 2008 – 2018, serious mental illness (SMI) rose from 4% to 6.4% in Latinx/Hispanic people ages 18-25, and from 2.2% to 3.9% in the 26-49 age range between 2008 and 2018 (MHA National)



Hispanics and Mental Health Care

- In 2018, Hispanics were 50% less likely to have received mental health treatment as compared to non-Hispanic whites. (HHS)
- Approximately 34% of Hispanic/Latinx adults with mental illness receive treatment each year compared to the U.S. average of 45% (NAMI)
- Only 5% of physicians are Hispanic and other workforce sees the same trend.



Experience of Discrimination-individual and institutional

- Leads to a cascade of stress-related emotional, physiologic, and behavioral changes.
- Evokes negative emotional responses, such as distress, sadness, and anger;
- Evokes physiologic changes meant to maintain homeostasis through the stressful event; and
- Often an increase in behaviors that harm health (such as alcohol, tobacco, and other substance use) and a decrease in healthy activities (such as sleep and physical activity).
- COVID-19 pandemic has added to stress given grief, isolation, unemployment, public charge, essential and health workers.

Hispanics and COVID-19

- Hispanics/Latinos are 2.8x more likely to be hospitalized with COVID-19 than white, non-Hispanic persons
- Hispanics/Latinos are 2.3x more likely to die from COVID-19-related complications than white, non-Hispanic persons
- Hispanic adults reported an average stress level of 6.1 (on a scale where 1 means “little or no stress” and 10 means “a great deal of stress”). This is higher than the average levels reported by white, Black adults. (APA)
- Nearly 2 in 3 Black (66%) and Hispanic (65%) adults said they could have used more emotional support than they received since the pandemic started, compared with 55% of white adults (APA)



Dr. Lorna Breen Heroes' Foundation

**J. Corey Feist, JD, MBA
President & Co-Founder**

FOUNDATION OVERVIEW

Founded in June 2020

501(c)3 Non-Profit Foundation

Mission & Vision

Dedicated to reducing burnout of health care professionals and safeguarding their well-being and job satisfaction

We envision a world where seeking mental health services is universally viewed as a sign of strength for health care professionals.





REMEMBERING
DR. LORNA BREEN

FOCUS AREAS

1. Awareness
2. Advancing Solutions
3. Advocacy

AWARENESS

- 400+ Articles Sharing Our Story
- 11 Publications Co-authored
- 100+ Panels/Keynotes
- 50 Podcasts
- 7K Social Media Followers



TIME



The New York Times



The Washington Post

VANITY FAIR

CBS NEWS

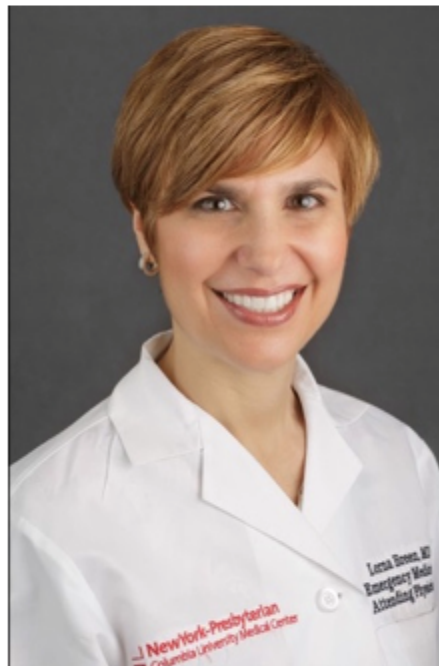
OUR IMPACT

By the Clinicians:

"Today I want to say how thankful I am that the Heroes Foundation exists....Lorna's death was what **pushed me to get help**. The details of which I still don't talk about because I continue to **fear it will be held against me**...Every time I see a picture of **her**, I see **myself**. I see my **residents**. I see my **colleagues**."

By the Caregivers of our Clinicians:

"If you ever wondered about the immediate impact of the work you are doing or whether it's necessary to share Lorna's story and the specific conversations you had with her, please know that **it saved this clients life**. She is **safe now** because I was able to recognize the **similarities in what Lorna told you**.
Thank you."



All In WellBeing First for Healthcare

A call to action by:

**FIRST
RESPONDERS
FIRST**



In collaboration with:



What does **ALL-IN** aim to do?

1. Advance solutions to improve the **well-being of the healthcare workforce**.
2. Eliminate persistent mental health and well-being challenges that disadvantage our healthcare workers.

ADVOCACY

The Dr. Lorna Breen Act

First of its kind...

- Establishes well-being grants for training health profession students;
- Establishes well-being grants for current workforce;
- Establishes a national evidence-based education and awareness campaign;
- Establishes a comprehensive study

\$140 M in New Programs

\$103M Allocated by HRSA 1/20/22



March 18, 2022



REACTIONS

1. Gratitude For An Excellent Start

“You changed the healthcare system for ever.
This is an historical achievement. #LornaBreenLaw”

2. There is More to Do....

“Will state licensure and hospital credentialing applications follow suit in not inquiring as to a provider's mental health?”

THE EFFECT OF INVASIVE LICENSURE QUESTIONS

THE PROBLEM:

Clinicians aren't seeking mental health care, despite the traumatic, exhausting experience of the past two years.

They fear losing their license, stigma, discrimination, or privacy violations in the workplace.



"Given the trauma and burnout they have experienced, this is like sending the entire health care workforce off to war for 18 months and then refusing to support them when they return."

J. Corey Feist, House Energy and Commerce Subcommittee on Health,
10-26-21

THE DATA



Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger

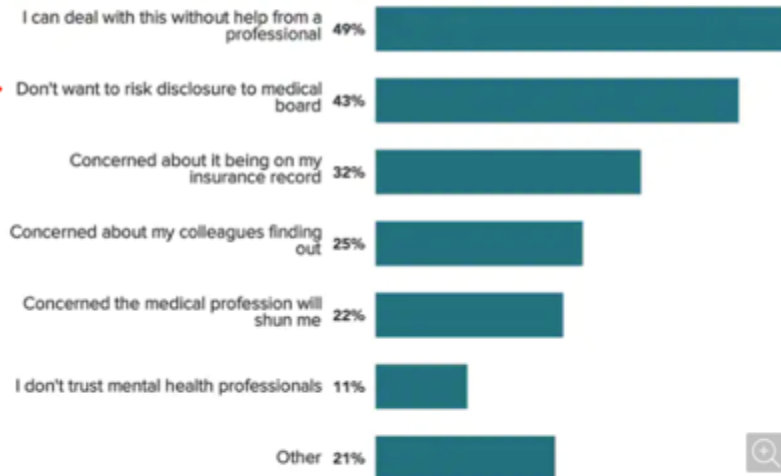
Leslie Kane, MA | January 21, 2022 | [Contributor Information](#)

"I'm afraid that if I spoke to a therapist, I'd have to report receiving psychiatric treatment to credentialing or licensing boards."

"Physicians cannot seek help for these issues because if we do that, these temporary issues will follow us for the rest of our careers."

"I feel I should know how to deal with this myself, even though I wish I didn't have to."

Why Have You Not Sought Help for Burnout or Depression?



Why Physicians Kept Their Suicidal Thoughts Secret, [Medscape 2022](#)

ADVOCACY

Removing Barriers & Ensuring Consistent Support at the **state & local levels**

6 Known Barriers

- State Licensure
- Hospital Credentialing
- Commercial Insurance
- Malpractice Insurance
- Legal Discovery in Malpractice
- Health Plan Design

*Jennifer & Corey Feist,
US News & World Report,
Sept. 9, 2021*



Call to Action: Publish “Facts vs. Myths” Institutional Report Card

THANK YOU!



DRLORNABREEN.ORG

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The Impact of COVID-19 on Mental Health for Hispanic Community and Its Health Care Workers

Charles Jin, MD

Medical Director, Centene Advanced Behavioral Health
American Psychiatric Association Distinguished Fellow

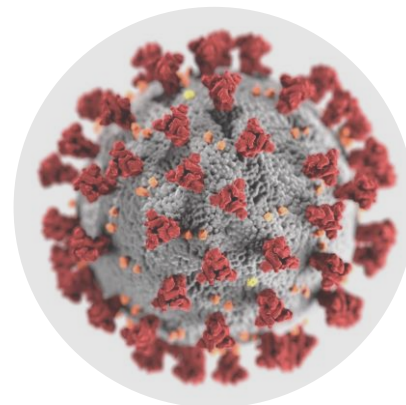
Board Certified:

American Board of Psychiatry and Neurology

American Board of Adolescent Psychiatry

Why is this important?

- Optimistically, we could say that it is likely that pandemic is about moving to rear mirror. However, it is not whether or not, but when we will have another pandemic in a similar or greater scale than this one, therefore, it is very important for us to learn and be prepared
- We need to better prepare our Healthcare workers (HCWs) and our community.
- Now, how we did this time and what we have learned?



The Impact of COVID-19 on Healthcare Workers

What is Burnout in a Psychological Term

- Burnout is a term described as a self-reported state of care- or work- related physical and mental stress that induces emotional exhaustion (EE), depersonalization (DP), and a sense of reduced personal accomplishment (PA).
- It is an unexpected consequence of an organizational culture unable to balance the personal identity of the worker with that of the work organization and the social context, and of the consequent continuous mental effort to cope with the perceived friction
- HCWs experience emotional exhaustion, which lead to medical errors, lack of empathy, lower productivity, and higher turnover rates.



The Impact of COVID-19 on HCWs

What is Burnout in Psychological Term

- Sometimes, burnout of HCWs can be measurable in term of dollars and cents, but more often, the losses could be unmeasurable
- Burnout = inefficiency and other “blind” issues in clinical care. A 30% reduction in work effort for each 1-point increase in burnout (on a 7-point scale), and highlighted other costs arising from losing mentors for junior faculty or from managing medical errors and complaints of negligence.
- It costs between \$500,000 and \$1,000,000 for replacing a single physician.
- Death tolls (between January 2020 to May 2021), WHO showed 3.45 million of COVID death, and it estimated between 80,000 to 180,000 were HCWs
- While we don't a lot of direct data on impacts of COVID on Hispanic HCWs, we do have some indirect data.



Physical and Mental Health Impacts of COVID-19 on HCWs: a scoping review

(published by International Journal of Emergency Medicine)

- Methods: A literature search, identified 154 studies and 10 met the criteria.
- Two domains: physical and mental health.
- HCWs experienced high levels of depression, anxiety, insomnia, and distress. Female HCWs and nurses were disproportionately affected
- MH issues reported: 90.57% of female HSCs; 9.43% male; 81.13% of nurses; and 18.9% of physicians (reporting bias likely)



A large scale (1,119) survey (6/2020 to 9/2020) conducted by MHA among HCWs

- Stressed out and stretched too thin: 93% of HSCs
- Anxiety: 86%
- Frustration: 77% reported frustration
- Exhaustion and burnout: 76%
- Overwhelmed: 75%
- Worried about exposing loved ones: 76% of HSCs worried about exposing their child to COVID-19, nearly 50% were worried about exposing their spouse or partner, and 47% were worried that they would expose their older adult family member(s).
- Emotionally and physically exhausted: Emotional exhaustion: (82%); trouble with sleep (70%), physical exhaustion (68%) and changes in appetite (57%), headache or stomachache (56%), questioning career path (55%), compassion fatigue (52%) and heightened awareness or attention to being exposed (52%).
- Not getting enough emotional support: 39% of HSCs; 45% of nurses.
- (This data include 7.86% of Hispanic HSCs)



Physical and Mental Health Impacts of COVID-19 on Healthcare workers

- Another meta-analysis study during COVID found among HCWs: anxiety (24.94%), depression (24.83%) and sleep disorders (44.03%)
- In turn, these mental conditions are associated with other psychiatric illness, including a 25% increased odds of alcohol abuse or dependence and a doubled risk of suicidal ideation.



Hispanic HCWs data (by Kaiser Family Foundation)

Figure 2

Racial/Ethnic Distribution of Health Care Workers by Occupation, 2019



Notes: People of Hispanic origin may be of any race but are classified as Hispanic for this analysis; all other races are non-Hispanic. Other includes people who are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and multiple races.

SOURCE: KFF Analysis of 2019 American Community Survey Data.

National Survey of Children's Health (2016-2020)

Demographics

- 📍 A total of **174,551** children from all 50 states and DC
- 👤 Birth to 17 years old

Results

- ⬆️ Increase in anxiety (7.1% to 9.2%; +29%)
- ⬆️ Increase in depression (3.1% to 4.0% ; +27%)
- ⬇️ Decrease in daily physical activity (24.2% to 19.8% ; -18%)

Impacts of the Pandemic 2019 to 2020

- ⬆️ Increase in behavior or conduct problems (6.7% to 8.1% ; +21%)
- ⬆️ Increase in child-care disruptions affecting parental employment (9.4% to 12.6% ; +34%)
- ⬇️ Decrease in preventive medical visits (81.0% to 74.1% ; -9%)










Hispanic Youth – Study 1 (Community Study, Urban)

Examined change in mental health from before to during the pandemic among predominantly Hispanic/Latinx adolescents. (F Penner and et al; J Am Acad Child Adolesc Psychiatry 2021;60(4):513–523.)

Methods: MH screening prior to pandemic and at 3 time-points beginning 1 month after COVID-19 stay-at-home were implemented (January 2020 to May 2020)

Demographics

-  322 young adolescents (mean age = 11.99 years, 55% female and 45% male)
-  72.7% Hispanic/Latinx, 9.3% Black or African American, 5.9% multiple races, 5.0% Asian, 1.6% White, and 1.2% Native American
-  Public charter middle school in large city in SW United States
-  Densely populated city, 90%+ residents living in large apartment complexes and 71% Latinx/Hispanic residents
-  Many have immigrated from Mexico and Central America
-  Most residents in area employed in service sector
-  Median family income of \$29,124, which is \$20,000 less than city average



Study 1 - Findings

- 1 For youths who had elevated levels of MH problems before pandemic, symptoms were significantly reduced across domains during the pandemic. Reductions in **internalizing**, **externalizing**, and **total problems** were clinically significant.
- 2 For other youths :
 1. Statistically significant reductions in internalizing and total problems
 2. No change in attention or externalizing problems
- 3 Post hoc analyses: **better family functioning** = lower MH symptoms in youths.

Study 1 (Community Study, Urban) - Interpretation of Results



Impacts of stay-at-home measures and online school

- More family time and relationship building
- This may be particularly true for Latinx families due to familism
- Higher levels of family functioning = lower MH problem. **And** this is still true during the pandemic
- Reduction in peer stressors
- Reduction of academic pressures



Unique factors of the sample

- All have laptops and internet access for online learning
- Face-to-face instruction via video
- Longstanding NGO offering various social services even during pandemic
- Protective aspects of Hispanic and Latinx culture: valuing of familism and collectivistic nature of Hispanic and Latinx culture **VS** more individualistic cultures
- These community characteristics offer important buffering during pandemic and may serve as a model for future community resilience development
- Study limitation: Assessments were completed while the academic year was still in session, and the COVID-19 outbreak worsened in the school's region after that time

Hispanic Youth - Study 2 (Rural Community)

When compared with non-Hispanic, White children, Latinx children have been noted to experience adverse childhood events (ACEs) at disproportionate rates



Demographics

- Study was part of larger study on impact of COVID-19 on K-12 students
- Participants: Students from a rural high school district in Western US
- Adolescents (n = 142) ages 13–18
- 45.7% Latinx, 28.1% White, 2.8% Asian, and 0.7% Black; Two or more races 3.5%; all others



Other Important Elements

- Measures: Exposure to pandemic, pandemic stress, number (ACEs), resilience factors
- Multiple regression analysis: Exposure to the pandemic, ACEs, gender, and resilience factors predicted the levels of stress that youth experienced
- ACEs score: Approximately 22% of variance was related pandemic exposure

Study 2 – Findings/Interpretation of Results

- No differences in pandemic-related stress were found between Latinx youth and their non-Latinx counterparts.
- Exposure to a traumatic event does not necessarily mean that a child will exhibit a stress response. Mitigating factors such as self-esteem, parental care, and school-based support can provide opportunities for increased resilience
- Positive ethnic identity and family functioning were associated with lower anxiety/depressive symptoms and alcohol and smoking usage
- When considering resilience for Latinx youth specifically, the promotion of ethnic identity and family functioning are consistently noted to be supportive
- The Latinx community is more collectivistic than Euro-American culture and, therefore, family is a central component to their resilience
- Health care providers can support all children with culturally sensitive practices in promoting resilience that includes relationship building, explicit teaching of coping skills, and facilitation of consistency and structure

What Do We Know So Far & What Can Physicians and Organized Medical Professionals Do?

National data suggests that the pandemic has worsened MH in children

However →

1

Community data offers more encouraging findings; communities and families can make significant positive impacts on building resiliency in our children

STRONG COMMUNITIES + STRONG FAMILIES = STRONG YOUTH

2

One child, one family, one community at time; WE can help our children, families, and communities to be more resilient.

3

You are Important Assets for Your Community Wellbeing, so Take Care of Yourself and Recognize your stress

- Feeling irritation, anger, or denial
- Feeling uncertain, nervous, or anxious
- Feeling helpless or powerless
- Lacking motivation
- Feeling tired, overwhelmed, or burned out
- Feeling sad or depressed
- Having trouble sleeping
- Having trouble concentrating

Tips to cope and enhance your resilience

- Communicate with your peers, supervisors, and your family about job stress.
- Work as a team to Identify causes of stress and work out solutions.
- Knowing where you get help for MH.
- Identify and accept those things which we have control over.
- Increase your sense of control by keeping a daily routine (when possible)
- Adequate sleep.
- Eat healthy meals.
- Take breaks.
- Exercise and do things you enjoy.
- If you or your family/friend think that you drink too much alcohol or misuse prescription drugs, ask for help.
- Engage in your community.

References and Acknowledgement

References

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- Five-Year Trends in US Children's Health and Well-being, 2016-2020 Lydie A. Lebrun-Harris, PhD, MPH1; Reem M. Ghandour, DrPH, MPA1; Michael D. Kogan, PhD1; et al Michael D. Warren, MD, MPH1 JAMA Pediatrics. Published online March 14, 2022 <https://www.hhs.gov/about/news/2022/03/14/new-hhs-study-jama-pediatrics-shows-significant-increases-children-diagnosed-mental-health-conditions-2016-2020.html>
- Stress Management during Quarantine for healthcare providers serving Hispanic and Latinos" FREE, online training regarding how provides for Latino populations can manage stress during COVID-10 April 21 at 1pm ET. <https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/event/manejo-del-estres-durante-la-cuarentena-para> (recording will be available)
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Acknowledgement

- **Beth L. Rotter**, Staff Vice President, Healthcare Analytics, Centene Corporation
- **Carl Garrett**, Senior Director, Government Relations, Centene Corporation



AAP Speaker

NHMA Programs Update

- **NHMA VaccinateForAll Campaign**

- New websites launched – HispanicHealth.info & Vaccinateforall.org
- Register for FREE to join the champions today!



- **NHHF Rockefeller Foundation Project**

- Micro-grants available to nursing, dental, and medical community organizations in Oakland, Houston, and Chicago connecting with youth to increase vaccination awareness and uptake.

NHMA Upcoming Events

- **COVID-19 Virtual Briefing Session 16: 7-8:15 PM ET – June 29, 2022**

- Register here



*If you have any questions about our programs or events, please email
vgearity@nhmamd.org.*

Thank You

- Please remember to complete our post-webinar survey to be entered to win a \$25 Amazon e-gift card!



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