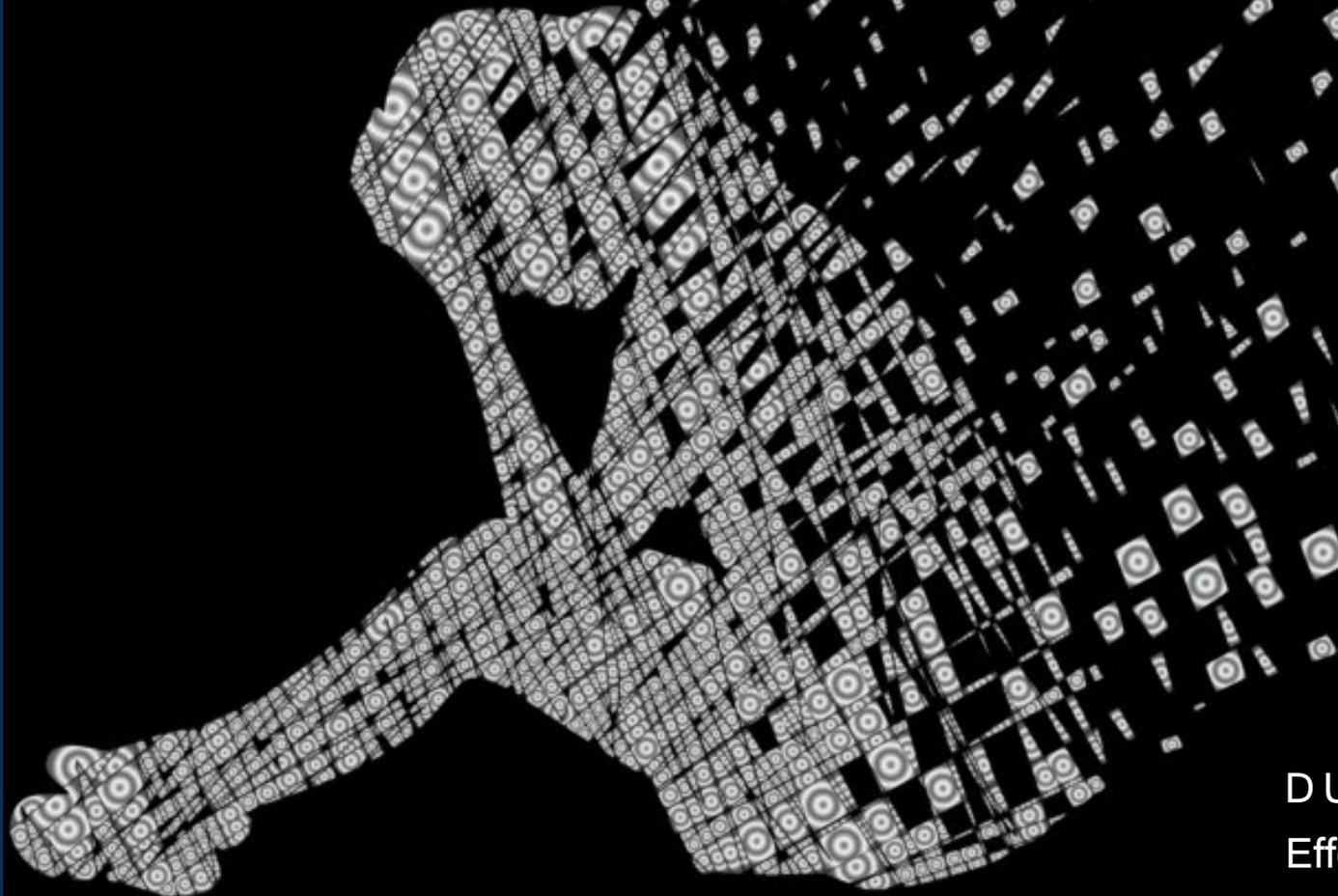


MI NURSES
Association



RECOGNIZING AND SURVIVING DEPRESSION

DURING THE COVID-19 PANDEMIC
Effective December 2020 – December 2022

Disclosures to Participants

THE MICHIGAN NURSES ASSOCIATION IS ACCREDITED AS A PROVIDER OF NURSING CONTINUING PROFESSIONAL EDUCATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.

SUCCESSFUL COMPLETION

To receive contact hours, participants must complete the evaluation form and post-test. Submission instructions and links to the post-test and evaluation are on the last page of this self study.

This CE is free for MNA members and \$20 for non-members.

Participants who achieve a minimum passing score of 80% will receive a certificate awarding 1.0 contact hour.

Participants who do not achieve a passing score will have the option to retake the test at no additional cost.

MNA members will have the title of the CE and a copy of the certificate posted in MemberLink under "My Profile."

CONFLICTS OF INTEREST

All activity planners for this educational activity have reported no relevant financial relationships with commercial interests.

Presenter(s) for this educational activity have reported no relevant conflict of interest.

COMMERCIAL SUPPORT

No commercial support was received for this presentation.

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The presence of commercial exhibits during the presentation does not imply endorsement by MNA, the Michigan State Board of Nursing, or the American Nurses Credentialing Center's Commission on Accreditation.

LEARNER OUTCOMES



THE LEARNER WILL:

1

UNDERSTAND THE SYMPTOMS OF DEPRESSION AND HOW THEY APPLY TO NURSES

2

DESCRIBE THE “DANGER SIGNS” OF MENTAL HEALTH ISSUES INCLUDING SUICIDE DURING COVID-19

3

IDENTIFY INTERVENTIONS AND RESOURCES FOR DEPRESSION

HOW WOULD YOU REACT IF YOU READ THIS ON FACEBOOK?

Does anyone else have this problem? I work my a-- off at work and have all these plans and things that need to get done at home on my days off, and then those days come and I am just exhausted....physically and mentally exhausted. And I just sleep and sit around thinking about all the things I should be doing but having no energy to do any of them. Today is one of those days, I go back to work tomorrow and I'm BEAT. I don't know how to fix this cycle. Anyone?

Ashley Bonilla, RN, Show Me Your Stethoscope, Used with permission

THE POSTS

- As of December 3, 2020, Ashley had 2,000 views and almost 900 comments on her post.
- Some of the comments were good suggestions:
 - Take a day for herself, then tackle the list the next day
 - Walk, exercise, eat correctly
 - Plan to do just one thing and do it
 - Get three days off and sleep/relax without guilt the first day
 - Hire extra help
- But many of the other posts resonated with the readers:
 - “I feel the same way, all the time”
 - “Let me know if you find a solution”
 - “I’m burned out, too”
 - “Exhausted. All. The. Time.”

What would
have been
your
comment to
Ashley?

MENTAL HEALTH OF NURSES PRIOR TO COVID-19

- Prior to COVID-19, nurses were already experiencing widespread stress, mental health problems such as depression and anxiety, and burnout due to low staffing, shortage of equipment, and long shifts.
- Lack of control and no voice in working conditions plays a role in mental health and well-being, creating an environment where nurses do not feel valued as part of the health care system.
- Nurses struggling with depression and anxiety are more likely to make medical errors and impair the quality of patient care.

MENTAL HEALTH OF NURSES DURING COVID-19

- In late April 2020, the International Council of Nurses (ICN) reported that “there is strong evidence that nurses are experiencing unprecedented levels of stress” and are at “high-risk for full-blown stress response syndromes, anxiety, depression, post-traumatic stress disorder, chronic illness and burnout.”
- The “extra” stressors:
 - The speed of which the pandemic exploded
 - The “war time” conditions – morgue trucks, patients dying without support systems while gasping for breath, lack of Personal Protective Equipment (PPE), eight months of patient care without a break.
 - Lack of support from government officials and citizens refusing to follow scientific advice/evidence.

International council of nurses (2020)

MORAL INJURY

Moral injury takes place when actions or the lack of them, violates a person's moral or ethical code. This creates extreme psychological distress.

- Moral injury is not a mental illness but can lead to Post Traumatic Stress Disorder, depression and suicidal thoughts.
- Negative feelings can arise from moral injury, as well as feelings of shame, guilt or disgust.
- Health care workers are at increased risk of moral injury if:
 - A vulnerable person's life is lost such as a child or a senior citizen. This is especially prevalent in COVID-19 care when health care workers are the only support patients have when dying.
 - When workers don't feel supported or that leaders haven't taken responsibility. Many health care workers feel betrayed by those who haven't taken COVID-19 seriously.
 - When staff are not prepared for the emotional consequences of the decisions they must make.
 - If other traumatic events occur at the same time such as the loss of family members or friends.
 - If they have a lack of social support.

Martyn, 2020

SIGNS AND SYMPTOMS OF DEPRESSION

Physical changes (Somatic changes)

- Decreased energy or extreme fatigue
- Difficulty falling asleep
- Oversleeping
- Eating too little or eating too much
- Startles easily; jumpiness
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause
- Moving slowly, as if extremities feel heavy
- Feeling restless or having trouble sitting still

SIGNS AND SYMPTOMS OF DEPRESSION

Mood, affect or thought: Cognitive changes

- Difficulty concentrating, remembering or making decisions
- Thoughts of death or suicide
- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in hobbies and activities (anhedonia)
- Inability to feel joy

HOW IS DEPRESSION DIAGNOSED?

To be diagnosed with depression, a person must have experienced symptoms that have lasted longer than two weeks.

NAMI, 2020

DISTRESS SIGNS/SYMPTOMS - BEHAVIORAL

- Increase or decrease in activity levels and reduced stamina
- Frequent crying
- Use of alcohol or other drugs in an attempt to reduce distressing feelings or to forget
- Angry outbursts
- Desire to be alone most of the time and deliberate self-isolation
- Risk-taking behaviors

DISTRESS SIGNS/SYMPTOMS - BEHAVIORAL

- Unable to complete daily tasks such as bathing or getting dressed
- Frequent crying
- Use of alcohol or other drugs especially substance misuse
- Angry outbursts
- Desire to be alone most of the time and deliberate self-isolation
- Risk-taking behaviors

LEFT ALONE, DEPRESSION CAN LEAD TO OTHER ISSUES

- Cumulative stress, which can trigger suicide, may be related to :
 - Administration of potentially inappropriate treatment
 - Blame
 - Inadequate equipment
 - Insufficient labor resources
 - Lateral violence
 - Medication or medical errors
 - Moral distress
- Loss of job, family, home
- Suicide

THE COST OF DEPRESSION

- Depression can be hidden in healthcare organizations' costs
- Workers' compensation claims can be related to depression and its symptoms
- Work days lost can be related to depression
- Stress related leaves of absence can be an outcome of depression and burnout
- Most organizations do not track leaves or time lost as related to suicide

WHERE TO BEGIN? TALK TO A PROVIDER

Talk to a healthcare provider

S/he may use a screening tool
such as the PHQ-9

You can try the PHQ-9
by clicking here

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SUICIDE AND NURSES

THE SECRET NOBODY TALKS ABOUT

NURSES ARE AT INCREASED RISK FOR SUICIDE

Nurses are at higher risk of suicide than the general population

Female nurse suicides were significantly higher than in the general female population.

Male nurse suicides were significantly higher than the general male population.

Benzodiazepines and opioids were the most common substances used in nurse suicide.

Source: [https://www.psychiatricnursing.org/article/S0883-9417\(19\)30028-7/fulltext](https://www.psychiatricnursing.org/article/S0883-9417(19)30028-7/fulltext)

NURSING RISK FACTORS FOR SUICIDE: HEIGHTENED BY COVID-19

- Access to and knowledge of lethal substances
- Constant, high workplace stress
- Work/life role conflict
- Feeling unsupported in the role
- Feeling unprepared for their role
- Exposure to repeated trauma
- Scheduling long, consecutive shifts
- Repeated requests for overtime
- Inadequate self-care
- Isolation from family and friends

RESEARCH ON NURSE SUICIDE

A review by Davidson and colleagues (2018) found that collective risk factors leading to nurse suicide include depression, knowledge of how to use a lethal dose of medication and toxic substances, personal and work-related stress, smoking, substance abuse, and undertreatment of depression.

A recent quality improvement program at the University of California in San Diego found that workplace stressors present in nurses at high risk for suicide include feelings of inadequacy, lack of preparation for the role, lateral violence, and transferring to a new work environment.

INTERCEPTING SUICIDE IN NURSES

Preventing suicide must include two goals:
reducing factors that raise the risk of suicide and
increasing the factors that protect people from it;
often the two overlap.

HELPING NURSES IN THE WORKPLACE

Healthcare organizations can provide additional protection within the workplace by emphasizing teamwork, promoting a culture of safety and wellness (including mental health), providing access to insurance and mental healthcare, establishing support systems, and training nurse leaders and managers.

HEALTHY WORK ENVIRONMENTS

The American Association of Critical-Care Nurses (AACN, 2020) has identified six Healthy Work Environment (HWE) standards:

1. skilled communication
2. true collaboration
3. effective decision- making
4. appropriate staffing
5. meaningful recognition
6. authentic leadership

RED FLAGS FOR SUICIDE

- Talking about wanting to die.
- Expressing feelings of hopelessness.
- Talking about being a burden.
- Acting anxious or agitated.
- Withdrawing or isolation.
- Talking about changes in sleep (too much/too little)
- Searching online for ways to kill themselves or mentioning a recent gun purchase
- Expressing rage or talking about seeking revenge
- Displaying mood swing.

HELP FOR SUICIDE: YOURSELF OR A COLLEAGUE

- **Call the National Suicide Prevention Lifeline at 1-800-273-8255.**
- Suggest the employee contact the organization's employee assistance program
- The Mayo Clinic suggests asking direct questions of someone if you suspect they are at risk for suicide:
 - How are you coping with what's been happening in your life?
 - Do you ever feel like just giving up?
 - Are you thinking about dying?
 - Are you thinking about hurting yourself?
 - Are you thinking about suicide?
 - Have you ever thought about suicide before or tried to harm yourself before?
 - Have you thought about how or when you'd do it?
 - Do you have access to weapons or things you can use to harm yourself?

INTERVENTIONS FOR DEPRESSION

SELF CARE AND RESOURCES

SELF-CARE STRATEGIES

- Be physically active (walks, dancing at home, yoga).
- Prioritize sleep and healthy eating. Stay hydrated.
- Avoid increasing use of alcohol and other drugs.
- Stay in contact with family and friends (it's good for them, too!)
- Encourage and support colleagues at work
- Visualization (look for guided scripts, videos, apps and podcasts online)
- Mindful movement such as yoga or tai chi
- Meditation – reduces anxiety, depression, blood pressure and insomnia

SELF-CARE STRATEGIES: COGNITIVE BEHAVIORAL THERAPY (CBT)

What is cognitive behavioral therapy? (3:58)



How does CBT work? (5:06)



SELF-CARE STRATEGIES FOR NURSES

- Debrief after stressful situations such as a code or working on COVID-19 units
- Ask colleagues “Are you ok?”
- Tell colleagues when you are not feeling ok
- Help normalize mental health days and mental health treatment
- Ask healthcare organization leaders to commit to a culture of wellness that includes adequate breaks, input into staffing and scheduling, and monitoring for increasing patient acuity
- Ask that Employee Assistance Programs be put into place to help with mental health prevention and treatment strategies

OTHER STRATEGIES FOR HELP

- Medicines, including antidepressants, mood stabilizers, and antipsychotic medications
- Psychotherapy including cognitive behavioral therapy, family-focused therapy and interpersonal therapy
- Brain stimulation therapies including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- Light therapy, which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin
- Alternative therapies including acupuncture
- Self-management strategies and education
- Mind/body/spirit approaches such as meditation, faith and prayer

TERMINOLOGY

- *Burnout* is “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (WHO, 2019), while *depression* is something that you will feel in all areas of your life.
- *Compassion fatigue* is a type of burnout that impacts the emotional connection nurses have with their patients and causes them to disengage.
- *Secondary traumatic stress* occurs when nurses become traumatized by unanticipated events such as a patient’s death or a medical error. Secondary traumatic stress can lead to depression.

TAKE A MINUTE AND TRY THIS RELAXING TECHNIQUE

- Get into a comfortable position.
- Choose a muscle group (e.g., muscles in your feet or lower legs).
- Breathe in and tighten the muscles in the group for 5 to 10 seconds.
- Breathe out and release the muscles suddenly. Relax for at least 10 seconds.
- Repeat the process with another muscle group. It often helps to progress from head to toe or vice versa.

MICHIGAN RESOURCES

[Map of the Community Mental Health Services Programs](#)

[Contact Information for the Community Mental Health Services Programs](#)

[Mental Health Resources Website](#)

[National Alliance on Mental Illness Resources for Michigan](#)



National Alliance on Mental Illness

Michigan

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FEEES, POST-TEST, AND AWARDING OF CE

FEEES

This CE is **FREE** for MNA members and **\$20** for non-members.

POST-TEST DIRECTIONS

Complete the evaluation and post-test response form and make your payment online by clicking [here](#)

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