

Lessons from the Pandemic for Behavioral Health Settings in the US

MA DMH Annual S/R Provider Forum

UMASS Donahue Institute

Kevin Ann Huckshorn Ph.D, MSN, RN, ICADC

EVP for RI International (Northeast Region: DE, VA, OH, MD)


Director, Evidence-based Practices and Programs (Wellpath)

Consultant, Kevin Huckshorn and Associates (North Carolina)

May 10, 2022

Training Objectives

1. Participants will learn what challenges emerged in the current pandemic
2. Participants will be able to describe three actions steps that should be embedded in their organization to manage now and next time.
3. The use of seclusion and restraint went up, nationally, due to lock downs and risk averse practices; this was all we knew then. Two years later name two new learnings that might help.



Congratulations for still being with us and, in this audience today


- This has been the hardest two years of my 42-year career.
- Thanks for still being here. We have all “lived” the “unknowns”; the fear; the lack of PPE; the Great Resignation; the “I am working virtually phenomena” (when some of our colleagues looked like they were mowing the lawn or shopping...”; and the actual I AM working virtually but don’t know how to connect to ZOOM (or Teams or Basecamp or Trello or Google Meet or Ring Central) or whatever.
- It has been a very different, and difficult, two years for most of us.

Learnings from the Pandemic for Behavioral Health Settings; We need to prepare for another.

1. PPE are useful tools, especially masks.
2. Working from home should demand the same effort as “going into work.”
3. Virtual management of staff “on the ground” does not work very well. Managers need to show up onsite.
4. Telehealth Skills are important now but be aware of your staff that may not have these tools at home.
5. Recruitment and Retention issues.
6. Leaders need to role model getting vaccines.
7. Managers need to do anything possible to take care of staff’s emotional needs.
8. Seclusion and restraint use.
9. We humans are resilient, **celebrate that**, reduce stress, do something fun everyday.

PPE are useful tools, all the time?

- I, personally, never knew that people in Asia have worn masks on planes and in grocery stores for decades. Brilliant.
- I did not get flu or a cold for the last 2.5 years. Why? Probably masks. I still am and will continue.
- We need to stockpile PPE (home and work). This will not be the last pandemic in our lifetimes. Hand sanitizer, masks, gloves, at home. More at work. Make sure your work EOC folks do not slack on this.
- I did get Covid twice last six months. Vaccines work. Was like having a bad cold. Not fun but did not end up in ICU.



Working from Home should demand the same level of effort as work...

1. It does not matter if you are a manager or not. Look the same on ZOOM as you would in office.
2. Wearing your PJs may seem ok but “what you wear” can affect your attitude and your motivation for work. Be careful with this. Your work motivation and energy will be noticed, eventually. And try and be “on screen.” That is expected though no one might say so.
3. Minimize distractions. Yes, my dog has demanded to be on my lap...nightmare during calls. I now farm her off to doggy day care, my husband, or my neighbors. Or she sits in my lap and I adjust my camera.
4. And take breaks from your computer screen.



Virtual management of your onsite staff will not work well, over time...

1. Why would it? They are there and you are NOT. Unless your manager has a medical risk reason to be online you should expect them to make daily or at least every other day rounds, in person. Staff morale is important during these kinds of crises.
2. Virtual management also has a lot of downsides. You cannot see your staff or know what they need. You cannot get a pulse on their morale. You cannot, personally, check in.
3. And you cannot know how the pandemic is affecting them related to stress levels or “their emotional triggers” that directly affects use of S/R. Tired stressed staff mean more use of S/R.



Virtual/Telehealth Work and Barriers/Opportunities

1. It is quite possible that your staff will NOT tell you that they do not have home computers to work from. I think that we managers “over assume” that they do.
2. You, as a staff member or manager, needs to stay tuned to this issue and provide workarounds when needed.
3. And you need to be understanding when you learn that one of your leaders does not have a home computer. Get them one or manage without that communication vehicle.


Recruitment and Retention

1. We all lost a lot of staff two years ago. Some programs had to close down; if you have no nurses you must shut down. No one knows where all these staff went???
2. Agencies took full advantage. In my region we are now paying \$160/hour for an RN which has only worked because we still have a 30% vacancy rate.
3. Most of us were not prepared for this. What finally worked was hefty sign on bonuses, increased salaries, flexible hours, shortened NEO, and staff extenders like Med Assistants and Paramedics.



Vaccines: They are safe.

1. If you are a leader you need to role model getting vaccines or boosters. Celebrate that on your U-tube; Facebook; or Linked IN accounts.
2. The misinformation out on social media is stunning. Please try and take a low-key approach but tell your staff, friend and family that vaccines are safe and effective.
3. I am not trying to politicize this issue, just use your power to help educate, is all.



Do anything possible to protect and support you and your staff's emotional needs.

1. What worked, for us, were virtual wellness groups, offered three times a week. Relaxation; self awareness; Social Resilience strategies; and just talking.
2. Posting your company's EAP contact info, over and over.
3. Training managers to watch for emotional distress in staff and to refer them to EAP.
4. Having virtual or onsite staff meetings more frequently. For me that meant every week. Instead of once a month. With fun involved like games and food.
5. Check in with staff that are facing difficult situations. Be sensitive and listen to their stories and help when you can.

Seclusion and Restraint Use

1. Again, difficult years. When we first responded to the Covid-19 crisis we did not know much so we shut down services and freedom of movement for the people we serve.
2. Some understood, others did not, and all were upset, frustrated, angry and powerless. Kind of like we were.
3. S/R use went up, no surprise. When both staff and the people we serve are upset and irritable that is what happens.
4. I am hopeful that if and when the next pandemic occurs we will take our lessons learned and try and mitigate our risk averse responses, a bit. Manage again based on strengths along with better understanding the inherent risks in what we do.

Role Model Resiliency

1. We all have strong resiliency. Obviously, as we are still working and engaged in your work.
2. Share with your staff, family and friends what you are doing to stay healthy. And if you are only working and not having any fun, pay attention.
3. Cooking, gardening, exercise, work games, fantasy football, adult coloring books, golf, horseback riding, hiking, card games, Wordle, walking a dog, just walking.
4. Get a hobby that makes you feel good. And teach your kids and friends and family to do the same. My guess is that this is not the last pandemic in our lifetimes. And these strategies work.



Video



<https://m.facebook.com/nurseblake/videos/jcaho-visits/636470307591175/>

References

- Huckshorn, K.A. (2022). Anecdotal records and notes from 2020 to 2022 on Pandemic Response in Behavioral Health Hospital and other Community Crisis Programs.
- Katella, K. (2021). Eight lessons we can learn from the Covid-19 Pandemic. Found at <https://www.yalemedicine.org/news/8-lessons-covid-19-pandemic>
- Wei, E.K.; Long, T.; and Katz, M.H. (2021). Nine lessons from the Covid-19 pandemic for improving hospital care and health care delivery. *JAMA*. 181(9), p1161-1163.



➔ Q and A?

