Psychiatric-mental health nursing leadership during coronavirus disease 2019 (COVID-19)

The United States is experiencing a public health crisis, unlike anything the nation has encountered in modern history. As of mid-May 2020, there are over 1.3 million confirmed cases of coronavirus disease 2019 (COVID-19) and over 79,000 deaths in the United States (Centers for Disease Control and Prevention, 2020). Numbers of infections and deaths are expected to increase exponentially. This crisis has implications for psychiatric-mental health nurses, as the consequences of COVID-19 can result in mental health problems among both the general public and nursing workforce.

Across the country, many states have implemented both social distancing recommendations and shelter-in-place orders, enforcing residents to stay in their home for all non-essential means. These interventions have been put in place in order to limit the dissemination of COVID-19 and in an effort to mitigate the burden on the healthcare system. While implementing quarantine measures for those exposed to COVID-19 and those symptomatic is necessary to reduce transmission, the negative psychiatric sequelae of quarantine should not be overlooked. Those in quarantine may experience post-traumatic stress symptoms, confusion and anger, of which are compounded by the duration of quarantine, fear of infection, financial losses or insecurity, and stigmatization (Brooks et al., 2020). Further, evidence supports that these psychiatric effects may endure even after the quarantine period has ended.

Many Americans have been impacted by social distancing measures, with non-essential businesses closing and populations advised to limit contact with others, including family members. While social distancing can precipitate mood symptoms, anxiety-related symptoms and loneliness in individuals across the lifespan, there are dire implications in certain vulnerable populations, including older adults, youth and those with pre-existing mental health problems. Over 40% of older adults report feeling lonely, and many older adults residing in personal care homes, nursing homes and assisted living facilities will be impacted by the limitation of visitors due to COVID-19 (Stephenson, 2020). The mental health consequences of this loneliness and social isolation can include mood symptoms and increased risk for suicidality. In 2003, the severe acute respiratory syndrome (SARS) outbreak was associated with increases in death by suicide in older adults (Vahia et al., 2020; Yip, Cheung, Chau, & Law, 2010). Children who are separated from their parents due to quarantine or COVID-19-related illness or death may be at risk for a variety of mental health sequelae, including acute stress disorder, adjustment disorders and attachment disorders (Humphreys, 2019; Liu, Bao, Huang, Shi, & Lu, 2020).

Finally, the economic impacts of social distancing have resulted in many Americans filing for unemployment, and other individuals experiencing financial insecurity. There is evidence supporting the effects of economic crises on mental health outcomes, with higher rates of prescription psychotropic medication use and inpatient psychiatric hospitalizations during periods of economic volatility (Silva, Resurrección, Antunes, Frasquilho, & Cardoso, 2020). Financial instability is associated with serious psychological distress (Weissman, Russell, & Mann, 2020), and preliminary evidence highlights financial instability as a potential risk factor for suicidality (Case & Deaton, 2015).

Psychiatric-mental health nurses can be instrumental in addressing COVID-19-related mental health problems through novel means, including the delivery of telepsychiatry interventions. Telepsychiatry interventions can be delivered by registered nurses in the community, or by advanced practice nurses in order to provide psychotherapeutic and psychopharmacological medication management. Pro bono psychiatric care can also be offered for those experiencing concurrent financial hardship (Ho, Chee, & Ho, 2020), and virtual support groups have proven helpful. These interventions can mitigate issues with care access during periods of social distancing, assuring patients in need of treatment or crisis intervention can receive mental health care (Canady, 2020; Zhou et al., 2020).

Regarding the nursing workforce, there is a demand for nurses in areas with high rates of COVID-19 hospitalizations. The number of patients requiring acute inpatient care for COVID-19 will likely exceed hospital capacity, and there already appears to be shortages of personal protective equipment. Nurses exposed to these high-stress and high-risk situations are at risk for post-traumatic stress symptoms and burnout (Sood, 2020). A recent study of nearly 1,300 health care workers in China found those who were involved in the care of individuals with COVID-19 were at higher risk for the development of depression, anxiety and insomnia. Further, nurses reported more severe degrees of mental health symptoms when compared to other healthcare workers (Lai et al., 2020). Psychiatric-mental health leadership is needed to support nurses caring for patients with COVID-19. Nursing staff should be provided with clear, accurate information and projections, should be allotted adequate time for rest and should
be encouraged to engage in self-care (Adams & Walls, 2020). Nurses should be provided with support when encountering morally or ethically challenging decisions regarding access to care and resources, healthcare systems should buttress employee assistance or peer assistance programmes for those experiencing distress related to COVID-19, and critical debriefings should occur with nursing staff (Greenberg, Docherty, Gnanapragasam, & Wessely, 2020). Professional organizations should also provide resources to nurses impacted by COVID-19, including information on mental and emotional well-being, stress management and resources to promote mindfulness.

Psychiatric-mental health nurses should work to promote optimum mental health outcomes for both the general public and nursing workforce in light of COVID-19. With growing rates of COVID-19 and associated morbidity and mortality, the mental health consequences of this epidemic may linger for years to come. While the physiological consequences of COVID-19 cannot be overlooked, it is critical that psychiatric-mental health nurses advocate to assure that mental health consequences of COVID-19 are also given commensurate attention. Psychiatric-mental health nurses should assure that mental health consequences of COVID-19 and subsequent social distancing measures are addressed. Measures taken can include nurse peer-to-peer support lines for frontline workers, and assuring access to mental health treatment via telehealth interventions. Nurses working in inpatient mental health settings should assure that milieu remains therapeutic and conducive to recovery while adhering to social distancing guidelines. Promoting mental health during COVID-19 may be challenging due to the stigma associated with mental health problems; however, psychiatric-mental health nurses are well positioned to fulfill leadership roles throughout the care continuum in response to COVID-19. It is clear that psychiatric-mental health nurses must act now as leaders in addressing and mitigating COVID-19-related mental health consequences.

CONFLICT OF INTERESTS
The author has no conflicts of interest to report.

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