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Director's Note

Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients and providers have experienced enormous challenges during the COVID-19 pandemic, including emotional stress, anxiety, and trauma. The burden of the pandemic is particularly felt by frontline clinicians who face the added anxiety and fear of contracting COVID-19.^{1,2} In addition, burnout—a pre-pandemic challenge that affected more than 50 percent of clinicians in some studies—has been a growing concern during the pandemic.³ Pandemic-related stress, increased workloads, and staff shortages experienced by health care team members have worsened staff burnout.

This issue of *CAREAction* focuses on the behavioral health of RWHAP recipients and providers during the pandemic and on individual and organizational strategies to help alleviate pandemic-related stress, anxiety, and provider burnout. The “Stories from the Field” are particularly relevant because they highlight one RWHAP recipient that recently completed a survey about provider levels of pandemic-related stress and one recipient that has utilized trauma-informed care (TIC) approaches to help staff cope with pandemic-related stress and trauma.

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THE IMPACT OF THE COVID-19 PANDEMIC ON BEHAVIORAL HEALTH

The COVID-19 pandemic has profoundly affected the behavioral health of Ryan White HIV/AIDS Program (RWHAP) recipients, providers, and their clients by underscoring the emotional stress and anxiety that they felt about their personal and their family's health and safety. Providers and clients also have faced emotional fatigue and depression; loss and grief from pandemic-related deaths of family members, partners, friends, neighbors, clients and colleagues;

and despair and hopelessness due to social isolation during quarantines.^{1,2,4} In addition, individuals with pre-existing behavioral health issues are at risk for setbacks, relapses, impairment of function, and some experience acute stress disorder or trauma.^{4,5} For some RWHAP health care providers and patients who lived through the beginning of the HIV epidemic, this pandemic has reawakened past emotions of loss, grief, and trauma, along with a similar feeling of helplessness and confusion.⁴

MANAGING COVID-19 STRESS AND BURNOUT AND BUILDING RESILIENCY

Although emotional stress and burnout affect people differently, coping with pandemic-related stress often can be managed with self-care and stress reduction strategies. These strategies include the following:

- ▶ Engaging in physical activity and incorporating relaxation techniques, such as yoga, meditation, and breathing exercises
- ▶ Eating healthy meals and getting adequate sleep
- ▶ Taking breaks from news and social media
- ▶ Avoiding increased use of alcohol and other drugs
- ▶ Staying in touch with—and getting support from—friends and family, work colleagues, places of worship, etc.

For RWHAP recipients, providers, and clients who experience clinically significant distress or impairment, such as acute stress disorder or trauma, professional help from behavioral health specialists, such as psychiatrists and psychologists, is recommended. Many RWHAP providers currently offer behavioral health services for clients, including virtual telehealth or telephone appointments. Client referrals to these or to off-site behavioral specialists are encouraged.

Referrals to on-site behavioral health specialists or employee assistance programs also may be available for those RWHAP providers

who need them. Other resources include the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) National Helpline](#)—1-800-662-HELP (4357)—and the [SAMHSA behavioral health treatment services locator](#).

ORGANIZATIONAL SUPPORT FOR HEALTH CARE PROVIDERS

RWHAP recipients can help providers and staff manage their stress and burnout during the pandemic while building resiliency. Strategies that can enhance organizational support of providers include the following: ^{1,2,5,6}

- Ensuring clear and consistent guidance and communication of directives, procedures, and staff responsibilities
- Providing staff training on infection control procedures, as well as emotional well-being
- Providing team appreciation or recognition
- Modifying staff schedules and workflows to minimize COVID-19 exposure and burnout risk and to allow time off for staff to rest and take care of their families
- Utilizing virtual platforms for meetings and telehealth appointments
- Utilizing trauma-informed care (TIC) approaches to help staff cope with pandemic-related stress and trauma. See the Story from the Field for information on how TIC approaches were implemented by the Iowa Department of Public Health

National Alliance of State and Territorial AIDS Directors (NASTAD) developed a [Trauma-Informed Approaches Toolkit](#) in 2020. The toolkit assists health departments—specifically RWHAP Part B and AIDS Drug Assistance Programs (ADAPs), AIDS services organizations, and HIV clinics—to take action to become trauma-informed.

FY 2020 CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT FUNDING FOR BEHAVIORAL HEALTH

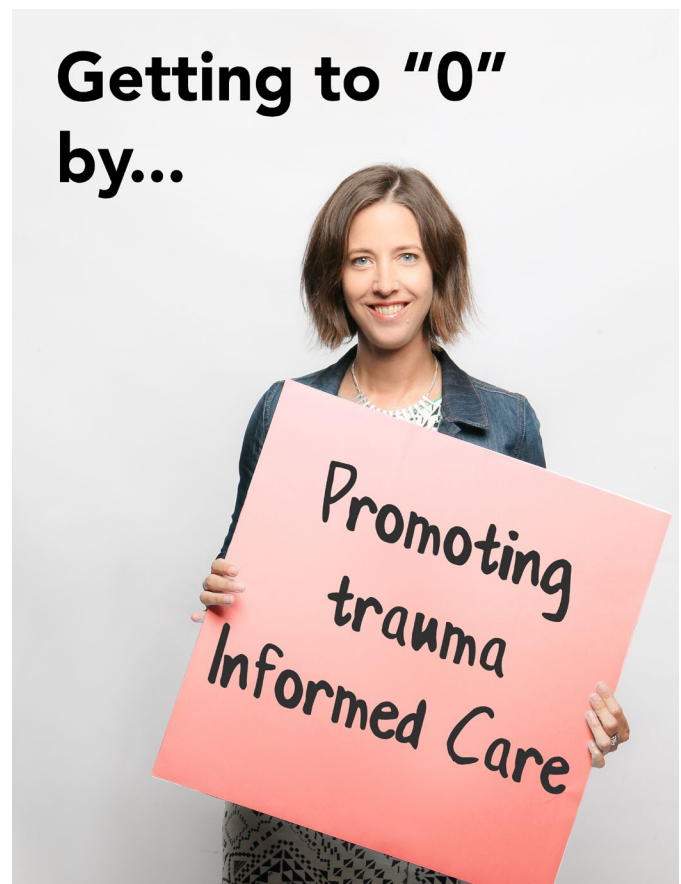
RWHAP recipients allocated their fiscal year (FY) 2020 CARES Act funding to promote behavioral health strategies that address the well-being of health care workers caring for people with HIV in response to COVID-19. Funding was used to purchase personal protective equipment (PPE), safety barriers to support social distancing, and cleaning supplies to disinfect high-contact areas or to contract with cleaning services. In addition, recipients used FY 2020 CARES Act funding to hire additional staff; provide training on infection control and the proper usage of PPE; and to review, update, or implement emergency operations plans, including plans to address surge capacity and potential provider and other staff absenteeism.⁷

Stories From the Field: Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

The Iowa Department of Public Health (IDPH), a Part B RWHAP recipient, collaborates with local health departments and community-based organizations to provide primary health care and support

services for low-income people with HIV to help them stay in care. RWHAP services include the ADAP; behavioral health care, such as mental health and substance abuse counseling; housing assistance; emergency financial assistance; oral health care; medical nutrition therapy; and comprehensive, tiered HIV case management services.

The IDPH's RWHAP began integrating TIC principles within the department and with patients and providers prior to the COVID-19 pandemic. According to Holly Hanson, Ryan White Part B Program Manager, "Recipients who want to integrate TIC principles into their program must start with themselves first, assess where they are, and get training on TIC. They should learn about the key principles of TIC and the **Four R's**—**Realizing** the widespread impacts that trauma has, **Recognizing** the signs of trauma in clients, families, staff and ourselves, having a system which can **Respond** to trauma, **Resisting** re-traumatization—and integrating that knowledge into policies, procedures and practices." A **fifth R**, said Hanson, "is adopting a strength-based approach to build **Resiliency** to enable people to bounce back from stressful and traumatic events. When people learn about the impact of trauma, such as the poor health outcomes that can occur, they will want to do more. So, you must be ready for those next steps when people say, 'Okay, what now? What can we do?'"



Holly Hanson, Ryan White Part B Program Manager, Iowa Department of Public Health



Top Three COVID-19-Related Stressors From the Provider Burnout Task Force Survey

- Increased emotional stress and fatigue
- Reduced options for self-care
- Worry over personal or family health



An essential part of implementing a TIC program, especially during the COVID-19 pandemic, is building and maintaining strong relationships, communicating clearly with clients and staff, and providing them with the support they need. Hanson stated, “At the IDPH, we have established a foundation of strong relationships and communication over the years. We do our annual capacity-building planning and site visits, but we also do monthly monitoring calls and a lot of engagement with our providers.” She added that, “Clear communication is kind. People need to be communicated with in different ways and at different times.” During the pandemic, RWHAP staff and subrecipients supported each other and stayed connected virtually through monthly capacity-building webinars, “Wellness Wednesday” webinars, weekly team meetings, chat rooms, and Google Meets. In addition, subrecipients receive relevant information once weekly through “Monday Messages” instead of randomly receiving emails throughout the week. RWHAP case managers stayed connected with clients through FaceTime and hand-delivered COVID-19 necessities to them. To help support clients and eliminate as much red tape as possible, the ADAP office shifted communication methods from fax to secured email to make it easier for clients to submit required documentation. Case managers also purchased \$100 food cards for clients with FY 2020 CARES Act funding and expanded housing assistance, emergency financial assistance, and the food bank.

Hanson emphasized that it is important for providers to take care of themselves and to allow themselves grace during the COVID-19 pandemic. “We do regular trainings on the impact of trauma and the cost of caring. Our medical providers, and even our case managers, think they must be constantly tough and a hero! They are heroes, but they are not going to be able to help other people—patients, clients, family—if they do not recognize the impact of chronic stress on themselves—intellectually, emotionally, and physically—and give themselves permission to take care of themselves.”

Stories From the Field: University of Michigan, University of Toledo, and Wayne State University

HRSA’s RWHAP Part C and D recipients in Michigan and Ohio established a Provider Burnout Task Force in November 2020 to explore the needs of RWHAP providers during the COVID-19 pandemic. A brief survey was developed by task force mental health providers at the University of Michigan, University of Toledo, and Wayne State University and disseminated to RWHAP providers in December 2020. The survey consisted of questions about the levels of pandemic-related stress among providers, specific causes of stress, and potential ways to reduce or eliminate stress. According to Amy Jacobs, Clinical Social Worker, University of Michigan in Ann Arbor, “It was important for us to know how people [providers] are doing, what has been challenging, and what has been helpful. We wanted to get information from as many people as we could, so we sent the survey to physicians, social workers, case managers, mental health providers, nutritionists, nurses, and medical assistants at 11 sites. We weren’t expecting many people to respond to the survey, so we were surprised when 191 people responded.”

Examples of support that RWHAP providers identified as most helpful in alleviating their pandemic-related stress included (1) program-sponsored self-care, (2) having peer support and the space to vent with other staff, and (3) being able to work from home as needed. One organizational practice that benefitted providers was allowing them flexibility to do their jobs from home. According to Jacobs, “A lot of people [providers] would’ve had to leave their jobs if they couldn’t work from home. Many providers have kids at home since many day care facilities aren’t open and schools started remote learning.”

Many RWHAP recipients offered remote working options for staff and telehealth appointments for clients. According to Nikki Cockern, Clinical Psychologist, Wayne State University, Detroit, Michigan, “Initially we had to figure out how to take care of patients while being safe and while following federal and state guidelines. The start of telemedicine and telehealth was huge in being able to see clients virtually for their physiological and psychological or emotional issues.” Jacobs added, “The number of patients I’ve been seeing for mental health [telehealth] visits has increased about fivefold from what it was before COVID. There are a lot of patient benefits in seeing their provider from home, such as not having to drive to the hospital [clinic] or ride the bus and worry about contracting COVID. However, it has been stressful for the nurses and medical assistants remaining at the clinic since they must coordinate care with remote staff. One nurse who has been with our program for over 25 years has said, ‘COVID has killed me, and I’m looking to retire in a couple years now.’ You know, he is tired of feeling alone because most of the other staff he used to interact with are working from home, and he is fielding phone calls and doing more work on top of his HIV duties. So, people are talking about retiring who weren’t before COVID.”

According to Cockern, another helpful organizational support is “having a list of resources and apps for self-help, such as mindfulness or meditation that could be posted or sent to providers. We compiled a list of resources that colleagues have used or knew about.” Jacobs added, “We also encouraged administrators to develop site-specific resource lists with employee assistance programs or local meetings that were more relevant for their staff.”

Once the survey data were analyzed, the task force shared results with participants. Overall, survey participants appreciated the opportunity to provide feedback and bring awareness to the issue of provider stress and burnout.

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