

COVID-19 Anniversary Reactions for Response Teams and Public Health Personnel

Purpose

This document provides information on the potential behavioral health reactions that response teams and public health personnel may have to the anniversary of the COVID-19 outbreak in Washington and their activation to an incident management or emergency response team for the pandemic. Strategies and resources for mitigating these impacts are included in this guide.

Actions

- Support staff who may be experiencing a variety of emotional responses to these anniversary events.
- Share information and resources on building resilience, support strategies, mental and emotional well-being, and crisis support. See the [Responder and Public Health Personnel Resources](#) section for more information.
- Consider the impacts of demobilizing and shifting to recovery on response teams and public health personnel. Be aware of ways to assist during these transitions.

Background

Pandemics are a type of natural disaster. Consistent with previous literature on disaster response and recovery cycles, the anniversary of the initial impact of a disaster is typically a significant event for many in the affected population.¹ While the anniversary of the initial COVID-19 outbreak in Washington is January 2021, the anniversary experience for most people is March 2021, when daily life was significantly impacted by the pandemic.

Individuals who choose challenging professions, including emergency and disaster response, may do well in difficult situations and see these as challenges to overcome.² However, these same individuals may also be at higher risk for behavioral health impacts due to exposures to

¹ Knight, A., & Liu, J. (2015, August 14). *Disaster Anniversaries*. [Presentation slides]. SAMHSA. https://www.samhsa.gov/sites/default/files/dtac/webcast_disaster_anniversaries.pdf

² Sarkar, M., & Fletcher, D. (2014). Ordinary magic, extraordinary performance: Psychological resilience and thriving in high achievers. *Sport, Exercise, and Performance Psychology*, 3(1), 46–60. <https://doi.org/10.1037/spy0000003>

difficult situations. During the COVID-19 pandemic, these difficult situations include the uncertainty of dealing with a novel virus causing a global pandemic, having to mobilize and gather resources very quickly, long and demanding work shifts, and ongoing concern about personal safety and the safety of family and friends. In addition to these challenges, this disaster also involves a very long response. Many disasters and emergencies might require responding for a few weeks, compared to more than a year for the response to COVID-19.

Anticipated behavioral health-related reactions to the anniversary of the COVID-19 pandemic will be widespread and vary greatly. Areas of concern include:

- Despair or hopelessness that the pandemic has continued this long and that we are still in it.
- Apathy or anger about ongoing restrictions and following public health guidelines a year (or more) after the initial outbreak/impact.
- Significant bereavement, grief, and loss reactions about what has been lost or changed (e.g., economically, socially, and personally).
- Exhaustion, burnout, and compassion fatigue related to professional and personal demands, questioning whether to remain on the job.
- Issues related to demobilizing from the response and returning to normal job functions, which can carry separate emotional impacts.

Expressions of distress during this time will vary dramatically and may range from being very intense to almost nonexistent. Consistent with other types of disasters or critical incidents, the anniversary of the impact of an event can go unnoticed by some and is a main focus of attention or distress for others.^{1,2,3,4}

Supporting Responders and Public Health Personnel

For those who are experiencing [despair or hopelessness](#):

- [Normalize their reaction](#) and validate that a year is a long time to be struggling through something this significant.
- Try to facilitate a space for staff to process their experiences. Use [active listening](#) when possible.
- Reflect with them about a light at the end of the tunnel. Ask them to identify small improvements they have made in the last several months.

³ Daly, E. S., Gulliver, S. B., Zimering, R. T., Kamholtz, B. W., & Morrissette, S. B. (2008). Disaster mental health workers responding to ground zero: One year later. *Journal of Traumatic Stress, 21*(2), p. 227-239. <https://doi.org/10.1002/jts.20311>

⁴ Nemeth, D. G., Kurianski, J., Reeder, K. P., Lewis, A., Marceaux, K., & Whittington, T. (2012). Addressing Anniversary Reactions of Trauma Through Group Process: The Hurricane Katrina Anniversary Wellness Workshops. *International Journal of Group Psychotherapy, 62*(1). p. 129-142 <https://doi.org/10.1521/ijgp.2012.62.1.129>

- Try to help them make the shift, mentally and emotionally, from seeing the pandemic as a *threat* to seeing it as a *challenge*. Challenges have pieces that can be overcome and can generate growth and resilience.

For those who are experiencing apathy or anger:

- Help them try to direct their attention and motivation towards something bigger than themselves.
- Help them identify positive ways that they have contributed to the experience of others as a result of their work during the pandemic.

For those who are experiencing grief and loss:

- Recognize that there are significant cultural, familial, and past experiences that affect how each of us experience loss and how we show grief.
- Stay focused on validating and listening to the griever.
- Validate conflicting emotions. It's okay to feel terrible loss and also relief at the same time.
- Facilitate problem solving and decision making to prevent impulsive or risky decisions (e.g., decisions related to precautionary health measures, burial of loved ones).
- Modify coping plans if traditional strategies aren't possible (e.g., gathering with family to grieve using a virtual meeting platform).
- Help them identify places of belonging, safe and positive relationships, and activities that are uplifting. This helps the person feel some control.

For those who are experiencing symptoms of exhaustion, burnout, and compassion fatigue:

It can be difficult to remain effective in your position and help others if your own need for rest and respite are ignored. The REST Model⁵ on the next page is a simple tool to help increase your resilience. This model helps support healthy boundaries and the development of resilience through purpose, connection, and hope.

⁵ Kira Mauseth, Ph.D. (n.d.). *REST Model*. Health Support Team. Retrieved June 8, 2020 from <http://healthsupportteam.org>.

REST Model

<u>R</u>eward	Reward yourself for a job well done. Build supports into your work. For example, give yourself a break from the patterns and issues you deal with often. Take some time off or even just 15 minutes to do something you enjoy, such as watching a short video, going for a walk, or spending a few minutes doing a mindfulness exercise. Try to avoid rewards that include alcohol or drug use, as this can make job and personal stressors worse.
<u>E</u>stablish	Set or establish healthy boundaries. Focus on keeping work at work and leaving it there. When you are off work, stick to that boundary. Do not bring work into your personal time or space. For example, for those who are working at home, this may mean moving work materials into another room or space. Say “no” to a request that conflicts with your boundaries, such as an expectation that you will answer work emails when off duty. Respectfully but firmly stick to set boundaries.
<u>S</u>hare	Share your feelings, concerns, and stories. Do not hold things in. Participate in support and professional consultation groups. Consultation groups can provide opportunities to talk about work matters and offer social connection, which improves workplace resilience. Do not avoid talking about things that bother you. Enjoy the small things in life by focusing on spending time with your family or social group. Make time for connections and activities in your life.
<u>T</u>rust	Trust your support network and reach out as needed. Refer people elsewhere if you are too tired or emotionally unable to offer support. Trust that others are willing to help. If the issues seem larger or more serious, reach out for professional consultation and help. Keep a referral list of professional resources, such as your Employee Assistance Program (EAP) and behavioral health professionals, that you can go to when needed.

For supervisors and team leads:

- Encourage your team to monitor and track their exposure to particularly high stress events. Team members should develop personal coping plans to follow during times of extreme stress.
- Provide the opportunity for, but do not require, team members to talk about their feelings and experiences during activation.
- Share your own feelings and experiences as a leader.

- Encourage your team to stay in touch with their close social supports, such as family and friends.
- If team members appear stressed, encourage use of organizational support services, such as EAP or a peer support group.
- Monitor your team members for signs of troublesome substance use. Refer to the [tip sheet for help identifying substance misuse](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA). Signs may include showing up at work with alcohol on breath or being impaired or hungover, or employee reports of increased drinking or cannabis use.

Moving Forward into Recovery

It is common to have psychological and physical impacts after firsthand experience of a large-scale disaster. Some of these can be related to the buildup of stress over time. Other impacts can include feeling let down or missing the sense of purpose associated with responding to a challenging event, as well as losing the close connection and comradery with colleagues.

Keep an eye out for these signs:

- Increased negative mood
- Difficulty sleeping
- Difficulty concentrating
- Physical symptoms, such as headaches and stomachaches

Staff should be encouraged to seek support services, such as EAP or professional behavioral health services, if they notice they are experiencing unresolved or worsening symptoms.

Responder and Public Health Personnel Resources

- **Washington State Coronavirus Response (COVID-19)**
 - [Mental and emotional well-being resources](#)
 - [Ingredients of resilience](#)
 - [Dealing with grief or loss](#)
 - [Suicide warning signs](#)
- **Washington State Department of Health**
 - [COVID-19 Guidance for Maintaining Healthy Incident Management and Emergency Response Teams](#)
 - [“Coping with COVID” blog and podcast series](#)
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - [Anniversaries and Trigger Events](#)
 - [Coping Tips for Traumatic Events and Disasters](#)

- **Helplines**

- [Mental health crisis lines](#)
- [Washington Listens](#): Call 833-681-0211.
- [National Suicide Prevention Lifeline](#): Call 800-273-8255 (English) or 1-888-628-9454 (Spanish).
- [Crisis Text Line](#): Text HEAL to 741741.
- [Crisis Connections](#): Call 866-427-4747.
- [Washington Warm Line](#): Call 877-500-9276.
- [SAMHSA Disaster Distress Helpline](#): Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.
- [Crisis lines for specific groups](#)