

# Promoting nurse mental health

## An urgent call to shift from crisis intervention to long-term prevention

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*EDITOR'S NOTE: This article is the first in a three-part series that aims to highlight the work of the American Nurses Association (ANA) Building Strength through Resilience Committee. To promote the mental health of nurses, the committee has developed web content that focuses on mental health promotion and prevention, suicide prevention, and grief. These resources are free, and a full list of the committee's work can be found at [nursingworld.org/practice-policy/nurse-suicide-prevention](https://nursingworld.org/practice-policy/nurse-suicide-prevention). This first article provides background on the state of mental health in nursing and reviews system-level interventions for nurse mental health promotion and prevention.*

**A PARADIGM SHIFT** from crisis intervention to mental health promotion and prevention is urgently needed in nursing. For many years, leaders didn't properly address high rates of healthcare workforce burnout (emotional exhaustion, depersonalization, job detachment, and a sense of ineffectiveness) and unhealthy lifestyle behaviors. Instead, burnout was believed to be an individual, not a systemic, issue. Individual nurses were left to figure it out, resulting in a crisis situation. Even the World Health Organization now classifies burnout as an "occupational phenomenon" that must be addressed to maintain mental well-being in the workplace.

When burnout occurs, depression, anxiety, risky substance use, physical fatigue, and workplace incivility tend to follow. According to Davidson and colleagues, the prevalence of depression, anxiety, and suicide is now higher in nurses than in the general U.S. population. A national study by Melnyk and colleagues reported that half of 1,790 nurses from 19 healthcare systems indicated poor mental and physical health, and approximately one-third reported depression. Study analysis determined that depression was the leading predictor of self-reported medical errors. In addition to worsening nurse population health outcomes, the mental health crisis also has created costly job turnover rates and increased risks to patient care and safety.

The problem has reached an even higher level of urgency as the COVID-19 pandemic continues to exacerbate the rate of mental health issues in nurses as they suffer from more burnout, depression, and anxiety, as



well as acute stress disorder and post-traumatic stress disorder. At its most extreme, the lack of system-level preparation to protect nurses against COVID-19 and the resulting secondary mental health effects has resulted in nurse and physician suicide. These outcomes highlight the need to provide interventions for those who are suffering from acute mental health problems and to intensify mental health prevention and promotion efforts. Focusing on prevention at the system level may reduce the number of nurses who reach a state of burnout or experience an acute mental health crisis. (See *Contributing factors*.)

To find our way out of this crisis, organizations must support employee self-care by providing wellness cultures, addressing system problems, and providing evidence-based interventions to improve nurse mental and physical health. Such interventions include teaching and promoting mindfulness (staying present in the moment and being aware of your feelings and environment), enhancing resiliency (building personal attributes, including forgiveness, gratitude, and compassion), and practicing cognitive-behavioral skills (identifying how a person's thought patterns impact their emotions and behaviors, and overturning negative with positive thinking).

### Systems solution resources

Consider the following evidence-based resources for establishing a preventive program that is integrated into a wellness culture and engaging state and federal representatives.

#### HEAR and MINDBODYSTRONG programs

Evidence-based interventions must be translated more rapidly into clinical settings to improve clinician mental health and well-being. For example, all nurses should have access to free anonymous depression and suicide screening. The University of California at San Diego's evidence-based Healer Education Assessment and Referral (HEAR) program, which provides screenings and referrals to mental health services, has successfully identified and provided care to healthcare workers struggling with suicidal thoughts, substance use disorder, and other mental health conditions.

Another successful evidence-based pro-

gram that can be delivered by nurses and other nonpsychiatric mental health providers is the MINDBODYSTRONG program, which provides a workbook-based, seven-session cognitive behavior therapy program for nurses and other clinicians. A study with new nurse residents showed that those who received access to the program as part of their orientation had higher job satisfaction and less depression, anxiety, and stress up to 6 months after completion.

#### National initiatives

In addition to ANA's Building Strength through Resilience Committee, other relevant initiatives include ANA Enterprise's Healthy Nurse, Healthy Nation™ ([www.hnhn.org](http://www.hnhn.org)), the Well-Being Initiative launched by the American Nurses Foundation ([bit.ly/36nChTP](http://bit.ly/36nChTP)), and the National Academy of Medicine's (NAM) Action Collaborative on Clinician WellBeing and Resilience ([nam.edu/initiatives/clinician-resilience-and-well-being](http://nam.edu/initiatives/clinician-resilience-and-well-being)).

These national programs support the research needed to establish evidence-based preventive strategies, provide resources, and demonstrate that nursing leadership supports and prioritizes mental health and well-being. For sustainable improvements in nurse well-being to occur, a multi-stakeholder approach is required. In addition to direct nursing professional leadership, state policymakers, health professional licensing boards, and health professional colleges and schools must provide indirect leadership.

#### State policy briefs

States can issue policy briefs that promote clinician mental health and well-being. For example, the Health Policy Institute of Ohio partnered with The Ohio State University Helene Fuld Health Trust National Institute for Evidence-Based Practice in Nursing and Healthcare to create a policy brief (*A Call to Action: Improving Clinician Wellbeing and Patient Care and Safety*) that describes the state of clinician well-being; defines the framework for the relationship between clinician well-being and patient care; reviews evidence-based policies and programs that improve clinician well-being; and establishes a set of evidence-

## Contributing factors

Nurse burnout and other mental health concerns—such as compassion fatigue (similar to burnout, but more severe as it involves trauma, a decrease in the ability to sympathize, and a change in worldview), depression, anxiety, and risky substance use—are symptoms of a larger issue endemic within the nursing profession. Mental health issues are complex. They arise from genetic predisposition and environmental factors such as stressful work environments, workplace bullying, and workplace cultures that don't support personal wellbeing. These environmental factors may prevent nurses from prioritizing their own self-care.

Self-care habits include getting 30 minutes of physical activity 5 days a week, eating five servings of fruits and vegetables per day, not smoking, limiting alcohol intake to one drink a day, getting 7 to 9 hours of sleep per day, and regularly practicing a preferred stress reduction technique, such as mindfulness. According to the Centers for Disease Control and Prevention, such practices can help prevent chronic disease and aid in reducing mental health condition symptoms. In addition, those struggling with a mental health issue can benefit from working with a mental health professional.

based state policy recommendations. The brief identifies three key takeaways for policymakers and healthcare leaders:

1. A bidirectional relationship exists between clinician well-being and patient care.
2. Clinicians are encountering serious problems related to their health and well-being (high burnout, depression, addiction, suicide).
3. Improvement requires a comprehensive approach that provides a continuum of prevention, treatment, and recovery support.

The full report can be accessed at [healthpolicyohio.org/a-call-to-action](https://healthpolicyohio.org/a-call-to-action).

### Six goals and actions to prevent burnout and promote mental health

Stigma and fear of professional consequences continue to be barriers for clinicians seeking help for mental health conditions. According to the Health Policy Institute of Ohio policy brief, this stigma typically begins during school and continues as clinicians begin working in environments without a strong wellness culture. To combat these barriers, The National Academies of Sciences, Engineering, and Medicine proposed six goals and system-wide actions to prevent burnout and promote the mental health of clinicians.

- Create positive work environments.
- Create positive learning environments.
- Reduce administrative burden.
- Enable technology solutions.
- Provide support to clinicians and learners.
- Invest in research.

### Chief wellness officers

Appointing a chief wellness officer (CWO) can help organizations meet the National Academies of Sciences, Engineering, and Medicine goals. The CWO, ideally a member of the organization's senior leadership team, should have access to the necessary resources to support wellness initiatives. Their work should focus on building a strong wellness culture where healthy behaviors are the norm in an organization. A CWO can provide a voice for openly acknowledging and discussing clinician well-being as a shared organizational value and help establish and promote confidential mental health and addiction screenings and treatment services for clinicians. During COVID-19, or any future crisis, the CWO can serve as a "command center" for organizational wellness decision-making. According to an Ohio State University case study, for every dollar invested in wellness, the return on investment ranges from \$3 to \$4. An increase in value on investment also rises as morale and clinician engagement improve.

### Engaging with the federal government

We must call upon our federal government—the highest system level—and its representatives to allocate funding for clinicians who've experienced negative physical and mental health effects as a result of the pandemic. Such resources could provide a national epidemiologic tracking program to monitor clinician well-being as a quality indicator. The urgent need for this request became apparent with the tragic loss of Dr. Lorna Breen to suicide. Dr. Breen worked in emergency medicine and was described as outgoing and extroverted, but her mental health was substantially affected by the trauma of caring for patients with COVID-19. Accordingly, the S.4349 – Dr. Lorna Breen Health Care Provider Act

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was introduced on July 29, 2020. If passed, the legislation will provide behavioral health and well-being training programs to healthcare professionals, launch a national campaign to promote seeking mental health support and treatment, initiate a federal study to assess mental health and burnout in healthcare professionals, and provide grants for establishing and expanding mental health services for those providing care to patients with COVID-19.

## Building a foundation of prevention

Promoting the mental health and well-being of nurses must be considered a foundational necessity. A preventive approach is necessary to improve the population health of nurses, enhance patient outcomes, and decrease healthcare costs. As Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure."

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To view a list of references, visit [myamericannurse.com/?p=70264](http://myamericannurse.com/?p=70264).

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