Experiences of Health Care Providers with Patients Experiencing Mental Health and Addiction Issues during the COVID-19 Pandemic: A Narrative Inquiry

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Abstract

Background: Amidst the COVID-19 pandemic, the healthcare system was impacted tremendously, posing a novel challenge for healthcare providers (HCPs). Despite the risks of exposure and potential transmission to their families, HCPs persevered in providing exceptional care to patients, which can take a toll on their mental well-being. Among these dedicated professionals, those working in Mental Health and Addiction (MHA) services played, a critical role in supporting patients with MHA during this crisis, yet they were also vulnerable to pandemic-related psychological complications. The purpose of this study was to explore the experiences of HCPs who worked with MHA patients during the pandemic.
Methods: Six HCPs working in MHA services participated in this study. The data were collected via individual interviews over Webex, employing a semi-structured format with varying durations between 45 and 60 minutes. Thematic analysis was applied to analyze data.
Results: The findings illustrate five major themes: (a) perception of safety; (b) re-inventing the delivery method; (c) negative emotions; (d) coping strategies; and (e) managerial behaviours (supportive and unsupportive).
Conclusions: This qualitative study illuminates the experiences of MHA HCPs amid the COVID-19 pandemic. To maintain the mental health and well-being of HCPs during any global health crisis like COVID-19 pandemic preventive programs and interventions are crucial.

Keywords: COVID-19, mental health and wellbeing, healthcare providers, qualitative research

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Background

On March 2020, the World Health Organization (WHO) declared the Coronavirus disease 2019 (COVID-19) as a pandemic, marking a worldwide public health crisis of unparalleled magnitude (Chen et al., 2020a; WHO, 2020). Quarantine measures and restrictions aimed at reducing the spread of the virus have significantly impacted people's physical and psychological well-being (Wang et al., 2020), placing a heavy burden on the healthcare system and its providers (Aromcida et al., 2020; Xie et al., 2020).

Despite the resilience, optimism, and self-efficacy of healthcare providers (HCPs), they were not immune to the mental health effects of COVID-19 (Baluszek et al., 2023; Danet, 2021). Limited availability of personal protective equipment (PPE), inadequate disaster management plans, and unreliable information make frontline staff, especially those in emergency, intensive care, and respiratory units, vulnerable to mental health issues (Baluszek et al., 2023; Xiang et al., 2020; Wang et al., 2020). To support patients and HCPs, addressing the challenges faced by Mental health and Addiction (MHA) HCPs during the pandemic became imperative. However, these challenges often lead to MHA HCPs neglecting their own mental well-being, refraining from help-seeking to support colleagues and ensuring patient treatment access, resulting in poor psychological health, moral injury, and compassion fatigue (Haefner, 2021).

Burnout rates among HCPs were found to range from 35% to 54% prior to the COVID-19 pandemic (Baskin & Bartlett, 2021). During an outbreak, HCPs experienced worrying thoughts, uncertainty, and fear of dying (Lee et al., 2018; Liu et al., 2020a). Nurses reported low-to-moderate resilience levels, due to deficits in staffing, insufficient knowledge/training, and overwhelming workloads (Montgomery et al. 2021). Consequently, HCP exhibited a sense of fragmentation and persistent tearfulness throughout their shifts (Billings et al., 2021). Similarly, Papp et al. (2020) discovered that at least 20% of HCPs reported symptoms of depression and anxiety, while approximately 40% suffered from sleep-deprived states and/or insomnia.

However, the similarity between anxiety symptoms (e.g., coughing, myofascial tension, and fever) and those of infected individuals complicated their assessment and treatment (Corbett et al., 2020). When mental health issues are not effectively managed during the initial phase of a pandemic, it can lead to persistent symptoms, including avoidance of social interactions and group activities, burnout, and post-traumatic stress disorder (Lee et al., 2018; Park et al., 2018; Liu et al., 2020a).

As the therapeutic pillar for patients and the 'help for the helper,' MHA healthcare providers' psychological well-being had been impacted; yet we found limited qualitative studies exploring their experiences during the COVID-19 pandemic. Hence, the purpose of this narrative inquiry is to understand the barriers and facilitators in providing care to patients and self-care during the COVID-19 pandemic from the perspective of MHA HCPs.

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Methods

Procedure and Data Collection

In this qualitative study, the study participants were recruited from local mental health and addiction services, Canadian non-profit organizations, and a local hospital emergency department. Purposive sampling method was used to recruit 6 Canadian MHA HCPs, who could speak from personal experiences in caring for patients with MHA disorders and self during the pandemic and also address concept saturation issues. Each participant provided written/verbal consent before participating in individual semi-structured interviews, each interview lasted 45-60 minutes and was conducted over Webex between January 2022 and July 2022.

Data Analysis

Thematic analysis was used to analyse the data that embraced the researcher's subjectivity as a vital resource for total immersion in text, coding, and theme construction (Braun & Clarke, 2019; Zelčāne & Pipere, 2023). In the initial process of analysis, transcripts were individually coded by thoroughly reading line by line, gaining familiarisation with extracted data, and utilizing Nvivo 12 software for organization and audit trail purposes. Upon iterative data analysis, continuous stage-by-stage comparison, and meticulous decision-making, preliminary findings revealed repetitive and contradictory patterns, ultimately leading to the development of semantic themes and sub-themes. Visual mapping tools were then used to amalgamate these categories into latent themes, resonating with the experiences and interpretations of MHA HCPs during the COVID-19 pandemic. The research team met periodically to discuss data analysis, conflicting emotions, interpretation differences, and coding disagreements until a consensus was reached (Thorne, 2008).

Results

Six MHA HCPs from different disciplines including addiction counsellors, community mental health nurses, social worker, and psychiatric liaison nurse in ED participated in the study. The participants are aged between 29 to 60 years, with professional experience spanning from 3.5 to 30 years, and comprised a predominantly female group, with only one male participant. Pseudonyms are used throughout to obscure participants' identities. Detailed information is presented in Table 1.

Table 1. Characteristics of study participants

Provider #	Age	Gender	Occupation	Years of Experience	Years in current Position
Tiffany	52	Female	Addiction Counsellor	25	21

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Jessie	56	Female	Community Mental Health Nurse	22	2.5
Stephanie	32	Female	Community Mental Health Nurse	10	6
Brian	60	Male	Addiction Counsellor	30	17
Geraldine	29	Female	Psychiatric Liaison Nurse	3.5	3.5
Samantha	31	Female	Social Worker/Social Program Coordinator	5	5

Themes

Five latent themes were yielded from the data: (a) perception of safety; (b) re-inventing the delivery method; (c) negative emotions; (d) coping strategies; and (e) managerial behaviours (supportive and unsupportive).

Theme 1: Perception of safety

Tiffany emphasized being prepared at the facility to protect patients and staff and prevent the spread to non-infected individuals. This included pre-screening patients for symptoms, exposure to infected individuals, as well as ensuring adherence to safety measures such as hand sanitizing, wearing masks, and maintaining distance. *"So, that was another positive thing to ensure everybody was screened when they come into the office. And hand sanitizing. Keeping social distances of six feet amongst one another. Um, wearing a mask, etc."*

Brian exhibited catastrophic beliefs, inflating the perceived risk of transmission leading to paranoia, germaphobia, and reluctance to perform certain professional responsilibites. *"Um, I also think it was fear and fear of being exposed and quite honestly I think there was an element of, this isn't on my job description. I don't want to have to deal with this."* Geraldine also concurs that the fear of transmission motivates her to exercise excessive precautions, such as limiting social interaction and reduce going out to places other than work or home. *"Also going out and socializing, I mean, that's not stuff that we could really do for a long time. And I'm still very aware of… uh I have very sick family members, unfortunately. So, it's made it so I can't necessarily go out like… I'm trying to be extra careful"*

Geraldine described a low referral rate at the beginning of the pandemic because patients feared seeking care in clinics or hospital settings due to the risk of contracting COVID-19.

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However, this trend didn't last long, as patients reached their physical or emotional boiling point, leading to a resurgence in referrals. *"I've noticed initially that we weren't getting as many referrals from emerg at the beginning of the COVID pandemic. But then we saw the spike up. It was just, yeah, like the summer 2020, it got busy and busier. And we were just seeing people just… like, burnt out now."*

Jessie described that their patients also feared contracting COVID-19, so many programs offered the option of using phone or virtual platforms instead of in-person interactions.*"I think a lot of times clients, too, would chose to just have a phone session because they were afraid. Of, uh, exposure to COVID-19? And didn't want to really, so much, come in for groups."*

However, Tiffany observed that not all clients benefit from telecommunications and needed in-person sessions, which required mandatory PPE usage to ensure safety for both patients and staff members. Yet, PPE posed challenges in developing a trusting therapeutic relationship, particularly with those with MHA disorders. *"And with mental health, like I find it - like your body language and like your facial expressions are all apart of that therapeutic, like, communication skills that we have. And then I feel like that's just been completely removed from me. So, it's, like - it feels like you're trying to nurse therapeutically with just, like, a very small piece of your face, and when we have folks in that are maybe paranoid or whatever, like I've found that really, really difficult."*

Theme 2: Re-inventing the delivery method

In response to COVID-19, Stephanie spoke of how MHA services have implemented telecommunication and online platforms to provide assessment, intervention, and education. However, marginalized populations may face difficulties accessing these resources due to lack of means and proficiency.*"I think that every group that I, well the main groups that I referred to, um, they all have online options now as well. Which I mean, yes it increases access but it's also a barrier for some."*

Brian agreed and emphasized that telecommunication is not always suitable for patients because they may not feel safe disclosing their MHA conditions over the phone. *Of the clients that we work with, some of them don't feel like they're in a safe place to have a session over the phone. So, they may, they may prefer to come in for in-person."* Geraldine agrees, stressing that individuals with MHA conditions cannot remain in lockdown indefinitely and require a physical space to socialize with others in-person. *"They need a place where they can go. Where they can talk about both mental health and substance use disorder in a non-judgemental way."*

As a result, MHA providers have had to devise innovative methods to ensure patient safety during in-person sessions. For example, Jessie restructured outpatient program delivery, adhering to public health guidelines with reduced group sizes and enhancing accessibility through an increased number of sessions. *"We reduced our group size. And then we also increased our group in numbers. So instead of just providing one group in the afternoon, we moved to providing a group in the morning and a group in the afternoon and having a staffing*

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complement where we could do, like three groups in the morning, occurring simultaneously, if we need it, or three in the afternoon, occurring simultaneously."

Stephanie reported that programs also increased patient accessibility by extending hours of operation. *"I think they've extended, you know there's one group I'm thinking of, who used to run, they worked like two weeks post-hospital visit. Whether it was [MH Acute Care Clinic] or [Emergency], and they started following people for, you know, three weeks instead of just two. So they've extended their hours and extended their services to people."* These innovative adjustments to providing in-person services ensured safe and effective care for patients while meeting the growing demand for psychological support during the pandemic.

Theme 3: Negative emotions

Brian experienced isolation and a lack of social interaction while working in the clinic, as his colleagues worked remotely from home. This prolonged absence affected his emotional well-being, leaving him feeling lonely and disconnected from his team.

"But other members within the department that I work, in the community were working from home. And I have to say, that was very isolating. Like there was times when I didn't see people for like a very long time. And I was like, "Why am I the only one here?"

Stephanie faces a considerable challenge in maintaining a delicate equilibrium between her crucial responsibility as the sole source of support for patients with MHA disorders and her personal well-being. She acknowledged that she was displaying indications of falling apart, which are early signs of burnout if left unaddressed.

"Um, it was extra challenging because when I finally got to the point where I said, 'Okay, I can't work anymore. Like I can't work anymore.' It was hard to even take that step back because I was fully recognizing that now I am pretty much that only support that people had."

Theme 4: Coping strategies

Geraldine stresses the significance of seeking support from friends who understand the unique challenges of providing care during COVID-19, which may not be comprehended by others. Through open discussions and reaching out, she built a supportive network that assisted her in navigating challenges and preserving her well-being.

"But reaching out to some of my other colleagues and some of my nurse friends and you know, um, just talking, doing a lot of, um, discussions about how things were going, or you know."

Samantha promoted the use of diversional activities to release pent-up energy and emotions caused by her professional life. Engaging in satisfying and stimulating entertainment serves as an effective outlet for her, diverting the mind and providing relief.

"I mean, personally, you know, just at work, listening to music while I worked, and you know those kinds of things. And then, I knit. (laughter)."

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Theme 5: Managerial behaviours

Managers have a critical role in prioritizing the mental well-being of MHA HCPs and identifying those facing psychological distress. Supportive leadership positively shapes providers' experiences and helps alleviate the workplace pressures caused by COVID-19. Conversely, an unsupportive leadership team can escalate burnout, leading to staff resignations or worse outcomes.

Supportive

Samantha appreciated her manager's understanding and support for employees' psychological well-being, allowing them time off to manage the challenges caused by COVID-19. The manager believed that this approach improved overall health and job satisfaction.

"Um, yeah I feel like he's been, just, uh, you know he's really accepting of people. Whatever it is that they need to do. He kind of goes, okay, do that. And come back, you know, when you're ready. Let's get you coming back strong, is kind of his mentality."

Brian valued his manager's comprehension of the need for workplace flexibility in handling personal matters. The support from management empowered him to maintain a harmonious equilibrium between his professional and personal life.

"I have a lot of sense that if I needed the time to wiggle around appointments. Or to take some time, I would be a hundred percent supported by, like the go-ahead, the green light. They'd say, "Yeah sure, go for it".

Unsupportive

Tiffany pointed out a lack of emotional support and check-ins from management regarding well-being and work-from-home challenges. This resulted in minimal attention given to individuals' feelings and the obstacles they faced, leaving them with a sense of being unsupported and invalidated.

"It's not, like, "How is everybody doing? How are you feeling?" That kind of thing. So, there was a lack of that, in a sense so, like I don't think we got a lot of support around that to be quite honest, like at all really. It was kind of, like, "You're on own. Try a new thing, to work from home." And everybody goes home and then there was like, minimal check-ins about how people were managing. How things were going. Barriers. You know?"

Geraldine observed that the management mindset prioritized resilience and adapting to changes, often overlooking personal well-being.

"I kind of feel like management's mentality has been kind of, suck it up and push through it. Here's the new change. Get used to it."

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Discussion

This study explores HCPs' experiences of barriers and facilitators when providing care to individuals with MHA conditions and self-care during COVID-19. The themes are divided into two distinct areas: providing services and personal-related experiences, which encompass the significance of re-inventing the MHA service delivery approach to meet the challenges of the pandemic, the importance of HCPs caring for themselves as they worked under extremely stressful conditions, the needs of adequate support from management in terms of delivering patient-centered care and developing self-care strategies among HCPs. Our findings are consistent with existing literature and further add to the ongoing discussion on improving patient care and addressing self care among HCPs during the pandemic and beyond. Key findings and recommendations of the study are summarized in Table 2.

Table 2. Key Findings

Domain	**Issue**	**Remedy**
Safety	Fear of exposure	Education Masking
Delivery	Face to Face Remote	Identifying candidates for each means
Emotions	Isolation Fear Ability to care	Empathy Information Adequate resources

Providing Services

Personal safety and others. As evident in our study, MHA providers faced dilemmas balancing professional and familial obligations during the pandemic, which is consistent with other studies including HCPs' concerning about their own infection risk and its impact on patients, family, co-workers, and friends (Arentz et al., 2020; Cawcutt et al., 2020). Yadav et al. (2020) found that HCPs not only fear contracting COVID-19, but their professional identity poses a threat to straining relationships with family and friends, as 70% of HCPs experienced stigma, with 46% noting shifts in neighbors' demeanor and around 20% facing hostility and harassment.

Quality of care provided. Our study indicated that the closure of MHA outpatient clinics during COVID-19 significantly impacted patients, as these services provide socializing opportunities, and a non-judgmental space for discussion, and had become integral to their routine and thus caused psychological distress when unavailable. This coincides with Kozloff et al.'s (2020) finding that schizophrenic patients are at higher risk of worsening mental health due

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to limited social connections and loneliness resulting from COVID-19 isolation procedures. Additionally, Vigo et al.'s (2020) findings indicate that without access to on-site harm reduction services, which provide clean needles/equipment, safe environments, and supervision, substance users face a higher risk of infections and unintentional overdoses.

To continue working on the frontline and provide in-person services, participants in our study heavily relied on PPE. However, participants reported that utilizing PPE had a negative impact on communications including building therapeutic relationships between patients and HCP, which has been echoed by Pamungkasih et al. (2019) that discovered that masks worn by HCPs can induce self-consciousness and shame in individuals with mental illness, whereas Pal et al. (2020) found that the inability to observe facial expressions triggers anxiety and paranoia in others.

Our participants observed a significant decline in referral rates due to patients' fear of contracting COVID-19 and the associated health risks. However, this trend didn't last long as patients reached a point of severe deterioration of mental health conditions, resulting in a sudden influx of referrals that made it challenging for HCPs to keep up. This aligns with Chen et al.'s (2020b) findings of a steep decline in mental health referrals in urgent care and emergency settings in the United Kingdom, followed by a notable post-lockdown increase, particularly among those with severe mental illness and pre-existing depression.

Utilizing telehealth to provide care. To ensure access to MHA services during the initiation of lockdown, the study participants employed alternative delivery methods such as phone and/or audiovisual application. Studies indicated there is no significant differences in patient satisfaction and effectiveness when compared telehealth and in-person mental health services (Berryhill et al., 2019; Castro et al., 2020; Guaiana et al., 2021; Kalapatapu et al., 2014; King et al., 2014; Staton-Tindall et al., 2014), However, our findings suggest that individuals with MHA disorders may struggle to access telecommunications due to limited technological proficiency and financial constraints, which aligns with other study findings (Li & Glecia, 2023; Vogels, 2021).

Personal-related experiences

Self care and mental health. Burnout among HCPs has been reported extensively before the pandemic (Hu et al., 2021; Zangaro et al., 2022), however, the emergence of the COVID-19 pandemic exacerbated the phenomenon (Miguel et al., 2021; Valdes-Elizondo et al., 2023). Despite experiencing, recognizing, and expressing concerns about burnout symptoms, participants in our study hesitate to prioritize self-care during COVID-19 because they put patient care first, and inadequate support for dealing with their emotional struggles. In alignment with this finding, Wu et al. (2020) found that psychiatric HCPs faced a more profound

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psychological burden due to barriers such as heavy workload, challenges in maintaining social distancing, and proper PPE usage with violent patients compared to general HCPs.

During lockdown, MHA outpatient clinics closed, leading to remote work for non-essential staff and on-site work for mandated personnel. However, both situations brought challenges of loneliness and isolation. Remote work, while offering benefits like time and cost savings, presents difficulties in time management, distractions, limited resources, lack of workplace interaction, and solitude (AI-Habaibeh et al., 2021). Research shows that pandemic-induced social confinement intensifies feelings of loneliness (Wang et al., 2021; Ellis et al., 2020), which can have deleterious long-term mental health consequences (Qualter et al., 2010). Participants in our study echoed with the findings in above studies (AI-Habaibeh et al., 2021 Wang et al., 2021; Ellis et al., 2020).

Support from management. Our findings indicate that poor managerial performance significantly contributes to workplace burnout. Participants highlight the importance of regular check-ins or debriefs to address emotions and obstacles in remote or on-site work settings. Ambiguity in COVID-19 policies can cause conflicts and confusion among colleagues, but clear and transparent communication from leadership team can address these issues. Participants also expressed that managers should offer empathetic support and workplace flexibility to boost staff motivation and performance during COVID-19. Studies showed that cultivating a caring workplace culture reduces emotional strains and enhances mental well-being (Skogsberg et al., 2022; Wei et al., 2018).

Implications for Nursing Practice

Based on our findings, MHA services during the pandemic shouldn't rely solely on telehealth due to access and proficiency issues, nor solely on in-person sessions due to patients' fear of infection and its consequences. Although participants have modified in-person delivery approaches to meet isolation procedures and accommodate more patients, many with MHA disorders may still not feel safe attending. Therefore, hybrid models should be considered, offering both virtual and in-person options for flexibility, socialization opportunities, and reducing the spread of COVID-19. For example, Patton et al. (2021) integrated a hybrid model for pregnant women with substance use disorder, resulting in a significant decrease in missed appointments from 34% to 10%. Simialry, Harrison et al. (2011) demonstrated the potential to enhance treatment outcomes in psychotherapy by incorporating smartphones for symptom tracking and electronic diaries. Future research should explore the integration of the hybrid approach in MHA services, considering its numerous benefits in assessment, treatment, and education, as well as its adaptability to diverse patient needs during the pandemic and beyond.

Our findings highlight the difficulty of encouraging MHA HCPs to seek help during the pandemic due to other pressing concerns, such as staff shortages, fear of infection, isolation, and

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unsupportive work environments. Moreover, they are hesitant to step away from their roles knowing they are the last support for patients in need of psychological support. Early screening, intervention, and workplace support are essential to reduce burnout in MHA HCPs during the pandemic. Mobile health apps, such as the Wellness Hub for HCPs, offer resources and tools to foster resilience (Golden et al., 2021). Telephone hotlines provide convenient crisis intervention (Zabelski et al., 2023), while text and messaging helplines offer alternatives to phone lines, appealing to younger generations (Runkle et al., 2021; Gould et al., 2021). Artificial intelligence-powered tools like the Tree Hole Action can identify individuals at high risk and generate alerts (Liu et al., 2020b; Yang et al., 2021). Organizations and management teams must continue providing psychological support interventions during and after the pandemic, ensuring constant communication and dedicated personal time to promote the adoption of resilience skills and enhance employee satisfaction (David et al., 2022).

Finding time for self-care and practicing self-compassion is highlighted in our study as an effective coping strategy for frontline workers during COVID-19. Participants recommend connecting with understanding friends and supportive family members to reduce burnout and loneliness. Other studies suggest yoga, exercise, healthy diet, mindfulness, and psychotherapy for HCPs to reduce work-related stress during the pandemic (Adams & Walls, 2020; Shechter et al., 2020; Smallwood et al., 2021). However, more research on self-care among nurses providing MHA services is required.

Limitations

Narrative inquiry, like any methodology, has its limitations, including its reliance on memory for information retrieval and the potential impact of researcher subjectivity and bias on theme development. Nevertheless, the strength of this approach lies in its ability to foster reflection and lessons learned in the face of unprecedented situations (Riley & Hawe, 2005). Despite barriers in recruiting a larger and more diverse sample because of time restriction among MHA HCPs, this small-scale study has provided significant insights into protecting their mental health and the necessary support they need. While our findings align with previous research, the generalizability to all MHA HCPs may be limited by variations in available MHA support and public health measures across different countries during the COVID-19 pandemic.

Conclusion

The study reveals the significant impact of the COVID-19 pandemic on the MHA service delivery approach, mental well-being of MHA HCPs, and the needs of adequate support for HCPs. The insights from this study could provide evidence for developing and re-evaluate programs and interventions to improve MHA services and address psychological challenges among HCPs working in MHA services during the COVID-19 pandemic and beyond.

Disclosure statement

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