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# **COVID-19 & Mental Health**



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Review Article

## **Burnout in mental health professionals during the COVID-19 pandemic**

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### **Introduction**

The COVID-19 pandemic is characterized by a growing number of reported cases and deaths all across the world. This major

### **Abstract**

Burnout is a state of emotional, physical, and mental exhaustion that is induced by states of prolonged and intense stress. It is a significant occupational problem among mental health providers and is heightened especially during the time of the COVID-19 pandemic. Multiple psychological and occupational risk factors cause emotional and mental exhaustion, often leading to burnout. This mini-review aims to synthesize evidence on burnout among mental health professionals and associated risk factors. A targeted literature search was carried out from PubMed, PsychINFO and google scholar to retrieve relevant literature. A review revealed a high prevalence of burn-out, ranging from 21 to 67% among mental health professionals. Long working hours, compassionate fatigue, vicarious trauma, distress, depersonalization, constant worry related to personal well-being and those of significant others, and lack of psychosocial support emerged as associated risk factors for burnout. Based on the evidence, we propose a strategic framework to prevent and manage burnout effectively.

problem originated in China and by 11th March 2020, the World Health Organization declared it as a global pandemic. The COVID-19 pandemic poses remarkably unusual difficulties to the health care system worldwide, revealing the deficiencies in a country's preparedness to tackle an epidemic. The pandemic has aggravated and intensified stressors in the health care system wherein burnout in mental health professionals as a response to workplace stress, is already an epidemic. The pandemic has led to various psychological impacts that have affected different groups of people differently in

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terms of their intensity and nature. A recent survey by the Indian Psychiatric Society found that one in five Indians suffered from mental illness and reported a 20% rise in mental health cases since the onset of the pandemic (Loiwal, 2020). Against this background, mental health professionals' role becomes more pressing in providing psychological first aid, support, and relief to those who need assistance in coping with this on-going situation. With the exponential growth in the number of mental health-related issues, mental health professionals' pressure has heightened. In addition to providing counselling to an increasing population virtually, they are also involved in COVID-19 training and other duties in isolation wards. The pandemic's impact is so intense that it has adversely affected the mental health of mental health professionals who are dealing with diverse and significant issues (Galbraith et al., 2020). Past researches indicate that front line healthcare staff, including mental health professionals that have been involved in the management of COVID-19, are at greater risks of experiencing deteriorating mental health and psychiatric disturbances. This could result from the various challenges they face like scarcity of appropriate medications or interventions, ineffective assistance, fear of contracting the virus, or increased workload. Several studies have identified a correlation between the COVID-19 pandemic and mental health issues in mental health professionals. Researches have been conducted on the various aspects of mental health in different populations over the past few months; however, mental health in mental health professionals has been grossly ignored. In addition to this, there is minimal data available on burnout in these professionals during the pandemic. This mini-review delves deeper into this overlooked topic while identifying the associated risk factors amongst mental health professionals which make them more susceptible to burnout

during the COVID-19 pandemic.

The term 'burnout' was first used in 1974 by psychologist Herbert Freudenberger who defined it as "a set of non-specific medical-biological and psychosocial symptoms that develop in a work activity as a result of an excessive demand for energy" (Ibtissam et al., 2012). A study by Li-Ping et al. found that the group of professionals who were the most vulnerable to undergo burnout were those whose work depended on relations to other people like health and teaching professionals (Li-Ping et al., 2014). Burnout can be triggered by work stress, increased workload, time pressure, demands, and management control, among others when viewed from a clinical perspective. In a setting of a threat, such as that of COVID-19, where the workload is high and rapid action is required, the involuntary reaction of mental health professionals is to act without thinking about their own emotional needs, contributing to increased risk of burnout.

The extremely taxing work environment exposes mental health professionals to burnout syndrome. This topic has appealed to major research interests in recent years. Researches support that mental health professionals face a greater risk of burnout because of constant exposure to emotional pressure which exceeds the levels most other professions experience. Furthermore, burnout has been associated with diminished effectiveness and work satisfaction among mental health professionals. Subsequently, dissatisfaction and irritability may impact their well-being and sense of willingness to fully function at work, while also negatively affecting mental health professionals' ability to care for their clients.

### **Prevalence of burnout**

Since first being termed in the early 1970s, burnout has become a centre of many empirical studies and conceptual papers. The

cross-culture and widespread burnout are now apparent across many occupations, including workers, managers, and educators. It is also prevailing in various fields that include business, computer technology, criminal justice, and education. It is no surprise that burnout has a high prevalence among professionals in the public and health care systems, especially mental health professionals. Across several studies, it seems that 21-67% of mental health workers experience above average levels of burnout at some point in their professional careers (Morse et al., 2021). Another review noticed a range of 21-48% of general mental health workers having burnout characterized by high emotional exhaustion (Oddie and Ousley, 2007). Against the background of the COVID-19 pandemic, a study revealed that around 2.2-14.5% of health care workers have been experiencing intense forms of depression and anxiety (Bohlken, Schömig, and Lemke, 2020). Additionally, they also experience sleep difficulties, mood disturbances, and anxiety due to working at the frontline in the care of patients with COVID-19.

### **Risk factors that contribute to burnout in mental health professionals**

#### **Longer working hours**

Ever since the nationwide lockdown had been imposed, India observed a 50% increase in the total number of mental health cases that have been reported during the initial two weeks of the lockdown (Loiwal, 2020). Not only did the commencement of the pandemic lead to new mental health cases reported, but also relapse in those with pre-existing mental illness as a result of 'corona anxiety'. Dealing with these patients required increased mental resources and time on the end of the professional. In addition to this, the clinician may also experience feelings of inadequacy resulting from the inability to see

any significant improvement in their clients' well-being or symptoms.

#### **Compassion fatigue**

A characteristic closely related to complex and traumatic situations in mental health professionals' work context is compassion fatigue. Professionals suffering from compassion fatigue may endure feelings of dread or fear while interacting with their clients, leading to avoidance behaviors in their therapeutic relationship (Sabo, 2011). They could also get over-involved with their clients through empathetic engagement, leading to a constant worry about their clients. Both of these states could diminish the quality of provided and could result in exhaustion and reduced capacity in the professionals to help their clients. Staying balanced, centered, and objective as a therapist becomes a challenge. This places mental health professionals at a higher risk of burnout, and they may need psychological support or interventions to manage their conditions.

#### **Psychological distress and therapeutic ineffectiveness**

In the current COVID-19 pandemic, mental health professionals face significant challenges in coping with the crisis, including specific stressors and risks for psychological health. The imposed lockdown and limited mobility have become a challenge for providing psychological aid to their clients. Mental health professionals have resorted to virtual methods to conduct their therapeutic sessions. Often, in the absence of face-to-face interactions, the professionals may not deliver their sessions as planned. This could be attributed to many reasons like difficulty forming a rapport or poor network, leading to helplessness and perceived therapeutic inefficiency. If a therapist is not confident and feels less effective, with time, this distress

can lead to a state of burnout (Thériault and Gazzola, 2006). This aligns with previous literature wherein therapeutic effectiveness was negatively correlated with a sense of individual accomplishment and emotional exhaustion (Pimble, 2016).

### **Post-traumatic Stress Disorder (PTSD) and Secondary Traumatic Stress (STS)**

Post-traumatic stress disorder (PTSD) is generally associated with war and combat, a background of what composes a traumatic event. This term is broader and extends its relevance to the COVID-19 pandemic and its impact on mental health professionals. Trauma can be defined as any stressful occurrence outside the range of usual human experience that is markedly distressing to those who experience it (Gene-Cos, 2018). According to the DSM-5, such stressors involve a perceived intense threat to life, extreme horror or fear, physical integrity, or helplessness. The fear and danger to personal safety due to the COVID-19 pandemic qualifies as a traumatic event. Exposure to such stressful and traumatic events can result in acute stress disorder and, if the symptoms continue, to PTSD. The COVID-19 pandemic presents an intersection of chronic workplace stress that results in progressive burnout rates with acute traumatic stress.

Mental health professionals are also at risk of experiencing secondary traumatic stress, a condition caused by helping those subjected to traumatic experiences or are presently suffering from the stress associated with such events. Addressing clients who face such traumatic experiences as abuse and violence and listening to their traumatic and disturbing narratives during the pandemic may cause mental health professionals' related experiences.

According to previous literature, mental health professionals who work with

populations subjected to trauma are more at risk of developing secondary traumatic stress (Bride, 2004). In addition to this, a strong positive correlation has been established between secondary traumatic stress and burnout among mental health professionals who are exposed to clients and their traumatic experiences indirectly during therapy (Cieslak et al., 2014).

### **Concern and constant worry**

Concerns about one's well-being and health and that of their loved ones, coupled with the uncertainty of the future, can exacerbate or generate depression, fear, and anxiety. Prolonged exposure to such concerns can increase the risk of mental illnesses, which include stress and trauma-related disorders. Mental health professionals are a cohort that is particularly at high risk of falling victim to prolonged exposures to such circumstances, which could lead to burnout. They are often in a constant state of worry about their clients and their welfare. It is likely that amidst or when the pandemic is over, we may have a shortage of mental health professionals due to burnout and mental exhaustion (Panagioti et al., 2018).

### **Depersonalization**

A recent study during the epidemic has linked persistent burnout to depersonalization and derealization symptoms (Miguel Puga et al., 2020). Depersonalization is defined as a feeling of detachment or disconnect from one's self. Individuals may report feeling as if they were an outside observer to their own body and thoughts, in addition to feeling a loss of control over their actions and thoughts. First responders to epidemics, including mental health professionals, are more vulnerable to psychological distress. One of the most severe disorders evoked by such exceptionally high stressful life events is PTSD, linked to depersonalization (Siegel, 1996). Persistent

burnout is attributed to depersonalization symptoms. An online survey in Spain's health workers displayed that depersonalization was the most prominent contributor, along with emotional exhaustion to psychological distress (Luceño-Moreno et al., 2020).

### **Impaired quality of sleep**

The causation between work stress and burnout may be direct, but other factors like sleep and sleep quality can be attributed to burnout. Mental health professionals have been exposed to high, chronic stress along with long working hours during the pandemic. These stress factors have an adverse impact on their sleep and mental health (Qi and Xu et al., 2020). Working tirelessly during emergencies or stressful conditions, like the COVID-19 pandemic, often comes with sleep deprivation, increasing burnout risks. Past literature helps explain that sleep complaints and physiological impairments in sleep are present in burnout subjects. Mental health professionals' impaired sleep results in psychological problems in an advanced stage (Hidalgo and Caumo, 2002). Insomnia that they experience in this context lessens the quality of life and leads to burnout. Past literature has indicated a strong correlation between sleep quality and burnout, wherein sleep deprivation aggravates this condition (Bakker et al., 2000). Sleep deprivation seems to make us more susceptible to stressful and emotional events and stimuli. Moreover, decreased sleep causes burnout-like symptoms, such as impaired cognitive functioning, fatigue, and sleepiness.

### **Lack of psychosocial support**

People today have a common notion that mental health professionals have a solid cognitive ability to deal with all the challenges and hardships they face, making them resistant to anxiety, stress, and depression. This belief extends among healthcare

professionals belonging to non-psychiatric disciplines as well. Nevertheless, mental health professionals are not immune to any psychological illness or impairments and face similar stressors that the rest of the population does.

Society expects mental health professionals to be readily available, robust, motivating, caring, stress-free at the time of need but simultaneously stigmatizes them. In this situation, the mental health of these professionals gets grossly ignored. This results in them failing to seek the adequate help they should for themselves, maybe out of the faulty views and beliefs that they should be able to deal with their mental health problems as experts. Moreover, the lack of an engaging and support to mental health professionals during the COVID-19 pandemic makes them more vulnerable to psychological illness and burnout.

### **Strategies to prevent and manage burnout**

**Practicing personal restoration:** This practice can include therapy for the professional, in addition to other therapeutic activities like spiritual practice, getting enough sleep, exercise, and spending time with loved ones. Restoration and sufficient downtime are essential, especially for those professionals who are in the field of mental health. Taking time to keep in touch with oneself, connecting with others when you are not in the therapist's role, and meeting your own needs is vital to manage burnout symptoms better.

**Make time for friends and family:** Having a quality connection with your loved ones is essential, may it be with friends, children, or other family members. Making time to engage in activities that one enjoys when alone or with other people can help prevent burnout.

**Practicing ethical risk management:** This involves continuing to update yourself on ethical guidelines and changing laws. This helps one stay flexible and open-minded and prevents them from resorting to rigorous risk management methods and practices. This is important, particularly in complex and stressful cases, which require one to seek consultation and extra documentation.

**Consultation and peer support:** Instead of struggling with difficult and stressful cases on your own, one should seek consultation or advice from colleagues or experts. Ongoing consultation and peer support can be very helpful in preventing burnout.

**Implications for future research and practice:** Ironically, the field of psychology and mental health has paid relatively insufficient attention to its own workers' well-being and health. Despite its high prevalence and association with several adverse outcomes, inadequate attention has been directed towards preventing or reducing burnout among mental health professionals. Relatively rare empirical and well-designed studies have been developed to examine the burnout phenomenon in mental health professionals. Prior studies have often been plagued by critical methodological shortcomings that include small samples, convenience samples, cross-sectional rather than longitudinal designs, and high attrition rates.

The urgency for interventions to burnout and its prevention for mental health professionals has been emphasized by several researchers over the last few decades; still, few such programs have been both implemented and evaluated. We notice a compelling need for additional primary research on mental health with a focus on burnout. One of the primary challenges to overcome in this context is building a robust knowledge base that entails the effects,

causes, and prevalence of burnout in mental health professionals. The use of representative samples and longitudinal designs helps us understand burnout better, making it a key area of emphasis in future studies. Moreover, further attention should be given to the positive aspects of working, including processes by which mental health workers find a sense of meaning, joy, compassion, and fulfillment in their jobs.

## Conclusion

Given the foregoing pandemic and significant rise in the number of cases, India has witnessed a substantial rise in the total number of mental health-related cases reported, with a steady rise in the number of individuals seeking virtual counselling and therapy. The gap between the demand for mental health services and the number of mental health professionals available in India is considerably high. In addition to the inadequate resources and circumstances amid COVID-19, the growth of mental health services has augmented the perceived risk for burnout among mental health professionals.

Some of the contributing factors in mental health professionals that increase the risk of burnout include; longer working hours, post-traumatic stress disorder or secondary traumatic stress, compassion fatigue, distress, therapeutic ineffectiveness, feelings of constant worry, depersonalization, lack of psychosocial support, and poor quality of sleep. Moreover, the unpredictability and uncertainty of the COVID-19 pandemic have increased the likelihood for mental health professionals and other individuals to encounter post-COVID-19 stress and other such mental health issues that are secondary. Therefore, it becomes a matter of grave importance that mental health professionals address their psychological problems to avoid any deleterious aftershocks or



prolonged repercussions of the COVID-19 pandemic.

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