Webinar
COVID-19 & Mental Consequences:
Tips on How to Improve Mental Health Well-being
Thursday, May 7, 2020 | 7:00 p.m. - 9:00 p.m. EST

NBNA
NATIONAL BLACK NURSES ASSOCIATION, INC.
COVID-19 Updates: Racial Disparities and Impacts on African Americans

MARIE O. ETIENNE, DNP, APRN, FNP, PNP, PHD (HON) MIN., PLNC
PROFESSOR, MIAMI DADE COLLEGE BENJAMIN LEON SCHOOL OF NURSING
2ND VICE-PRESIDENT, MIAMI CHAPTER BLACK NURSES ASSOCIATION

MIAMI-BNA WEBINAR
MAY 7, 2020
Acknowledgements

- Dr. Martha Dawson, the 13th President of the National Black Nurses Association (NBNA), Founded in 1971
- Patrise Tyson, President of the Miami Chapter Black Nurses Association
- Dr. Millicent Gorham, Executive Director of NBNA
- Board Members of NBNA & Miami-BNA Board Members
- All Chapter Leaders & Members of NBNA
- **Happy Nurses Month to all Everyone!** According to the World Health Organization and American Nurses Association, **2020 is the Year of the Nurse and Nurse Midwives**
- May is National Mental Health Awareness Month
Objective

- Categorize disparities among vulnerable and poor communities.
Recently, Surgeon General Dr. Jerome Adams stated that individual behavior leads to higher deaths from Covid-19 among African-Americans.

On April 10, 2020 during a press briefing of the White House, Dr. Adams stated that “communities of color need to step up and help stop the spread so that we can protect those who are most vulnerable.”

Dr. Adams openly shared his own struggles with high blood pressure, asthma and pre-diabetes, nonetheless added that African-Americans and Latinos should “avoid alcohol, tobacco and drugs.

He stated “We need you to do this, if not for yourself, then for your abuela. Do it for your grand daddy. Do it for your big mama. Do it for your pop-pop.”
## Confirmed Cases and Deaths in the U.S. ("Hot Spot States") as of May 5, 2020

<table>
<thead>
<tr>
<th>State/territory</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>321,192</td>
<td>25,073</td>
</tr>
<tr>
<td>New Jersey</td>
<td>130,690</td>
<td>8,244</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>69,087</td>
<td>4,090</td>
</tr>
<tr>
<td>Illinois</td>
<td>63,777</td>
<td>2,659</td>
</tr>
<tr>
<td>California</td>
<td>56,168</td>
<td>2,289</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>53,434</td>
<td>3,165</td>
</tr>
<tr>
<td>Michigan</td>
<td>43,990</td>
<td>4,139</td>
</tr>
<tr>
<td>Florida</td>
<td>37,439</td>
<td>1,471</td>
</tr>
</tbody>
</table>
The first data released about COVID-19 victims highlights racial disparities – systemic racism, socio-economic inequality, and lack of access to health care – mean black Americans have a higher mortality rate. The CDC is under pressure to be more transparent about the toll on communities of color.

Nearly 3,300 of the nation's 13,000 deaths thus far – about 42% were black, according to an Associated Press analysis.

Drastic numbers have prompted a national civil rights organization to call for federal and state governments to release demographic data out of concerns about delayed care and high mortality rates for African American people, as well as to prevent the faster spread of coronavirus across the nation.
On April 8, the Center for Disease Control (CDC) released a report drawn from hospital data in 14 states for the month of March. Among 580 patients with race or ethnicity identified, disparities emerged. African Americans make up 13% of the U.S. population, but accounted for 33% of patients sick enough with COVID-19 to be hospitalized.

President Donald Trump called the impact on African American people a “real problem” at a White House Coronavirus Task Force briefing.

Task force member Anthony Fauci, MD, said diseases such as diabetes and High Blood Pressure affect minorities to a disproportionate degree, especially African American people.
Contributing Factors Influencing Racial & Ethnic Minorities Associated with Higher Incidence of COVID-19

- It is well documented that social and health inequities are longstanding and systemic disturbances to the wellness of marginalized, minoritized and medically underserved communities.

- Black people are more likely than white people to live in communities with high rates of poverty, where physical and social structures are crumbling, where opportunity is low and unemployment high.

- Living where the streets are unsafe and the air and water are polluted, where adequate health care facilities and outdoor space are lacking and where a dearth of healthful and affordable food creates a “desert” all leads to poorer health outcomes.
Contributing Factors Influencing Racial & Ethnic Minorities Associated with Higher Incidence of COVID-19

- Unequal Treatment
COVID-19 Common Myths

- **Myth**: African Americans cannot get COVID-19.
- **Myth**: Are black people immune to coronavirus?
- **Myth**: Having COVID-19 is just like having the flu.
- **Myth**: COVID-19 spreads through food.
- **Myth**: COVID-19 can be spread by mosquitoes.
- **Myth**: I can get COVID-19 from my pet.
- **Myth**: Young people do not get COVID-19, only older people and people with other medical conditions are a risk.
- **Myth**: COVID-19 cannot be transmitted in areas with hot and humid climates.
- **Myth**: Being in the sun or high temperatures prevents COVID-19.

Contributing Factors Influencing Racial & Ethnic Minorities Associated with Higher Incidence of COVID-19

Social determinants of health considered:
- Low socioeconomic status
- Poor access to healthy foods
- Residential segregation
- Multi-generational households
- Racial segregation,
- Individuals living in rural areas
- Over-represented in jails, prisons, and detention centers
What do we Know about Healthcare Disparities?

- Healthcare disparity is not simply a difference in health outcomes by race or ethnicity, but a disproportionate difference attributable to variables other than access to care.
Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (www.healthypeople.gov).
What Interventions that Can Be Done?

- Shared faith, family, and cultural institutions are common sources of social support.
- Institutions can empower and encourage individuals and communities to take actions to prevent the spread of COVID-19.
- Help community members cope with the stress.
- The **Federal government** can collect data to monitor and track disparities among racial and ethnic groups.
  - Allocate resources and targeted public health information.
  - Support **partnerships** between scientific researchers, professional organizations, community organizations, and community members to address their need for information to prevent COVID-19 in racial and ethnic minority communities.
Steps to Prevent Coronavirus Virus

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- Use a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
Prevent Respiratory Illness

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Wash your hands often with soap and water. If you don’t have soap and water, use a hand sanitizer that is at least 60% alcohol based.
- Cover your mouth and nose with a tissue when you cough or sneeze. If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Stay home when you’re sick, and keep your children home when they’re sick.
Prevent Respiratory Illness

- Clean and disinfect frequently touched surfaces.
- Don’t touch or shake hands with people who are sick.
- Try not to touch your face with unwashed hands.
Persistence of Coronaviruses on Surfaces

- Plastic: 5 days
- Aluminum: 2-8 hours
- Paper: 4-5 days
- Surgical Gloves: 8 hours
- Glass: 4 days
- Steel: 48 hours
- Wood: 4 days

Source: J. Hosp. Infect. DOI: https://doi.org/10.1016/j.jhin.2020.01.022
Note: Coronavirus activity may be impacted by temperatures higher than 86°F (30°C). Authors also confirm that coronavirus may be effectively wiped away by household disinfected. COVID-19 was NOT included in this study.
Contact Tracing Can Contain Infectious Disease Outbreaks

FloridaHealth.gov • Florida Department of Health

If you are diagnosed with a certain disease, you will be asked by a local public official—an epidemiologist—about everyone with whom you have had contact. The epidemiologist will talk to each person and ask them about their health. This is called contact tracing and is a core public health function.

- Contact tracing tracks and prevents the spread of disease.
- Epidemiologists find everyone who has been in contact with the sick person.
- Contacts are watched for symptoms for a certain number of days.

Your role, providing all contacts, is key to stopping the spread of the disease.

1. Patient isolated & provided care
   - Contact shows symptoms & is isolated, tested & provided care.
   - Contact shows symptoms & is isolated, tested & provided care.
   - Patient asked about contacts.
   - Contacts watched for symptoms for a certain number of days.

2. Patient isolated & provided care
   - Mixed contact may spread disease to new contacts.
   - Mixed contact may spread disease to new contacts.
   - Patient asked about contacts.
   - Contacts watched for symptoms for a certain number of days.

3. Contacts will be watched for symptoms for a certain number of days.
   - Contact shows no symptoms after a certain number of days.
   - Public health system works to eliminate missed contacts.
   - Contact not at risk of developing the disease.
   - Cycle repeats until there are no new patients.

Local county contact information can be found at FloridaHealth.gov.

Protect yourself from all infectious diseases by using these precautions.

- Stay home when you are sick
- Avoid contact with people who are sick
- Get adequate sleep and eat well-balanced meals
- Wash hands often with soap and water – 20 seconds or longer
- Dry hands with a clean towel or air dry your hands
- Avoid touching your eyes, nose, or mouth with unwashed hands or after touching surfaces
- Cover your mouth with a tissue or sleeve when coughing or sneezing
- Clean and disinfect “high touch” surfaces often
- Clean all “high-touch” surfaces every day.
- Call before visiting your doctor

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tables, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

http://www.floridahealth.gov/
Recommendations from NBNA & NAHN

- Provide culturally tailored, linguistic, and competent programs to help improve health outcomes and quality of life.
- Provide adequate COVID-19 health literacy services tailored to the needs of Black and Latino communities with a focus on testing and contact tracing services.
- Ensure that any COVID-19 testing and contact tracing program in hot spot states are set up in accordance with sound cultural competency standards.
References


Thank you for your attention!
Corona Virus Disease
Disparities in Nursing and Communities

Dr. Linda Washington-Brown
Objectives

- Categorize disparities among vulnerable and poor communities
  - Identify workforce disparities in nursing
  - Summarize leading minority health statistics
  - Describe ethnic data on COVID-19 cases and deaths
  - Discuss available COVID-19 tests
Ethnic and Gender Workforce Data

GENDER:

About 9% of RNs are men

RACE/ETHNICITY:

- 0.8% American Indian or Alaskan Native
- 1.4% two or more races
- 3.6% Asian
- 7.5% Hispanic
- 23.6% Black or African American
- 75.4% White

Sources:
1. U.S. Nursing Workforce: Trends in Supply and Education, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2018

© 2018 Springer Publishing Company
Ten Leading Causes of Deaths among US Blacks

- Heart Disease
- Malignant neoplasms [cancers]
- Accidents [Unintentional injuries]
- Cerebrovascular diseases [Stroke]
- Diabetes Mellitus
- Chronic lower respiratory diseases
- Assault [homicide]
- Kidney Disease [nephritis, nephrotic syndrome and nephrosis]
- Alzheimer’s
- Septicemia
**Summary of Assessed Health Status**

**Death rate in the United States in 2017, by ethnic group and sex (per 100,000 of population)**

<table>
<thead>
<tr>
<th>RACE/ETH</th>
<th>Excellent</th>
<th>V Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>37.5</td>
<td>32.2</td>
<td>22.0</td>
<td>6.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Black</td>
<td>33.5</td>
<td>25.8</td>
<td>27.0</td>
<td>10.8</td>
<td>2.9</td>
</tr>
<tr>
<td>A IND</td>
<td>26.4</td>
<td>24.0</td>
<td>30.8</td>
<td>13.0</td>
<td>5.7</td>
</tr>
<tr>
<td>Asian</td>
<td>39.1</td>
<td>31.8</td>
<td>20.9</td>
<td>6.2</td>
<td>2.1</td>
</tr>
<tr>
<td>P ISL</td>
<td>29.4</td>
<td>26.3</td>
<td>33.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISP</td>
<td>34.3</td>
<td>27.5</td>
<td>25.8</td>
<td>9.6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Death rate by ethnic group and sex in the U.S. 2017**

Published by Erin Duffin, Jul 1, 2019

This statistic displays the total death rate in the United States in 2017, by ethnic group and sex. We use cookies to personalize contents and ads, to offer social media features, and to analyze access to our website. You can change your cookie settings in your browser’s settings. For details, see your browser’s help section. Please see our privacy statement for details about how we use data.
COVID-19 Tests

► If symptomatic [cough, fever, shortness of breath, diarrhea]

► Types of Tests
  ► Molecular (PCR or isothermal nucleic acid amplification)
  ► Serologic (Host antibody)
  ► Viral (Antigen)

► Test Sites

► Test Results

► Test Limitations
COVID Specimens Tested
Summary

- There are grave disparities in the nursing workforce that contributes to the care of vulnerable populations in poor communities.

- Minority health statistics show that:
  - Blacks are 10% less likely to have been diagnosed with breast cancer.
  - Blacks are twice as likely to have been diagnosed with diabetes than White Americans.
  - American Indians / Alaska Natives are 60% more likely than whites to be obese.
  - Blacks are about 60% more likely to have a stoke than White Americans.
  - American Indians / Alaska Natives are 1.4 times as likely than Whites to be current cigarette smokers.
  - Blacks account for 13% of the US population but account for 44% of HIV/AIDS.
  - Blacks ER visits were 2.8 times higher than whites for asthma related visits.

- COVID-19 test are now arriving in minority communities - with long wait times for results.
Psychological Factors Associated with COVID-19 Crisis

Marjorie Lozama, MSNEd, APRN, PMHNP-BC, CDMS
Thursday, May 7, 2020
Miami Chapter Black Nurses Association
Objective

- Participants will develop healthy ways to better cope with the stress and anxiety.
Effect of COVID-19 Pandemic

• Public Crisis:

  The pandemic creates a kind of forced depression because it disrupts our routine, our plan for the future that normally give us hope. COVID-19 has a mental toll on people especially those already struggling with anxiety, depression and other conditions

(NIH, 2020)
Common Emotion

- People may experience a common emotion: GRIEF
- Grief over the loss of routine
- Grief over the uncertainties which may provoke fear and anxiety
- Grief of losing loved ones
STRESS

- Physical and emotional reaction that people experience as they encounter changes in life such as the Covid-19 pandemic

- Stress is a natural physical and mental reaction to life experiences (Fight or Flight response)

- Long term stress may contribute to or worsen any existing condition such as depression, anxiety, insomnia and other mental illnesses
Stress - Distress

- Physical Reactions
  - Tiredness
  - Aches/Headaches
  - Clenched jaw
  - Upset stomach
  - Change in appetite
  - Racing heart
  - Cold and sweaty palms
  - Muscle tightness

- Emotional Reactions
  - Sadness
  - Anxiety
  - Anger
  - Agitation
  - Irritability
  - Forgetfulness
  - Confusion
Anxiety

- Feeling of worry, nervousness, or fear about an event or situation
- Anxiety can become severe, a persistent problem that is hard to control and affects day-to-day life.
- This can lead to a more serious condition called Generalized Anxiety Disorder (GAD)
Generalized Anxiety Disorder

- Displays excessive anxiety or worry most days for at least 6 months
- Fear and anxiety can cause significant problems
- Personal health, work, social interactions, and everyday routine life circumstances can be affected
- Without treatment GAD can develop other more serious condition such as panic disorder
Signs & Symptoms of Anxiety

- Anxious
- Stress
- Worried
- Fearful
- Low energy
- Lonely
- Overwhelmed
- Frustrated
- Helpless
- Angry
Depression

- Depression is a common but serious mood disorder. It causes severe symptoms and affect the way you feel, think, and behave and can lead to a variety of emotional and physical problems.
Depression symptoms

- Feeling sad or anxious often or all the time
- Loss of interest or pleasure in hobbies or activities
- Feeling irritable, easily frustrated, or restless
- Eating more than usual or having no appetite
- Difficulty sleeping or oversleeping, fatigue
- Difficulty concentrating, remembering or making decisions
- Feeling guilty, worthless, helpless or hopeless
- Thoughts of death or suicide
Quarantine/Loneliness

- Loneliness can lead to substance abuse
- Make an abusive situation worst
- Addiction Relapse
- Increase clinical anxiety and depression
Avoid Unhealthy Coping Mechanism

- Tobacco
- Alcohol
- Drugs
- Over-eating
- Unhealthy comfort foods
Managing Stress

- Recognizing how you are feeling can help you manage your stress and better cope
- Manage how you consume the information
- Equip yourself with credible information but do not go into information overload
- Set limit on how much news you watch
- Reframe your thoughts
- Set limit on your social media interaction
Follow Healthy Daily Routine

• Daily habits can provide a feeling of more control
  
  - Make your bed
  - Get dressed
  - Connect with loved ones often
  - Move your body
  - Take break time if you work from home
  - Practice good hygiene
  - Get regular good sleep
  - Eat nutritious foods
Take Care of Yourself

- Exercise (Walk, dance, yoga, Zumba)
- Meditate
- Practice Mindfulness
- Positive Affirmations and Visualization
- Free Meditation APPs
Stress Reducers

- Do meaningful and pleasurable activities with your time
  - Read
  - Learn new skills
  - Create art, build something
  - Journal or write that book
  - Play puzzles or games
  - Take an online course
  - Do tasks around the house; remodel
  - Experiment with Cooking or baking
  - Gardening
  - Prayer
Stay Connected to Others

• Stay connected via phone, text, and social media
• Offer to help others
• Ask help when needed
• Share your feelings with someone you trust
• Set boundaries on your conversation regarding COVID-19
• Do virtual activities
• Find online support
• Connect to a spiritual or religious community
Embrace Technology as a Gateway to the World

• Conduct virtual meetings

• Take Virtual Tours
  - Tour a museum: Le Louvre; British Museum or Museum of Modern Art
  - Watch a virtual concert: London Wigmore or The New York’s Metropolitan Museum of Art
  - Home Fitness Center (YMCA, AARP, Go4Life)
  - Expedia
Resources

- NAMI Call (800) 950-NAMI (6264) for mental health resources or email info@nami.org

- Crisis support resources  
  - Crisis Text Line: Text “NAMI” to 741741 to chat with a trained crisis counselor. Free 24/7 text line for those in crisis (English only)

- SAMHSA Disaster Distress Helpline: Call (800) 985-5990. If experiencing emotional distress related to natural or human-caused disasters

- National Suicide Prevention Lifeline: Call (800) 273-TALK (8255) please call the toll-free Lifeline to speak with a trained crisis counselor 24/7
We’re all in this together!

Even if we can’t hold hands right now.

Image by Clker-Free-Vector-Images from Pixabay
References

- NAMI COVID-19 Information and Resources, April 2020
- The National Institutes of Mental Health (NIH) COVID-19. COVID-19 is an emerging, rapidly evolving situation
  https://www.nih.gov/coronavirus
Nursing Self-Care in the Middle of a Crisis

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Objective

Apply measures to provide self-care during difficult times
Understand the importance of looking at our emotional and psychological self during the COVID-19 crisis.

We learn and provide quality nursing care to the masses. Nurses spend years building, purchasing, organizing, and planning for more life, yet we do not use our gifts.

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Understand the importance of looking at our emotional and psychological self during the COVID-19 crisis.

Most don’t walk about with someone’s life in their pocket.
Understand the importance of looking at our emotional and psychological self during the COVID-19 crisis.

After caring for patients in all sorts of environments and on every level of sickness, we adapt and do what we feel is necessary.
Understand the importance of looking at our emotional and psychological self during the COVID-19 crisis.

We work long hours on our feet doing direct care, writing budgets, dealing with staffing, traveling to see patients at home or teaching the next generation of nurses.
Recognize what could trigger emotional breakdown while working as nurse during the COVID-19 crisis.

Question: Can we care for ourselves during our work years?

The layers of situations and moments, in the life of a nurse can lead to emotional overload which is exhibited in different ways. Nurses don’t have to like everything but must care no matter what.
Identify measures that could be taken while working during a crisis.

Imagine taking a “me day” pandemic or not. Just because day.
Apply measures to provide self-care during difficult times e.g. COVID 19.

• Stay focused on what you can control.
• Ventilate with one you trust. Start a chat group.
• Affirmations.
  • Affirmation: I have the power to change my mind in this moment. Motivating explanation of affirmation: No matter what you are doing re: patient care, management decisions, life choices, you can change the direction provided you feel there needs to be a change. Don’t feel stuck because you are never stuck until you stop thinking.
Apply measures to provide self-care during difficult times e.g. COVID 19.

• Affirmation: I wish only the best for others.
Motivating explanation of affirmation: Understand that the law of the universe works in healthcare just as every place else. You can not enjoy success with ill will for others. As a healthcare professional, you care about patients. Apply that same caring spirit to family and co-workers as well. Watch what happens.
For business inquiries and legal consultation contact:

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Suicide Prevention Strategies for Nurses

PATRISE TYSON, MSN, APRN, FNP-BC
MIAMI CHAPTER BLACK NURSES ASSOCIATION
THURSDAY, MAY 7, 2020
Objective

- Understand the evidence regarding nurses and suicide
Suicide is a growing public health issue with potential to be exacerbated by the COVID-19 Pandemic.
Nurse Suicide Research

- Evidence is limited

- 2019 study by Davidson et al. published in the Archives of Psychiatric Nursing was the first study examining nurse suicide in the U.S. published in over 20 years.
Davidson et al. (2019) - female and male nurse suicide rates were significantly higher than the general population.

### Analysis of 2014 CDC National Violent Death Reporting System (NVDRS) Sample

<table>
<thead>
<tr>
<th></th>
<th>Male Nurse</th>
<th>Male Population</th>
<th>Female Nurse</th>
<th>Female Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Rates</td>
<td>39.8/100,00</td>
<td>28.2/100,00</td>
<td>11.97/100,00</td>
<td>7.58/100,00</td>
</tr>
</tbody>
</table>
Summary of Top 3 Suicide Methods of Nurses found by Davidson et al. (2019)

<table>
<thead>
<tr>
<th>Suicide Method</th>
<th>Nurses (205)</th>
<th>Physicians (50)</th>
<th>Other Occupations (14,504)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>69 (33.7%)</td>
<td>29 (58%)</td>
<td>7,464 (51.5%)</td>
</tr>
<tr>
<td>Pharmaceutical Poisoning</td>
<td>72 (35.1%)</td>
<td>5 (10%)</td>
<td>1,319 (9.1%)</td>
</tr>
<tr>
<td>Hanging, Strangulation, Suffocation</td>
<td>28 (13.7%)</td>
<td>8 (16%)</td>
<td>3,954 (27.3%)</td>
</tr>
</tbody>
</table>
First Longitudinal Study on Nurse Suicide in U.S.

- 1,824 nurse suicides and 152,495 non-nurse suicides reported between 2005 and 2016
- Female nurses at greater risk of suicide than general female population
- Male nurses were at significantly greater risk of suicide than general population
### Summary of Top 3 Suicide Methods of Nurses found by Davidson et al. (2020)

<table>
<thead>
<tr>
<th>Suicide Method</th>
<th>Male Nurses (355)</th>
<th>Non-nurse Males (119,625)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>148 (41.7%)</td>
<td>57,887 (48.4%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>74 (20.8%)</td>
<td>17,947 (15.0%)</td>
</tr>
<tr>
<td>Hanging, Strangulation, Suffocation</td>
<td>43 (12.1%)</td>
<td>26,359 (22.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suicide Method</th>
<th>Female Nurses (1,469)</th>
<th>Non-nurse Females (32,870)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical poisoning</td>
<td>399 (27.2%)</td>
<td>5,701 (17.3%)</td>
</tr>
<tr>
<td>Firearm</td>
<td>333 (22.7%)</td>
<td>8,843 (26.9%)</td>
</tr>
<tr>
<td>Other Poisoning</td>
<td>254 (17.3%)</td>
<td>4,352 (13.2%)</td>
</tr>
</tbody>
</table>
“Study Finds Nurses Are At Higher Risk Of Suicide Than Most People”

HTTPS://WWW.YOUTUBE.COM/WATCH?V=MWGLNH8AO7M
Key Risk Factors for Nurse Suicide

- Job problems
- Stress
- History of previous suicide attempt
- Past or present mental illness
- Substance abuse/smoking
Interconnectedness of Risk Factors for Nurse Suicide

- Nurse suicide risk is multi-factorial and suicide prevention strategies should be multi-faceted.
Recognize Warning Signs of Suicide

- Discussing wanting to die/not having hope
- Discussing being a burden
- Searching online for suicide methods
- Discussing the acquisition of a deadly means (firearm purchase, collecting pills etc.)
Suicide is Preventable

Recognize Warning Signs of Suicide

- Isolation/withdraw
- Displaying Rage/mood swings/recklessness
- Increasing substance use
- Leaving a suicide note
Suicide Prevention Resources

- Call 911 for emergencies
- National Suicide Prevention Lifeline- 1-800-273-TALK (8255)
- Crisis Text Line - Text HOME to 741741
Suicide Prevention Resources

- National academy of medicine-action collaborative on clinician well-being and resilience
  - Resources for healthcare administrators to develop structured strategies to measure and prevent burnout

- Workplace employee assistance programs
Suicide Prevention Resources

- **PeerRxmed™**
  - Free, structured “buddy system” program for healthcare workers

Burnout —> Surviving —> Fine —> Well —> Thriving
Summary

- Nurses are at increased risk for suicide compared to the general population with job problems being a significant risk factor for nurse suicide. This is a significant concern due to the combination of increased job and personal stressors during the COVID-19 Pandemic.

- Comprehensive suicide prevention includes addressing biological, environmental, and social risk factors.

- Additional research is needed to develop evidence-based guidelines/best practices related to suicide screening and prevention strategies for nurses.
References


THANK YOU
Coping Mechanisms for the Exacerbation of Post Traumatic Stress Disorders (PTSD) during and after COVID-19

Heather Brathwaite, Ph.D., PMHNP-BC
Miami Chapter Black Nurses Association
Thursday, May 7, 2020
Objective

- Identifying and understanding PTSD causes and symptoms
Introduction

- As the COVID-19 outbreak continues to escalate, it will continue to raise public health concerns and cause tremendous psychological distress, especially the development of posttraumatic stress disorder (PTSD).

- This disorder will lead to chronic symptoms, such as intrusive memories, avoidance behaviors, irritability, and emotional numbing, if isn’t treated.
Identifying and understanding PTSD causes and symptoms

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.
Diagnosis of PTSD

- Requires exposure to an event.

- Your exposure can happen in one or more of these ways:
  - You directly experienced the traumatic event.
  - You witnessed, in person, the traumatic event occurring to others.
  - You learned someone close to you experienced or was threatened by the traumatic event.
  - You are repeatedly exposed to graphic details of traumatic events
Symptoms of PTSD fall into four categories. Specific symptoms can vary in severity

- Intrusive thoughts.
- Avoiding reminders of the traumatic event.
- Negative thoughts and feelings.
- Arousal and reactive symptoms.
What happens to the body during PTSD

- PTSD causes your brain to get stuck in danger mode.

- Your body continues to send out stress signals.

- Studies show that the part of the brain that handles fear and emotion (the amygdala) is more active in people with PTSD.

- The hippocampus (area that controls your memory) becomes smaller.

- Experts recommend that you seek treatment early.
Who is likely to experience PTDS during COVID-19

- Even if you aren’t clinically diagnosed with PTSD.
- Healthcare workers providing frontline services.
- People who have lost loved ones or jobs due to the disease.
- Those who struggle with other mental health conditions.
- Prior history of trauma.
How to cope with exacerbated symptomatology of PTSD

- Relaxation strategies.
- Utilize cognitive strategies.
- Limit exposure to news and social media.
- Mindfulness exercises.
- Monitor habits, emotions and thoughts.
- Focus on what you can control.
Treating PTSD based on most current evidence

- Treatment can help individuals regain a sense of control over their life.
- The primary treatment is psychotherapy
  - Psychotherapy
  - Exposure therapy
  - Cognitive restructuring
  - Medications


COVID-19 Mental Health Consequences for Children and Adolescents

Benarah Sanford, MSN, APRN, PMHNP-BC
Chad Conrad Jones, Student Nurse
Miami Chapter Black Nurses Association
Thursday, May 7, 2020
Objective

➢ Discuss solutions to mitigate the negative impact of COVID-19 on the mental health status of children and adolescents
Introduction

The COVID-19 pandemic and the substantial measures to contain its spread have negatively impacted the mental health and wellbeing of children and adolescents around the world (CDC, 2020).
The Problem

- Increase in child neglect and abuse (UNICEF, 2020).
- Increased risk of sexual exploitation (UNICEF, 2020).
- Increased risk for long-term psychological, physical, and emotional harm (Dunn, et al., 2020).
More Problems

Mental Health Consequences for Children & Adolescents
Behavior Changes in Children & Adolescents

- Excessive crying or irritation in younger children
- Regressions in toileting and bed wetting
- Excessive worry or sadness
- Unhealthy eating or sleeping patterns
- “Acting out” behaviors in teens
- Poor school performance or avoiding school
- Poor attention and concentration
- Avoidance of hobbies and activities
- Unexplained headaches or body pain
- Substance use in teens
Psychological Disorders Associated with Trauma

- Acute Stress Disorder
- PTSD
- Anxiety Disorder
- Disruptive Mood Dysregulation Disorder
- Depressive Disorders
- Phobic Disorders
- Separation Anxiety Disorder
- Somatization
- Sleep Disorders
- Diminished self-esteem
Clinical Guidance for Practitioners
Health Assessment

- Screen for caregiver role strain when speaking with parents.
- Screen for changes in behavior and signs of neglect and abuse when speaking with children and adolescents.
- Inquire about school performance.
Promote a sense of safety.
Promote a sense of self-and community efficacy.
Promote a sense of connectedness.
Health Promotion Continued

- Promote a sense of calming.
- Promote a sense of hope.
- Promote adaptive functioning within families.
Opportunities for Health Leaders & Advocates
Outreach & Advocacy

<table>
<thead>
<tr>
<th>Provide</th>
<th>Provide the public with community resources and accurate information about COVID-19 risk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach</td>
<td>Teach the public to recognize signs of stress in themselves and their loved ones.</td>
</tr>
<tr>
<td>Equip</td>
<td>Equip health professionals with supportive resources while encouraging self-care, personal protection, and resilience.</td>
</tr>
<tr>
<td>Partner</td>
<td>Partner with local and national organizations for relief efforts.</td>
</tr>
<tr>
<td>Advocate</td>
<td>Advocate for health equity and protections for children and families who are vulnerable and at risk.</td>
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</tbody>
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Tips for Parents

- Maintain routines
- Maintain contact with family and friends.
- Maintain contact with teachers and school counselors.
- Minimize exposure to media outlets and social media.
- Allow children to talk about their concerns.
- Validate their feelings.
- Set realistic expectations for your family.
- Prioritize activities that reinforce purpose and fulfillment.
Seek Help

Disaster Distress Helpline-
Call 1-800-985-5990

National Suicide Prevention
Lifeline- Call 8000-273-8255

Crisis Textline- Text TALK to 741741


