PTSD among Mental Health Care Providers in Newfoundland and Labrador

Key Findings and Recommendations

WorkplaceNL 2017-18 Research Initiative Supplementary Report

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WorkplaceNL 2017-18 Research Initiative Final Report

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Full report available

The information in this document summarizes aspects of the research results and recommendations. For full details, please see:
"Assessing Operational Stress Injuries and Symptoms for Mental Health Care Providers in Ontario and Newfoundland and Labrador: A Comparison of Provinces, WorkplaceNL 2017-18 Research Initiative Final Report" (Hilton et al., June, 2020)

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Executive Summary of Full Report

Psychiatric workers can be exposed to violence or other potentially traumatic events in their workplaces. Following these workplace exposures, some staff develop occupational stress injuries such as symptoms of posttraumatic stress disorder (PTSD). In our survey completed by 84 psychiatric staff in Newfoundland and Labrador (81% female, 49% nursing staff), 74 (88%) participants reported that they had been directly exposed to at least one critical event involving physical or sexual assault, threats of serious harm, injuries during patient restraints, or actual or attempted suicide, during their mental health career. Chronic stressors in the course of providing patient care were experienced by 83 (99%) participants (for example, verbal abuse, patient self-injury, hoarding, elopement, and constant screaming. Mental health screening measures revealed that a substantial proportion of participants scored high enough to suggest they may have PTSD (14%), anxiety (20%), and depression (28%).

Over a third of participants reported that they needed help for PTSD or other mental health problems related to workplace trauma in the past 12 months. Those who screened positive for PTSD, anxiety, or depression, were more likely to identify a need for help, but also faced more help-seeking barriers, especially not wanting others to find out that they needed help. Ten participants reported ever making a plan to commit suicide, including two who had made plans within the past year.

Open-ended comments were invited in each section of the survey, and 68 participants provided responses to at least one of these questions. Qualitative analysis revealed that respondents frequently mentioned “Code Whites” (calls for assistance with non-medical psychiatric emergencies) and often provided brief but graphic

details, evidence that these events stand out in the career experiences of psychiatric staff. The next most common source of trauma was secondary or vicarious experiences of trauma from hearing about patient/clients' upsetting or horrific histories, which may also shape psychiatric staff's well-being and mental health needs over time. Respondents were generally positive about their support from peers and organizations, but often felt overworked and undervalued.

The percentages of participants who screened positive for mental health problems in our survey were similar to those reported in a survey of psychiatric staff in Ontario. Critical events and chronic stressors were significantly more common in the present survey than in the Ontario study. Critical events and chronic stressors were correlated with PTSD symptoms in the present survey, as they were in the Ontario Study. However, statistical analyses showed that other workplace issues may be more important in the present survey, such as operational factors (e.g., fatigue from shift work or overtime) or organizational factors (e.g., staff shortages).

These findings reveal the prevalence of PTSD and other mental health problems among psychiatric workers in Newfoundland and Labrador, and the importance of working conditions. Our findings showcase the depth and breadth of stressors that can affect psychiatric staff's mental health, and their concerns about stigma and other help-seeking barriers. Psychiatric employers in Newfoundland and Labrador could consider ways to increase access to evidence-based trauma-informed care, such as through designated roles for staff mental health support providers, trauma-informed occupational health and safety leads, and worker-employer collaboration to reduce stigma around workplace mental health.

Excerpts from Previous Research on this Topic

The Mental Health Commission of Canada (2018) identified workplace mental health as a strategic priority

Source: Mental Health Commission of Canada (2018)

Approximately 10% of health services employees have experienced PTSD symptoms – over 60% of those exposed to workplace violence

Sources: Jacobowitz, 2013; Richter & Berger, 2006; Hilton et al., 2017; Hilton et al., 2020

Although most psychiatric patients are not violent, 30% to 76% of psychiatric workers are assaulted during their career

Hallett et al., 2014

Among nurses, PTSD and other mental health problems can lead to compassion fatigue, reduced productivity patient falls, medication errors, and overall lower quality of care, as well as delayed return to work

Sources : Lauvrud et al., 2009; Gates et al., 2011; Karanikola, 2015; MacDonald et al., 2003

Effective treatments for PTSD exist but available services often go un-used

Sources: Mckee, 2017; Guay et al., 2017

Workplace factors can be a barrier to seeking help

Source: Bennett & Lehman, 2001; Dewa & Hoch, 2015

Hilton et al., 2020

The Newfoundland and Labrador Survey of Psychiatric Workers

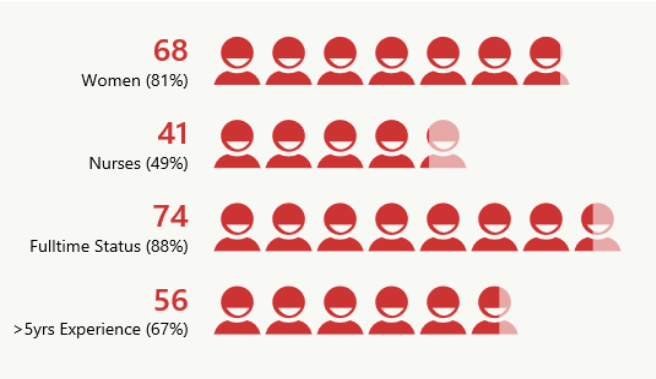
We created a survey that incorporated and built on the survey content and lessons learned from both the study of Ontario mental health service providers (e.g., Hilton et al., 2019) and the national study of public safety personnel (e.g., Carleton et al., 2018). The Waypoint Centre for Mental Health Care Research Ethics Board and the Newfoundland and Labrador Health Research Ethics Board reviewed and approved the research protocols. Eastern Health approved the research protocol and an email inviting staff to participate in the survey was sent to Eastern Health managers in November, 2019, to share with their staff. Similar procedures were initiated at additional health authorities but approval was not received in time for the survey invitation to be widely shared prior to the survey being closed due to unforeseen challenges – the provincial state of emergency in January, 2020, and the global pandemic beginning March, 2020.

Objective 1 To investigate PTSD and other mental health symptoms among psychiatric nurses and other mental health care workers in inpatient psychiatric facilities in Newfoundland and Labrador.

Objective 2 To compare survey responses from participants in Newfoundland and Labrador with corresponding data recently collected from mental health service providers in similar occupations in Ontario.

Sample All clinical staff working in Newfoundland and Labrador's inpatient psychiatric services, or providing services to psychiatric inpatients, were eligible to participate in the survey. In practice, opportunities were largely limited to those working for Eastern Health, an estimated 299 eligible staff. 84 staff answered quantitative questions about critical events, chronic stressors, and PTSD symptoms (28% completion rate). 68 answered at least one of the open-ended questions.

Figure 1 Sample Demographics (and % out of 84)



Key Finding #1: 88% of participants had ever been exposed to a critical event

How do we know? We asked participants how many times over their mental health career they had been: assaulted by a patient with no injury, assaulted by a patient resulting in injury, sexually assaulted by a patient, been witness to a violent or accidental death, been witness to a suicide or near-fatal attempt, injured while physically restraining a patient, threatened with death or serious injury by a patient, and threatened with death or serious injury to their family member.

What did we find? Staff had been repeatedly threatened and assaulted (see Table 1). This is the first study of number of exposures in psychiatric workers,

Table 1 Exposures to Critical Events (N = 84)

Critical event	*Number of staff exposed*	*% of sample exposed*	*Average number of times each staff was exposed*
Threat of death or serious harm to staff	63	75	8.98
Physical assault with no injury	62	74	6.71
Threat of death or serious injury to family	41	49	4.29
Injured while restraining a patient	40	48	2.38
Suicide or near-fatal attempt	39	47	2.18
Physical assault with injury	37	44	2.03
Sexual assault	18	21	1.38
Violent or accidental death	8	9	0.68
Any other "potentially traumatizing event"	*67*	*81*	*6.19*

What did participants say? Across several open-ended items, respondents discussed "Code Whites" (emergency codes called when a patient is potentially aggressive). Examples include: one-on-one or group violence; physical, verbal, or psychological abuse against staff; and commonly, client self-harm or suicidal ideation.

Take-away message: A majority of psychiatric workers in Newfoundland and Labrador who participated in this survey had been assaulted, threatened, or injured. More effective efforts to reduce violence in psychiatric hospitals are warranted.

Key Finding #2: 99% of staff faced chronic stressors arising from patient care

How do we know? We asked participants how often in the past year they had experienced the following behaviours by a patient: damaging the room, drinking from the toilet, eating harmful items, elopement, flooding the room, hoarding, physically resisting care, public sexual behavior, screaming constantly, self-injury, smearing feces, verbal abuse or threats, and wandering. We also asked about other stressors faced in the workplace.

What did we find? The most common stressors were experiencing verbal abuse (96%) and seeing patient self-injury (91%). On average staff reported 10 types of stressor arising from patient care. Among other workplace stressors, over 80% of participants had difficulty shifting gears between work and home, felt their felt character was being attacked by a patient, and felt unsafe due to being short staffed.

What did participants say? Patient self-harm was of particular concern for staff, evidenced in their brief but often graphic open-ended descriptions of events sometimes described as “brutal”.

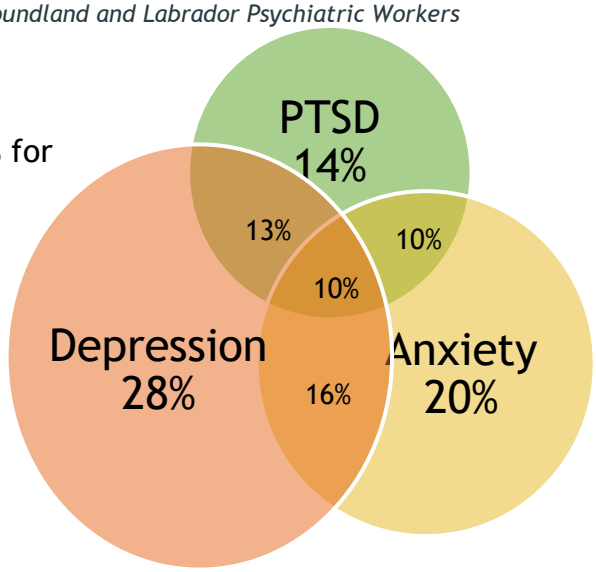
Take-away message: Stressors arising from patient care – that did not include assaults on staff – were disturbing to psychiatric workers. Early detection of patients at risk for these behaviours is warranted, along with implementing evidence-based methods to prevent and effectively treat these behaviours.

Key Finding #3: 35% of participants were at risk of PTSD, anxiety, or depression

How do we know? Participants completed the *PTSD Checklist for DSM-5* (PCL-5; Blevins et al., 2015). The PCL-5 is a self-report screening assessment that measures PTSD symptoms. Scoring at or above a score of 33 is a positive screen for PTSD (that is, people with this result are most at risk of meeting a clinical diagnosis of PTSD; Wortmann et al., 2016). We used similar assessments for anxiety (GAD-7) and depression (PHQ-9) that have screening cutoff scores of 10 (Kroenke et al., 2010.

What did we find? The average PCL-5 score was 14, and 12 (14%) of participants met or exceeded the screening cutoff score; that is, they screened positive for PTSD. 20% screened positive for anxiety and 28% for depression. Of 69 participants who completed all 3 measures, 10% screened positive for PTSD and anxiety and depression; and 35% for at least one of these problems.

Figure 2 Prevalence of OSI among sample of Newfoundland and Labrador Psychiatric Workers



What did participants say? The second most common source of trauma mentioned was secondary or vicarious experiences of trauma – hearing about patient/clients' historical trauma was "depressing," "unsettling," and "horrific".

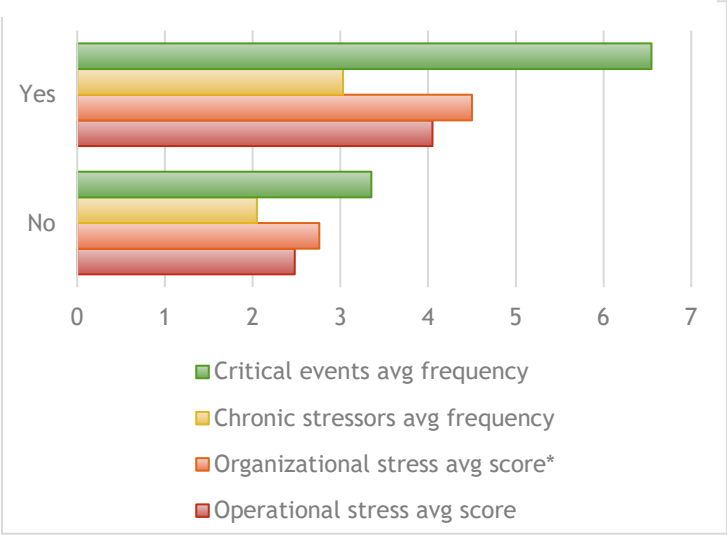
Take-away message: A substantial number of psychiatric workers in Newfoundland and Labrador may have PTSD or other mental health disorders. Ensuring staff have access to a regulated health professional, and designating health and safety leads with expertise in workplace trauma, is warranted.

Key Finding #4: Workplace conditions were a risk factor for PTSD

How do we know? We looked at the correlations between workplace and worker characteristics and participants' PTSD symptom scores. We also ran a statistical analysis called linear regression that tested each risk factor's association with PTSD symptoms and identified which ones have the biggest effect.

What did we find? All sources of stress were associated with higher PTSD symptom scores: critical events, chronic stressors arising from patient care, organizational stressors, and operational stressors. The risk factor with the biggest effect was operational stress (that is, stressors such as fatigue, finding time to stay healthy, risk of injury, etc.).

Figure 3 Stress scores based on whether workers met the PCL-5 cutoff score for PTSD (yes) or not (no)



What did participants say? Feelings of being overworked were common, especially due to understaffing, along with being mandated to work overtime, feeling rushed, or feeling that work requires juggling duties outside of the profession.

Take-away message: Trauma among psychiatric workers is not just about critical events. Working to make psychiatric hospitals a psychologically healthy workplace for all staff is needed, with an emphasis on workplace trauma prevention.

Key Finding #5: Barriers prevented participants from seeking help for PTSD

How do we know? We asked participants if there was a time in the past 12 months when they needed help for PTSD or other workplace-related mental health problems. We asked where they got help, and about any attitudinal barriers (e.g., stigma) and structural barriers (e.g., cost, transport, availability).

What did we find? 39% of participants who answered these questions needed help at least "a little bit". Participants mostly turned to friends (46%), coworkers/ supervisors (40%), and family members (35%), followed by family doctor (30%). 65% faced attitudinal barriers (Figure 4); the percentage was higher for staff with PTSD symptoms.

Figure 4 Attitudinal Barriers and Structural Barriers to Help-Seeking as a Proportion of the Percentage of Participants Reporting That They Experienced Them (N = 80)

*Note. Size of each box is proportional to the overall frequency of endorsement of each barrier (more than one answer was possible). * You were concerned that you might be committed to a psychiatric hospital or might have to take medicine. **You did not know where to go to get services.*

What did participants say? Most participants were positive about their social support and workplace support systems, especially talking things out with peers, although they tended to "vent…frustrations" rather than seek mental health support.

Take-away message: Most psychiatric workers in Newfoundland and Labrador do not seek formal help for their mental health problems. Employers could designate a health professional for staff mental health, and work with staff to reduce stigma.

Key Finding #6: Mental health problems were similar to those in Ontario

How do we know? We compared results from this survey of 84 psychiatric workers in Newfoundland and Labrador with findings from a recent survey of 761 psychiatric workers at three hospitals in Ontario.

What did we find? There were slightly more positive screens of depression and anxiety in Newfoundland and Labrador than in Ontario (Table 2) but this was not a significant difference statistically. Only anxiety symptom scores were significantly higher in Newfoundland and Labrador than in Ontario.

Table 2 Prevalence of Participants Meeting Mental Health Screening Criteria in the Quantitative Analysis Sample (N = 84) and Ontario Sample (N = 761)

	Newfoundland and Labrador Sample		*Ontario Sample*	
	Percent who screened positive	Average symptom score	Percent who screened positive	Average symptom score
PTSD	14	13.98	16	15.40
Depression	28	6.72	20	5.44
Anxiety	20	6.12	16	4.75*

*Note. PTSD measured by a score of 33 or greater on the PCL-5. Depression measured by a score of 10 or greater on the PHQ-9. Anxiety measured by a score of 10 or greater on the GAD-7. Not all participants completed anxiety and depression assessments. *Anxiety symptom scores significantly lower in Ontario.*

What did participants say? Ten participants in the Newfoundland and Labrador survey reported having had ever made a plan to commit suicide, including two who had made plans within the past year.

Take-away message: There is consistent evidence that up to one-in-six psychiatric workers experience PTSD, up to one-in-five or higher experience depression or anxiety. Any differences between the two provinces must be interpreted with caution because the Newfoundland and Labrador sample was small.

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