

The Japan Academy of Psychiatric and Mental Health Nursing

Consultation and Support Guidelines for consultants, from external organizations, for medical staff who work with COVID-19 situations. (VERSION 1.0 May 2020)

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Preface

Because of the global outbreak of COVID-19, medical health professionals must develop both physical and social defenses. The role of the medical and social field is not only medical treatment and care for infected cases, but also it is necessary to develop social inclusion so that medical workers and related affiliates can maintain their functions as society members and not becoming targets of exclusion and discrimination. In such circumstances, in order to reduce the burden of people and organizations working with COVID-19 infection countermeasures, it is necessary to develop social networks that are not dependent upon their organization's human resources, but instead may exist outside of their workplace.

Providing health care organization members with external support are members of The Japan Academy of Psychiatric and Mental Health Nursing who are composed mainly of professionals in Psychiatric and Mental Health Nursing field, and have the characteristic of having National Qualification in Nursing. Many of Academy members individually support (officially or non-officially) prefectures, local cities, professional associations, each medical health related organization, medical health institution like hospitals, clinics, and health facilities. Most of these supports are conducted remotely by telephone, e-mail, and web conference systems. Global organizations, like WHO, promote the necessity of psychiatric and social support for medical workers by remote access, and it is required to improve their quantity and quality.

Therefore, we developed and released this consultation-support guideline for people noted above from the perspective of supporting-supporters remotely. The target users of this guideline are the people who have a background as medical health workers who are dealing with supporting medical health workers.

When we developed this guideline from April to May in 2020, the state of emergency was declared national-wide in Japan. Therefore we developed that guideline rapidly. In such circumstances, this current guideline is considered preferable as the revised or improved version, which will be updated on an ongoing basis.

To develop this guideline, we received advice and support from a variety of individuals and organizations. The supports are documented as references at the end of the book and on our homepage.

We are going to contribute to the overcoming of the impact of this global infectious crisis, and to respond to a new social value. At first, hopefully this guideline will be useful for readers and people who are supported by readers.

May 18th 2020

Japan Academy of Psychiatric and Mental Health Nursing

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1. Medical and social Impacts of COVID-19 warning and response.

On January 16, 2020 the first case of COVID-19 was reported. After 3 months, on April 16, 2020 Japan issued the state of emergency declaration for the entire country. This state of national emergency has drastically changed medical health organizations.

Psychological influences, caused by COVID-19, within the general population can be divided into 3 types.

The first is the psychological response about infection risk and infection itself. Typical psychological responses are listed below. It is natural for some type of psychological response to appear.

- Fear and anxiety of becoming infected
- When infected, anxiety and responsibility about infecting another person.
- Anxiety about becoming discriminated against because of the infection
- When important people like families and coworkers are isolated, separation anxiety emerges
- Grief reaction in the case of losing family members, friends or coworkers.

Being assumed to appear some psychological damages noted above, Many cases involving the above psychological reactions have already been reported. These psychological responses are quite natural and understandable reactions. And also, in some cases, their conditions are difficult to control, both physically and mentally, so that they need to adjust their environment like receiving professional supports and taking a leave of absence.

The second influence is the far-reaching impact caused by environmental changes designed to protect hospital workers. In medical institutions and hospital wards designated for infectious diseases, , because of isolating patients, medical workers are required to have quite strict movement restrictions. And also in general medical institutions that are not designated for infectious diseases, various movement restrictions are enforced for medical workers because they must be on alert in case there is an unidentified COVID-19 cluster. Besides, as an impact of instituting infection control using quarantine measures, it is reported that limitations and/or shut-down of outpatient care, economic loss of securing medical resources, and increasing burden of medical workers living with their families result in the following conditions:

- Stress reactions because changing medical environment causes movement restrictions for nurses.
- Depression and anxiety reactions caused by real and anticipated economic damage.
- Increasing psychological burden by restriction of health promotion actions.
- Conflict and burden for family care of medical workers living with children and elderly persons and role of a medical worker.

As for these reactions, there is some possibility that they will remain a long-term impact after the state of emergency has been lifted.

The third influence is the impact of social role changes and conflicting information. It is reported that in some cases rational information analysis is compromised due to severe fear and anxiety, and that it may be difficult to keep up with information updates due to rapid changes in the situation surrounding medical workers. Such information confusion is said to lead to discriminatory awareness (stigma) and prejudice toward situations where there is a risk of infection, changes in interpersonal relationships, and distrust their own organization or society. These defensive psychological postures may continue even if they serve no purpose. In addition, medical workers working at designated medical institutions for infectious diseases are responsible for social defense, and many actions are determined by their sense of mission as a medical worker. It is already beginning to be pointed out that there is a risk of burnout by the prolonged situation in maintaining a larger social role.

- Confusion of information due to frequent updates of the guideline and codes within the organization
- Discriminatory behavior or actions against infected persons or persons at risk of infection inside or outside the organization
- Psychological isolation of employees and managers engaged in infection control measures
- The existence of the sense of mission and the sense of futility due to working on a job with a large social role
- The psychological exhaustion due to resistance over major changes and quantitative limitations of care
- The burden of continuing to respond qualitatively in inexperienced care
- Increasing psychological distance between those who are engaged in infection control measures and those who are not

This third aspect of support may be the most prominent for medical health workers.

When we anticipate the impact on COVID-19 on medical workers who are warning and responding to COVID-19 from these 3 aspects, we need to keep in mind the possibility that there are three points: (i) the risk of infection, (ii) the restrictions and changes in medical and nursing care methods and daily life, and (iii) outcomes due to increasing social roles and changes.

As for the need to keep in mind the changes to the medical and nursing system, see the box below and item 3 (support for managers).

Preparation for Support: Mention for supporting from outside of organization based on the characteristics of nursing organization

This guideline assumes that someone who is outside of the organization will be the consultant providing support.

When the consultant responds provides support by telephone or email to the consultees, it is necessary to keep in mind the organizational background of the consultees.

The following are points for the consultant to keep in mind regarding problems that occur within the organization.

- The background and characteristics of medical institutions have a great impact on the decision-making structure directing infection control measures.
(Number of clinical departments, public or university or private corporation, designated medical institutions for infectious diseases or cooperate institutions, etc.)
- Even if the consultee discusses a subject that is an issue, it depends on the person or the corporation whether the consultees or organization can respond independently.
(In some cases, rather than seeking a solution, an understanding person may be required to reduce the psychological burden.)
- There may be some conflicts and distress occurring that are beyond the discretion of the nurse or nursing department.

About support from outside of the organization based on the characteristics of the nursing organization, please refer to the documents about liaison psychiatric nursing that is specializing in mental health support for nurses. Some details are mentioned in the literature (Table III-2 of "Liaison Psychiatric Nursing" P215, edited by Kiyoka Nozue in the list of references at the end of this document).

2. Consultation flow focusing on psychological aspects in supporting medical workers.

- 1) Method of consultation and support emphasis on psychological aspects
>What is Psychological First Aid?

Psychological First Aid (PFA) is one method of helping people in distress. It is a humanitarian and supportive response to be taken, which is the same as for a person in a crisis situation such as a disaster. It aims to support that suffering person recover their composure, equilibrium and thus overcome difficulties.

PFA is not something only professionals can do, but can also be used for support between supporters. The support for COVID-19 respondents in this guideline will also deal with PFA interventions as a basic framework.

In this guideline, as the first aid, what needs to be prioritized, includes the following.

- Support to provide the sense of security and calm to people in difficult situations
- Check needs and concerns
- Support for the person to receive useful information and social support

As it is true, not only for PFA, but also all of consultations, neither the person who is receiving the consultation nor the person who is bringing in the consultation is universal.

For that reason, as for the phrase "take a consultation", it is not the goal that the consultant can solve the problem of the consultees.

Therefore, It is important to support the consultee himself/herself with the resources that the consultee has, while clarifying the internal and external resources that the consultee has in the dialogue and proposing some possible solutions.

- 2) Basic stance and considerations in communication: The first priorities are always gratitude and respect.

The basic ethical stance for providing support to people in difficult and distressing situations is "Do no harm".

In particular, when we consult and support medical workers, various issues may occur with COVID-19; the most important is to first give gratitude and respect as priority. Despite the various difficulties and limitations, it is likely that they are present as a medical (supportive) worker, and moreover, such situations cannot be expected to be appreciated directly. To decrease consultees feeling of isolation and burden, it is predicted the consultee would have heard "great job" and "you are getting over " that would have been said by familiar peoples in the past, such as coworkers and family members.

And it is important to support them in a difficult situation without additional harming. Medical workers who experienced a critical situation might be upset, confused, or blamed themselves. And it is likely to think that they are in conflict with the fear of infection and the sense of mission to the job. It is important to accept the feelings of people who are in such difficult situations and to calmly accept them. Then, please give sincere gratitude; approve their approach, and giving them positive feedback.

By doing such approach, they will be able to regain their self-esteem and receive the sense of security.

Here are some basic things you should and shouldn't do.

Do	Do not
<ul style="list-style-type: none"> • Keep privacy and keep secret what you hear. • Understand your own prejudice and biases and try not to be obsessed. (Particularly, recognize there are individual differences in the balance between "sense of mission as a medical worker" and "anxiety of infection"). • To nod and response to indicate you are listening with interest. (Especially, If talking in the call, try to say 'yes, yes' or 'I see'). • Accept their feeling (fear of infection, helplessness, anger, conflict between mission and anxiety) and severe episodes they talked about (working in inadequate protective equipment), and give gratitude. 'It's a tough situation. How hard it is'. • Stay calm even when consultees are too excited or difficult to wrap-up their episodes due to confused. • Understand consultees's strength and how they have handled themselves in the past and approve them. 'You've worked really hard. It is great You've been dealing with it that way' . • Keep your silence. (Especially in the call, be aware whether they are hesitate to talk or just thinking what they want to say). 	<ul style="list-style-type: none"> • Do not tell another person what you heard without permission. • Do not force to talk. • Do not interrupt or rush their talk. • Do not make value judgments about what they did or didn't do. <p style="padding-left: 40px;">Do not use these phases:</p> <p>'I wish I had been more careful about the infection.'</p> <p>'You're a medical worker so that you must do your job, even if risking your own life'.</p> <p>'Some hospitals (wards) are harder than others, so you have to work hard'.</p> <p>'If you quit your job now, it's going to be hard on the people left behind so if it's hard, you should never quit your job.</p> <ul style="list-style-type: none"> • Do not brand or label ' you are this kind of person' due to their positions, actions or feelings.(Even if they have a usually high stress tolerance, it is natural reaction to appear stress reactions in such emergency situation. Sometimes they cannot cope with what they could handle usually. • Do not be pushy with advice and do not be intrusive in their thinking. • Do not give inaccurate information. • Do not use negative or discriminatory phrases about anyone.(Do not use words such as "crazy" or "stupid").

3) Behavioral principles for psychological support (LOOK, LISTEN, LINK)

The important behavioral principles of PFA in psychological support are 'LOOK, LISTEN and LINK'. When the consultant follows this action, do not forget these basic principles and be aware of your communications.

①LOOK	<ul style="list-style-type: none"> • Identify the current situation • Identify who seeks support • Identify by paying attention to aspects listed below: <ul style="list-style-type: none"> • Urgency (whether urgent need or not) • Emotional reactions (possibility of severe stress) (• When consultants are not identified, As in case of consultation for organizations, it is better to do these procedures with doing LISTEN, noted next).
②LISTEN	<ul style="list-style-type: none"> • Introduce the consultant • Pay attention and listen actively • Accept feelings • Ask about needs and concerns • Identify the way of coping • Give gratitude for what they have done
③LINK	<ul style="list-style-type: none"> • Support to adjust problems and find the solution • Help to receive information (provide resources) • Help to link to their beloved people and social supports • Promote the way of coping with self-care

If you are a medical worker and are consulting with a medical worker, it is likely to feel strong need about LISTEN rather than LOOK (that means that it is possible to have a strong need for consultant to want to listen to the consultee rather than observe themselves).

To consult with the same kind workers such as you, might think that it is difficult to find support within their usual links (coworkers and friends). So, the consultant might think they need a consultant to solve the problems rather than to seek and enable to they can solve their own problems. Therefore, LISTEN (pay attention and listen carefully, accept feeling, and gratitude) and that will become the core of support.

①LOOK

When opening the consultation and support, it is necessary to make sure of the consultee's current situation.

In particular, as for consultation about COVID-19, there are some situations that are difficult to meet directly because the consultation is by calls or E-mails. Even when meeting face to face, it might be video conversations. So the following are some points when engaging in consultation remotely.

As it was written in previous page, it is desirable to begin with LOOK and LISTEN.

Points for remote consultations (consultation by calls and web conference system)

In case of remote consultation, it is necessary to check their physical location. Make sure if their environment is where they can keep their privacy.

Assess their sense of urgency (a look of imminence) or emotional response (severe stressful response). In the calls, pay attention to voice tone and speed of talking.

- The location and environment of consultees

(ex: At home or in own room, in a changing room or conference room of medical institution, the place where can talk securely and confidentially)

- Situation and environment about coping with COVID-19

(eg: Close contacts of patients and waiting at home, immediately after transfer, some kind of person in charge)

- Predict consultees psychological situations and sense of urgency

(ex: Destruction or injury to things or themselves, disorder of voice pace or scale)

Points in the consultation by E-mails

In the case of consultation by e-mail, consultants must attempt to predict the current situation of consultee and they will not be able pick up a sense of urgency due to voice speed and disorder of scale of consultee. As for e-mails, it might be urgent situation in the case of large amount of texts or the time when sending mails are between midnight and early morning.

As for consultation by e-mails or SNS (Social Networking System), if you feel a strong sense of urgency, it is better to reply back to mails quickly that you have received their texts. It is no problem to write quite shortly. In that case, express gratitude to them prior to checking their situations.

Example:

'Dear xx I received your email requesting consultation.

This morning, I read your mail.

I understood you have felt a strong psychological burden with working in the hospital ward taking care for COVID-19 infected patients.

I, as a nurse working in the medical field, would like to express great appreciation and respect for your work.

Then, I will collect more information and get back to you about your consultation. It will take one day or so.

Please wait for a little while longer.

Again, I would like to thank you again for your nursing work.

②LISTEN

When you listen during consultation, it is important to understand that consultee's needs for psychological support rather than solving their problems.

- At first, express appreciation and respect for consultee that they decided to consult in a severe situation, and keep on living (in the meaning as a medical worker and a resident) with thinking about consultation.

And it is better to do the following aspects.

- Introduce the section of consult provider (not necessary to say your usual job, to talk to be a counselor in consultation institution) and your name. In the case of consultation in the group, sometimes it is not a name but an introduction of a department.

- To keep confidentiality, say it can be secured by consultees themselves, their information belongs to them, including all private data included in the contents of consultation.

- In the case of a call consultation established by an organization or group, state the framework such as recommended time and receive permission in advance.

- Establish a strong rapport with the people who need support, and listen sincerely to their anxiety, concerns and needs.

- Let's listen with gratitude and respect.

- If strong feelings of upset are found and it is confusing, take deep breaths to calm down.

- If there are a lot of difficult problems, ask them what is most troubling or distressing, and listen actively to stay focused on the top priority issue.

(listen with interest to the needs of consultees and support them to express their thoughts and feelings).

- Listen, approve and give positive feedback by paying attention to the efforts that the consultees have done so far, their internal strengths, and their environmental strengths.

- When consultees finished talking about their problems (a little long silence or the words of consultees are the sign), tell them that you as consultant understand the

content of the consultation, and check whether the understanding is sufficient. If understanding is differently, ask them to describe what is different.

- Check the basic self-care such as whether consultees can sleep and eat.
- Make sure that reactions such as anger, confusion, anxiety and upset are natural reactions in abnormal situations.

Points in the consultation by E-mails

Also in the consultation by E-mails, it is the top priority to give gratitude and respect for consultees, and ensure their safety. Even if the content of the e-mail is clear and it is in a questioning tone, it is preferable to not only answer the question, but also respond about considering their background.

If there is a statement or word in the e-mail that is not a direct question or consultation, but hints at something, state that you are concerned or ask a modest question.

(*A modest question is one that doesn't make the other person feel guilty about not responding.)

Example:

Dear xx

I read your e-mail. I am in charge of consultation (if necessary, write your name) in the department (division) of xx in xx association (hospital).

This morning, I read your mail from you.

I understood you have been feeling a strong psychological burden while working at the hospital ward taking care for COVID-19 infected patients.

I, as a nurse working in the medical field, would like to express great appreciation and respect for your work.

Then, about your consultation, I found some reliable guidelines so that there are some recommendation lists of guidelines.

1) Guideline of xx (Japan Association of xx)

2) Research for the reliability of xx (Japan Academic Journal of xx)

These might be very useful for you in your current situation.

Although this is not the main topic of your mail, in your mail, I found that you said "It is my last role in life" and "I would like to introduce the guidelines as a souvenir for my life at the xx hospital"

From such comments, I could see that you not only have a sense of mission, but you are also suffering from psychological difficulties.

It is said that medical professionals are facing a heavy psychological burden in dealing with COVID-19. xx Association (xx Academy) that I joined has also issued a statement that care needs to be taken inside and outside the organization.

Besides the recommendation of guidelines, there might be something necessary to decrease psychological burden of xx. When you need supports, please send mails for this address or xx(xxxx@xxxx.jp).

Again, I would like to reply with the wish for your xx (important thing that you wrote in the email).

xx Association (Hospital) xx Department (Division)
xxx(business name or name)

(It is depend on the rules of organization whether writing the name of the individual or the name of the department.)

③LINK

In a crisis, they are suddenly in a stressful environment or are unable to receive support that could be received previously. Particularly during this time, because of the need to reduce contact with people, it is possible to feel loneliness. In a situation where people are asked to refrain from even talking to each other during their lunch break, the support between coworkers, which is usually provided, is getting reduced. And in the midst of confusing situation and information is complicated, it can be difficult to figure out the route to where to access accurate information or find useful resources.

- In the process of LISTEN, when problems are clear and consultees want to cope with their problems, it is effective to access supports and information that is useful for them.

- When they don't know what is the problem, support them to think what is the top priority with which to manage. Support them to organize their problems and assist them to decide the priority. When they decide their top priority to cope with, the sense of control for problems is improved, and they can get back their coping ability.

- If they remember how they coped with their problems in past stressful situations, they might regain their confidence again like "I can overcome such difficult situation".

- If consultees are having difficulty establishing healthy boundaries and are keeping problems that are not necessarily theirs to keep, find out who is responsible for the problems; decide if consultee is responsible for them or not, and the process will be useful to release their stress. For example, "My coworker says his/her strong anxiety is about domestic infection. I would like to do something, but it is difficult to change working schedule without offending my boss, and his/her family doesn't understand his/her feeling and says thoughtless words." However, such problem is coworker's problem so that support to find out what consultees can do.

- In the case of feelings of loneliness, make sure who is their supporter in this situation. Support to find out people who can link with them like boss, coworkers, families and friends, and people as a supporter for them. It is also effective to connect workers at similar positions in another medical institutions and share problems and think together about their solution. And think together practical method to be able to connect with such people. (continue to next page)

- If there are some concerns about self-care such as they cannot rest, find out stress coping methods such as how to get rest and how to calm their mind. It is effective to make sure what the person has tried before and was effective. However, this time, there is a possibility that they have not been able to cope with stress under the restrictions, like "I used to enjoy traveling but I couldn't go out now". Support them to think what they can do in their situation.

In addition, following lists are provided as a reliable source of information. 'Tips for Relaxation' can be found on page 30 in the PFA 2nd edition at the beginning of the list of documents at the end of the book. And also, the self-care method as Document 3 in the Japanese Red Cross support guide at the list of documents.

Responding phrases to remember for their resources and it become easier to act

- It is a tough experience. And I understood you spend a lot of time and energy to cope with these experiences and also felt you were suffering severely. To recover such xxx physical and mental condition, it is important to figure out the time and method to heal yourself. I would like you to remember depending on your experiences, how you heal yourself or who is the person you want to make a contact with if you get in touch with somebody as if you contacted with me this time?

- At times like this, as a way of healing yourself, What kind of xx can you do?
For example: What kinds of food can you eat? How can you manage to sleep easily? (If difficult to image) Let's adjust your breath to manage your feeling right now.

• If it is necessary to receive support from psychiatric and mental health professionals, provide suitable services. (The detail is written in paragraph 4, 5) When a referrals to a mental health professional is needed (page 25))

- Has not be able to eat and sleep
- Threat of harm to self or others
- Concern related to use of alcohol
- Difficulty in daily life due to psychological upset and exhaust
- Be in the risk of abuse or violence

Response phrases to refer professionals and professional field as a new resource

• I understood you were in urgent situation. I know a person who had similar episode. At that time I thought it was not a limited story at one or a few medical institutions. When you spend such suffering in the situation, it will become a better support for you to find a place where you feel you are not alone and to be in a place or with people there you feel you don't have to feel psychological burden all by yourself.

• Now, I am looking at a checklist about psychological crisis on my desk and it shows that your condition is indeed a psychological crisis and the level is such that it is recommend that you do not cope with them only by yourself. If this consultation can decrease your mental burden, I think it is also meaningful to secure more reliable places.

• I understood you felt the limitation to keep your problem only by yourself. I also think it is useful for you to find the person and place that you can rely on psychologically. If you don't mind, I can send some information by e-mail that is possible to find a reliable place.

3. Support for Managers

1) Consideration for the burden of managers

The psychological burden on the managers of medical organizations is difficult to imagine in dealing with a pandemic that no one has experienced like this before. The top management of an organization, in a fast changing situation, is forced to gather information, consider the policies of the organization, and provide decisions to the entire organization in a top-down style. In the nursing department, the pressure of decision-making and responsibility would be considerable. In addition, the chief nurses who are in the middle management position may have a conflict because they are caught in a dilemma between the dictates and needs of top management and the needs in the work place.

The COVID-19 pandemic resulted in a disaster crisis. People suffer in this crisis situation like they do in a disaster. As a common episode in a disaster crisis, it is likely for employees to feel distrust for their workplace or organization. In the past, in the medical institutions when responding to the H1N1 Influenza, it was reported that the more employees felt protected by the state and organization the stronger their intention to continue their job afterwards the epidemic. When security and safety are threatened, this fear awakes distrust of organizational management and can be expressed in aggressive language and behavior. First of all, it is important to understand that this kind of psychological reaction is easy to occur in this situation.

Also, in many guidelines for COVID-19 infection measures and organizational management, various supports are written for managers in medical institution. These are very important for organizations to overcome crisis situation; for example, planning of infection measures, expressing gratitude directly to workers at their work place, understanding physical and psychological conditions of staff and providing restrictions, and consideration for workers schedules. The most important factor for managers to be effective at this time is that managers themselves are secure and stabilized. Because they too are human, it is a natural reaction to be upset and confused in crisis situation. Even though their ability to cope with stress is quite high, in the case of suffering problems, which are unprecedented and difficult to solve, there are some situations that are too difficult to respond to as usual.

Therefore, when you provide consultation for managers, it is preferable to use PFA support (gratitude and approve) before problem solving advice.

The consultation from managers might appear as a practical problem, such as a way to respond to their staff or asking for some information. However, you should keep in mind that behind the problems being talked about there might be potential needs to seek emotional stability, because of their sense of helplessness and anxiety. Then, when the need for manager's emotional stability is verbalized be sure to listen by focusing on the need. In that case, talk to them about psychological reactions and physical stress reactions that are natural reactions that can be happen to anyone in such an unusual situation.

Then, discover the support that is necessary for them as a LINK. Especially, because the Director of Nursing, as a chief executive, sometimes feels the sense of psychological isolation it is also useful to think of a way to get in touch with the director of nursing in other institutions. When the chief nurse, as a middle manager, is caught on the spot between staff nurses and top management, the chief nurses needs support for how to think through the solution by listening to his/her past experiences of how they handled similar cases and to use the network with chief nurses.

2) When consultees talk about conflict or frustration about their organization

If the manager is facing complaints and aggression, as I mentioned before, talk him /her about the reality of " When people are threaten about their stability and safety, the threat leads to distrust because of not being protecting by organization management, and sometimes, for example, it is easy to psychologically react with an aggressive attitude". If you receive the consultation request as to how to deal with such a situation, at first, make sure how to cope with such a situation and show gratitude for their effort, and if he/she needs intellectual materials, then it is recommended to introduce the managers to the guidelines.

On the other hand, it is likely that many managers will have already practiced what the guidelines recommend and will seek consultation if it doesn't work. ("I go to the working site and listen to them and all they do is complain," or "I'm repeatedly asked to explain an item has already been explained", etc.) In that case,

after approving and appreciating their coping method, explain to him/her that it is important to represent sincerely for your attitude that manager do his/her best to protect the security and safety of staffs.

ex: "I'm really sorry that things haven't been going so smoothly for everyone on site. I am doing a lot of work. So I kindly ask for your cooperation. Even if they show resistance at first, if you continue to provide support to your staffs, you may gradually gain their understanding. Although you don't have any response right now, sincerely show your appreciation and approval to continue the coping method that he/she is using.

3) Psychological burden due to alertness and response to nosocomial infection

In addition, in this case, due to characteristics of COVID-19, there are time lags between infection and onset, and there are situations where patients must be accepted at hospitals other than designated infectious disease hospitals. It is likely to cause nosocomial infections in such circumstances. If nosocomial infection occurs, managers will feel an enormous psychological burden. There is a mountain of problems that need to be solved; for example, care for staff who are infected, identify whether other staff and patients are infected or not, decide a standard for staffs to stay home, make a working schedule among remaining staff. Only thinking about the burden of managing work, these situations will cause heavy exhaustion.

In general, because nosocomial infections are treated as a medical incident, managers feel a sense of guilt. When medical incidents occurred, they must spend a lot of their energy to respond because not only infected staffs but also other staffs are upset. Due to such episodes, it is said that managers also feel crisis stress with facing such medical incidents. Therefore, when you provide consultation for managers in this situation, even though they didn't feel their stress, it is necessary to listen to their talking and assume they are experiencing crisis stress. If they present symptoms of severe mental health conditions, refer to "4. Psychological reactions required for special consideration".

4. Psychological reactions required for special consideration

People who are working with COVID-19 infection measures and treatment are likely to exhibit various psychological burdens as a psychological and emotional reaction.

It is likely that they may want to talk confidentially with a knowledgeable person, such as a consultant who is outside of their organization and has no contact with their family because it may be difficult for them to share their feelings of failure, conflict, anger or other emotional reactions.

It is possible that such emotions are a consideration for the people around them, "I don't want to worry", or a because of a sense of isolation, "There is no point of saying".

Therefore, when psychological upset is severe, it is desirable to do carefully what you have done so far. Following is the list.

- Even though there are emotions that are difficult to face themselves feeling (grief and aggression, and sense of helplessness), such emotions are natural reactions considering the experiences they are enduring.
- It is meaningful to take time to care for their own feelings.
- When there is a severe sense of loss and powerless, it is meaningful to receive supports from friends, reliable people, and professionals.

1) Grief

In the case of encountering someone's death due to infection with COVID-19, because there is no chance of sufficient time for mourning and face-to-face contact, it is known that severe stress situation called prolonged grief has developed. Experiencing a loss without having the opportunity to deal with the feelings of grief is called "ambiguous loss." However, it is pointed out that they are not aware of the feelings of grief, or cover up the feelings of grief in favor of normal work or other activities.

Therefore, we reiterate in this guideline, in the case of consultation for people who have such feelings of grief, it is recommended to deal with such feelings of grief because they are quite natural. On top of that, when emotional exhaustion (the feeling of not changing emotion), is found for example, decreasing judgment and concentration, sudden emotional reactions (sudden tears, emotional instability), and increase of confirmation act and repeating act, it

is meant that their physical and psychological exhaustion is likely to be influencing their life and jobs. Through giving gratitude, support for them to be able to pay attention for spending their own time while decreasing their sense of guilt.

2) Social isolation, Intense loneliness

In addition to physical isolation, nurses working with COVID-19 infections may possibly suffer from stigma and discrimination by fellow nurses (they are labeled as close contacts and therefore avoided), and self-stigma (labeling yourself as a close contact person). In such situations, they are likely to reject any relationship other than a job as a nurse working with COVID-19, and be suffering from loneliness. Therefore, at first the consultant can identify that the consultee is suffering with the feeling of loneliness and isolation, and coping with infection measures, then propose/introduce the way to link with somebody (communication with reliable friends and families by online).

Furthermore, when nurses become COVID-19 positive or false -positive patients, they are placed in an isolated situation such as being hospitalized or staying home. Along with the fear for their own lives, they may also feel anxious about their possibility of involvement in nosocomial infections, and feel guilty about the extra work burden their isolation brings to co-workers. Even in this case, a severe sense of loneliness can result from social isolation. Therefore, it is essential to keep in touch with reliable friends in the working unit and get some information about the current situation in the unit. After listening carefully, explain to them that it is not necessary to blame himself or herself because becoming positive or false positive person is possible and could happen to anyone.

3) Depression, Suicidal thoughts

In the case of consultation from consultee who is rejecting relationships with people around them, some cases the sense of grief and isolation remains even though they have tried the methods mentioned in the previous 2 items. In such a case, they may be in severe depression and feeling worthlessness, that is a more serious psychological condition.

When you find out such condition in the call or e-mail, it is necessary to make sure whether the consultee threatens harm to themselves or others or not.

Ex: "I understand Mr/Ms.xx from your talk that you are really suffering and are

very lonely. In such situation, somebody thinks that it is meaningless to live and he/she just wants to die. Have you Mr/Ms.xx felt such feeling so far?"

If they are having suicidal thoughts, there is a need for a suicide risk assessment. Make sure to (1) establish the history of suicidal thoughts or attempts in the past, (2) determine whether or not there is a specific plan for suicide (do they actually have the means and how lethal is it), whether there is a sense of urgency (for example they will kill themselves if x doesn't happen soon), and whether there is social support (is there anyone who they are willing to contact for additional help). Specifically, please refer to the items in the Cabinet Office documents in the literature list (last page) of this guideline.

If there is an urgent situation for the caller who wants to kill himself/herself right now and has already prepared the practical method and place, it is important to secure him/her to safety and to call the police without hesitating. It is not necessary to get agreement from the caller. When you are in such a situation in receiving consultation by the call, offer supports by memo and chat function of cell phone. Then while you are talking with consultee as always to gain time, supporters call the police and explain the situation.

4) Strong distrust, anger, and destructive thoughts

It is possible that some consultees may have strong distrust and anger towards the organization or nursing managers because they are forced to take on roles beyond their own, or to solve problems that cannot resolve on their own.

First of all, listen carefully, clarify who and what is the target of the anger, and then support consultees so they can sort out their own feelings. In addition, talk them If they are forced to take on roles beyond on their own, it is natural reaction that not only they have but also everybody can feel anger in such a situation. Therefore, it is not necessary for them to feel shame or guilt.

To avoid to becoming agitated by being involved in anger energy of consultees, it is good to keep the following points.

- Decrease your voice tone, respond slowly in a calm stable voice.
- Respond and keep in mind your own various feelings that arise because of the consultees' emotions.

In addition, recommend they spend time to heal themselves and find

supporters to solve their problems, so that they don't have to face the background of anger and suffering.

Responses to anger and aggression also make a strong impact on the consultant. Therefore, by reflecting on the clinical scene while using process records and various reflection sheets, it becomes easier to create a situation in which the feelings and sensations are not ignored or denied. It is also beneficial to feed back (group reflection) with a peer who is also providing consultation.

If consultees show strong anger and express risk of harming others as the target of the anger, it is necessary to report legally depending on the effectiveness and the level of urgency. Refer to boxed article in next section.

5) When a referral to a mental health professional is needed

While a situation in which there is severe psychological upset, even if it contains emotions (grief, anger, helplessness) that are difficult to face it is important to remember that such emotions are a natural reaction according to person's experience. On the other hand, the consultee may feel that their psychological upset has a significant impact on their lives and interpersonal relationships. In addition, because of the economic influence of COVID-19, consultees are influenced by the impact that families and others may have been affected.

In the case of presenting severe psychological burden, consultees may identify that they need to be referred for support by psychological professionals. In these situations, by expressing gratitude and respect again, assist them to put their needs into words and it will be easier to answer the questions about their needs. By doing these processes, it will become easier for consultees to think about supporters and mental-health professionals as the method of healing themselves and giving gratitude.

In the case of referring, it is required for consultees to agree to be referred to mental health professionals. The situations in which reporting and calling should give priority over the consultees agreement or consent are when legal action is required (e.g., urgent risk of suicide or abuse).

There are specific examples of responses in the second half of LINK (page 18), but you can do the following.

- Explain reasons to refer to mental health professionals with your prospect about consultees.

“Spending secured time and environment will speed up the recovery from psychological crisis.”

- Prepare for options that are easy to receive.

“I would like to refer you to consultation services for xx that is your concern, medical institutions to care for psychological conditions, mental health care services.”

- Respect their decision if they don't want a referral.

“I see. I will refer when you think about consulting in the future, Please contact when you need the support.”

*****About professional consultant counter*****

In the crisis situation, as a result of continued high levels of anxiety and stress, as well as significant changes in previous lifestyles, there is concern in home and abroad that there is an increased the risk of abuse, DV (domestic violence), workplace harassment, and the risk of suicide. Particularly in situations like this time, where contact with people must be avoided, it is easy for significant changes to occur in relationships with people, and in addition, it is difficult for others to see what is actually happening in the home and workplace.

In the consultation if there are concerns with the risk of abuse, DV, workplace harassment, and increasing the risk of suicide, it is important to refer for consultation services. After appreciating their consultation, it is recommended to talk about the reason why you decide to refer to other services and provide a professional consulting service. In following sites, there are the lists of consultation services nationwide and each prefecture. Please use it as a reference for your referring.

[Suicide] Ministry of health, Labor and Welfare (MHLW), telephone consulting for suicide countermeasure (Helpline of mental health, Helpline, Federation of Inochi-no-denwa, Child Line)

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/seikatsuhogo/jisatsu/soudan_tel.html

[Child Abuse] MHLW Child Abuse Prevention measures

(List of Child Consultation Center nationwide)

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kodomo/kodomo_kosodate/dv/index.html

When dialing #189 (Dial for response abuse in Child Consultation Center), connect to the Child Consultation Center in your local area.

[Harassment] MHLW Harassment consultation room <https://harasu-soudan.mhlw.go.jp/>

[DV] Gender Equality Bureau Cabinet Office About DV Consultation

http://www.gender.go.jp/policy/no_violence/dv_navi/index.html

DV Consultation+(plus) <https://soudanplus.jp/>

5. The importance of self-care of the consultant themselves (the person who gives consultation)

Most of people who provide consultation support from outside the organization are supposed to deal with their other duties concurrently. In the midst of the heavy burden of dealing with the organization you belong to, it must be an extremely heavy psychological burden to take on additional consultation work.

At first, all the writers of this guideline would like to express sincere appreciation and respect for readers of this guideline who are supposed to deal with such consultation-support.

Those who support supporters as nurses will have at least two roles, and should be supported within the limits of time and interest. Therefore, it is important to have a basic stance of not overdoing anything. In addition, it is very important for consultants to improve their daily lives by self-care with dealing with consulting work. Self-care helps people to maintain their judgment, which leads to high-quality consultation support, and above all, it improves the mental health of the person who is receiving the consultation.

As I mentioned at the beginning, the person receiving the consultation is also human so that they are not universal in many ways. Furthermore, even though consultants "receive the consultation", it is not the goal that the person receiving consultation can solve the problems of consultees. The goal is the support that they can realize their internal resources and external resources and support to find out some solutions and options. The consultees themselves choose the solution that they can do and promote it.

There is also a psychological burden on those engaged in supporting-supporters. Sometimes the story of which the consultee speaks stimulates your experience. There is, and we know that interpersonal support workers, such as nurses, are often required to express empathy for others through their jobs. Then if they continue to empathize in an environment where they do not receive any support and supervision, they will experience an exhaustion of emotional energy called compassion fatigue.

It is quite possible that the person receiving consultation may also suffer from compassion fatigue, so it is effective to have opportunities and practice of reflection and group reflection, as situations to feed back the consultation situation and to heal themselves. Besides, it is also efficient to receive supervision and peer-supervision so as not to hold on to difficult situations by themselves. If you, the reader, are a certified nurse specialist, you can use networks of The Japan Academy of Certified nurse Specialist and graduating school effectively.

In any case, it is necessary to try to avoid people who provide consultation to maintain confidences or to avoid becoming self-satisfied. By doing so, it leads to maintaining and developing the mental health of those who receive consultation, development of the techniques to provide consultation, and moreover, leads to satisfaction and happiness of consultees.

In that sense this guideline itself was developed with the aim of being able to contribute to the consultees.

(Appendix) 11 Points of Consultation-Support for Medical Workers Dealing with COVID-19 from Outside of the Organization

1. Safety and Comfort: Provide Security and Comfort (It is important for supporters to be safety and comfort)
2. Respect and Appreciation: Keep in mind to convey the feeling of respect and appreciation from the beginning to the end of encounter.
3. Resonance for Ethical Dilemmas: Express there are understandable natural reaction to have the sense of mission and futility.
4. Focus on the "Here and Now": Focus on what is most important right now and what they need help with, and listen to the consultees.
5. Use Strength: Focus on the strength in internal and external resources of consultees, and support for them to be able to use their strength.
6. Individuality: Confirm with the consultees what the person who receives consultation understands and respects their experience and personality.
7. Avoid Trauma: Suggest ways to avoid further trauma or re-experiencing the trauma for the consultees.
8. Provide Knowledge and Information depending on the situation: Even if useful knowledge and information are found, focus on whether the consultees are able to accept (or understand) the knowledge and information or not, and prioritize timing and the psychological situation of them.
9. Deal with Strong Emotions: If a person is struggling with strong emotions (grief, anger, loneliness), turn to self-treatment and praise to help stabilize them.
10. Communication with Social Supports: Encourage connection with social supports.
11. Modeling: Those who receive the consultation themselves show mutuality by appreciating themselves and promoting self-care, and support with paying attention for being easy to approach phonologically and becoming a familiar model for them.

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