What Is the Psychological Impact of the COVID-19 Pandemic on Social Workers?

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Abstract

At the start of the 2020 Corona Virus disease 2019 (COVID-19) pandemic in Canada, many social workers throughout Canada worked on the frontlines, providing essential services in hospitals, long-term care facilities, shelter systems, the social services sector, and the criminal justice system, as their places of employment were deemed essential services. This presented often confusing situations for social workers; who were faced with the challenges of simultaneously complying with crisis-level provincial and federal safety guidelines and mandates, directives from their regulatory bodies, and protocols from their employers, while keeping themselves and their families safe and healthy as they continued working with clients. The following paper discusses the precarious situations faced by frontline social workers, the psychological impact of the COVID-19 pandemic on them, and we offer recommendations to support frontline social workers' mental health during this and future pandemics.

Keywords: frontline social workers, COVID-19 pandemic, psychological impact, vicarious trauma

This reflective paper presents the authors' perspectives on the impact of the COVID-19 pandemic on social workers stationed in frontline establishments or essential services. As registered social workers in Ontario, we bring our experiences and knowledge from many years of work in various sectors to our reflections. Two of the authors are practicing social workers in Ontario, working in diverse settings, while the third is now in academia. We recognize that the sudden onslaught of this pandemic became a call for action by several stakeholders: the provincially licensed regulatory bodies that oversee social work practice in each Canadian province, all provincial and territorial governments, and the federal government. Our reflections in this paper are guided by our past and present work and experiences, colleagues who have given us firsthand information, and daily media releases and scholarly literature on frontline workers during the COVID-19 pandemic. With our value of social justice, we recognize the need to share these experiences to learn and advocate for the psychological support of social workers at the frontlines.

On January 30, 2020, the World Health Organization (WHO) declared the 2019 Corona Virus Disease an *international public health emergency* (WHO, 2020; our italics). The disease was first reported in China in December 2019, and since then has continued to spread globally; affecting many countries throughout Europe, North American, South America, and Asia, many severely, and with cases still surging (Lai et al., 2020). As of July 4th, 2020, data from the WHO showed more 10.9 million confirmed cases worldwide, with the highest increases in North and South America, with nearly 5.58 million cases in these regions (Graham, 2020). When reports first began to emerge in January 2020 about a mysterious virus that was rapidly spreading, no one in Canada,

including our federal, provincial, and territorial governments, and public health officials, seemed to know what to do (The Canadian Press, 2020). Globally, every country was struggling without clear guidelines amidst growing uncertainty. Ducharme (2020) reported that on March 11th, 2020, this confusion was further compounded when the WHO deemed COVID-19 a *pandemic* [our italics], thus escalating this previously labelled *international public health emergency* to a world-wide crisis and global state of emergency. Social workers in all sectors throughout Canada suddenly found themselves grappling with confusing guidelines, as governments and their respective employers struggled to find the best practices to proceed with services during this pandemic.

As social workers in Ontario, we practice in a variety of sectors: health care, private practice, homeless shelters, social assistance programs, group homes, and community health centers. Before COVID-19, our work practices were guided by clear agency mandates and protocols that were supported by the expectations of our regulatory bodies, the Ontario College of Social Workers and Social Service Workers (OCSWSSW) and the Ontario Association of Social Workers (OASW). As a result of the COVID-19 pandemic, government mandates have superseded those of our regulatory bodies. The uncertainties of how to practice during COVID-19 has caused anxiety among many social workers as they strive to adapt their daily tasks; by having to navigate between and comply with directives and mandates from the government and directions from their agencies and places of employment. The ongoing stress in our work lives and the uncertainty of not knowing what to expect from one work day to the next can result in feelings of immense stress and anxiety, along with the ever-present daily

worry of possibly becoming infected ourselves.

On March 20, 2020, the OCSWSSW announced that its members-those social workers registered with the college-needed to consider "suspending all non-essential services performed by social workers" (OCSWSSW, 2020). Members were advised to use their professional judgement to determine which of their services were essential, based on their employment setting, sector, and the client populations they were serving. Further, members were encouraged to engage in discussions with their employers or organization to which they provided services, in order to reach a decision on which services are considered essential or non-essential.

Psychological Impact of COVID-19 on Social Workers

In the Canadian health care setting, social workers are among the multidisciplinary team in hospitals that respond to emergencies. Because they provide services to dying patients and their families, some of whom are infected by the COVID-19 virus, these social workers are susceptible to direct exposure to the virus. Therefore, it is imperative to examine the psychological toll of the COVID-19 virus on social workers. Studies on the 2003 SARS (severe acute respiratory syndrome) outbreak in Canada, Taiwan, and Hong Kong have discussed how the battle against SARS led to huge psychological stress, including depression and anxiety among frontline health care workers (Chong et al., 2004; McAlonan et al., 2007; Sim & Chua, 2004). In a 2020 journal article commentary based on health care workers' experiences from the 2003 SARS outbreak and early reports regarding COVID-19 in China, Wu et al. (2020) noted that workers on the frontline of a pandemic carry substantial mental health burdens while navigating their personal and family life. Sources of stress for frontline

workers include, but are not limited to, feelings of vulnerability or loss of control, concerns over their personal health and the health of their family, changes in their work responsibilities, and isolation. Another 2020 study conducted amongst 1,257 healthcare workers across 34 hospitals in China, where COVID-19 was first identified, authors found a substantial number of participants reported symptoms of anxiety, insomnia, depression, and distress (Lai et al., 2020).

Various types of psychologically stressful events associated with vicarious trauma among nursing staff have been reported during the COVID-19 pandemic in China (Li et al., 2020). Health care workers who performed hospital duties on a day-to-day basis in China and returned home demonstrated increased risk of developing psychological distress as a result of fear of transmitting the disease to their own family members (Chen et al., 2020), especially elderly family members with preexisting chronic conditions at high risk of succumbing to the infection Tan et al. (2020) examined psychological distress experienced by health care workers in Singapore during the COVID-19 pandemic, comparing medically and nonmedically trained hospital staff. The study found that the nonmedical health care personnel were at the highest risk for psychological distress during the pandemic. The authors suggested early psychological interventions targeting this vulnerable group could be beneficial.

Gearing et al. (2007) conducted the only Canadian research study ever done that focused on frontline social workers in hospital settings. The study focused on the unique perspectives of social workers practicing in hospitals affected by the 2003 SARS outbreak. It identified the social worker's practice skills in the hospital setting during the crisis, such as advocacy, knowledge of health care and social service system, using a family-centred approach, and

being guided by social work ethics that supported their practice in a crisis environment .While this study contributed to the knowledge base of how social workers in hospital settings effectively managed their role during the SARS outbreak, it did not address the psychological impact of the outbreak on frontline social workers who participated in the study.

Social Work and Health Care

In health care settings, social workers typically assist patients, individual clients, and families to navigate health care and social assistance systems through interventions of advocacy, referrals, and mediation. In the wake of COVID-19's rapid spread, one of the most dangerous public health crises to affect Canadians, frontline social workers must prioritize the needs of those most vulnerable to the virus, particularly elderly populations in long-term care facilities, the homeless, and other marginalized populations. Alongside physicians and nurses in hospitals and long-term care facilities, social workers are core members of palliative care teams for those with chronic or end-of-life conditions. In our diverse work experiences as frontline social workers, we usually processed complex client issues with colleagues during a debriefing meeting with our team leads and management before the end of each day. According to one of the author's current experience in social services, the current challenges of COVID-19 measures on physical distancing and the unpredictability of frontline workers' daily schedules, which often includes longer than normal work hours and various levels of redeployment. As a result, debriefing is currently not deemed a priority. Without face-to-face meetings, debriefing must be done by telephone and videoconferencing.

Essential Social Work Services

Colleagues working in other social service agencies that provide essential services in group homes, correction facilities, and homeless shelters have shared with us that they are doing the best that they can to adhere to public health guidelines and their agency's mandates while they continue providing services. Toronto Public Health, for example, has implemented protocols and guidelines to ensure social distancing is maintained within social services and shelter systems (Toronto Public Health, 2020). We have heard from colleagues working in these sectors that the current public health safety measures do not appear to be the best solutions for these agencies. For example, it is impossible to maintain social distancing in congregate settings such as in shelters and group homes. People in congregate settings may sleep apart, but it does not stop them from mingling when they are awake. Frontline social workers in these agencies are having to competently navigate their day-to-day work responsibilities under the stress of fearing they may contract the virus themselves. Toronto's Mayor spoke on the measures that are being implemented by the city to ensure client populations in shelters are moved to temporary housing and hotels in order to support the containment and spread of this virus (Vincent, 2020). While this measure may promote greater social distancing among client populations and reduce the possible transmission of the virus between clients, it does not improve the safety for the social workers attending to their clients in these temporary residences.

Social Work and Long-Term Care Facilities

Social workers in long-term care facilities face added stress due to limited supply of personal protective equipment (PPE), including N95 masks, which are deemed to offer the best protection against the COVID-19 virus. According to a recent report by Canadian military personnel, who were deployed to work in long-term care facilities in Ontario, these facilities had been

most affected by the pandemic, accounting for more than 8 out of 10 COVID-19 related deaths in Canada (Stephenson et al., 2020).

Social workers in long-term care facilities faced added stress, not only as a result of limited access to PPE, but from feelings of grief related to the increasing death toll among long-term care residents. A study by Li et al. (2020) highlighted that nurses struggle with the loss of their patients, an experience that can have traumatizing effects on their psychological well-being. This finding is corroborated by Zhai and Du (2020), when they reported that increased COVID-19 death rates left frontline workers in a state of distress. Outside of hospital settings, long-term care facilities suffered high rates of COVID-19 deaths. In Canada, more that 80% of COVID-19 deaths have occurred in long-term care facilities (Coletta, 2020). Frontline social workers are employed in these settings where they must confront the death of their clients. Although the experiences of frontline social workers stricken with grief due to COVID-19 are rare in the literature, personal accounts from those working in long-term care facilities reveal that a sense of powerlessness is felt when clients pass away within hours of each other. In some cases, social workers experienced vicarious trauma when communicating with the families of the deceased. Strategies to support the mental health of these workers is vital, as their service throughout the pandemic is categorized as essential.

Social Work and Virtual Communication

As with most workplaces in Canada and beyond, social service agencies have watched normality dissolve. Many social service agencies have temporarily closed or have replaced in-person meetings with clients with telephone and virtual communication through emails and video calls (Palmer, n.d.). Some clients are struggling with personal crises and urgent concerns, ranging from anxiety surrounding the pandemic,

unemployment, and difficulties accessing COVID-19 tests for themselves and their loved ones. It is stressful and challenging for social workers in these circumstances to provide reasonable services when they too have experienced an abrupt shift; where traditional in-person service has been replaced with using technology to engage with clients, when many of them have had only minimal training with various technologies. One of the authors currently working with a social services agency shared that some workers have been directed to stop in-person client service delivery, as part of the public health measures to contain the spread of COVID-19. However, implementing alternative services adds another new and challenging aspect to a social worker's daily responsibilities and quite likely, another mental stressor. Our Code of Ethics says that we should not provide services unless we are *competent* [our emphasis] to do so (OCSWSSW, 2018, p. 11), yet many social workers who have not received adequate training in using videoconferencing and other communication technologies for working with clients are required to do so during this pandemic.

Recommendations

Based on our professional experiences, information shared with us by colleagues, grey literature, and COVID-19 related studies we have reviewed, we are of the opinion that research needs to be conducted alongside social workers in Canada to learn from real-time experiences of how providing frontline services during this COVID-19 pandemic has adversely impacted their mental health. Advocacy by key social work regulatory is necessary to ensure that funding for this research is made available. We believe this is an urgent need and that research should begin as soon as possible. If research is undertaken while this pandemic remains an active, daily crisis in Canada, results could lead to the development of

timely comprehensive plans and targeted protocols that could be initiated relatively soon, minimizing the current psychological impacts of frontline social workers, as well as becoming a foundation for handling a possible second wave of COVID-19 better than we have handled the first. It will also help to establish a foundation of preparedness for future pandemics.

Given our collective experiences in the field, we think the best place for decision-making is at the agency level, where firsthand knowledge of workplace demands and resources is known in detail, supported by our regulatory bodies. We consider it essential that our regulatory bodies ensure that their directions and communications align with those of the government and public health experts. In one of the author's experiences at a Toronto agency, social workers were part of the agency's crisis response team. A predetermined group of employees had volunteered to respond on behalf of the agency when a crisis situation presented itself. This team approach successfully guided the agency through these unexpected, difficult situations.

Conclusion

The mental health of social workers, particularly those working on the frontlines during health crisis and emergency, such as the current COVID-19 pandemic, should be prioritized. In order to serve their clients with the highest level of professional excellence, social workers themselves must be the healthiest they can be, both psychologically and physically. Having their own health well-established and maintained enables social workers to provide and deliver invaluable assistance to those in need, even when experiencing challenges and stress well-beyond their normal routines and environments. Additionally, moving forward, we would like to see social workers at the frontline included in crisis response planning.

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