

**YOUR VIEW**

## Helping mental health workers to help others

The past two years have been extremely challenging for most of us. For me, the backlog of cases due to the pandemic, the influx of patients affected by COVID-19, along with my active teaching schedule, not to mention the stress of all of the unfortunate deaths, several of whom were my close friends. I was unarguably “time bankrupt” when I received the long-distance call from a woman with a heavy accent. “Hello doctor, this is Ewa from Poland and we need your help. We are burned



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up here.” (She meant burned out.)

Ewa is a middle-aged psychiatrist who remembered me from a lecture I gave in Warsaw years ago. She continued, “We need some of your strategies to help us keep our heads.” She was referring to the deluge of Ukrainian refugees — some 3 million of them — who entered Poland and other neighboring countries in the flight from their native land.

Many of these refugees suffered terrible traumatic stress and grief over the loss of their homes and family members, not to mention their freedom and dignity. This request couldn’t have come at a worse time for me, but I was moved by Ewa’s stridency. She and a number of her colleagues arranged for my virtual seminar to be available to mental health professionals in Poland, Ukraine and surrounding nations.



Mental health workers risk burnout and emotional fatigue as they face gut-wrenching cases such as those involving refugees from war-torn Ukraine.  
**MARKUS SCHREIBER/AP**

Ewa's plea for help was not extraordinary. Many of my colleagues in the U.S. and elsewhere were experiencing what is known in our profession as burn out or compassion fatigue. Those of us who work in the trauma field all know (and often treat) professionals who experience symptoms similar to the ones they are attempting to treat in their own patients. Such "secondary effects" can happen when one takes on too many intense cases at a time, overwhelming their own capacity to maintain their emotional health and stay effective.

As a feature of their jobs, crisis workers are repeatedly exposed to extreme, psychologically toxic situations. The toll stress takes on crisis workers can be severe.

Crisis workers are at risk for anxiety disorders, drug and alcohol abuse, other addictive behaviors, marital and family problems, depression and suicide.

Teaching professionals how to become aware of the warning signs that their work is undermining their health is not easy, because helpers are typically too focused on saving others to attend to their own needs. When I consult with such practitioners, the first thing I teach them is to take their own emotional temperature on a regular basis and to inquire about their colleagues' status as well. Recognizing when one is overwhelmed is essential and having a trusted colleague ask about that can normalize it, making it possible to examine one's status frankly.

The second step is to teach them to practice being mindful as a measure to prevent burnout rather than to wait to intervene

after signs and symptoms have already set in. I remind them that they're as vulnerable as anyone else to developing untoward effects when exposed to constant stress.

Then I delineate the first signs of overexposure to stressors such as: frequent fatigue, becoming irritated over minor issues, inability to relax, lack of patience or tolerance, lack of interest or time for socialization or engaging in recreational activities and a general sense of apathy. The tricky part is teaching them how to effectively compartmentalize or suppress their own emotions so they don't become overwhelmed. I use the analogy of being like a partially frozen sponge that only absorbs so much water, urging them to avoid becoming saturated. I teach them to psychologically inoculate themselves or build mental antibodies before they become inun-

dated with emotion.

These things seem simple, but they are not easy to do, particularly when dealing with tragic situations like the ones that exist in Ukraine. One Ukrainian psychologist told me she was working with a 15-year-old girl who lost her house and her entire family when a missile struck her neighborhood. She was the sole survivor of the blast. She was subsequently trafficked and raped and became pregnant with the child of an unknown perpetrator. The girl was torn about giving birth to a child for whom she had mixed feelings, and still reeling from the death of her family members. She attempted suicide, later saying she felt it was the only way out for her. The psychologist told me she could barely remain stable and maintain her own focus in working with this young girl.

Faced with many gut wrench-

ing stories such as this 15-year-old's can take its toll on any human being, no matter how tough they are.

The focus remains on aiding professionals to find the right pace and balance of their work, based on their tolerance level. And I try to help them to deal with feelings of shame if their tolerance levels are low and they are unable to do as much as some of their colleagues. To keep going these committed professionals need reassurance that, even if they are able to help only a few survivors, they have already made an important difference in reducing human suffering.

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