

variables that mediate stress response: confidence in support and training; ability to respond adaptively; coping style; and interpersonal relationships. A computer-based resilience training module was developed to address these four aspects and the findings showed that it could lead to better stress response (Maunder et al., 2010). Alternatively, didactic education sessions focused on coping skills resulted in participants reporting that they feel better prepared to cope with the pandemic (Aiello et al., 2011).

During the ongoing COVID-19 pandemic, the WHO has released guidelines for various psychological interventions, including psychological first aid (PFA) and an overview of essential knowledge that humanitarian health actors should know about mental health and psychosocial support (MHPSS) in humanitarian emergencies for frontline health workers. Additionally, the WHO has also developed an evidence-based self-help intervention called Self-Help Plus (SH+), based on principles of Acceptance Commitment Therapy, that can be adopted in a virtual format (Yang et al., 2020). Psycho-education or training-based interventions such as the Ultra-Brief Psychological Intervention (UBPI) was also adapted to the needs of COVID-19, and enabled practitioners of UBPI to deliver specific psychological skills to clients in Malaysia (Ping et al., 2020). There remain few studies evaluating these types of interventions to address psychological distress among frontline health workers in LMICs, highlighting an urgency to advance research in this area to bolster frontline health workers and support the COVID-19 response efforts.

Lastly, despite a plethora of platforms and resources, clarity in organizational guidelines and rapid responsive leadership remain critical in ensuring successful management of mental health challenges faced by frontline health workers during the pandemic. Particularly, preparation for moral dilemmas as well as routine assessment, reasonable task shifts and implementation of peer or buddy support systems are approaches that health systems can adopt to protect frontline health workers from added psychological stressors throughout the COVID-19 pandemic (Greenberg et al., 2020).

Conclusion

The COVID-19 pandemic has exposed many of the systemic insufficiencies in healthcare systems of many countries. In many LMICs, where the pandemic is only emerging, the burden on frontline health workers may be especially severe given the existing resource constraints, and underfunded and understaffed health facilities. One of the most salient problems being highlighted is not only the lack of mental health literacy among frontline health workers in utilizing skills such as self-resilience, but also the lack of mental health support from their governmental agencies and institutions. With frontline health workers such as CHWs representing the essential workforce for primary care in LMICs, more studies focused on the mental health and wellbeing of these health workers during and after containment of COVID-19 will be needed. Investigations into how to sustain this workforce and best prevent burnout should be prioritized and appropriate changes in policies and practice should be implemented. Furthermore, with the anticipated economic aftermath from the pandemic, LMICs could potentially increase support of CHW training programs to respond to shortages of primary care physicians in resource-limited environments. Lastly, leveraging the availability of digital platforms for psycho-education and resilience training for physicians can also be a viable strategy for supporting CHW training programs and offering mental health support to CHWs. More research, practice, and policy efforts will be needed to carefully evaluate the efficacies of digital resources in terms of both their short term and long term impacts on CHWs. The mental health and wellbeing of frontline health workers will be central to ensuring a sustainable response to this global health crisis.

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