



# Holistic Supports for Street Nurses and Front-line Workers during the COVID-19 Pandemic

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## Abstract

Street nurses who serve people experiencing homelessness and substance abuse are at risk of vicarious trauma and long-term mental health challenges. These risks have increased during the COVID-19 pandemic due to a concomitant spike in opioid overdoses and deaths in Canada, fewer available support services and worsening social challenges. This article describes innovative interdisciplinary and participatory research currently being undertaken to develop and evaluate a multifaceted support program to promote the holistic well-being of street nurses and their front-line colleagues.

## Overview

Nurses and other front-line workers, such as personal support aids, harm reduction workers, peer support workers and social workers (hereafter referred to as “nurses and front-line workers”), who engage with people experiencing homelessness regularly face traumatic and complex situations that can negatively impact their mental well-being. The social context within which these street nurses and front-line workers provide care is also challenging due to a chronic lack of affordable housing, mental health and addictions services, and an ongoing opioid overdose epidemic. Their stress has been heightened by the direct impacts of the COVID-19 pandemic, a concomitant spike in opioid overdoses and deaths and a lack of support from community agency partners due to pandemic restrictions. This has created an urgent need for effective interventions to support and protect their well-being, including from an increased risk of experiencing vicarious trauma and related complex mental health disorders.

Ottawa Inner City Health (OICH) provides integrated healthcare services through a harm-reduction approach to people in Ottawa, Ontario, who experience chronic homelessness and/or are vulnerably housed and may have multiple complex needs including significant mental illness, substance abuse and physical health issues. This article describes a collaboration between OICH, an interdisciplinary research team and several community groups to innovate, implement and evaluate a multifaceted support program to promote the holistic (mental, physical, social and spiritual) well-being of nurses and front-line workers during the COVID-19 pandemic. Based on our evaluation, we will develop a framework for adapting and scaling up implementation of these supports in organizations providing healthcare to people experiencing homelessness and substance abuse across Canada.

## The Mental Health Risks of Providing Care in the Homelessness Sector Before the COVID-19 Pandemic

In the homelessness sector, nurses and front-line workers serve clients within the context of major social inequities, such as a lack of affordable housing, lack of access to mental health and substance abuse services and a toxic supply of illicit drugs. They commonly work within a harm-reduction framework aimed at reducing health and social harms experienced by clients. Many have chosen to work in this sector because they have an emotional connection to the clients' experiences (Cobb 2020). In this context, these care providers' (particularly peer support workers') credibility and effectiveness may be bolstered with clients by drawing on their own experiences and transformative processes (Barker and Maguire 2017; Miler et al. 2020). At the same time, this may place them at increased risk of developing mental health challenges (Shalaby and Agyapong 2020).

Nurses and front-line workers are at particular risk of experiencing direct trauma, heavy stress burden (Lemieux-Cumberlege and Taylor 2019; Petrovich et al. 2020; Schiff and Lane 2019) and vicarious (or secondary) trauma that can lead to mental health challenges (Branson 2019). Four types of symptoms have been associated with vicarious trauma: intrusive thoughts and imagery, hyperarousal, avoidant behaviours and negative changes to cognition, including a perception that the world lacks safety (Baird and Kracen 2006; Branson 2019; Schiff and Lane 2019). These symptoms commonly align with those of post-traumatic stress disorder (PTSD), but instead of arising from the direct experience of trauma, they arise over time through vicarious or secondary exposure to traumatic events (Pearlman and Saakvitne 1995). These impacts may be experienced professionally through lowered job satisfaction, increased job turnover and reduced empathy for, and work effectiveness with, clients (Bride and Kintzle 2011; Cosden et al. 2016; Johansen et al. 2019). Limited research exists specific to nurses and front-line workers in the homelessness sector. However, a recent study identified that 24% of participants, who included street nurses and diverse front-line workers, experienced “burnout and vicarious traumatization at levels sufficiently elevated to indicate that they should step back from their present responsibilities” (Schiff and Lane 2019: 457).

### **Ottawa’s Homelessness Community and the COVID-19 Pandemic**

On March 11, 2020, Ottawa Public Health reported the city’s first case of COVID-19 (CBC News 2020a). Although major outbreaks of the virus were not reported within Ottawa’s shelter system until early 2021, nurses and front-line staff began to report increased overdose deaths soon after the virus began to spread in the city (Goodwin 2020). This spike in overdose deaths has been an unexpected result of the COVID-19 pandemic in Canada (Karamouzian et al. 2020; Neto et al. 2020). In Ontario, overdose deaths rose by 25% between March and May 2020, compared to the same period in 2019 (CBC News 2020b), with similar increases seen across other provinces (Schmunk 2020). Various reasons may explain the spike including lack of basic health and social services, social isolation during drug use with limited supports to treat overdoses, the unintended effects of certain financial support programs, reduced capacity at supervised consumption sites and a more limited but toxic supply of illicit drugs (CBC Radio 2020; Cullen 2020; Ferreira 2020; Government of Canada 2020).

In early 2021, the first major outbreak began at an Ottawa shelter when two residents who were living there contracted COVID-19 while also working in multiple long-term care homes (Molina 2021). Within weeks, there were six active outbreaks in Ottawa’s shelter system (Kupfer 2021). In addition to providing its regular mental and physical health services within many of the shelters, OICH opened a second isolation centre to accommodate the high numbers of clients

who had tested positive or were awaiting COVID-19 test results. Reaction to the shelter outbreaks was mixed with OICH staff receiving negative public commentary regarding their management of the second isolation centre (Panico 2021).

Early into the pandemic, as staff workloads and stress from increased drug overdoses increased, OICH began to experience absenteeism and a loss of staff at an unprecedented rate due to medical leave and staff decisions to seek work in less impacted work environments. Staff reported symptoms of vicarious trauma and psychological distress related to the overdoses and deaths. A key concern was that clients lacked meaningful access to mental health services and supports, which had contributed to an increase in violence and secondary trauma in some cases. Staff described feeling overwhelmed by client needs. In their fatigue and self-described burnout, they reported a sense of emotional devastation, feeling alone in their concerns for clients and, in some cases, shutting down to the suffering clients experienced.

Many nurses and front-line workers were deeply concerned about the systemic inequality and human rights abuse they saw clients experiencing that they were largely powerless to prevent. In addition to the pre-existing chronic lack of affordable housing and supportive services, they were concerned that inadequate resources had been allocated for limiting the spread of COVID-19 in the homeless community and that early response to the outbreaks had, in some cases, been inhumane. For example, the city temporarily allocated a former jail as the second COVID-19 isolation unit, which triggered emotional anguish and stress for some staff (with lived experience) and many clients who had been previously institutionalized or incarcerated.

### **The Mental Health Impact of COVID-19 on Providing Care in the Homelessness Sector**

Existing risks to the mental health of nurses and front-line workers have been undoubtedly exacerbated by societal and workplace impacts of the COVID-19 pandemic. In part, this has been due to the nature of COVID-19 as an infectious disease and the additional challenges it presents in many healthcare settings, including longer working hours, reduced work–life balance and limited institutional resources (Raudenská et al. 2020). Emerging literature suggests that stress-related disorders and psychological distress have increased among nurses and front-line workers since March 2020, particularly those caring for clients with, or at high risk of, contracting the illness (Benfante et al. 2020; Dobson et al. 2021; Gómez-Salgado et al. 2020; Laupacis 2020; Pappa et al. 2020; Ruiz-Fernández et al. 2020). Factors that increase mental health risks for nurses and front-line workers include experiencing work-related stigma (Bell and Wade 2021), exposure to COVID-19 patients and high workload (Muller et al. 2020), having pre-existing

personal experience of trauma (Arpacioglu et al. 2020) and a high sense of commitment to work (Vagni et al. 2020).

The mental health impacts of pandemics such as COVID-19 may be profound and long-lasting (Busch et al. 2021). Studies from previous pandemics suggest that these may include ongoing mental health challenges including anxiety and depression, sleep disturbance and PTSD (Busch et al. 2021; Zaka et al. 2020). Thus, there is an urgent need to monitor and support nurses' and front-line workers' mental health and wellness in the homelessness sector now and as the impacts of the pandemic recede (Busch et al. 2021; Zaka et al. 2020)

### **OICH's Workplace Mental Health and Wellness Strategy**

Before the pandemic, OICH along with community partners identified a need to strengthen the mental wellness supports it offered to street nurses and front-line workers. Through a community partnership, holistic wellness retreats were developed and pilot tested with front-line workers from OICH and other organizations serving people experiencing homelessness and substance abuse. The retreats were made available to the workers at no cost and were grounded in a holistic approach to wellness and healing based in both Indigenous and Western traditions. They were aimed at supporting mental, spiritual and emotional needs and addressing trauma, grief, moral distress and burnout experienced by workers serving street-involved clients (Soul Space 2019). Various therapeutic modalities were offered, including massage therapy, yoga, therapeutic touch, sharing circles and healing ceremonies led by an Indigenous counsellor, nature-based experiences and opportunities for personal and spiritual reflection (Soul Space 2019). The retreats were well attended, and an informal anecdotal evaluation revealed that all participants felt that they were helpful in acknowledging the grief and stress in their work and encouraged self-care. Participants particularly found being in nature, mindfulness meditation, sharing circles and fire ceremony beneficial. They reported improvements in mental well-being and expressed a desire for continued and regular engagement. Although the long-term impacts of these pilot retreats have not been assessed, a recent systematic review on the health impacts of retreats reported benefits including improved mental health and spiritual outcomes immediately after and up to five years post retreat (Naidoo et al. 2018).

Recognizing the mental health risks posed by COVID-19, OICH implemented further evidence-based interventions to support worker wellness beginning early during the pandemic. These included (i) weekly, remote check-ins with a psychiatrist and mental health nurse specializing in homelessness and substance abuse to offer psychoeducational supports, (ii) daily, remote workplace "huddles" and (iii) requested individualized psychotherapy (Bradley et al. 2005; Lewis et al. 2018). However, various challenges and barriers were experienced in offering

these interventions in the COVID-19 and physical distancing context. For example, although staff expressed the need for mental health services, rising distress, fatigue and absenteeism resulted in limited engagement in the various mental health services being offered only in a virtual format. Planned weekend residential retreats were also cancelled due to social distancing restrictions. Given this, OICH and its partners recognized a need to identify and adapt holistic supports that are safe, feasible and aligned with the workers' articulated needs.

In the summer of 2020, we, as researchers at the University of Ottawa, OICH and community partners applied for and successfully received an operating grant from the Canadian Institutes of Health Research COVID-19 Mental Health and Substance Use Service Needs and Delivery program for a study. This participatory mixed-methods study, entitled "Adapting Mental Health Resources to Support Frontline Workers Who Provide Care to Homeless and Street-Involved Communities Affected by COVID-19", has the primary aim of addressing the mental health and wellness needs of nurses and other front-line workers. We will adapt the delivery of the wellness retreats and OICH supports to the context of the pandemic and evaluate their impacts on workers' mental, social and emotional well-being and workplace quality of life. Within this study, we plan to develop a framework for adapting and scaling the delivery of mental health supports for healthcare organizations serving homeless and street-involved communities across Canada.

Our study has a participatory, pre/post mixed-methods design involving four phases (Table 1). An advisory group, assembled from the outset of the project, comprises three research staff members (one with lived experience) and three OICH front-line workers (a nurse and mental health team lead and two peer support workers). Involvement of this advisory group is critical to develop trust between the research team and the nurses and front-line workers to support their uptake and engagement in the research project, to plan implementation of mental health supports and to provide context and guidance for data analysis and dissemination.

Phase 1 of the project began in February 2021 and included the pre-implementation survey, focus groups and interviews with diverse professional groups at OICH to better understand mental health needs and their preferences for supportive interventions. To date, there has been a strong and positive response by participants to engage in the study, share their experiences and suggest relevant and accessible mental health supports for implementation. Beginning in fall 2021, nurses and front-line workers will have the opportunity to participate in one or more offerings of various supports developed to address their identified needs and preferences adapted to current COVID safety guidelines. Participants in

Table 1.		Phases of the study
Phase	Activities	
1. Planning and development	<ul style="list-style-type: none"> <li>• Recruiting, conducting and analyzing focus groups and interviews with up to 40 nurses and front-line workers</li> <li>• Pre-implementation survey: Professional Quality of Life</li> </ul>	
2. Implementation	<ul style="list-style-type: none"> <li>• Developing and delivering mental health supports for nurses and front-line workers</li> <li>• Documentary video production</li> </ul>	
3. Evaluation	<ul style="list-style-type: none"> <li>• Recruiting, conducting and analyzing interviews with up to 20 nurses and front-line workers who participated in mental health supports</li> <li>• Documentary video production</li> <li>• Post-implementation survey: Professional Quality of Life</li> <li>• Analysis of administrative (staff absenteeism and turnover) and intervention costing data</li> </ul>	
4. Scaling and dissemination	<ul style="list-style-type: none"> <li>• Framework developed for adapting and scaling intervention</li> <li>• Publications, conference presentations, documentary screenings and distribution</li> </ul>	

the supports will be invited to participate in a qualitative interview about their experience(s) and impact on their mental well-being. Pre- and post-evaluations of mental health and the work environment will take place using the validated scale called Professional Quality of Life, and administrative data will be analyzed to assess staff turnover and absenteeism. Finally, the supports will be evaluated for feasibility and costs of implementation, utilization and acceptability, and the framework will be developed for adapting and scaling their delivery. The findings of this research will be disseminated to local, regional and national public health departments, professional associations and the scientific research community, and will include a short documentary film highlighting study findings and stories from participants that describe how they experienced and responded to working with homeless and street-involved communities during COVID-19.

### **An Emerging Focus: Holistic Wellness**

As the research has proceeded, a key focus has been understanding what differentiates the quality and quantity of stress experienced by nurses and front-line workers in the homelessness sector compared to colleagues in other workplace settings in addition to the types of supports and approaches they consider helpful. An emerging focus has been the relationship between the concept of mental health and that of holistic wellness. In comparison to models that focus exclusively on mental or physical health, holistic wellness has been associated with concepts of harmony and an integration between different domains of physical, social, emotional and spiritual functioning (Lenzi et al. 2021). Notably, a wellness

approach was used to define health within the World Health Organization's Constitution as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (International Health Conference 2002). Wellness is considered a multi-dimensional concept that is commonly associated with strengths-based approaches that may seek to offset latent domains with interventions that pursue optimal wellness across multiple domains (Myers and Sweeney 2005).

This strengths-based approach aligns with emerging research that suggests that capability-promoting interventions, combined with measures such as effective workplace supervision and traditional mental health supports, may support wellness (Lenzi et al. 2021). Furthermore, it may align with non-Western and Indigenous approaches in which health is conceptualized as a balance between different dimensions of experience (including physical, spiritual, emotional and mental), experiences of community belonging and connectedness are key factors and questions of meaning and purpose play a role in enhancing quality of life and well-being (Fiedeldey-Van Dijk 2019; Gifford et al. 2019). Nursing leaders play a fundamental role in supporting wellness among staff to provide high-quality patient care. A systematic review revealed that nursing leaders perform a diverse range of strategies to implement research-based changes that include being committed to the change, communicating well with staff and influencing the organizational infrastructure to create a positive work environment (Gifford et al. 2018). Nursing leaders can consider these strategies when implementing interventions to support the mental health and wellness of front-line staff.

### **Next Steps**

The COVID-19 pandemic has shone a light upon the needs of various vulnerable groups in the Canadian society and the front-line workers who serve them, including many nurses and other healthcare professionals. One of these groups are the street nurses and front-line workers who serve and journey with those experiencing homelessness in Canada. The participatory research currently being undertaken with OICH workers represents an important step in better understanding and supporting these often overlooked and forgotten front-line workers in Canada. We hope that the research process, the resulting support program and the framework that will be shared with others will be part of their journey toward wholeness and healing both during the pandemic and in the future.

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## References

- Arpacioğlu, S., M. Gurler and S. Cakiroglu. 2020. Secondary Traumatization Outcomes and Associated Factors among the Health Care Workers Exposed to the COVID-19. *International Journal of Social Psychiatry* 20764020940742. doi:10.1177/0020764020940742.
- Baird, K. and A. Kracen. 2006. Vicarious Traumatization and Secondary Traumatic Stress: A Research Synthesis. *Counselling Psychology Quarterly* 19(2): 181–88. doi:10.1080/09515070600811899.
- Barker, S.L. and N. Maguire. 2017. Experts by Experience: Peer Support and Its Use with the Homeless. *Community Mental Health Journal* 53: 598–612. doi:10.1007/s10597-017-0102-2.
- Bell, V. and D. Wade. 2021. Mental Health of Clinical Staff Working in High-Risk Epidemic and Pandemic Health Emergencies a Rapid Review of the Evidence and Living Meta-Analysis. *Social Psychiatry and Psychiatric Epidemiology* 56(1): 1–11. doi:10.1007/s00127-020-01990-x.
- Benfante, A., M. Di Tella, A. Romeo and L. Castelli. 2020. Traumatic Stress in Healthcare Workers during COVID-19 Pandemic: A Review of the Immediate Impact. *Frontiers in Psychology* 11: 2816. doi:10.3389/fpsyg.2020.569935.
- Bradley, R., J. Greene, E. Russ, L. Dutra and D. Westen. 2005. A Multidimensional Meta-Analysis of Psychotherapy for PTSD. *The American Journal of Psychiatry* 162(2): 214–27. doi:10.1176/appi.ajp.162.2.214.
- Branson, D.C. 2019. Vicarious Trauma, Themes in Research, and Terminology: A Review of Literature. *Traumatology* 25(1): 2–10. doi:10.1037/trm0000161.
- Bride, B.E. and S. Kintzle. 2011. Secondary Traumatic Stress, Job Satisfaction, and Occupational Commitment in Substance Abuse Counselors. *Traumatology* 17(1): 22–28. doi:10.1177/1534765610395617.
- Busch, I.M., F. Moretti, M. Mazzi, A.W. Wu and M. Rimondini. 2021. What We Have Learned from Two Decades of Epidemics and Pandemics: A Systematic Review and Meta-Analysis of the Psychological Burden of Frontline Healthcare Workers. *Psychotherapy and Psychosomatics* 90(3): 178–90. doi:10.1159/000513733.
- CBC News. 2020a, March 11. Ottawa Records 1st Case of Coronavirus. Retrieved May 20, 2021. <<https://www.cbc.ca/news/canada/ottawa/ottawa-first-coronavirus-case-1.5493650>>.
- CBC News. 2020b, June 10. Pandemic Worsens Canada's Deadly Opioid Overdose Epidemic. Retrieved May 20, 2021. <<https://www.cbc.ca/news/health/drug-overdoses-covid19-1.5605563>>.
- CBC Radio. 2020, May 29. Opioid Crisis Not Going Away amid Pandemic, and Will 'Kill More Canadians,' Says Dr. Daniel Kalla. *CBC*. Retrieved May 20, 2021. <<https://www.cbc.ca/radio/whitecoat/opioid-crisis-not-going-away-amid-pandemic-and-will-kill-more-canadians-says-dr-daniel-kalla-1.5585629>>.
- Cobb, J. 2020. Reflections on Working with Homeless People. *The American Journal of Economics and Sociology* 79(2): 383–99. doi:10.1111/ajes.12326.
- Cosden, M., A. Sanford, L.M. Koch and C.E. Lepore. 2016. Vicarious Trauma and Vicarious Posttraumatic Growth among Substance Abuse Treatment Providers. *Substance Abuse* 37(4): 619–24. doi:10.1080/08897077.2016.1181695.
- Cullen, C. 2020, June 10. CERB Benefits Contributing to Spike in Overdoses, Outreach Workers Warn. *CBC*. Retrieved May 20, 2021. <<https://www.cbc.ca/news/politics/cerb-pandemic-opioid-addiction-overdose-1.5606188>>.
- Dobson, H., C.B. Malpas, A.J.C. Burrell, C. Gurvich, L. Chen, J. Kulkarni et al. 2021. Burnout and Psychological Distress amongst Australian Healthcare Workers during the COVID-19 Pandemic. *Australasian Psychiatry* 29(1): 26–30. doi: 10.1177/1039856220965045.
- Ferreira, J. 2020, May 22. The Toll COVID-19 Is Taking on Canada's Homeless. *CTV News*. Retrieved May 20, 2021. <<https://www.ctvnews.ca/health/coronavirus/the-toll-covid-19-is-taking-on-canada-s-homeless-1.4950722>>.

Fiedeldej-Van Dijk, C. 2019, August 2. Feeding the Roots of Cultural Identity: Indigenous Wellness in Canada. In L. Klain-Gabbay, ed., *Indigenous, Aboriginal, Fugitive and Ethnic Groups Around the Globe* (pp. 45–62). IntechOpen. Retrieved May 20, 2021. <<https://www.intechopen.com/books/indigenous-aboriginal-fugitive-and-ethnic-groups-around-the-globe/feeding-the-roots-of-cultural-identity-indigenous-wellness-in-canada>>.

Gifford, W.A., J.E. Squires, D.E. Angus, L.A. Ashley, L. Brosseau, J.M. Craik et al. 2018. Managerial Leadership for Research Use in Nursing and Allied Health Care Professions: A Systematic Review. *Implementation Science* 13(1): 127. doi:10.1186/s13012-018-0817-7.

Gifford, W., O. Thomas, R. Thomas, V. Grandpierre and C. Ukagwu. 2019. Spirituality in Cancer Survivorship with First Nations People in Canada. *Supportive Care in Cancer* 27(8): 2969–76. doi:10.1007/s00520-018-4609-z.

Gómez-Salgado, J., S. Domínguez-Salas, M. Romero-Martín, M. Ortega-Moreno, J.J. García-Iglesias and C. Ruiz-Frutos. 2020. Sense of Coherence and Psychological Distress among Healthcare Workers during the COVID-19 Pandemic in Spain. *Sustainability* 12(17): 6855. doi:10.3390/su12176855.

Goodwin, N. 2020, November 9. COVID-19 Messaging Tied to Overdose Spike, Front-Line Workers Say. *CBC News*. Retrieved May 20, 2021. <<https://www.cbc.ca/news/canada/ottawa/ottawa-overdose-deaths-weekend-1.5794716>>.

Government of Canada. 2020, May 29. Statement from the Chief Public Health Officer of Canada on COVID-19. Public Health Agency of Canada. Retrieved May 20, 2021. <<https://www.canada.ca/en/public-health/news/2020/05/statement-from-the-chief-public-health-officer-of-canada-on-covid-198.html>>.

International Health Conference. 2002. Constitution of the World Health Organization. 1946. *Bulletin of the World Health Organization* 80(12): 983–84. Retrieved May 20, 2021. <<https://apps.who.int/iris/handle/10665/268688>>.

Johansen, A.B., E. Kristiansen, I. Bjelland and S. Tavakoli. 2019. Secondary Traumatic Stress in Norwegian SUD-Therapists: Symptoms and Related Factors. *Nordic Studies on Alcohol and Drugs* 36(6): 522–31. doi:10.1177/1455072519847014.

Karamouzian, M., C. Johnson and T. Kerr. 2020. Public Health Messaging and Harm Reduction in the Time of COVID-19. *The Lancet Psychiatry* 7(5): 390–91. doi:10.1016/S2215-0366(20)30144-9.

Kupfer, M. 2021, February 10. Vaccine ‘Only Way Out’ as COVID-19 Marches through Shelter System. *CBC News*. Retrieved May 20, 2021. <<https://www.cbc.ca/news/canada/ottawa/ottawa-shelter-covid-19-outbreaks-1.5908617>>.

Laupacis, A. 2020. Working Together to Contain and Manage COVID-19. *CMAJ* 192(13): E340–41. doi:10.1503/cmaj.200428.

Lemieux-Cumberlege, A. and E.P. Taylor. 2019. An Exploratory Study on the Factors Affecting the Mental Health and Well-Being of Frontline Workers in Homeless Services. *Health and Social Care in the Community* 27(4): e367–78. doi:10.1111/hsc.12738.

Lenzi, M., M. Santinello, M. Gaboardi, F. Disperati, A. Vieno, A. Calcagni et al. 2021. Factors Associated with Providers’ Work Engagement and Burnout in Homeless Services: A Cross-National Study. *American Journal of Community Psychology* 67(1–2): 220–36. doi:10.1002/ajcp.12470.

Lewis, C., N.P. Roberts, A. Bethell, L. Robertson and J.I. Bisson. 2018. Internet-Based Cognitive and Behavioural Therapies for Post-Traumatic Stress Disorder (PTSD) in Adults. *Cochrane Database of Systematic Reviews* 12: CD011710. doi:10.1002/14651858.CD011710.pub2.

Miler, J.A., H. Carver, R. Foster and T. Parkes. 2020. Provision of Peer Support at the Intersection of Homelessness and Problem Substance Use Services: A Systematic ‘State of the Art’ Review. *BMC Public Health* 20:641. doi:10.1186/s12889-020-8407-4.

Molina, K. 2021, January 9. COVID-19 Outbreak at Shelter at ‘Predictable, Perfect Storm’. *CBC News*. Retrieved May 20, 2021. <<https://www.cbc.ca/news/canada/ottawa/working-long-term-care-living-in-shelter-1.5866315>>.

- Muller, A.E., E.V. Hafstad, J.P.W. Himmels, G. Smedslund, S. Flottorp, S. Ø. Stensland et al. 2020. The Mental Health Impact of the Covid-19 Pandemic on Healthcare Workers, and Interventions to Help Them: A Rapid Systematic Review. *Psychiatry Research* 293: 113441. doi:10.1016/j.psychres.2020.113441.
- Myers, J.E. and T.J. Sweeney (Eds.). 2005. *Counseling for Wellness: Theory, Research, and Practice*. American Counseling Association.
- Naidoo, D., A. Schembri and M. Cohen. 2018. The Health Impact of Residential Retreats: A Systematic Review. *BMC Complementary and Alternative Medicine* 18(1): 8. doi:10.1186/s12906-017-2078-4.
- Neto, M.L.R., R.I. de Souza, R.M.M. Quezado, E.C.S. Mendonça, T. lury de Araújo, D.C.R.P. Luz et al. 2020. When Basic Supplies Are Missing, What to Do? Specific Demands of the Local Street Population in Times of Coronavirus – A Concern of Social Psychiatry. *Psychiatry Research* 288: 112939. doi:10.1016/j.psychres.2020.112939.
- Panico, G. 2021, February 10. Emergency COVID-19 Shelter Surprises Lowertown Neighbours. *CBC News*. Retrieved May 20, 2021. <<https://www.cbc.ca/news/canada/ottawa/covid-19-shelter-lowertown-neighbours-1.5907329>>.
- Pappa, S., V. Ntella, T. Giannakas, V.G. Giannakoulis, E. Papoutsis and P. Katsaounou. 2020. Prevalence of Depression, Anxiety, and Insomnia among Healthcare Workers during the COVID-19 Pandemic: A Systematic Review and Meta-Analysis. *Brain, Behavior, and Immunity* 88: 901–07. doi:10.1016/j.bbi.2020.05.026.
- Pearlman, L.A. and K.W. Saakvitne. 1995. *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. W.W. Norton & Company.
- Petrovich, J., M.K. Twis and S. Evans. 2020. Practice with People Experiencing Homelessness: An Analysis of Secondary Traumatic Stress in the Workplace. *Journal of Social Distress and Homelessness*. doi:10.1080/10530789.2020.1763574.
- Raudenská, J., V. Steinerová, A. Javůrková, I. Urits, A.D. Kaye, O. Viswanath et al. 2020. Occupational Burnout Syndrome and Post-Traumatic Stress among Healthcare Professionals during the Novel Coronavirus Disease 2019 (COVID-19) Pandemic. *Best Practice & Research: Clinical Anaesthesiology* 34(3): 553–60. doi:10.1016/j.bpa.2020.07.008.
- Ruiz-Fernández, M.D., J.D. Ramos-Pichardo, O. Ibáñez-Masero, J. Cabrera-Troya, M.I. Carmona-Rega and A.M. Ortega-Galán. 2020. Compassion Fatigue, Burnout, Compassion Satisfaction and Perceived Stress in Healthcare Professionals during the COVID-19 Health Crisis in Spain. *Journal of Clinical Nursing* 29(21–22): 4321–30. doi:10.1111/jocn.15469.
- Schiff, J.W. and A.M. Lane. 2019. PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector. *Community Mental Health Journal* 55(3): 454–62. doi:10.1007/s10597-018-00364-7.
- Schmunk, R. 2020, August 25. B.C. Marks 3rd Straight Month with More Than 170 Overdose Deaths. *CBC News*. Retrieved May 15, 2021 <<https://www.cbc.ca/news/canada/british-columbia/bc-overdose-numbers-july-2020-1.5698795>>.
- Shalaby, R.A.H. and V.I.O. Agyapong. 2020. Peer Support in Mental Health: Literature Review. *JMIR Mental Health* 7(6): e15572. doi:10.2196/15572.
- Soul Space. 2019, October 21. Frontline Worker Retreat [Video]. YouTube. Retrieved May 20, 2021. <<https://youtu.be/tcbYyJpchmM>>.
- Vagni, M., T. Maiorano, V. Giostra and D. Pajardi. 2020. Hardiness, Stress and Secondary Trauma in Italian Healthcare and Emergency Workers during the COVID-19 Pandemic. *Sustainability* 12(14): 5592. doi:10.3390/su12145592.
- Zaka, A., S.E. Shamloo, P. Fiorente and A. Tafuri. 2020. COVID-19 Pandemic as a Watershed Moment: A Call for Systematic Psychological Health Care for Frontline Medical Staff. *Journal of Health Psychology* 25(7): 883–87. doi:10.1177/1359105320925148.