

Supporting the psychological wellbeing of ED staff through Covid and beyond

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Overview

- ▶ A brief description of the ED Staff Psychological Wellbeing Service
- ▶ Some case examples
- ▶ Reflections
- ▶ Staff psychological wellbeing beyond Covid

Introduction

- ▶ Clinical Psychologist
- ▶ Worked in Psychological Medicine for a number of years, covering different areas of the hospital
 - ▶ General inpatient/outpatient Liaison Psychiatry
 - ▶ Intestinal Failure
 - ▶ Psycho-oncology
- ▶ All of this work was with patients but often involved liaison/collaboration with hospital staff, so aware of the pressures of these roles
- ▶ In the right place at the right time ???!!!
- ▶ Drawing on experience from colleagues in critical care; studies coming out about healthcare professionals' wellbeing during Covid, and on research by MIND.

Rationale

GUIDANCE

The psychological needs of healthcare staff as a result of the Coronavirus pandemic

British Psychological Society Covid19 Staff Wellbeing Group

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of **all** healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time, and what people may need to recovery psychologically from this.

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The prevalence of common and stress-related mental health disorders in healthcare workers based in pandemic-affected hospitals: a rapid systematic review and meta-analysis

Sophie M.Allan, Rebecca Bealey, Jennifer Birch, Toby Cushing, Sheryl Parke, Georgina Sergi, Michael Bloomfield, Richard Meiser-Stedman

doi: <https://doi.org/10.1101/2020.05.04.20089862>

Now published in *European Journal of Psychotraumatology* doi: [10.1080/20008198.2020.1810903](https://doi.org/10.1080/20008198.2020.1810903)

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Mental Health of Clinical Staff Working in High-Risk Epidemic and Pandemic Health Emergencies: A Rapid Review of the Evidence and Meta-Analysis

 Vaughan Bell,  Dorothy Wade

doi: <https://doi.org/10.1101/2020.04.28.20082669>

Now published in *Social Psychiatry and Psychiatric Epidemiology* doi: 10.1007/s00127-020-01990-x



ANALYSIS



Managing mental health challenges faced by healthcare workers during covid-19 pandemic

Neil Greenberg and colleagues set out measures that healthcare managers need to put in place to protect the mental health of healthcare staff having to make morally challenging decisions



Figure 1: Stepped psychological response

How the service functions

- ▶ 0.4 WTE = 2 days a week
- ▶ Helpline appointments accessed by email
 - ▶ Supportive listening
 - ▶ Basic coping strategies
 - ▶ Signposting
 - ▶ Liaison with line managers/HR
- ▶ Training
- ▶ Comms
 - ▶ Facebook
 - ▶ Podcast
 - ▶ Friday Flash
- ▶ Joining senior management meetings

Case examples*

General support

Member of staff got in touch after a "difficult case" on shift. Usually she would shrug this sort of thing off but she finds she is anxious, sleep disrupted, can't stop thinking about it. Homeschooling, alternating shifts with her husband.

3 phonecalls in total. Normalising, suggesting basic anxiety management strategies.

Team leader made aware at staff member's request. Offer to signpost to local community services. Decided to wait until follow-up.

Signposting plus support

Member of staff on sickness review/monitoring because of persistent lateness.

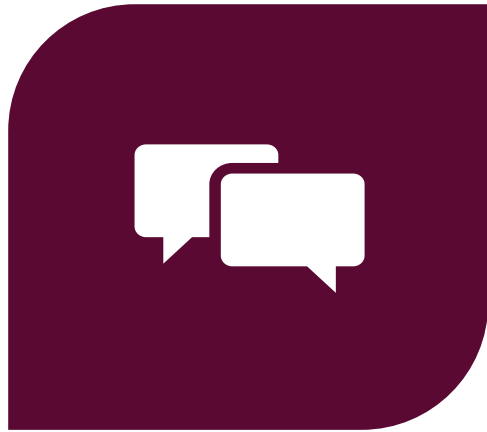
Discloses extensive history of early childhood trauma. Previous suicide attempts and self harm.

Attempted to access community services but told too risky.

Signpost him to the new Staff Mental Health Service. Keep in touch with "checking in" emails until input is established. Liaise with OH and team leader to keep them informed/offer suggestions of how he might be supported.

* not "real" cases but amalgamated details of typical input

The ABC of Winter Wellbeing



ACKNOWLEDGE

THESE ARE TOUGH TIMES



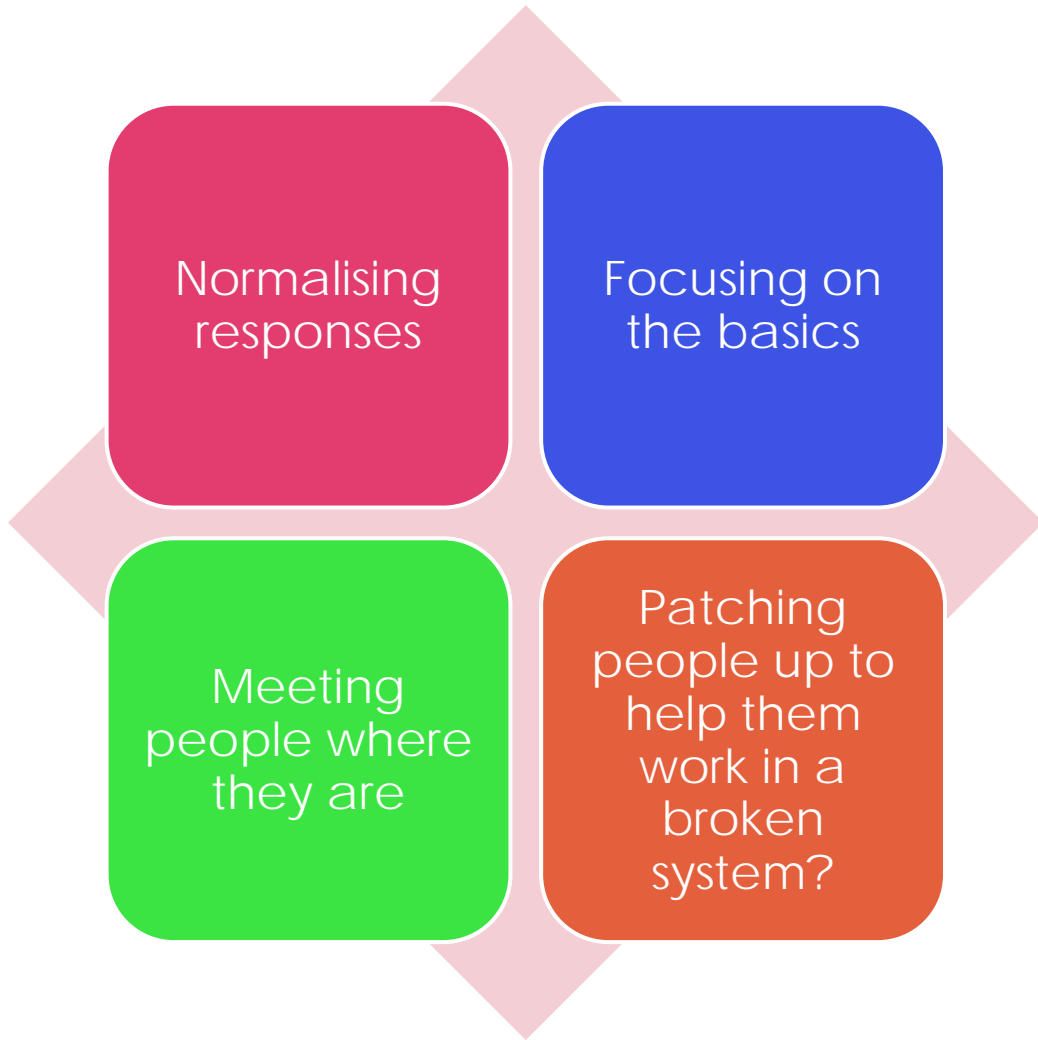
TAKE A
BREAK

*BACK TO BASICS: REST,
EAT AND DRINK*



CHECK OUT

LEAVE WORK AT WORK



Reflections

Beyond Covid

- ▶ It's not over yet! Different challenges to psychological wellbeing are ahead.
- ▶ Thinking about longterm, sustainable staff support; proactive rather than reactive.

PREPARATION PHASE	ACTIVE PHASE		RECOVERY PHASE
<p>Anticipatory anxiety</p>	<p>Heroics and surge to solution</p>	<p>Disillusionment and exhaustion</p>	<p>Recovery and long term psychological impacts</p>
<p>Planning may happen at a high level in a rapid timeframe leading to anticipatory anxiety about the unknown.</p> <p>With limited time to plan, and limited input into the preparation phase, many staff may not report feeling 'prepared' for the outbreak.</p> <p>Many UK Health Trusts have now passed through this phase.</p>	<p>Increased camaraderie as staff cross boundaries and work together.</p> <p>Sense of rising to a challenge.</p> <p>Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options.</p> <p>Frustrations and role confusion as people try to adapt quickly within</p>	<p>The period of highest psychological risk.</p> <p>Staff are in 'full go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion.</p> <p>They may neglect physical and psychological self-care as they feel it is not a priority.</p>	<p>Staff have time to start to reflect.</p> <p>Most staff will feel able to cope successfully using their own preferred style, individual resources and social support. Many may be changed in a positive way, experiencing personal development, and post traumatic growth.</p> <p>Some may experience</p>

REVEALING REALITY



'Sink or swim?'
**Improving the mental health of staff in
hospital emergency departments**

A report for Mind

Questions,
comments,
want to discuss
things further?

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