Psychological guidance by the Clinical Health Psychology Service as part of the COVID-19 response.

Evidence shows that psychology should not just be part of support strategies after a crisis has happened, but should also be part of both the advance and general planning in the specific responses to any emergency. This document outlines a framework of key psychological issues and challenges that may arise at the successive phases of crisis and a proposal for the clinical health psychology team to support the psychological wellbeing of UHB staff across the four hospital sites and community services during this challenging time, and in its aftermath.

Our team consists of 20 psychology staff (14 WTE) in 19 specialist service areas. UHB employs 20,000 staff. As such:

- **In order for the Clinical Health Psychology service to have capacity to provide psychological support to this large staff group, there needs to be a clear agreement with senior management in UHB that the clinical health psychology service will shift its emphasis from providing patient psychological support to providing staff support and wellbeing. This inevitably will have some impact upon our waiting lists (some are already exceed 6 months –e.g. cancer psychology).**
- **Staff support will consist of support around staff distress as a result of COVID-19 related issues, and in relation to consultation regarding the psychological aspects of their work, and care of patients. We aim to signpost and assist existing services including occupational health (not duplicate services).**
- This psychology offer needs to adopt a strategic, tiered approach working through others in key clinical and management positions, and mainly providing strategic advice, consultation and supervision, thus making optimal use of a small workforce;
- The plan needs to maintain sustainability in case of staff absences through potential illness and enforced self-isolation;
- To ensure continuity of service (given our small workforce) we would require some central administration and oversight of staff referrals and requests made to the service;
- The plan needs to be delivered in co-ordination and partnership with members of the UHB workforce such as practitioners trained in Level 2 psychological support, counsellors, occupational health, chaplaincy and bereavement services, as well as community mental health services in Birmingham and Solihull Mental Health Trust.

Disaster mental health services are based on the principles of preventive medicine and its “Six ‘R’s”: Readiness (Preparedness), Response (Immediate action), Relief (Sustained rescue work), Rehabilitation (Long term remedial measures using community resources), Recovery (Returning to normalcy) and Resilience (Fostering). As the crisis evolves, so will the psychological challenges and needs of staff in managing it. Our plan identifies the key stages in crisis development and resolution and the specific tasks and challenges for the Trust to maintain psychological wellbeing and functioning of staff (figure 1). This model is based on Leach (1994), Tehrani (2004, 2010), Math et al. (2006), BPS (2018), Highfield (2020). It allows us to anticipate psychological needs and impact on wellbeing, and focus and co-ordinate interventions on a flexible, dynamic basis. As we are part of

Birmingham and Solihull Mental Health Trust, we are acting in close co-ordination with its mental health preparatory strategies for this crisis. We are also liaising with a national working group of clinical psychologists.

<table>
<tr><th>Phases:</th><th>Issues</th><th>Needs and recommendations</th><th>Role of psychology service</th></tr>
<tr><td>Anticipation phase

Pre-impact</td><td>Anticipatory anxiety
Feeling overwhelmed, unable to plan
Communication errors
Team tension
“Readiness burnout”</td><td>ORGANISING
ACKNOWLEDGING
EXPRESSING
Clear communication.
Escalation plan.
Support managers who are making plans and holding the stresses.
Increase resilience resources
Team containment, reassurance and planning.</td><td>PROMOTIVE
Psychological and Wellbeing guidance
Linking with mental health teams
Linking with senior management
Scoping psychological support workforce</td></tr>
<tr><td>Initial impact phase

Impact</td><td>Heroic stage
Starting to get going lots of trying out

“Honeymoon” stage
Lost time, repetition and frustration. Further anticipatory anxiety</td><td>ADAPTING
STRESS MANAGEMENT
PSYCHOLOGICAL FIRST AID
ACCOMMODATING
LOSSES AND SETBACKS
Management are visible and available.
Regular communication bulletins and open forums. Promote peer support.
It’s okay to say you are not okay - Senior staff to model this. Rotate workers from high-stress to lower-stress functions.
Small pre-brief and debrief every day.
Partner inexperienced workers with experienced (also military?) colleagues.
Drop in sessions for staff with employee wellbeing.
Ensure the basics: Breaks, Facilities (food trolley in staff room), videogames, entertainment; Sleep, days off, rewards.
Manage visitors</td><td>PREVENTIVE
Psychological first aid
Input into Staff Health & Wellbeing Group</td></tr>
<tr><td>Core phase

Response</td><td>Disillusionment stage
Biggest risk period.
Fear infection and implications for families.
Overwhelming workload.
Full go mode- adrenalin and automatic pilot.
Exhaustion.
Moral distress as healthcare rationing or deaths occur.
Distress linked to personal or family experience/ bereavement of COVID-19.
Experience fear or stigma when out in public.</td><td></td><td>SUSTAINING
Facilitate reflective sessions
Support psychological support staff
Support non-specialist psychological support workforce
Provide information for staff to address staff exhaustion and burn-out, and to promote psychological wellbeing.</td></tr>
<tr><td>End phase

Post response</td><td>Restorative stage
Exhaustion and post trauma recovery / stress</td><td rowspan="2">ACCESSING
AFFIRMING
RECONNECTING
Signal closure of core phase.
Debriefing. Staff 1-1 and group sessions.
Organise thanks and reward for everybody (no hero/martyr worship!).
Learning and preparation for the future.
Look out for signs of PTSD in staff: • on edge and hyper arousal, poor sleep • flashbacks or re-experiencing • avoidance of reminders.</td><td rowspan="2">RESTORATIVE
Information on PTSD and screening tools
Screening for PTSD in staff –if additional psychological support staff recruited
Information on grief and loss
Consultation with managers around supporting staff</td></tr>
<tr><td>Long Term

Return to ‘normal’</td><td>Aftermath
Some ongoing PTSD (20%?)
Reflection and learning</td></tr>
</table>

Striving – collapse cycling

Stress management for staff and leadership

Preparedness

Figure 1: Integrated model of crisis development and resolution

Anticipation Phase:

At this stage anticipatory anxiety will be elevated as people feel unprepared and find it difficult to appraise the coming challenges, deal with uncertainty and respond to an evolving situation. Rumours may spread. Key is:

- Allowing people to express their concerns –to say that they are not OK
- Normalise concerns and worries and build resilience; promoting self-care (appendix 1)
- Establish clear lines of effective communication

What clinical health psychology can offer:

- (With funding) recruitment of additional psychology staff
- Co-ordination with other sources of support for the staff support roles (e.g. Occupational Health)
- Co-ordination with mental health teams at BSMHFT
- Identification of patients who are at psychological risk and implementation of risk management plans
- Advisory role to UHB leadership team and clinical leads across UHB

Initial Impact Phase:

At this stage staff will rally as they are coping with the demands in front of them. There will be trial and error as staff adapt to different ways of working, bringing frustration and increased pressure. The risk is that staff will engage in "heroism", overextend themselves in their roles and capabilities, not pace themselves and take unnecessary personal risks. In the "honeymoon" stage there may be a lot of attention by the media and politicians that may feed this behaviour.

- Continue to allow people to express their concerns –to say that they are not OK
- Promote peer support and self-care
- Daily small pre-brief and de-brief sessions
- Keep management visibly present and accessible
- Establish regular communication bulletins, open forums and drop-in sessions for staff with employee wellbeing services
- Rotate staff between high- to low-stress functions
- Partner inexperienced staff with more experienced colleagues
- Establish a supportive physical environment: Ensure the basics: Breaks, Facilities (food trolley in staff room), videogames, entertainment; places to sleep; planned days off.

What clinical health psychology can offer:

- Psychological first aid:
  - Disseminate resources and information on normal psychological reactions to crises and potential trauma (**it's OK to not be OK**), psychological self-care
  - Identification of psychological support staff who can offer telephone support, counselling and triage to staff who are experiencing psychological distress as a result of COVID-19 to assist Occupational Health manage increased demand (with clear referral criteria)
  - Establish centrally co-ordinated telephonic psychology consultation service (with admin support) for staff dealing with psychological distress issues in patients and staff related to COVID-19
  - Identification of sources of support for psychological distress in the community
  - Briefings around key principles for psychological first aid for the non-specialist psychological support workforce (e.g. CNSs trained in Level 2 Psychological Support)
- Input into Staff Health & Wellbeing Group

Core Phase:

This tends to be the period of biggest risk, as staff act on "automatic pilot", the situation may feel overwhelming exhaustion sets in and mistakes and burn-out are more likely. Moral distress will occur as healthcare rationing decisions have to be made and deaths occur. There will also be a fear infection and the implications of that for staff members' families, and distress linked to personal or family experience/ bereavement of COVID-19. There may also be a fear or experience of stigma when out in public.

- The recommendations of the Initial Impact Phase are applicable here
- Ensure colleagues who may be experiencing dissonance between commitments to service vs. responsibilities at home (e.g. childcare, fear for vulnerable family etc.) have opportunity to discuss these concerns and optimally resolve them in collaboration with colleagues

What clinical health psychology can offer:

- Facilitate drop-in sessions for staff to reflect on their feelings and experiences in relation to e.g. treatment decisions/dilemmas, deaths and other COVID-19 and clinical issues.
- Support of psychological support staff who offer telephone support, counselling and triage to staff who are experiencing psychological distress as a result of COVID-19
- Support of non-specialist psychological support workforce (e.g. CNSs trained in Level 2 Psychological Support)
- Provision of information for staff to address staff exhaustion and burn-out, and to promote psychological wellbeing.

End phase:

- Raise staff awareness of, and look out for out for signs of PTSD
    - Information and screening tools
- Normalising grief and providing information about this
- Helping people to return to work / continue after the crisis period has waned

What clinical health psychology can offer:

- Information on PTSD and screening tools
- Screening for PTSD in staff –if additional psychological support staff recruited
- Information on grief and loss
- Consultation with managers around supporting staff

General considerations:

- Phases are going to apply personally, not just professionally. Boundaries between the professional and personal may be strained, blurred or collapse
- Preparation must consider:
    - Some staff may have significant issues and be more severely affected
    - personal losses / staff deaths / relative deaths
    - Ethical strain – making difficult decisions around treatments to be offered / not offered to patients / stopping treatments
- Continued supervision for those members of staff who are part of existing clinical supervision groups or arrangements

Key requirements for the psychology service to facilitate this plan:

- In order to limit infection control and our foot-fall between wards, as a general principle we will no longer be seeing in-patients. There may be exceptions to this (to be triaged on a case by case basis) and in these circumstances guidance will be sort from the ward staff.
- Rather than providing direct face to face psychological interventions for in-patients we will liaise with the ward staff and provide psychological consultation in relation to the psychological support and care plan for each patient. The referrer will also be contacted and updated accordingly.
- We will need to limit the ongoing psychological support we are offering to our out-patients via telephone appointments in order to free up our capacity. There will be cases where this

is not possible as the psychological need / anxiety may be significant, and may be exacerbated through social distancing / isolation. These cases will be discussed on a case by case basis.

- To facilitate the above caseload review will be undertaken to ensure appropriate action plans for our high risk patients
- The clinical health psychology team will create a central record of all patients on our caseloads, with guidance around who requires follow up more immediate intervention. This is to ensure that there is continuity of provision where team members may be off sick or self-isolating.
- To be able to facilitate one robust triage system for staff support across all four hospitals (hub and spoke), we need a central oversight of this system, with administration support. This is to ensure continuity of support and collation of requests, given that there are likely to be absences within the team.
- We need UHB to identify confidential and safe environments within the hospital where we could hold staff face-to-face (where necessary) support sessions and video / telephone conferencing and access to appropriate facilities.
- We can only have a presence at Queen Elizabeth and Heartlands Hospital; we have no staffing or base at Good Hope or Solihull Hospital
- Scoping of technological solutions so that we could provide staff triage off-site if required.
- Recruitment of locum psychological support during the core phase? (to help with the end phase)
- Writing to people on the clinical health psychology waiting list to provide some containment.
- Developing a plan for agreed operational cover and line management / supervision arrangements.
- Psychological support for the psychological team – scope this?

Appendix 1:

Guidance for all staff in relation to maintaining good mental health and psychological well-being in relation to the current Covid19 situation

(A. Gatherer, 2020)

We are currently experiencing unprecedented and uncertain times with regard to the worldwide Covid-19 pandemic. The situation is changing rapidly and creates significant pressure for those working in health care. At BSMHFT we are very aware of how stressful a time this could be for our staff and we are keen to offer guidance and support in response to this. There will be several briefings issued in the coming days and this one contains advice and guidance for ALL staff. We encourage you to actively pay attention to the following recommendations, which have been adapted from briefings issued by the World Health Organisation and the Integrated Associations Standing Committee.

- Protect yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper. For example, check-in by phone on colleagues or people in your community to see may need some extra assistance. Working together as one community can help to create solidarity in addressing Covid-19 together.

- Stay connected and maintain your social networks. Physical isolation does not need to mean social isolation. Even when physically isolated, try as much as possible to keep your personal daily routines or create new routines. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via e-mail, social media, video conference and telephone.

- During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected especially those most at risk and vulnerable.

- A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and WHO website and avoid listening to or following rumours that make you feel uncomfortable. Be wary of paying attention to and sharing messages that might be sensationalist or inaccurate, and if concerned speak to one of our clinical leaders about your concerns

- Be aware of how you are feeling and recognise how this may be impacting upon your behaviour toward others. Increased anxiety and stress can make us more irritable with each other and open to negative interpretations. If you are concerned about your anxiety levels please make sure you share this with your manager. We are in the process of putting in place additional support for staff to access directly, and further details on how to do this will be available shortly. In the meantime take time to consider how you are coping psychologically and seek out trusted colleagues to share your concerns with as a way of seeking support and keeping things in perspective