Psychological wellbeing of staff during and after COVID-19

COVID-19 in Europe Webinar

22 April 2020
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WebEx Quick Reference

• Please use chat to “All Participants” for questions

• For technology issues only, please chat to “Host”
Dr. Hilary Grant was appointed Executive Medical Director for BSMHFT in April 2016. Hilary is responsible, among other things, for medical, psychology and pharmacy leadership at the Trust.

Hilary has been with the Trust for 23 years, the last three as a clinical director. She has played a significant role in the development and opening of the Trust’s Forensic Child and Adolescent Mental Health Service (FCAMHS) in 2003 and has undertaken extensive service development and redesign which led to the service being shortlisted for an HSJ award in 2010, winning a National Patient Safety Award in 2011 and being the first unit in the country to be accredited by the National Autistic Society in 2012.

Hilary is a tireless advocate for service user empowerment and raising standards of care in Forensic Child and Adolescent Mental Health Services.
Dr. Amanda Gatherer

Dr Amanda Gatherer, PhD, C.Psychol.
Birmingham and Solihull Mental Health Foundation Trust

Amanda has worked as the Chief Psychologist at BSMHFT since September 2011. Amanda is also the NHSE Clinical Network Lead for the Midlands for Psychological Therapies and Severe Mental Illness. Outside of the NHS Amanda is a member of the English Institute of Sport Mental Health Expert Panel set up to provide clinical advice and consultancy to elite athletes across all sports on the Olympic programme, and is Consultant Clinical Psychologist to Paralympics GB. Amanda has worked for over 25 years as a clinician and manager in the NHS, and has held numerous training and research posts at Birmingham and Coventry Universities. She is Chair of the mult-agency committee Mental Health through Sport which brings together mental health, local authority, academic and sports organisations to explore how sports can be more accessible to patients with severe and enduring mental health difficulties to aid their recovery.
Professor Neil Greenberg

Professor Neil Greenberg, Professor of Defence Mental Health
BM, BSc, MMedSc, FHEA, MFMLM, DOccMed, MInstLM, MEWI, MFFLM, MD, FRCPsych
Neil@marchonstress.com

Professor Neil Greenberg is a consultant academic, occupational and forensic psychiatrist based at King’s College London. Neil served in the United Kingdom Armed Forces for more than 23 years and has deployed, as a psychiatrist and researcher, to a number of hostile environments including Afghanistan and Iraq. At King’s Neil leads on a number of military mental health projects and is a principal investigator within a nationally funded Health Protection Research unit. He also chairs the Royal College of Psychiatrists (RCP) Special Interest Group in Occupational Psychiatry. Neil has published more than 250 scientific papers and book chapters and has been the Secretary of the European Society for Traumatic Stress Studies, the President of the UK Psychological Trauma Society and Specialist Advisor to the House of Commons Defence Select Committee.
Pedro Delgado, MSc, Head of Europe and Latin America, Institute for Healthcare Improvement, has a unique ability to work across cultures, languages, and systems. Based in the UK, he has been a driving force in IHI’s global strategy. From reducing C-sections in Brazil to improving early years education in Chile, patient safety in Portugal, and mental health in London, Mr. Delgado has forged key relationships and led the design and implementation of large-scale health system improvement efforts and networks. He coaches senior leaders and teams and lectures extensively worldwide on large-scale change, patient safety, and quality improvement.

At IHI, he facilitated the Quality and Innovation Centers network, which included Kaiser Permanente’s Performance Improvement Institute, Qulturum in Jönköping County (Sweden), and the James Anderson Center for Clinical Excellence at Cincinnati Children’s Hospital. Mr. Delgado’s diverse background includes a brief stint as a professional football (soccer) player, roles in hospital management and large-scale improvement leadership in the UK, and experience working in mental health in Venezuela and the UK.
Thank you – for all you do everyday
Thanks to Year 4 HIAE Members and partners in Europe

http://www.ihi.org/Engage/collaboratives/Health-Improvement-Alliance-Europe/Pages/default.aspx
February 2020
- Social
- Family
- Travel
- Health and care
- Excel in London
- Zoom as a thing

April 22, 2020
- COVID-19 is everywhere we look
- Social distancing
- Remote consultations
- Excel as a hospital
- Zooming as a verb

The next 12 months
- The new normal (for us to shape, together)
**Moral injury** is defined as the profound psychological distress which results from actions, or the lack of them, which violate one’s moral or ethical code. Morally injurious events can include acts of perpetration, acts of omission or experiences of betrayal from leaders or trusted others.

Although experiences of **potentially morally injurious events (PMIEs)** can lead to negative thoughts about oneself or others (e.g. “I am a monster” or “my colleagues don’t care about me”) as well as deep feelings of shame, guilt or disgust. These, in turn, can contribute to the development of mental health problems, including **depression, PTSD and anxiety**.

Just as not all individuals who experience trauma necessarily develop PTSD, exposure to PMIEs does not automatically result in moral injury.

Table 1.

Potential risk factors for moral injury

1. Increased risk of moral injury if there is loss of life to a vulnerable person (e.g. child, woman, elderly);

2. Increased risk of moral injury if leaders are perceived to not take responsibility for the event(s) and are unsupportive of staff;

3. Increased risk of moral injury if staff feel unaware or unprepared for emotional/psychological consequences of decisions;

4. Increased risk of moral injury if the PMIE occurs concurrently with exposure to other traumatic events (e.g. death of loved one);

5. Increased risk of moral injury if there is a lack of social support following the PMIE.
Post-traumatic stress, or a post-traumatic growth experience?
Protecting the Mental Health of Healthcare Workers

Neil Greenberg
Risks

- Traumatic exposure
- Moral injury
- Workload and shift patterns
- Home life stressors
Risks

- Traumatic exposure
- Moral injury
- Workload and shift patterns
- Home life stressors
Prepare

• Self check before taking up the role
• Frank preparatory briefings
• Psychological PPE
• Role specific training
Sustain

- Buddy up
- Supervisors able to have psychologically savvy chats
- Post shift reviews
- Peer support / welfare walkers
- Forward mental health supervision and support (PIES)
Recover

• Thank you and information

• Graded return to work

• Ongoing psychological health screening

• Timely access to evidence based care
Conclusion

• Do not over medicalise

• Nip it in the bud approach

• Psychologically savvy supervisors

• ‘forward mental health teams’

• Active monitoring and evidence based care
Staff Wellbeing and COVID-19

Dr Amanda Gatherer
Dr Hilary Grant
Focus on Culture and Wellbeing - Preparation

- Compassionate Culture group
- IHI - QI
- Schwartz Rounds
- Balint Group
- Post Incident Support Toolkit
- Safety Huddles
- TRiM (Trauma Risk Management)
Collaboration with IHI

- Unleash power of frontline
- QI training and engagement of our staff
- Distribution of power/devolved accountability
- Psychological Safety
- Psychology of change
- Refocus on permission to try things, containment, recognition of expertise, fallibility, and holding true to values
Impact of Pandemic

• Fear, anxiety – self, colleagues, family
• Rapid adoption of technology and remote working but emotional impact of this
• Moral injury – resources, demand,
• Altered power differentials – clinician to clinician, senior to junior, clinician- service user
• Role identity and diffusion
• Emergence of different leadership styles
• Impact on BAME staff and communities
• Approaches to “recovery”/future
Rapid access to specialised MH care / crisis support / triage

TRiM practitioners / Psychological Trauma interventions / signposting and escalation

Rapid access Psychological support for teams / supervision and support for team leaders

Peer led staff support / psychological first aid / staff drop-ins / Psychological wellbeing

National and local resources / text and telephone provision / selected EAP / National staff helpline / Posters and handbooks

Specialist intervention for those that need it

Trauma Risk Management with follow up for those that need it

Sustaining those supporting others – nip it in the bud

Building resilience and coping within teams

Clear communications / straightforward key messages
The scope of our offer
Hints and Hindrances

1. What’s helped us?
   • A running start…
   • Psychologists in acute Trust
   • Keep it simple

2. What’s hindered us?
   • Multiple sites
   • Multiple agencies
   • Multiple perspectives

3. What have we learnt?
   • Importance of nip it in the bud
   • Visible staff support presence but..
The people and their stories...

There's no greater agony then bearing an untold story within you.

-MAYA ANGELOU-
Next week: same time (4.30UK), same ‘place’

Rapid learning during COVID-19: towards the new normal