Supporting psychological needs of health and social care staff during Coronavirus pandemic

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Health Psychology Exchange

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Plan for our session today

- **Part 1:** What is known about the psychosocial needs of care home workers?

- **Part 2:** Integrating a conversation about psychological support into your usual ways of working

- **Part 3:** Demonstration of part of a conversation
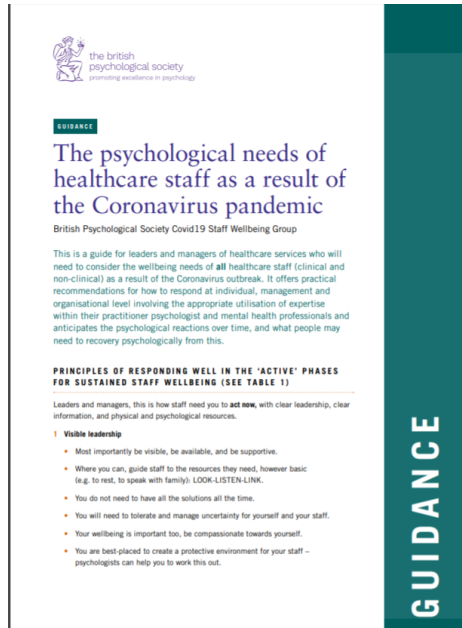
- **Part 4**: Questions and discussion

What is known about the psychological needs of care home workers?

Eleanor Bull & Judit Varkonyi-Sepp

Key resources

British Psychological Society (22/04)
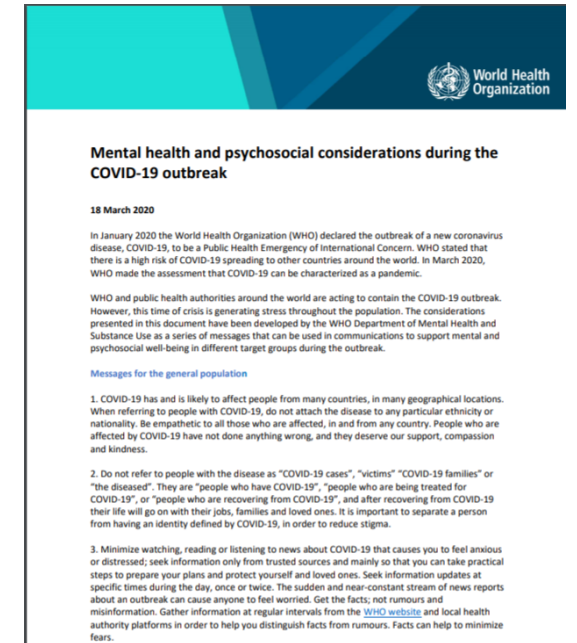Psychological needs of healthcare staff as a result of the Coronavirus pandemic

Department of Health and Social Care (11/05)
Health and wellbeing of the adult social care workforce

World Health Organisation (18/03)
Mental health and psychosocial considerations during the COVID-19 outbreak

**The Tavistock and Portman NHS Foundation Trust (25/04)**
Guidance for the Support and Wellbeing of Adult Social Workers and Social Care Professionals in a Pandemic Crisis

How might it feel to be a care worker right now?

During a stressful situation…

- Ancient evolutionary response system
- Fast, 'automatic' thinking parts of brain switch on; slow, decision making processes shut down
- Brain asks '**what are the threats**?' '**what's my capacity to cope**'?

Danger → Recognised by the amygdala → Body prepares for action
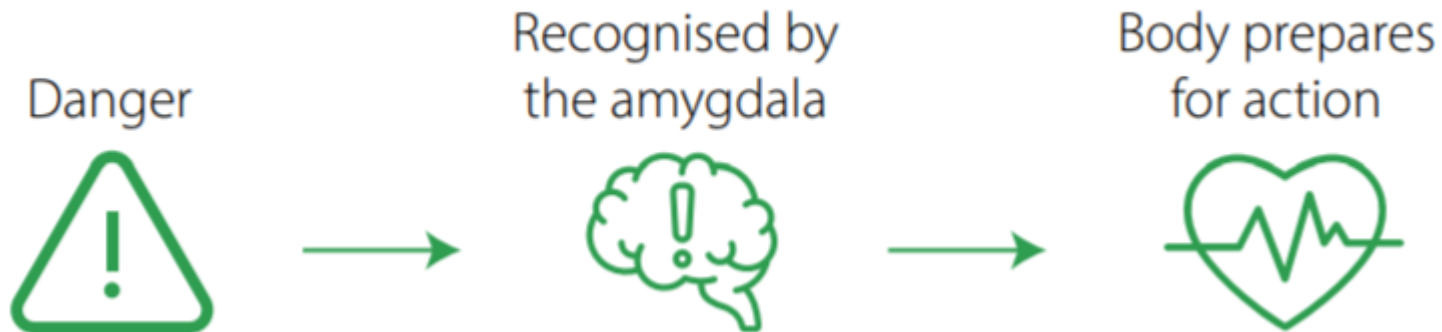
Fight

Fight

Freeze

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The stress reaction – normal changes in the **body**

Tense muscles

Blood goes to large muscles

Appetite changes

Dry mouth

Sweaty

Increased heart rate

Heightened senses

Breathing changes

Sleep changes

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The stress reaction – normal changes in the **mind**

Impact on memory

Hyper vigilant for problems and threats

Impact on concentration

Intrusive thoughts

Easily startled

Nightmares

Thoughts like 'I can't cope'

Distracted/ absent minded, or hyper focus, flow

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Pros and cons of our body's stress system

- Great for escaping from **short-term** dangers
- Great for simple threats where the best reaction is to quickly **fight/run away/hide**

- But COVID-19 challenges are **ongoing**
- Workers must make highly **complex,** subtle, context-specific decisions to keep themselves and residents safe & well
- Stress system not well adapted for this

Vital to help care home workers reduce stress & prevent long-term psychological harm

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Effects of trauma

It's normal to experience strong emotions and feelings after a traumatic event. These can include:

Emotional numbness and detachment – feeling cut off from what happened, other people, and yourself

Shock and disbelief – that the event has happened

Fear – of death or injury, being alone, not being able to cope, or the event happening again

Helplessness – feeling that you have no control

Guilt or shame – for not having stopped the event, or for being better off than others, or for not reacting better or coping well enough

Sadness – for things that have gone or been lost

Isolation – feeling that no-one understands or can help

Elation – joy at being alive and safe

Anger and frustration – about the event, or the unfairness of it

Re-experiencing the event – through dreams, flashbacks or thoughts

Changes in relationships – some people might seem unsupportive or unavailable, while others might seem closer than before.
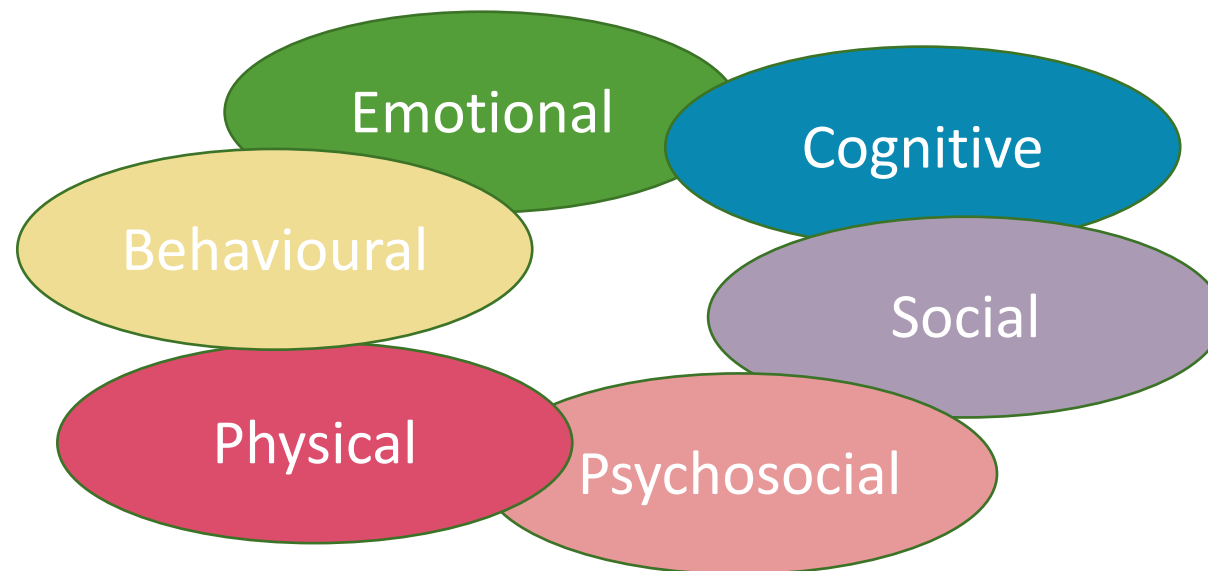
Normal: not signs of weakness or that a person cannot do their job

For most, these will be **short-term**

What might be typical reactions seen in the workplace?

- Unprecedented event = everyone different
- Highly likely that care workers will experience distress at some point, with so many people critically unwell
- Normal short-term reactions include:

Which factors could affect risk of psychological harm?

Behaviours

Personal factors
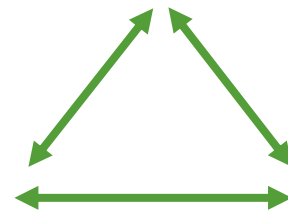
Environment around us:
Work life
Personal life

Provision & support from organisations is a key factor in how people cope

Bandura, 1989

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Changes in psychological responses over the pandemic

Preparation phase	→	Active phase	→	Recovery phase

Anticipatory anxiety
Feeling unprepared if planning happens rapidly without their input, fear of the unknown

'Heroics' and surge to solution
- Increased camaraderie
- Sense of rising to challenge
- Responding on instinct, prone to error
- Some frustration and confusion
- Witnessing new things, feel out of control
- Losing usual boundaries, over-working
- Work-life tensions arising
- Increased focus on 'getting things done' – silo working

Disillusionment and exhaustion
- High psychological risk
- Adrenaline, automatic pilot followed by sudden exhaustion
- Possible self-care neglect
- Possible moral distress/injury
- Possible compassion fatigue
- Possible home/family tensions
- Stress accumulating
- Those with pre-existing MH vulnerabilities at risk

Recovery and long-term psychological impacts
- Most staff will feel able to cope with social support.
- Personal development, post-traumatic growth
- Some may experience intrusive thinking, shame, guilt. 'Heroes' narrative difficult.
- Potential resentment towards organisation
- Some burnout and PTSD

Psychological responses and support needs are likely to vary at different points during the pandemic
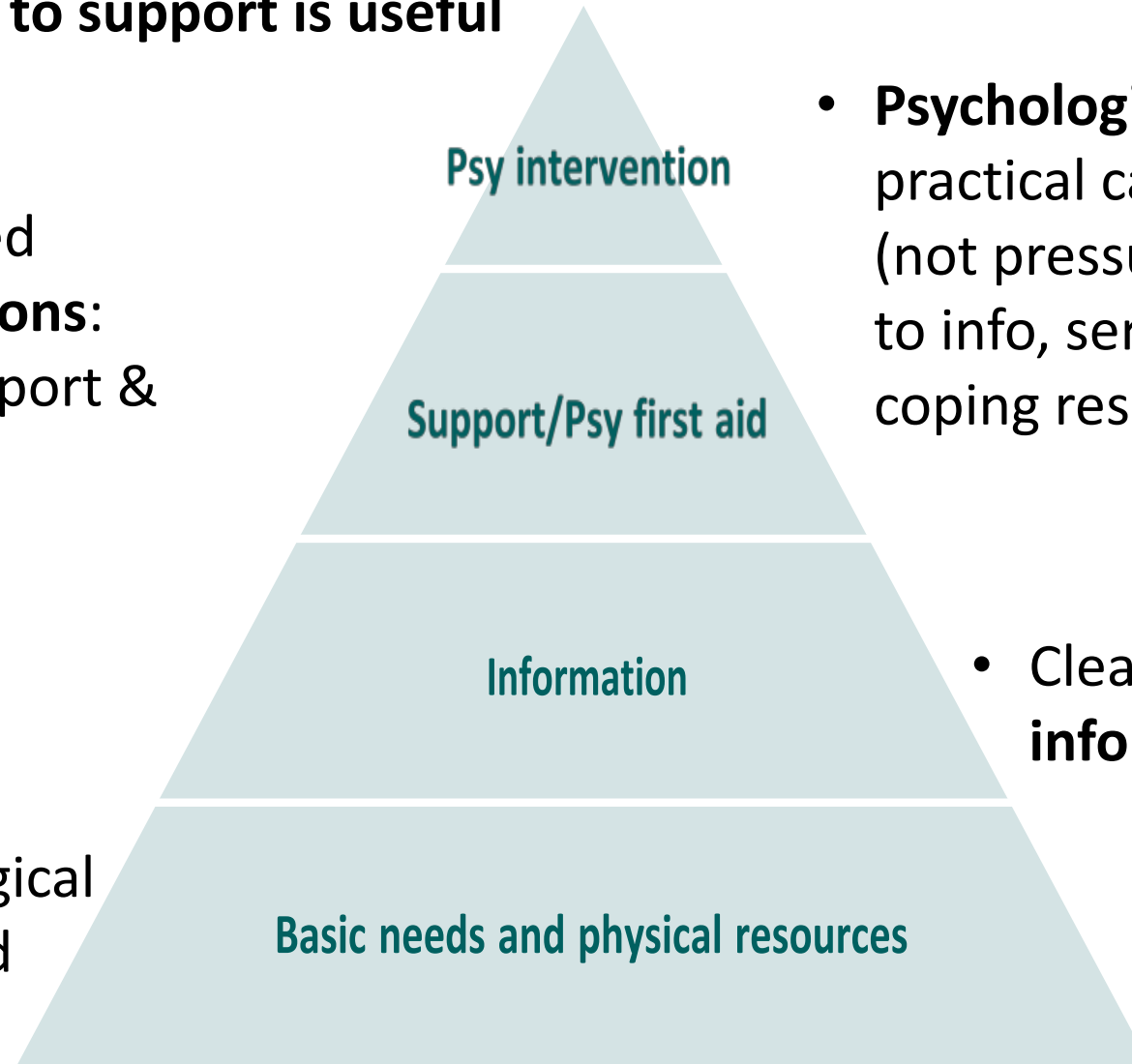
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What can we do to support workers?

A stepped care approach to support is useful

- Minority of staff will need **psychological interventions**: ensure links to crisis support & mental health services

- **Physical** and psychological safety go hand-in-hand

Psy intervention

Support/Psy first aid

Information

Basic needs and physical resources

- **Psychological first aid** e.g. practical care & support, listening (not pressure to talk), connecting to info, services, activate usual coping resources

- Clear, consistent and timely **information** is vital

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What can we do to support workers?

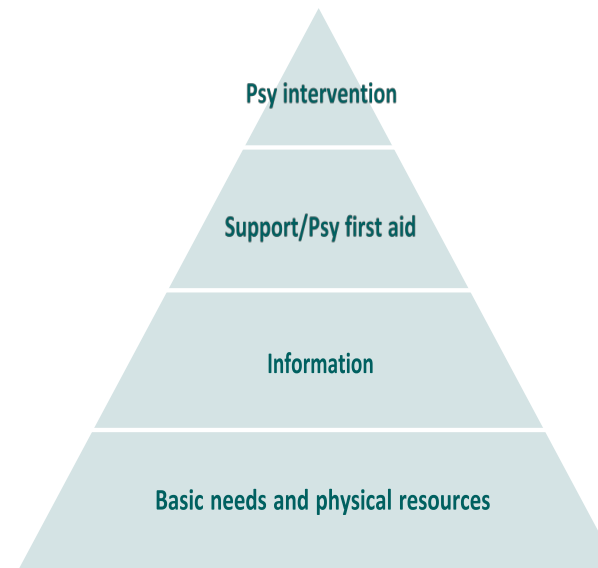| Active phase	→	Recovery phase

Active phase

- Visible, approachable **leadership**
- Clear, timely, transparent **communication**
- **Normalising** responses
- **Physical safety** needs of staff
- Guidance & support for **challenging situations**
- **Peer support**, buddy systems
- Physical **health promotion**
- Access to **specialist mental health support**

Recovery phase

Not straight back to 'business as usual':
- Taking stock, **reflection** and processing of experiences
- Learning events, making **future plans**
- **Recognition** of service
- **Ongoing peer support**

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Key messages on psychological needs of care workers

Preparation phase

Active phase

Recovery phase

Psy intervention

Support/Psy first aid

Information

Basic needs and physical resources

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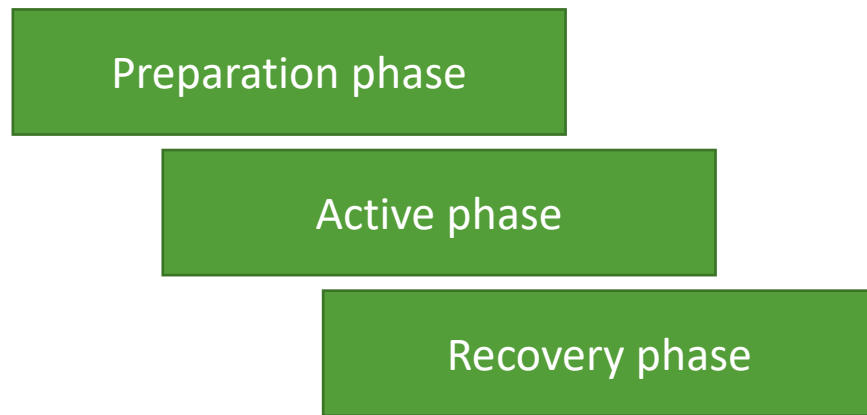
Integrating a conversation about psychological support into your usual ways of working

Roseanna Brady

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Context

"There's so much information coming through it's like drinking water from a hosepipe!"

Emergency Medicine Consultant, tertiary hospital in London

Principles

OPEN, EMPATHETIC, SUPPORTIVE CONVERSATIONS

EXPLORE AND AGREE THE AGENDA

ELICIT – PROVIDE – ELICIT
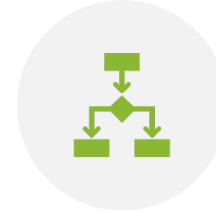
RECOGNISING/VALIDATING WHAT IS ALREADY ACHIEVED

HELING TO REVEAL THE GAPS

AVOID UNDERMINING/JUDGING – IDENTIFY STRENGTHS AND OPPORTUNITIES

BOUNDARIES

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Agenda

- Personal safety
- Physical wellbeing
- Opportunities to decompress
- Psychological first aid
- Decision making (ethics)
- Leadership and communications

Figure 1: Stepped psychological response

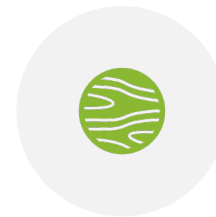# Personal safety

- PPE and infection control
- Testing
- Physical distancing
- Competence – new tasks, adaptations and redeployment
- Training, supervision and support
- Individual risks
- Raising concerns about safety

Figure 1: Stepped psychological response

(Pyramid levels from top to bottom: Psy intervention / Support/Psy first aid / Information / Basic needs and physical resources)

Physical wellbeing

- Hydration
- Healthy food
- Regular breaks
- Shift patterns
- Self-care plans

Figure 1: Stepped psychological response

Opportunities to decompress

- Easy access to a respite space
- Quiet, calm, restful environment
- Encouraging use of this space
- Drop-in, physical or virtual, facility
- Information about support

Psy intervention

Support/Psy first aid

Information

Basic needs and physical resources

Figure 1: Stepped psychological response

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Psychological first aid (PFA)

- Awareness of PFA
- Training – all staff
- Identifying people in need of PFA
- Visibility of wellbeing resources
- Identifying high levels of psychological distress
- Support for people with high levels of distress

Figure 1: Stepped psychological response

(Pyramid levels from top to bottom: Psy intervention; Support/Psy first aid; Information; Basic needs and physical resources)

Decision making (ethics)

- Issues likely to present ethical dilemmas identified
- Ethical guidance available from senior leadership
- Visible and accessible
- Access to second opinion

Psy intervention

Support/Psy first aid

Information

Basic needs and physical resources

Figure 1: Stepped psychological response

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Leadership & communications

- Regular, frequent, timely, accessible briefings
- Clear and timely re Guidance, and changes to Guidance
- Easy, safe ways of raising concerns
- Leaders modelling behaviours (e.g. taking breaks)
- Support for leaders
- Plans for longer-term psychological consequences (Recovery Phase)

Psy intervention

Support/Psy first aid

Information

Basic needs and physical resources

Figure 1: Stepped psychological response

Demonstration

Introduction & agreeing the agenda

Exploring personal safety

Questions

The Health Psychology Exchange

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We are a collaborative of health psychology professionals and each of us is volunteering to assist the health, public health and social care systems in their response to COVID-19.

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