

## COVID-19 and Staff Support

This document offers practical recommendations as to how leaders/managers of all clinical and non-clinical staff may best meet the psychological needs of their teams.

### Psychological support during an ongoing crisis

Research evidence indicates that structured or ‘deep’ psychological debriefing, that asks a person to systematically recount their perceptions, thoughts and emotional reactions during a recent stressful event, is unhelpful. At this time, during and in the immediate aftermath of a crisis, the principles of [‘Psychological First Aid’](#) may be most useful: care, protect, comfort, support, provide, connect, and educate.

In general it is important to remember that staff are likely to be in a high state of arousal during a crisis (“fight or flight mode”). This is not usually the time for new learning, reflection, or emotional processing. Instead a stepped care response following the principles in Figure 1 is most appropriate. Physical needs, information and peer support are first line, with more specific psychological interventions being utilised for those who require it, and can make effective use of it during crisis periods.

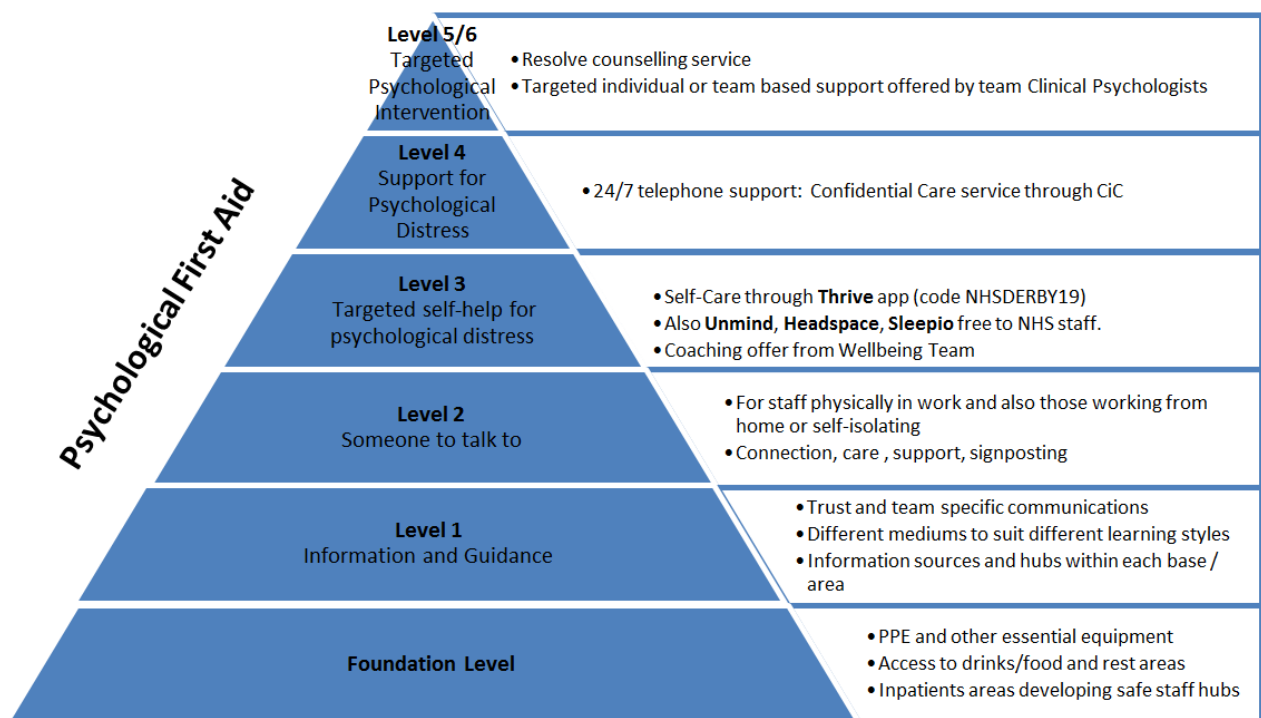


Fig 1: Stepped psychological response in DHCFT

## Staff wellbeing support offers to meet the psychological needs of staff

### Level 1 – Information and guidance

[www.joindupcarederbyshire.co.uk/](http://www.joindupcarederbyshire.co.uk/) is a local resource of information, advice and support for staff. There is education about normal responses at this time, information on coping techniques, and ways to protect their emotional wellbeing at this time.

Also locally tailored resources, and posters with support offers and key messages.

### Level 2 – Someone to talk to

Maximising opportunities for staff to speak with colleagues. This applies equally whether staff are in work physically, self-isolating, or working from home. This is not for counselling or therapy but for a supportive conversation and sign-posting.

Staff can access a series of 30-minute dial-in **coaching** sessions with members of the wellbeing team. These can be used to ask advice, find out what services are available and even just for a chat if people are having to isolate and need some fresh company. Book by emailing [dchst.engagement@nhs.net](mailto:dchst.engagement@nhs.net)

### Level 3 – Targeted self-help for psychological distress

There are lots of self-care ideas on the [Joined up Care Derbyshire](http://www.joindupcarederbyshire.co.uk/) website.

Our Wellbeing team have signed up to the **Thrive** app with the free code NHSDERBY19. It takes you through a targeted 'CBT programme'. Also **Unmind**, **Headspace**, **Sleepio** and others all now available free to NHS staff.

### Level 4 – Support for psychological distress

There is **24/7 telephone support**, confidential counselling and advice available from the Confidential Care service through CiC. Simply call: 0800 085 1376.

Managers can also access a specific advice line which is available 9am-5pm: 0800 085 3805.

### Level 5/6 – Targeted psychological interventions

On-site **Resolve counselling service** for staff to help with challenging times. The service has enabled phone and digital counselling to manage during social distancing and isolation but can still come to teams where required, such as following a traumatic situation. To confidentially access the service or for more information email [resolve@nhs.net](mailto:resolve@nhs.net) or call 01246 515951.

**Targeted individual or team based support** is offered by team Clinical Psychologists, as well as likely also by team managers and colleagues.

Decisions on appropriate support will be based on the complexity and nature of the request for support. Resolve and psychology services will collaboratively triage.

## **Principles for responding well in this active phase to sustain staff wellbeing**

Most of our own and our colleagues reactions will be healthy and normal responses to immense stressors. Thus we must be cautious in thinking through our responses at organisational, team and individual levels and be mindful of not stigmatising normal human reactions as 'lack of resilience'.

The principles below are synthesised from guidance available from the NHS, professional and specialist trauma bodies including Psychological First Aid. Full details for these sources can be found at the end of this document.

- ✓ **Support basic needs**  
This includes access to food and drinks, breaks, spaces to relax, and adequate equipment and training.
- ✓ **Have a communication strategy and keep information simple**  
Communicate regularly with staff using simple messages. May involve passing on trust communications to those not regularly accessing intranet. Be visible, available and supportive. You do not need to have all the solutions all the time!
- ✓ **Normalise responses**  
It is important that staff know that feelings such as fear, anger, exhaustion, and numbing are common during a crisis situation. 'Normal human responses to abnormal events'.
- ✓ **Stay connected**  
Providing and encouraging opportunities to connect with peers helps people remember that they are not alone in a crisis. Consider regular "check-ins" and "check-outs" at the start and end of each day/shift. Maintain connections with remote workers to replace face-to-face contact.
- ✓ **Provide information on further support**  
Be clear on what support is available and how it can be accessed, so you can provide this information when necessary. See below.
- ✓ **Acknowledge difficulties – and successes**  
It is important to acknowledge the pressures that people are under, and to appreciate the commitment and care staff are showing during this difficult time.
- ✓ **Take care of yourself and pace yourself**  
This is a marathon, not a sprint!

## Providing individual or team based psychological intervention

In line with the evidence base, be wary about offering direct psychological interventions too soon. Although well intentioned, intervening in people's natural coping mechanisms too early can be detrimental. Single session 'Psychological Debriefing' is not indicated immediately after or during a traumatic incident. As the situation progresses and we move into a 'recover' phase it is more appropriate to offer spaces for staff to talk about and through what has happened, this may be through existing reflective practice, Schwartz Rounds or individual offers.

If offering specific support, remember that you, yourself, are being impacted in by these same events. Is it appropriate for you to be offering support to your colleagues / teams, or better to view yourself as part of the team needing support? Use Psychological First Aid principles with yourself: be aware of your own responses and needs; maintain balance in your own life and work; and connect with valued others.

Many of you will have your own experience of, and preferred ways of providing, staff support. The suggested structure in the appendix draws on the Post Incident Peer Support model that we have used within the trust to provide supportive intervention after distressing events, as well as principles of Psychological First Aid. It is primarily intended for team psychologists to consider any support they may offer, though may be useful for other experienced staff. As always, and particularly in these times, it is crucial to access support and supervision in our work.

## Further resources

The following resources have been used in the producing this document and provide further information about supporting staff wellbeing:

This [NHS Scotland Guidance for Psychological First Aid](#) is an accessible resource outlining practical application of PFA at this time, almost like a brief elearning package.

Guidance in supporting staff wellbeing at this time has been produced by the British Psychological Society: [BPS Covid19 Staff Wellbeing Group guidance - 'The psychological needs of healthcare staff as a result of the Coronavirus pandemic'](#).

The COVID Trauma Response Working Group have produced [Guidance for planners of the psychological response to stress experienced by hospital staff associated with COVID: Early Interventions](#). This has a great list of "Do's and Don'ts" for planners, managers and leaders.

Intensive Care Society. *Wellbeing resource library*.  
<https://www.ics.ac.uk/ICS/Education/Wellbeing/ICS/Wellbeing.aspx>

Centers for Disease Control and Prevention. *Psychology of a crisis*.  
[https://emergency.cdc.gov/cerc/ppt/CERC\\_Psychology\\_of\\_a\\_Crisis.pdf](https://emergency.cdc.gov/cerc/ppt/CERC_Psychology_of_a_Crisis.pdf)

## Appendix: COVID-19 suggested staff support session structure

Based on Post Incident Peer Support (PIPS) group sessions and Psychological First Aid principles. Structure will depend on the 'event'/focus and whether a single incident (perhaps patient death) or ongoing stressor. Only use with appropriate support/supervision.

### 1. **Intro**

Structured nature of session, not therapy

Different stages (as below)

Not focusing on emotional experiencing re. events as contraindicated/can be unhelpful.

### 2. **Focus on FACTS** around events/situation, the 'what's happened'.

It may be most useful here to focus on a specific difficult day or experience.

If in group go round in chronological order, 'what do you know from your perspective?' Often 'fills in the gaps'.

If individual might highlight need to ask others for more info.

If current/ongoing or very recent trauma then redirect away from focus on perceptions/thoughts/emotions at time.

### 3. **Reactions after the event:** How have you reacted afterwards?

Focus on emotions, thoughts and behaviours after any event.

Here again there is a risk of getting too focussed on exploring emotional reactions to the pandemic or crisis itself, so may be best to redirect focus to reactions after the specific difficult day or experience.

Use of validation and normalising responses: usually happens naturally in group settings though may need some 'drawing out' or highlighting common experiences: "Does anyone else feel like that"/"Did anyone else experience that?"

"Normal responses to abnormal events"

Also begin to draw out effective coping responses.

### 4. **Psycho-education and information giving.**

About normal reactions in this time: may help to direct people to web based info, perhaps prepare a list of common responses from web resources: emotional distancing, sleep disturbance, avoidance, over-reading news information etc.

Also about effective coping responses (particularly connecting with others) and signposting to further support.

May be focus on taking care of immediate safety needs (PPE?) and protecting from further harm.

### 5. **Summing up plus offer to meet again.**