Supporting Frontline Staff During COVID-19:
Advice for DPT High Intensity therapists conducting 1:1 staff therapy sessions
(v1 20ᵗʰ April 2020, Barney Dunn, University of Exeter)

This document outlines advice for supporting NHS and social care staff wellbeing during COVID-19 using a psychological first aid framework. It is 'evidence-informed' rather than strictly 'evidence-based', primarily based on:

- BPS guidance for supporting staff during COVID-19
- World Health Organisation psychological first aid guidance
- A rapid evidence review by the UCL trauma group
- Other relevant reading (See Appendix One for full list of resources)

The offering has recently been extended to police (revised versions of this guidance will focus also on unique challenges police face).

Overview

Frontline staff report wanting pragmatic solutions to challenges they are facing, rather than in depth therapy. Therefore, staff support sessions aim to support coping, foster resilience, reduce burnout and reduce risk of developing subsequent mental health difficulties linked to the COVID-19 high stress working environment, taking a pragmatic psychological first aid approach. This is intentionally not a psychological debriefing approach, as this may be ineffective or actively detrimental.

Therapists should aim to respond swiftly and practically, with some flexibility around scheduling if needed. Therapists should use their core therapy skills (empathy, openness, honesty; following a well-paced and structured agenda that meets client needs, including use of guided discovery to identify client resilience). In addition, be prepared to work creatively and flexibly in this brief, solution-focused format.

A majority of staff can be signposted to watch a brief webinar that outlines self-care principles for frontline staff during COVID-19 and/or review general guidance on self-care during the pandemic provided in Silver Cloud 'Space from COVID-19' (access code NHS2020). 1:1 sessions can then be used to personalize and trouble shoot a self-care plan following this guidance, if useful supporting the staff member to complete the wellbeing action planning tool (Appendix Two). There is also free access for NHS staff to evidence-based apps (Sleepio for insomnia; Headspace for mindfulness; Daylight for anxiety management; Unmind for mental wellbeing).

Additional monitoring and support may be needed for staff with pre-existing mental health conditions. These staff currently have prioritized access to standard TALKWORKS pathway or up to 3 single support sessions.

Suggested Structure for Individual Session

Step 1: Understand challenge staff face and normalize their response

Staff are likely to be facing (in both COVID-19 and non COVID-19 facing settings):

- high workload and clients in increased distress
- increased exposure to end of life care and issues
- rapid change in working practices
- having to alter or ration usual care (and risk of moral hazard)
- feeling unsafe due to risk of infection (to self and loved ones)
- feeling frustrated by organizational context (e.g. planning, PPE availability)
- guilt at not doing more (if off sick or if their part of the system is quiet)
- having to adapt to social isolation restrictions
- all work and personal stressors that pre dated COVID-19

Many are likely to suffer from elevated stress, burnout and some mental health symptoms during the pandemic (but for most these will resolve over time without intervention).

It can be helpful to think about 3 phases of the pandemic:
- **Anticipatory anxiety** (worry and adjustment before the peak)
- **Peak Coping** (swinging between 'rising to the challenge' and feeling overwhelmed)
- **Adjustment/recovery after the peak** (including for some referral on for psychological support if natural recovery does not occur).

In response:
- *Normalise* the 'human' responses that people are having to exceptional circumstances. It is ok to be ok and its ok not to be ok.
- Be *curious* about and take into account the individual you are working with (profession, organizational context, COVID work role, pre-existing vulnerabilities/strengths/stressors).
- *Recognise* and *appreciate* the contribution to society staff are making and build a (realistic) sense of *hope* about the future: this will change and individuals are resilient.

Step 2: Meet basic needs and maximise social support

Physical/Safety Needs: Encourage staff to plan how to have their basic physical and safety needs to be met at work

- access to adequate PPE and testing for COVID-19
- adequate access to food and water during shift
- access to safe space for emotional time out if required on shift
- breaks during shift and some time off in the week
- support with travel, accommodation, and child care if required
- rotation between higher-stress and lower-stress functions to minimize burn out
- flexible working schedules if required to respond to pressures outside of work.
- have clear information from management and leaders about role and what to expect (presented in honest, frank and open way
- reduce 'moral hazard' by having clear guidance around care decision-making (including rationing) and encouraging shared decision-making

Peer/Social support: Encourage staff to have good social and peer support systems in place at work and home

- Set up peer support mechanisms at work (buddy systems, end of shift review, pairing inexperienced with experienced workers, checking in with each other after difficult moments).
- Maximise use of support from friends and family at home (both support around the difficult but also 'nourishing' positive contact)
- Show thanks and support for each other at work, to build a sense of camaraderie and 'all being in it together'. Use verbal methods if non-verbal cues hidden by PPE.
- Take into account many people being redeployed, so new teams having to learn to work together in unfamiliar setting.
- Staff may feel guilty or not want to burden or distress others (particularly family), so explore any cognitions blocking use of social support
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Step 3 Develop a personal self-care plan, building on existing strengths

Self-Care Plan (develop alongside staff):

- Identify individual stress triggers and early warning signs and plan a response to this.
- Utilize existing coping/resilience/wellbeing strategies of staff member.
- Encourage routine wellbeing activities informed by five ways to wellbeing (be active, take notice, connect, give, learn).
- Adapt existing strategies as required (find 'functional equivalents' to self-care strategies in current situation).
- Monitor and try and reduce use of unhelpful coping where possible.
- As required, support staff around building skills around psychological stressors at work (for example, interpersonal effectiveness and bereavement guidance).
- Explore strategies to maximise engagement and troubleshoot barriers: do staff member have the skills, motivation and opportunity for self-care as well as clear goals (Michie COM-B behavior change framework)?

As required, use techniques from existing clinical interventions to manage specific problems (formulating the problem in mechanism not disorder terms):

- *Insomnia/sleep difficulties* (sleep hygiene, relaxation/mindfulness exercises, challenging worry beliefs around lack of sleep)
- *Self-criticism* and *perfectionism* (compassion based techniques; CBT for perfectionism; working on challenges to perceived competence/autonomy at work)
- COVID-19 related *rumination/worry* (techniques from mindfulness, rumination focused CBT, and CBT for GAD).

Additional guidance

Remember you are also a frontline NHS worker and need to invest in your own self-care and wellbeing.

Appendix 1: Full Resources

COVID-19 specific guidance

- The psychological needs of healthcare staff as a result of Corona Virus Pandemic. British Psychological Society COVID 19 staff wellbeing group
- COVID trauma response working group rapid guidance, UCL trauma group https://www.traumagroup.org
- Co-ordinating a trauma informed response to COVID-19: What, why and how. UCL trauma group.
- Guidance for psychological professionals during the COVID-19 pandemic. BABCP and others.
- Psychological Professions Network. COVID-19 Resources.
- Advice for sustaining staff wellbeing in critical care during and beyond COVID-19. Intensive Care Society
- Interagency standing committee. Interim Briefing note: Addressing mental health and psychosocial aspects of COVID-19 outbreak. ISAC
- COVID-19 & Mindfulness: Resources for health and care staff. The Mindfulness Initiative.
- Williams et al. top ten messages for supporting healthcare staff during the COVID-19 pandemic.

COVID-19 specific articles

- Chen, Q. et al. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. Lancet.
- Greenberg, N., Dochertry, M., Gnanapragasam, S. and Wessley, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. British Medical Journal
- Lai et al (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus Disease 2019. JAMA.
- Shanafelt et al (2020) Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. JAMA.
- Williamson (2020). COVID-19 and experiences of moral injurt in front-line ke workers. Occupational Medicine
- Teoh et al (2020). Looking after doctors mental wellbeing during the covid-19 pandemic. BMJ opinion

Pre-existing guidance for trauma/disaster response

- United Kingdom Psychological Trauma Society. (2014). Traumatic stress management guidance: For organisations whose staff work in high risk environments. Leeds: UK Psychological Trauma Society/ European Society of Traumatic Stress Studies.
- Richins, M., Gauntlett, L., Tehrani, N. et al (2019). Scoping Review: Early Post-Trauma Interventions in Organisations. British Psychological Society
- Greenberg, N., Wessley, S. and Wykes, T. (2015). Potential mental health consequences for workers in the Ebola regions of West Africa – a lesson for all challenging environments. Journal of Mental Health.
- National Institute for Health and Care Excellence (2018). Post-traumatic stress disorder. NG116. https://www.nice.org.uk/guidance/ng116
- World Health Organisation (2011). Psychological First Aid: Guide for Field Workers. https://www.who.int/mental_health/publications/guide_field_workers/en/
- Gispen & Wu (2018). Psychological first aid: CPR for mental health crises in healthcare. Journal of patient safety and risk management.
- Best Practice Guidelines: Mental Health Response to disasters and other critical incidents. British Medical Journal
- Bamber. CBT for occupational stress in healthcare professionals: Introducing a schema-focused approach. Routledge.
- Dieltjens et al (2014). A systematic literature search on psychological first aid: Lack of evidence to develop guidelines. Plos One.
- Cochrane Review on psychological debriefing for preventing PTSD (2002).
- Early interventions for trauma (2015). British Psychological Society.

- Brooks et al. (2018). A systematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. JOEM.

Other useful materials and resources

- Trauma group vlog:
- DPT vlog on self-care and resilience
- Mindfulness resources for staff during COVID-19
- Intensive Care Society: Wellbeing Resource Library

Wellbeing and Stress Management Action Plan for NHS and Social Care Staff During COVID-19

During the Coronavirus outbreak NHS and social care staff are likely to have significant demands placed on them at work. Further, staff will also be dealing with any issues that were around before the Coronavirus outbreak and will also be having to adapt to the challenges of social isolation in their personal lives. The outbreak will last for at least a number of weeks, so is a 'marathon rather than a sprint'. Feeling stressed and having reduced wellbeing at this time does not mean people are 'not up to the job', but is a normal human reaction to extraordinarily challenging circumstances. It is therefore helpful to spend some thinking about what steps you can take to look after your physical and emotional wellbeing over the coming weeks, to allow you to stay well and functioning at work and also to protect your mental health for the longer term.

We hope you find this booklet a useful resource. It is a personalized practical tool that we can all use (whether or not we have mental health issue). It is based on Copeland's Wellness Recovery Action Plan (WRAP) framework; an evidence-based approach used by people to manage their mental health around the world. The tool follows the structure in the video resources presented on the TALKWORK website about [how staff can stay well during COVID-19](). You may wish to watch these videos first.

The tool will guide you through a series of questions to help develop your own action plan to follow (both at work and at home). It encourages you to build on coping skills that have worked for you in the past and to be able to use these coping skills when you notice early warning signs you are becoming stressed. Try and make your answers as specific as possible (what, where, when, who, how) and be realistic about what you can do, as you are more likely to follow through on plans the more detailed and achievable they are.

It may be helpful to answer the following questions (focusing on home, work or both)

What do you need to be put in place at work to ensure your basic physical and safety needs are met?

For example, breaks, easy access to food/drink, shared decision-making around care allocation, adequate PPE for setting, space for 'emotional time-out' if needed.

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What social support can you put in place at work and home to support you over the coming weeks?

Consider how will you put this in place and communicate to others what you need?

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What has helped you manage stress/build wellbeing in the past?

Try and pull out your coping strengths and consider how you can put these into play over coming weeks

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What situations are you likely to face in the coming weeks that may make you stressed (your stress triggers) and how might you react?

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What are your early warning signs you are becoming stressed or suffering from poor mental health?
Focus on early changes in thinking, feeling, emotions and the body:

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How will you respond when you notice these early warning signs of stress?
Try and identify small acts of self-care or social support you can realistically engage with (and that build on coping that has previously worked for you).

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What wellbeing activities can you (realistically) engage with over the current weeks to stay healthy?

Focus on 'small ticket' items and simple acts of self-care (30s, 5m, 30m options). Consider how you might need to adapt your usual wellbeing activities due to social isolation restrictions. Be realistic, given pressures at work you are under. Focus on five ways to wellbeing (social connection, exercise, being in the moment, learning, giving)

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What will get in the way of you acting on this plan and what can you put in place to maximise chances you follow it?

For example, what will help you remember it, can you recruit others to 'nudge' you to follow it, can you schedule a few minutes a day to check in on your self-care.

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This tool has been developed by the University of Exeter and TALWORKS at Devon Partnership Trust.