



HEALTHCARE WORKERS **CARE NETWORK**

Caring for the Carers by the Carers





HOW TO LEAD YOUR TEAM WITH STRENGTH AND COMPASSION

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Covid-19 and the Mental Health of Health Care Workers

- Healthcare Workers (HCW) experience more stress than the general population
- This increases their physical and mental problems
- HCW's have a higher risk of suicide than most other occupational groups
- Research done during previous epidemics and this pandemic shows that the risk for physical and mental problems will increase due to the increased psychological distress we are experiencing



Challenges for Healthcare Workers

Traumatic
Exposure

insufficient PPE, risk of infection and infecting loved ones

Moral
Injury

psychological distress that results from actions or the lack of them, which violates someone's moral or ethical code

Workplace
Stress

challenges of acquiring PPE, of wearing PPE for long periods of time, of making life or death decisions, long work hours

Home
Stress

family and children at home – their anxieties, their needs, financial stresses



Protective factors for Healthcare Workers

- ▶ Brooks et al in 2018: Investigation of **factors associated with psychological outcomes** in healthcare employees during an infectious disease outbreak
- ▶ Aim was to identify recommendations for **interventions to reduce the risk** of adverse mental health outcomes and to **foster post-incident resilience** within healthcare organizations.
- ▶ **Protective Factors** were found to be:
 - ✓ **Training and consequential feelings of preparedness**
 - ✓ **Continuous support** from the employer, family and friends



The Importance of the Leader of healthcare workers during the Covid-19 pandemic

- How a leader leads his or her team onto the battlefield will determine the outcome to a large extent
- The battle will be faced on many fronts: by the doctors, the nurses, the cleaners, the porters, the administrative staff, security
- Every single one of the clinical and non-clinical staff is vitally important and needs to be prepared for the challenges of the coming months



The importance of the Leader cont..

- Strong evidence to show that psychologically savvy team leaders play a critical role in supporting the health of their team members (Greenberg, 2020)
- The right team ethos allows members to function in the most difficult of circumstances
- Leaders also play a vital role in reducing stigma and promoting help seeking behaviours



COVID-19 Phases

- ▶ Useful to think of the battle as occurring in phases
- ▶ Each phase comes with its own challenges, common responses and possible solutions



COVID-19 Phases of the Mental Health wave (1)

PREPARATION PHASE (Planning and anticipation, education and information)

Staff Challenges

- Anticipatory anxiety vs possible denial
- Overwhelmed with physical and emotional signs of tension
- Information overload vs Lack of information

EARLY PHASE (Single or small number of COVID-19 positive patients, vigilance regarding resources, some ethical dilemmas)

Staff Challenges

- Anticipatory anxiety heightens
- Increased psychosomatic symptoms
- Possible denial and overdrive



COVID-19 Phases of the Mental Health wave (2)

MID PHASE (many positive cases daily, insufficient equipment, covering for absent colleagues, challenging ethical decisions)

Staff Challenges

- Distress and worry increases
- Staff may feel unable to cope and overwhelmed
- Some on overdrive
- Starting to deplete personal reserves - 'running on empty'

PEAK PHASE (case overload, insufficient capacity due to patient numbers, collapse of structure-all hands-on deck, challenging ethical decisions)

Staff Challenges

- Feeling distressed and overwhelmed
- May feel unable to cope
- Staff burnout



COVID-19 Phases of the Mental Health wave (3)

TAIL-OFF PHASE (more capacity, minor ethical dilemmas)

Staff Challenges

- Staff running on empty
- Many with burnout
- Potential retrospective guilt

POST COVID19 PHASE (full technical capacity, still reduced staff function/reduced numbers)

Staff Challenges

- Delayed stress response
- Retrospective guilt
- Mitigate staff distress
- Delayed psychological impact



Principles of Responding for sustained staff wellbeing (1)

1. Visible leadership

- be visible, available and supportive
- **firm** but **compassionate leadership**

2. Honest, clear and regular communication:

- **Prepare** your staff in advance of the realities of work
- Things will be far from perfect but the team will keep **trying to solve problems** to the best of their abilities
- Be **honest** about the acquisition and use of PPE, as well as the challenges in accessing all the necessary equipment. Keep your staff continuously **updated**
- **Simplify protocols** and update any changes



Principles of Responding for sustained staff wellbeing (2)

2. Honest, clear and regular communication (continued):

- **Actively listen** to your staff, understand their challenges, empathise with their fears and concerns, ask them how you and the team can help
- Adopt a balanced fact-based tone.
- It **is time to overprotect, but not overreact**
- **Normalize feelings**, don't rush in to treat them professionally. These feelings may be adaptive. Too early intervention can threaten natural coping mechanisms
- **Neither minimize fear nor exaggerate** crisis
- Establish yourself as the **calm center** of a storm



Principles of Responding for sustained staff wellbeing (3)

3. Promote Staff Wellbeing

- Encourage staff to **stay well** by having food, staying hydrated, rest and sleep. Keep away from drugs, alcohol, highly caffeinated beverages and energy drinks
- Create **time out** spaces
- Share **stress tips** with staff
- Encourage staff to prepare a **Wellness and Safety Plan**
- Look at the **pragmatics** – how staff will get to work, how they will self-isolate should they have been exposed, how staff prepares family and how family's anxieties could be lessened



Principles of Responding for sustained staff wellbeing (4)

3. Promote Staff Wellbeing (continued):

- **Praise** your team regularly for their hard work and sacrifices
- **Check in** with staff often, pay attention to any staff members who may be struggling and if they do, facilitate support for them
- Should a staff member struggle, think about how to **support**, often a break or a day off can prevent a bigger crisis
- **Circle of Influence**



Principles of Responding for sustained staff wellbeing (5)

4. Build Team Cohesion

- Vertical and horizontal **communication** is vital to ensure staff cohesion (**2 min check-in**)
- Encourage staff to **praise and acknowledge** each other's efforts, even if the outcomes may often be unsuccessful
- Create **regular meetings** and clear communication channels
- Set up **support systems**: buddy systems - pair experienced with less experienced staff
- End of shift meetings: don't debrief but **calmly identify reasons for the outcomes and how to improve practices**
- Address **Staff Conflict** as it arises



Meetings

- ▶ Time spend in meetings with your team show a 35% improvement in productivity of staff
- ▶ This is a marathon, not a sprint rather a relay (impt of teamwork)
- ▶ Build resilience and prevent burnout
- ▶ We aim for Post Traumatic Growth and not PTSD



Principles of responding after the crisis

- Resilience is the most likely outcome
- However we still need to keep in mind that some of us will struggle
- Risk factors strongly predictive of longer-term mental health outcomes:- (Greenberg, et al, Lancet, 2020)
 1. Post-trauma social support
 2. Stressors experienced during recovery (direct or indirect)



Four Key Elements suggested for responding to health care workers post 'Peak COVID-19'

Give Thanks

Return to Work Interviews

Active Monitoring

Reflective Practice Groups



Give Thanks

1

Give Thanks

A proper, personalised thank you by someone senior acknowledging the specific challenging work undertaken.

Consider letters to families too. This can foster individual resilience.

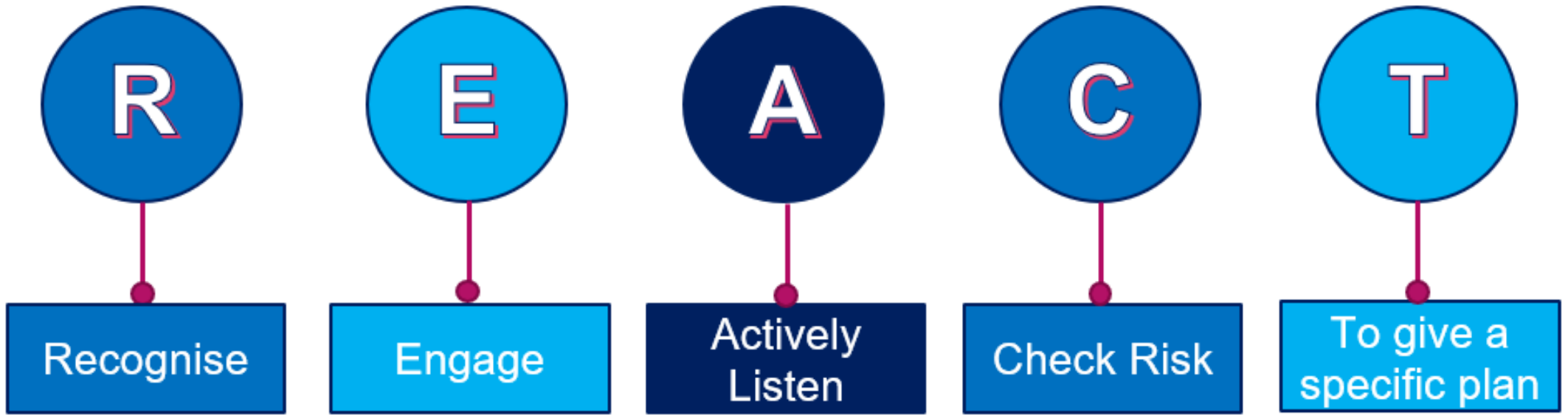


Return to Work Interviews

- 2** **Return to work interviews**
- ▶ By psychologically savvy supervisors who are comfortable speaking about mental health
 - ▶ Find out about their work during the pandemic and the direct and indirect impact on them
 - ▶ Secondary stressors impact on the risk of getting PTSD
 - ▶ Ask, 'What can I do to get you back to work in a safe manner?'

REACT





Active Monitoring

3 Active monitoring

- evidence supports active case finding
- need to give help early on in order to reduce a worse outcome due to secondary damage
- have a low threshold to intervene if no improvement 3 months after the trauma
- anonymous online self-check tools might encourage honest and meaningful responses



Reflective Group Practices

4

Reflective practice groups

- it is leader led group discussion: the leader sets the scene and makes it psychologically safe for the team members to talk
- a meaningful narrative develops
- there will be sorrow but this at least does not equate to mental illness
- Schwartz rounds (evidence based model)



CONCLUSION



All staff fighting the battle at the frontline of the pandemic are vitally important



Without you, we would not survive this challenging time




Whilst we are in the midst of this battle, remember that this fight will come to an end



You are stronger than you know, and together we are stronger than we could possibly imagine



Struggling through this time with the right support will allow you to not just survive, but grow resilience and strength



*I Hope you know you
are Capable + Brave
and Significant*


EVEN WHEN IT FEELS LIKE YOU'RE NOT



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Introduction to Psychological First Aid (PFA)

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Trauma is Context Dependent

Painful emotional experiences become enduringly traumatic when there is an absence of relationships, or connection with others, in which they can be held



Psychological First Aid (PFA)

- ▶ Preferred first line psychosocial intervention in disaster, mass violence, and emergency situations
- ▶ 2009 the World Health Organisation concluded that psychological first aid, rather than psychological debriefing, should be offered to people in severe distress after being recently exposed to a traumatic event
- ▶ General consensus amongst trauma experts is don't rush in to provide psychotherapy or formal psychological intervention too soon



Why is Psychological First Aid preferred?

- Not effective in preventing post traumatic stress disorder
- Can exacerbate stress
- Potentially harmful
- Not culturally sensitive
- Psychological debriefing tends to medicalize and pathologise
- Not easily accessible - requiring professional experts



Underlying Research

there is not a substantial research base on the outcomes of PFA

WHO conducted a systematic review for features of good interventions

- Delphi study conducted to develop the European Network for Traumatic Stress's (TENTS) guidelines on psychosocial care following disasters (Bisson and Tavakoly, 2008)
- Paper by Hofbol et al (2007) which outlines the conclusions of a panel of international trauma experts on the treatment of those exposed to disasters and mass violence



Evidence Informed Principles

Based on research in the field Hofbol et al (2007) identified 5 evidence informed principles to guide interventions at early and mid stage



Promoting a sense of safety



Promoting calming



Promoting self and community efficacy



Promoting connectedness



Promoting hope

Promoting a sense of safety

Physical Safety

Emotional safety

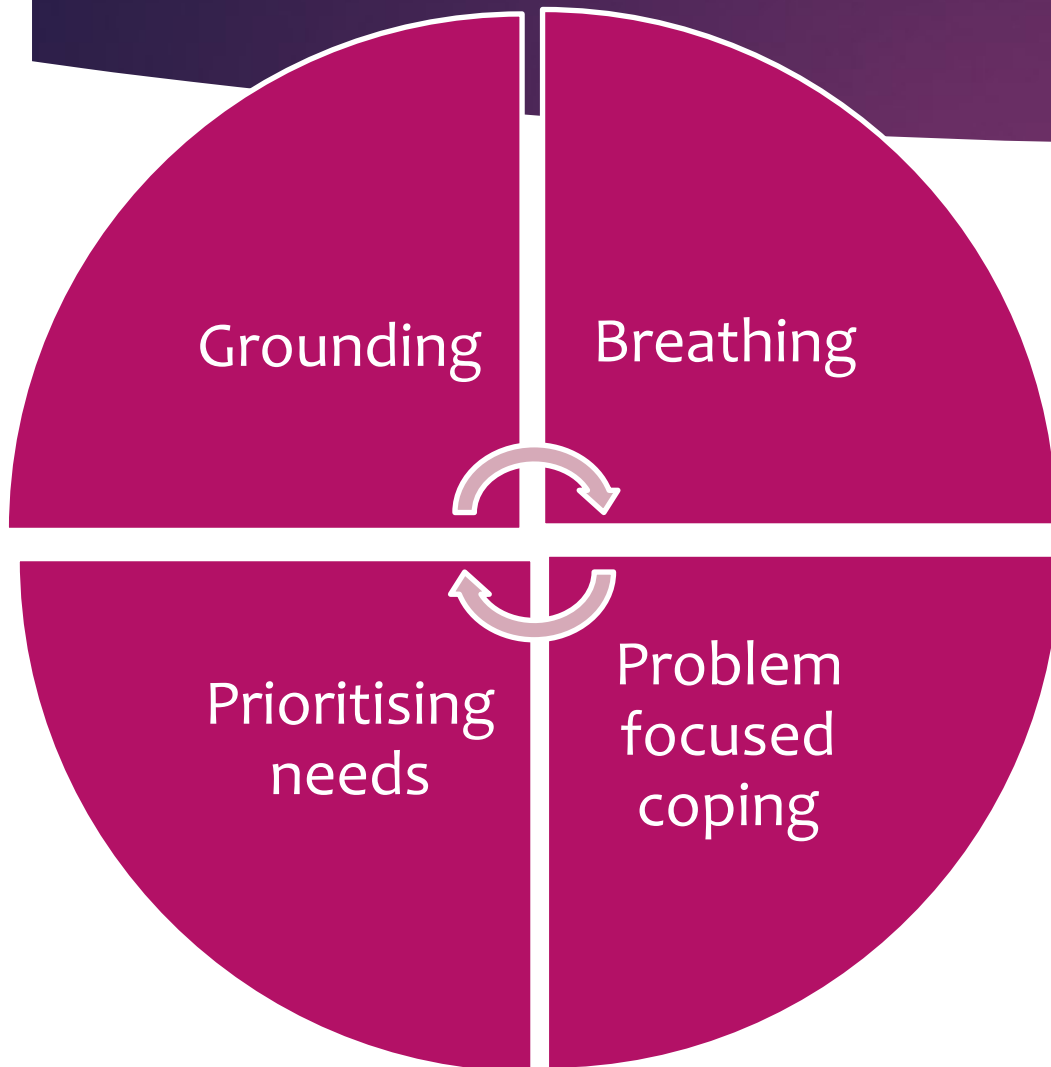
Welfare of relatives

Check if feeling safe
with PFA provider

- Disasters, mass violence and emergencies e.g. pandemic - activates the threat system.
- Psycho-physiological stress response designed for short immediate response to, and protection from, threat
- Prolonged activation of the stress response leads to physical and mental illness



Promoting Calming

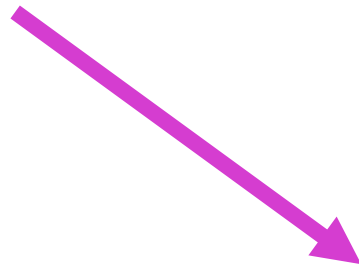


- Emotional dysregulation which includes either lability or blunting are normal responses to abnormal events and in the immediate aftermath can be protective.
- Prolonged emotional dysregulation can result in problems with decision making, social withdrawal and interference with capacity to fulfill functions of daily living.



Promoting Self and Community Efficacy

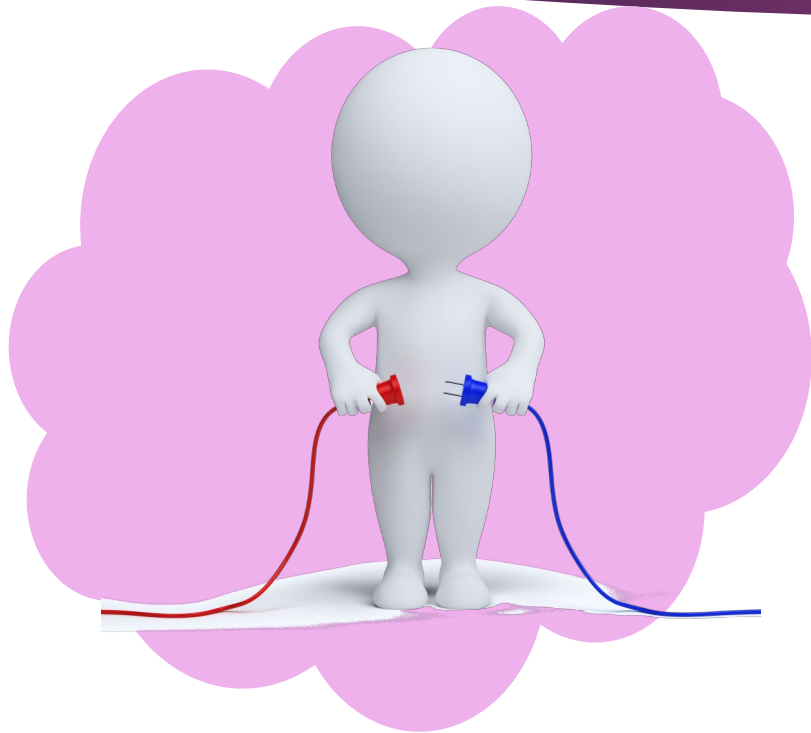
It is important to identify existing individual and collective coping Internal and external resources



Since there is loss of control and helplessness intrinsic to disaster, mass violence and emergencies



Promoting Connectedness



**Help and remind HCW to connect to loved ones
and Social networks**

- Isolation and displacement are central to traumatic events.
- Ample evidence that social support and sustained attachments mitigate stress and strengthen mental well being.



Promoting Hope



Focus on people's strengths



Normalise emotional reactions



Find meaning

- Situations of disaster, mass violence and emergencies up-end belief systems and sense of meaning and purpose
- There is evidence to suggest that sustaining hope and cultivating meaning has positive mental health outcomes



PFA models

There are different models but all are guided by the 5 principles

Can be adapted to local context
eg. Ebola in Liberia and Sierra Leone

Non specialists/professionals are trained to implement/ liken to physical first aid

Requires training and supervision

John Hopkins University Model

R- apport and reflective listening

A- sssessment of needs

P- rioritising

I - ntervention

D- isposition



Psychological First Aid. World Health Organisation, World Vision, War Trauma Foundation (2011)

Prepare/Learn

- The crisis event and specific threats
- The mental and social effects
- Available social and security resources

Look

- Observe for safety
- Observe for people with urgent basic needs
- Observe for people with serious distress reactions



Psychological First Aid. World Health Organisation, World Vision, War Trauma Foundation (2011)

Listen

- Actively listen to experiences, concerns, needs
- Do not press for feelings
- Normalise reactions
- Calm using grounding and soothing
- Explore strengths and coping

Link

- Link to external resources
- Provide coping strategies
- Encourage connection to loved ones, friends and social networks
- Hopeful information



Psychological First Aid (PFA)

Recap

Not a formal psychological intervention

Not psychological debriefing

- Reduce the risk of developing anxiety, depression, and post traumatic stress reactions or disorder
- Normalise reactions to abnormal events
- Mitigate disengagement/dissociation and feelings of loss of meaning, purpose and efficacy
- Learn about the coping process
- Promote coping and foster emotional regulation
- Facilitate social connection



Notes on Promoting Calming

Not cognitive nor intellectual

Not simply conveyed in 'talking to or about'

Somatic and experiential

Body keeps the score

Rather than talking about breathing - Breathe in and out together

Rather than talking about self compassion - Put your hand on your heart

Rather than talking about grounding - Feel your feet touching the earth

Rather than talking about mindfulness - Anchor to the present in the breathing body



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