Psychosocial and wellbeing plan: responding to the Covid-19 pandemic and beyond

Staff Wellbeing Division

DRAFT FOR DISCUSSION

Vision

Everyone in the health and social care workforce will know how to connect with local resources and, if required, be empowered to access more specialist support and intervention over the Covid-19 pandemic and beyond.

To enable a flourishing and supported Health & Social Care workforce through COVID-19 and into recovery.

Strategic priorities

- To identify person-centred narrative, based on a recognition that health and social care workforce wellbeing requires:
  - practical support
  - evidence based advice, treatment and intervention as required
  - a tiered model encompassing psychosocial support, signposting and mental health interventions
  - a leadership culture which promotes staff wellbeing
- To ensure that opportunities are taken through the Covid-19 response to develop an understanding of the wellbeing needs of the health and social care workforce to inform long-term work in this area.
- To establish and support a network of Workforce Wellbeing Champions across NHS, Local Authority and care providers (including unpaid carers).

Principles

- Local staff support services should be developed and enhanced over the Covid-19 response.
- National action should complement and ‘add value’ to local services.
- There should be collaboration, mutual aid and sharing of services across health and social care.
- SG decisions on required actions should be informed by work already undertaken within the delivery system and continuous feedback on impact and needs of workforce; doing with staff and not to them.
- Accessibility and equity of access to specialist services by all staff groups across health and social care, recognising sector specific needs.
- In line with the National Performance Framework, dignity, kindness and compassion is at the centre of our work.

Stepped support and care response

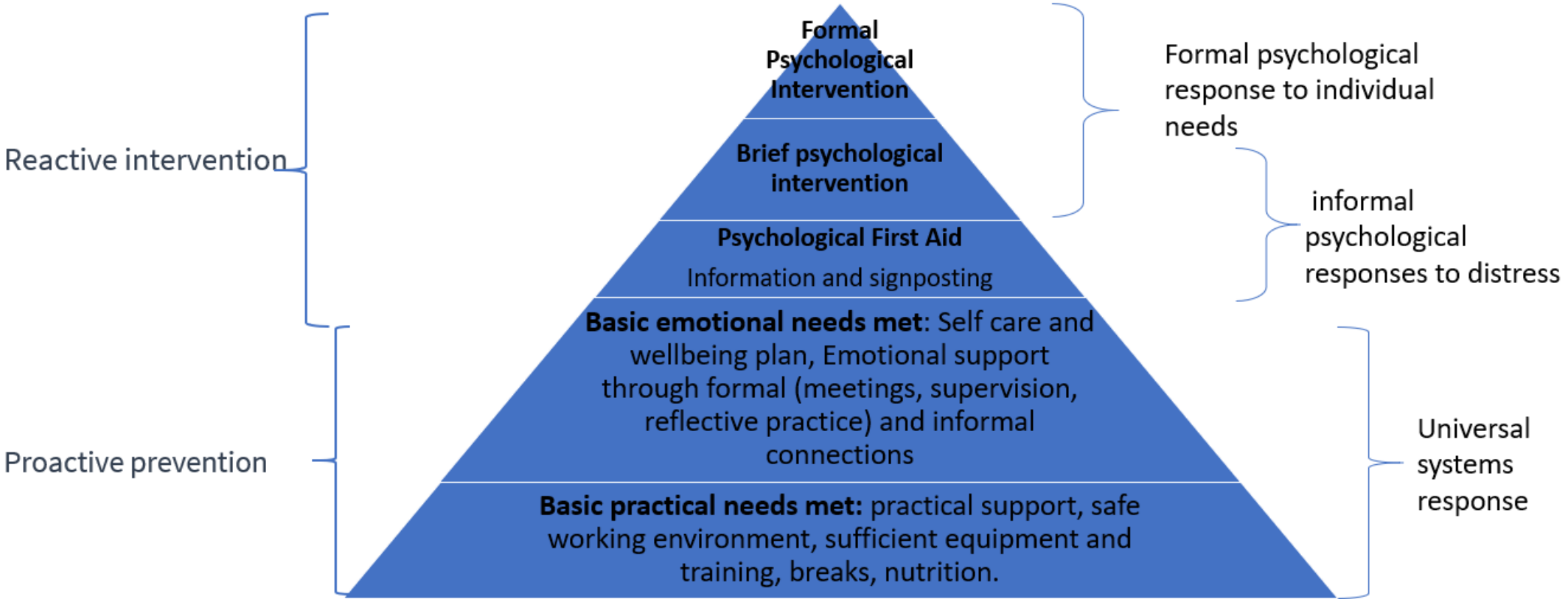

Figure 1: Provision of a stepped care response staff wellbeing in the pandemic, NHS Education for Scotland (NES) Psychology Directorate

Proactive prevention for all HSC workforce: psychosocial activity in progress

Activity	Summary
All Boards have developed responses to support their staff in response to the Covid-19 outbreak	These responses include staff wellbeing 'hubs' and services, staff helplines and phone services, staff wellbeing champions, links with Occupational Health and Chaplaincy services, wellbeing and mental health guidance and digital offerings in relation to staff mental health and wellbeing. Many of the territorial Boards' wellbeing offerings are being extended to the social care workforce in their areas.
The National Wellbeing Hub which was launched on the 11th May	The Hub signposts staff, unpaid carers, volunteers and their families to relevant services, and provides a range of self-care and wellbeing resources designed to support the workforce and they respond to the impact of Covid-19.
A Workforce Wellbeing Champion Network	The Network as been established across health and social care organisations, to ensure that learning can be shared across sectors.
Online coaching support	Through a bespoke digital platform in partnership with NHS Education for Scotland, with up to 1000hrs of coaching available to staff from across Health & Social Care during Covid-19.
A Health and Wellbeing Communications Toolkit	This has been developed by Health Corporate Communications with stakeholders and includes messages around health and wellbeing.
NHS Education for Scotland (NES) resources	NES has developed national resources, training models and systems of practice support for local delivery to promote and address staff wellbeing arising from the Covid-19 response.
Digital resources	These are now available on the NHS Education Scotland (NES) TURAS platform and the National Wellbeing Hub for the health and social care workforce and their families. This includes self-help programmes on stress, sleep problems and resilience.
Scottish Ballet resources	Scottish Ballet has developed and offered to all health and social care workers a 3 times daily rejuvenation videos, with music and movement from professionals in the company.

Next steps – meeting reactive intervention needs

- Review Board mobilisation plans (as submitted on Monday).
- Develop national helpline for the health and social care workforce based in NHS 24.
- Develop further digital resources based on a stepped care model.
- NES to develop a tiered proposal for training for the HSC workforce.
- Develop model for specialist support and care for those most severely affected, working with NES, Heads of Psychology and the Workforce Wellbeing Champions Network as well as BMA, unions and Scottish Academy.

Questions for Champions

- Are we meeting the needs of staff / what is unmet need?
- What can we do proactively to promote and continuously improve the culture of wellbeing within the workforce?
- What measures can we put in place in relation to reactive intervention?

Literature review

Paper	Summary
Mental Health of Clinical Staff Working in High-Risk Epidemic and Pandemic Health Emergencies: A Rapid Review of the Evidence and Meta-Analysis (pre-print article) Vaughan Bell (Research Department of Clinical, Educational and Health Psychology, University College London and South London and Maudsley NHS Foundation Trust), Dorothy Wade (2 May 2020)	A rapid review to estimate the additional mental health burden of working directly with infected patients during epidemic and pandemic health emergencies. Findings indicated that levels of self-reported depression, anxiety and posttraumatic stress disorder (PTSD) related symptoms were high, and somewhat higher in clinical staff working in high exposure roles (although the difference was small and there is a moderate risk of bias in the studies included). Risk factors identified were: being a nurse, seeing colleagues infected, experiencing quarantine, non-voluntary role assignment, and experiencing stigma, as associated with particularly poor mental health outcomes. Protective factors included team and institutional support, use and faith in infection prevention measures, and a sense of professional duty and altruistic acceptance of risk. Formal psychological support services were valued by frontline staff, although those with the highest burden of mental health difficulties were the least likely to request or receive support.
Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis Steve Kisely, Nicola Warren, 3 Laura McMahon, Christine Dalais, Irene Henry, Dan Siskind BMJ 2020; 369: m1642 (5 May 2020)	Compared with lower risk control groups, staff in contact with affected patients had greater levels of both acute or post-traumatic stress and psychological distress. Risk factors for psychological distress included being younger, more junior, parents of dependent children, and in quarantine, having an infected family member, lack of practical support, and stigma. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity. These interventions were similar despite the wide range of settings and types of outbreaks covered in the review, and thus could be applicable to the current COVID-19 outbreak.
Greenberg et al - Managing Mental Health Challenges Faced By Healthcare Workers During Covid 19 Pandemic Neil Greenberg, Mary Docherty, Sam Gnanapragasam, Simon Wessely, BMJ 2020; 368: m1211 (26 March 2020)	Healthcare staff are at increased risk of moral injury and mental health problems when dealing with challenges of the covid-19 pandemic. Healthcare managers need to proactively take steps to protect the mental wellbeing of staff. Managers must be frank about the situations staff are likely to face. Staff can be supported by reinforcing teams and providing regular contact to discuss decisions and check on wellbeing. Once the crisis begins to recede, staff must be actively monitored, supported, and, where necessary, provided with evidence based treatment.
Lai et al – Factors Associated With Mental Health Outcomes Among Health care Workers Exposed To Cornovarious Disease 2019 Jianbo Lai, Simeng Ma, Ying Wang et al, Journal of the American Medical Association (JAMA) (23 March 2020)	Information collected from 1257/ 1830 health care workers in 34 hospitals 29.1.20 – 3.2.20 in multiple regions of China. (69% response rate) Depression, anxiety, insomnia and distress measured by internationally recognised standard questionnaires (Patient Health Q , Generalised Anxiety Disorder Scale, Insomnia severity index, Impact of Event Scale Revised) Symptoms of depression were found in 50%, anxiety in 45%, insomnia in 34%, distress in 72%. Severe depression physician 4.9% v nurses 7.1%; severe anxiety men 3.4% v women 5.8%; severe insomnia 1.7% front line worker v second line worker 0.4%, severe distress wuhan workers 12.6% v workers outside wuhan but in hubei region 7.2% Nurses, frontline health care workers, and those from Wuhan reported more severe degrees of all measurements especially those directly engaged in diagnosing, treating or providing nursing care to patients with known or suspected covid 19. Being female and having an intermediate (middle grade) technical title were associated with experiencing more severe symptoms.

Literature review continued

Paper	Summary
Walton et al – Mental Health Care For Medical Staff And Affiliated Health Care Matthew Walton, Esther Murray, Michael D Christian, European Heart Journal: Acute Cardiovascular Care (28 April 2020)	This paper details the effects on staff and addresses some of the organisational, team and individual considerations for supporting staff (pragmatically) during this pandemic. ~9.6% of staff involved with resuscitation are estimated as having Post Traumatic Stress Disorder – so paper estimates that 10% of very front line Covid 19 workers staff will have this in future. The paper emphasises that in general for all the workforce the most effective response is not specialist psychological trauma treatment, which is only eventually needed for some people.
The potential impact of COVID-19 on mental health outcomes and the implications for service solutions Nobles, J., Martin, F., Dawson, S., Moran, P. and Savovic, J. The potential impact of COVID-19 on mental health outcomes and the implications for service solutions. 15 April 2020.	The evidence suggests that an increase in the prevalence of mental health conditions is likely during, and immediately after, the COVID-19 outbreak. However, amongst the general population, this increase subsided after quarantine measures are lifted. Healthcare workers are at greater risk of adverse mental health outcomes, particularly those who are frontline staff, who in "high-risk" units, or have been re-deployed to "high-risk" units from other departments. Several other groups also appear at risk: • those with chronic physical and mental health conditions • children and parents • those who have lost a family member • those with lower levels of education • those who perceive themselves to be at risk • those who live in outbreak hot spots The general public may automatically adopt behaviours which are protective of their mental health. For example, seeking peer, family and community support. Efforts should be taken to avoid / reduce COVID-related stigma – for those who have contracted the virus and for healthcare workers. Screening should be used, initially targeted at groups thought to be at greater risk, to determine the tier of support required. Most recommendations point towards the use of online, or remote, services and resources (such as hotlines, apps, accurate and up-to-date information) to support at-risk groups and the general population.
Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 Coronovirus disease outbreak: A cross sectional study Brain, Behaviour and Immunity. Kang, L., Ma, S., Chen, M. et al (2020)	The severe 2019 outbreak of novel coronavirus disease (COVID-19), which was first reported in Wuhan, would be expected to impact the mental health of local medical and nursing staff and thus lead them to seek help. However, those outcomes have yet to be established using epidemiological data. To explore the mental health status of medical and nursing staff and the efficacy, or lack thereof, of critically connecting psychological needs to receiving psychological care, we conducted a quantitative study. This is the first paper on the mental health of medical and nursing staff in Wuhan. Notably, among 994 medical and nursing staff working in Wuhan, 36.9% had subthreshold mental health disturbances (mean PHQ-9: 2.4), 34.4% had mild disturbances (mean PHQ-9: 5.4), 22.4% had moderate disturbances (mean PHQ-9: 9.0), and 6.2% had severe disturbance (mean PHQ-9: 15.1) in the immediate wake of the viral epidemic. The noted burden fell particularly heavily on young women. Of all participants, 36.3% had accessed psychological materials (such as books on mental health), 50.4% had accessed psychological resources available through media (such as online push messages on mental health self-help coping methods), and 17.5% had participated in counseling or psychotherapy. Trends in levels of psychological distress and factors such as exposure to infected people and psychological assistance were identified. Although staff accessed limited mental healthcare services, distressed staff nonetheless saw these services as important resources to alleviate acute mental health disturbances and improve their physical health perceptions. These findings emphasize the importance of being prepared to support frontline workers through mental health interventions at times of widespread crisis.