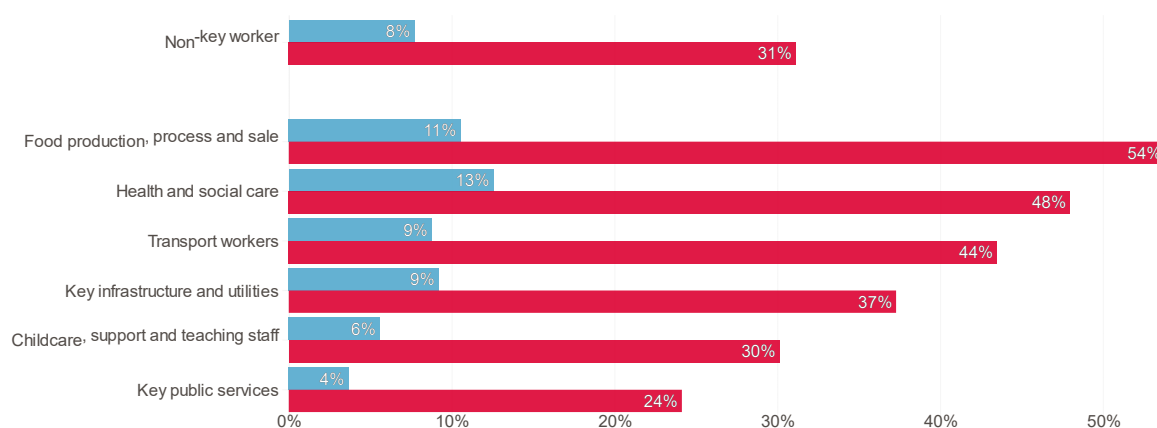# Guidance for Psychological Care for London NHS and Social Care Workforce

Introduction

Impact of COVID 19

1. During an immediate pandemic, many staff working during the time of crisis are likely to be impacted, given the nature of the work and the wide scale system response that has been needed. This may not always be a negative impact and some staff will have benefitted and/or grown from their newfound responsibilities or the sense of urgent action required (Allan et al 2020). There is however a proportion of staff (Lai et al 2020 and Zahng et al 2020) who will be at increased risk of long-term mental health problems (Brewin et al 2000 and Ozer et al 2003).

2. As a professional group, health and social care staff – especially lower paid staff – have higher rates of pre-existing mental health conditions than the general population. This increases their risk of worsening of mental health as a result of the pandemic (Kwong and Marshall 2020)

3. COVID 19 is having a big impact on health and societal inequalities. It has magnified risk factors of, gender, ethnicity and socioeconomic deprivation ,widening pre-existing social gaps. Studies of COVID-19 so far have suggested that people from Black and minority ethnic communities are reported more likely to be exposed to the virus because they tend to live in more densely populated urban areas where the virus has spread fastest, and are more likely to be key workers, especially in London. (Elwell-Sutton et al 2020) (See figure 1 below).

Figure 1: The proportion of BME workers who contribute to the key worker sectors London (in red) vs the rest of the UK (in blue).

Duty of care

4. NHS and Social Care Employers have a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work. As we are seeing a repeat increase of positive cases as we are heading towards winter, a focus

on staff and carers is a regional priority and one of London's '8 tests' that we as a health system we must meet. The focus on '*helping our staff recover from dealing with the pandemic and establishing a new compact between employees and employers*' is critical. There is a need to create cultures where staff are supported, motivated and nurtured to thrive. This will help foster trusting environments between staff and organisations as well as building resilience within systems by addressing the mental health impacts and inequalities.

Provision of psychological support

5. NHS Trusts and ICS' across London have rapidly responded to the COVID 19 pandemic providing wellbeing and mental health support to the Health and social care workforce. The types of support and effort have been variable and has largely concentrated on levels 1 and 2 in the Tiered Psychological Model of Support (Greenberg 2020). NHS People (NHS England and Improvement 2020) has also developed a suite of support offers for all NHS workers in addition to other support provided regionally through London's Workforce cell highlighting the importance of keeping health and care staff physically and psychologically safe, healthy and well.

6. A gap was identified with the provision of these staff support offers in understanding what access and treatment offers are available to staff, who may require psychological interventions.

7. In order to fulfil our duty of care by effectively supporting staff engagement with psychological care we need to:
    a) improve organisational cultures that promote psychological safety, awareness and care for all staff;
    b) provide accessible, trusted, effective and sustainable psychological interventions;
    c) that are acceptable and suitable for our diverse workforce.

8. This guidance sets out the principles for evidence-based best practice to guide London's ICS's on the responses to health and care staff with psychosocial support and psychological interventions. The guidance has drawn on clinical advice from the regional clinical leads and expert group as well as from a qualitative workforce survey[1] of London trusts' staff care initiatives during the pandemic.

The Guidance

1. Creating Positive Health and Wellbeing environments
1. Discuss with staff that feelings of fear, worry, stress, guilt and anger are common responses to:
   - perceived or real threats
   - periods of uncertainty or the unknown, and/or
   - where there have been significant changes to daily lives
   explain that these feelings are normal especially in the context of the COVID-19 pandemic. Encourage people to seek further help and support if needed
2. Develop health and wellbeing services that take a holistic (mental health, physical, emotional, social and spiritual) approach to supporting a person's wellness.
3. Develop positive health and wellbeing services that take into account the barriers that prevent people from seeking further help.

4. Understand that barriers for seeking treatment include; stigma, shame and concerns about rejections, low mental health literacy, lack of knowledge and treatment-related doubts, fear of social consequences and limited time (Kantor et al., 2017). On average one in three first responders experience stigma regarding mental health that included fears about confidentiality of services and fears that seeking psychological services would have a negative impact on one's career (Haugen at al, 2017).
5. To overcome these barriers EPRR (NHS England. NHS Emergency Preparedness, 2019) recommends a proactive approach that would facilitate engagement with help.

2. Creating Organisational Cultures that Foster Psychological Care

1. All newly recruited staff should receive induction training regarding psychological safety, Trauma Informed Care, looking after ourselves and each other at the workplace and on how to thrive in our NHS career.
2. Offer Schwartz rounds (or an appropriate equivalent) and promote information about the national staff virtual Commons Rooms that include culturally diverse sessions to increase psychological awareness and facilitate peer support
3. Facilitate staff networks including for staff of Black and Asian heritages, LGBTQ, Women's, and Disability networks to help build strong supportive collegiate connections.
4. Develop links between psychologists and staff Black and Asian networks to develop appropriately engaging wellbeing approaches for staff.
5. Offer Restorative Practices to assist in the safe and healthy resolution of conflict in mental health team business and Just Culture workforce ethics.
6. Develop clear communications for all NHS and social care staff promoting psychological services (e.g. IAPT) and how to access them. Routine distribution of information to facilitate a culture of looking after ourselves and our colleagues' psychological wellbeing.
7. Distribute information about psychological care through local chaplaincy and community organisations that are utilised by staff.
8. Create roles of Psychology Staff Wellbeing Leads that focus on staff psychological wellbeing and at-risk groups.
9. Use internal communication to share stories of leaders and peers who benefited from psychological interventions, emphasis on how this helped them to thrive.
10. Offer and prioritise mentoring and coaching for people who are from minority ethnic groups. Offer mentoring to leaders and managers from staff who are from minority ethnic groups.

3. Facilitating Teams Support

6. The majority of staff at work gain support from, line managers, teams, colleagues, community groups and faith leaders to stay well.
7. Encourage peer support/buddy systems/ regular team huddles and reflective practice including shift reflection (Ragoobar, 2020).
8. Coaching and mentoring for team managers to build effective team cultures.
9. Promote REACT mental health conversation training for managers, to enable them to support staff through compassionate, caring conversations about mental health and emotional wellbeing as well as resources, toolkits and guidance including 'check-ins' and check out with each individual within the team in a structured, psychologically safe way, at the start and end of shifts.
10. Ensure support for team leaders who also need respite/backfill and acknowledgement/support from their leaders for psychological wellbeing to be fostered and maintained.
11. Develop links with local, embedded psychologists who can in-reach to teams to provide easily accessible support to team members.

4. Providing Accessible & Effective Psychological support and Interventions

1. Understand that there is accumulating evidence from major incidents that suggests professional responders can take several years to present to mental health services for treatment (Lowell et. al, 2018).
2. Ensure that health and wellbeing services have multiple points of access, for staff to seek further help and support. These points of access should be culturally sensitive and take a proactive approach to engaging vulnerable at-risk groups.
3. A robust assurance of confidentiality is key for staff's engagement, therefore offer and actively promote opportunities for staff to self-check on their wellbeing and mental health using brief online measures. This will allow staff anonymous self-assessments.
4. Link self-check tools to chat functions and self-help materials, as well as to services offering psychological assessment and interventions.
5. Priority for staff to access psychological interventions with IAPT, secondary and specialist services.
6. Offer staff the choice of accessing NHS mental health services including IAPT, secondary and specialist services from where there live or their place of work.
7. Consider the provision of psychological interventions for staff in evenings and weekends especially for those people who are in vulnerable at-risk groups.
8. Offer IAPT services to people with subthreshold trauma presentations and those with PTSD. For more complex PTSD presentations specialist secondary care services should be available.
9. Identify proactive, early intervention routes for staff at risk of crisis who may require more intensive psychological support.
10. Develop clear and simple pathways for referral and assessment of staff in crisis with access to timely care and support. Crisis services should accessible to those who live or work in their area
11. Offer a Psychological [Resilience hub](#) or an equivalent service that will offer a single point of access to staff, proactive outreach to all staff and care coordination utilising NHS and other agencies.
12. A Psychological Resilience Hub (successfully used following major incidents) will enable coordination of care at the ICS level and will be able to provide the following functions:
    - Coordination of access to confidential treatment with services that are suitable for staff's needs and preferences.
    - Manage waiting times for staff's treatments.
    - Assist with access to specialist services including culturally sensitive services where they exist.
    - Share lesson learnt and training between services supporting staff.
    - Proactively engage with NHS and social services that fall beyond the catchment area of individual ICS/STP to promote wellbeing offers (e.g. London Ambulance Service).

5. Evaluation & Improvements

1. Evaluate staff engagement and outcomes to ensure the suitability and quality of services offered and that information about them is widely disseminated.
2. Monitor higher-risk groups' engagement with psychological interventions and outcomes. Data to be used to shape services offered.
3. Develop wide communications of evaluations outcomes, to promote engagement with psychological interventions.

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