




Protecting the mental health of NHS staff

Professor Neil Greenberg

Professor of Defence Mental Health, *King's College London*



@NHSResolution



Protecting the mental health of NHS staff; what's the evidence and what should be done

Neil Greenberg

Professor of Defence Mental Health

King's College London

@Profngreenberg

Twitter:

Who am I? Twitter: @Profngreenberg

- Psychiatrist and Professor at King's College London
- RC Psychiatrists Chair of Occupational Psychiatry SIG and Lead for Trauma
- Served in the Royal Navy for 23+ years
- Managing Director of March on Stress Ltd
- Part of NHSE/I Wellbeing Team, Recovery Commission & Expert Ref Gp
- Set up the MH staff support strategy at London Nightingale Hospital (won an RC Psych Team award!!)

Main Sources of www. Information

<http://epr.hpru.nihr.ac.uk/>



Traumatic Stress Management Guidance

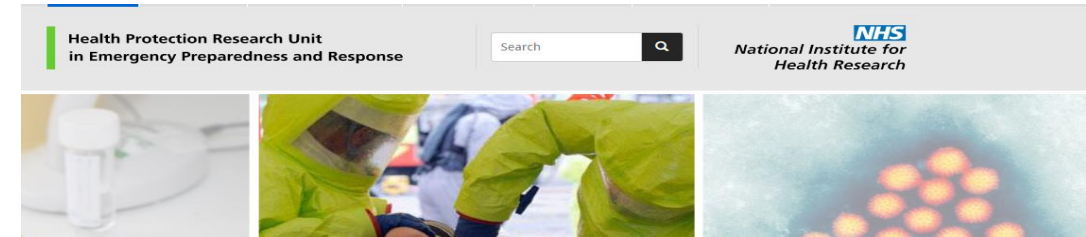
For Organisations Whose Staff Work In High Risk Environments



Produced in association with the European Society for Traumatic Stress Studies



www.kcmhr.org



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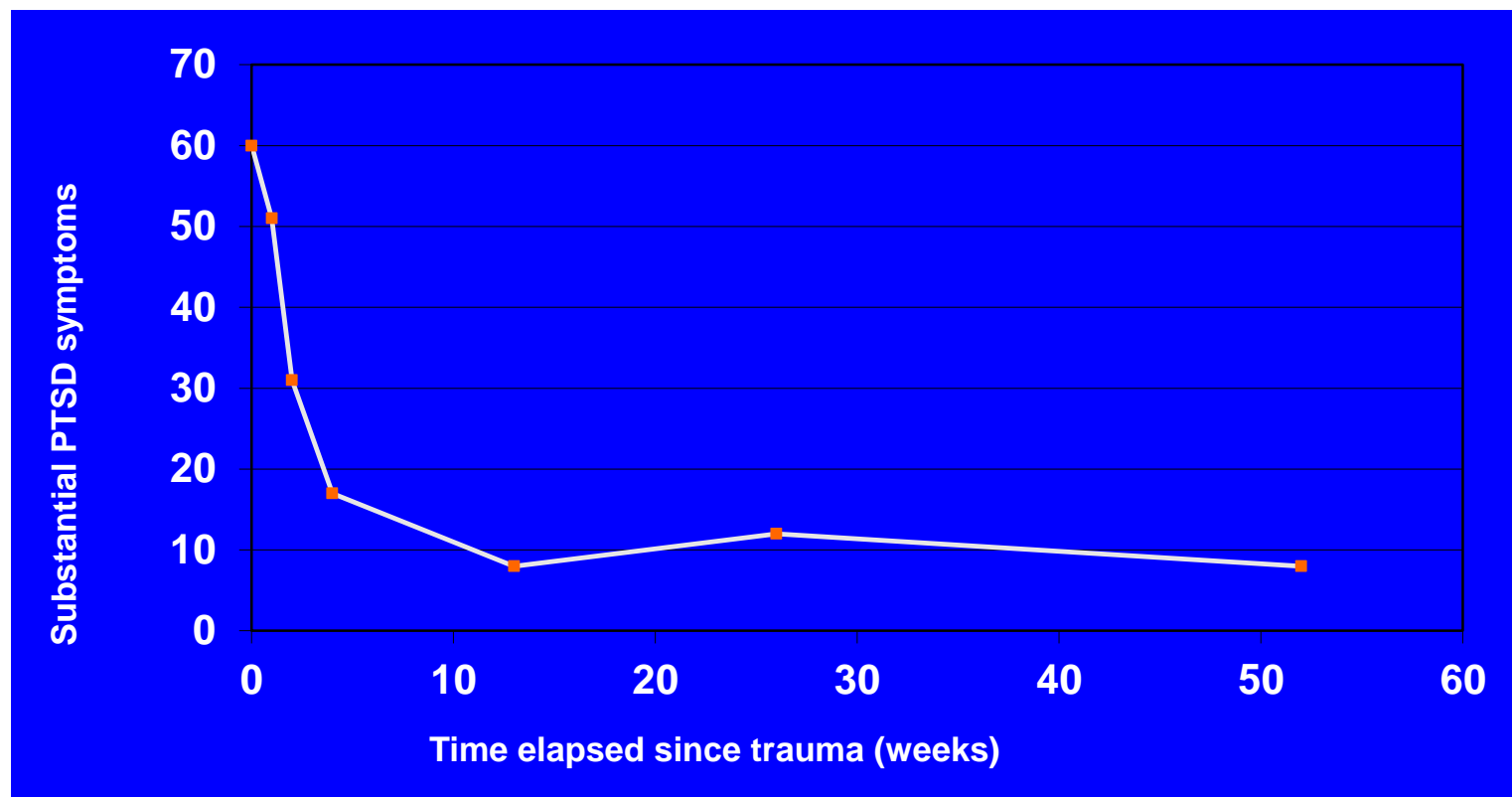
www.marchonstress.com/

- www.ukpts.co.uk

Risks to mental health since the COVID 19 pandemic

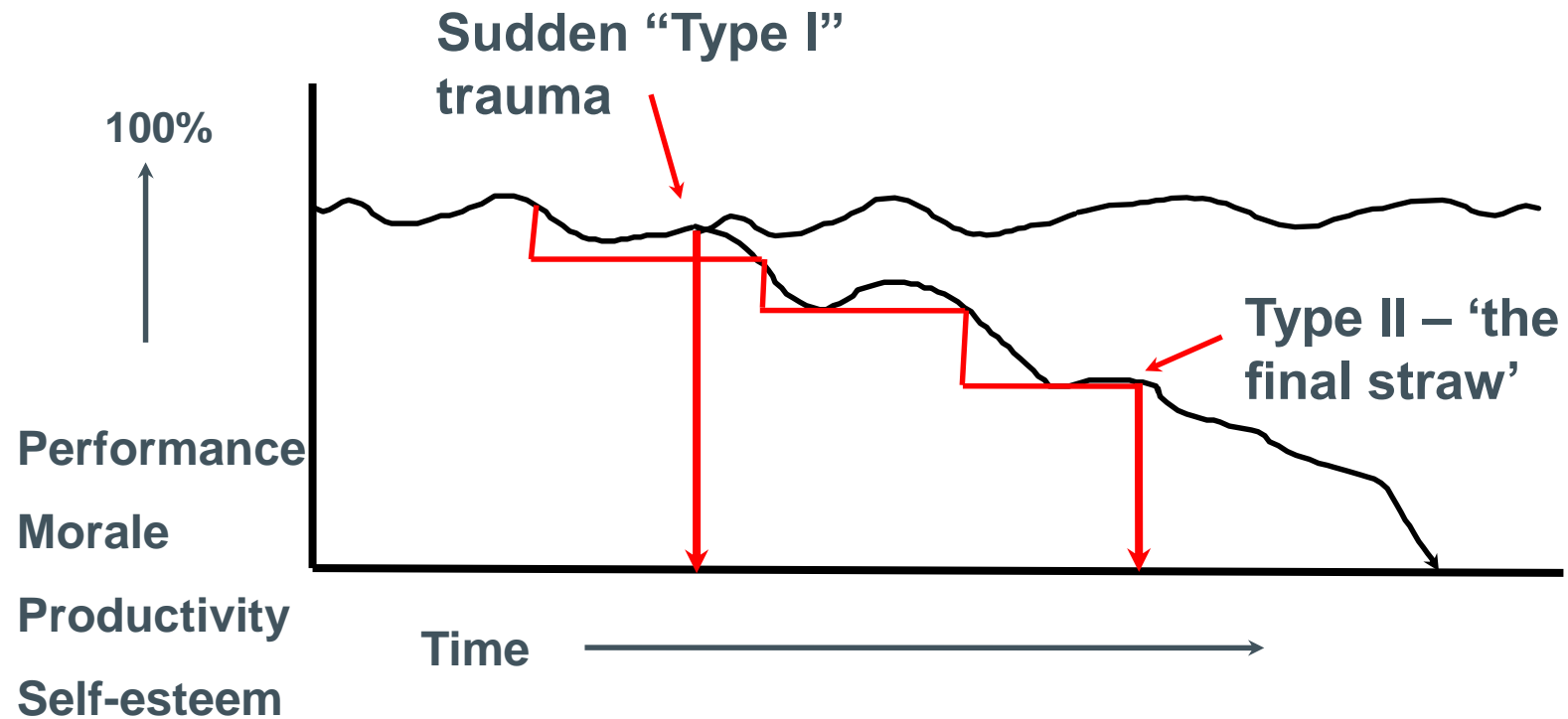
- Traumatic exposure
-

What is the natural history of PTSD?



PTSD 'caseness' of patients directly involved in a raid over time. Data from Richards (1997) The Prevention of PTSD after armed robbery: the impact of a training programme within Leeds Permanent Building Society.

Type 1 and type 2 traumas



Risks to mental health since the COVID 19 pandemic

- Traumatic exposure
- Workload and shift patterns
- Home life stressors
- Moral injury
-

Moral Injury?



Profound distress following a 'transgressive act' that violates one's moral or ethical code

well - moral distress – moral injury - illness

Potential Morally Injurious Events

- Commission
 - I did things I should not have done
 - I am a monster
 - My team did things they should never have done
- Omission
 - I froze and people died
 - I just let it happen
- Betrayal [often, but not always, by a higher authority]
 - My supervisor had no interest in my safety
 - They lied to cover up their errors



Review article

Occupational moral injury and mental health: systematic review and meta-analysis

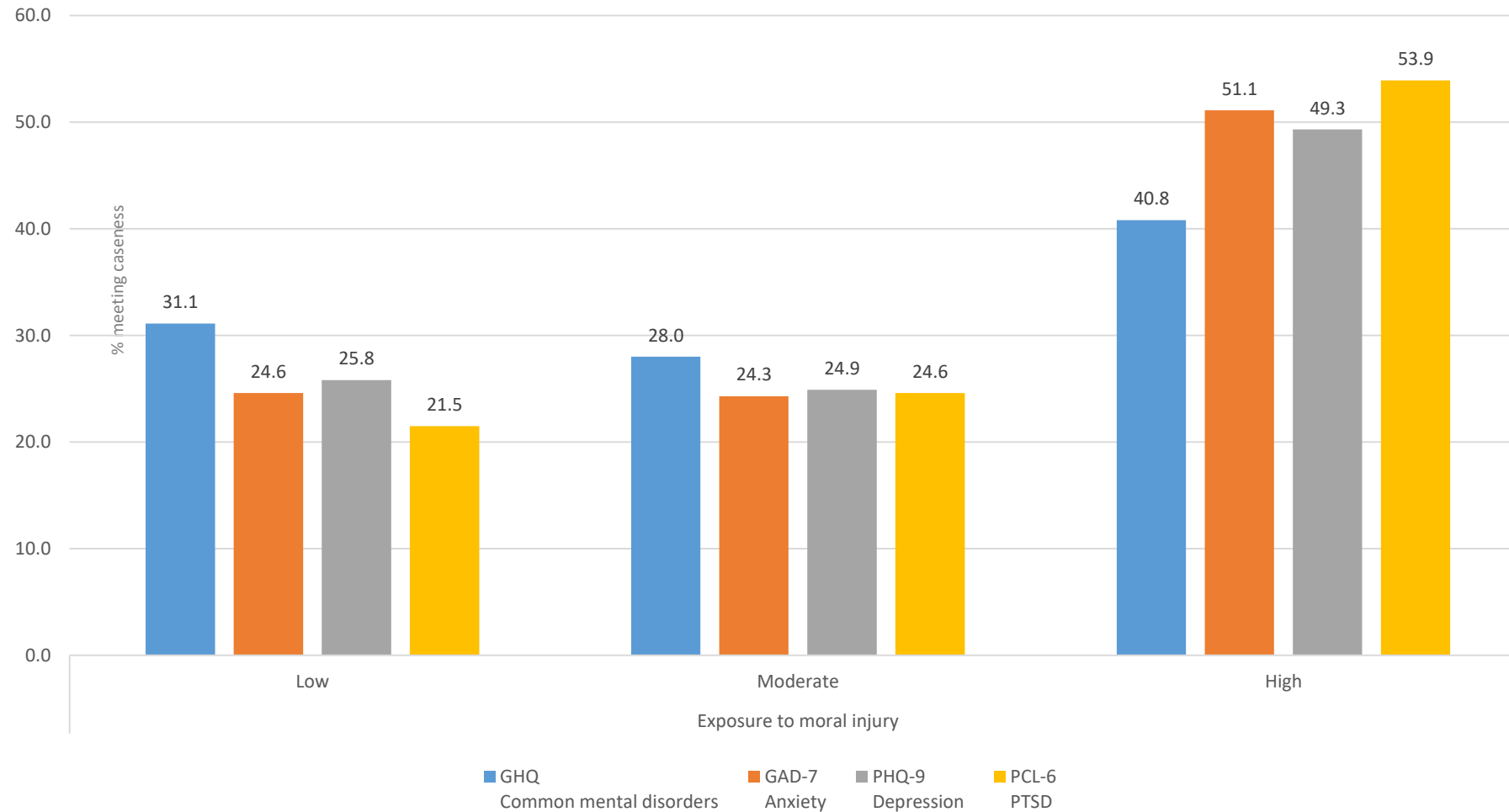
Victoria Williamson, Sharon A.M. Stevelink and Neil Greenberg

Background

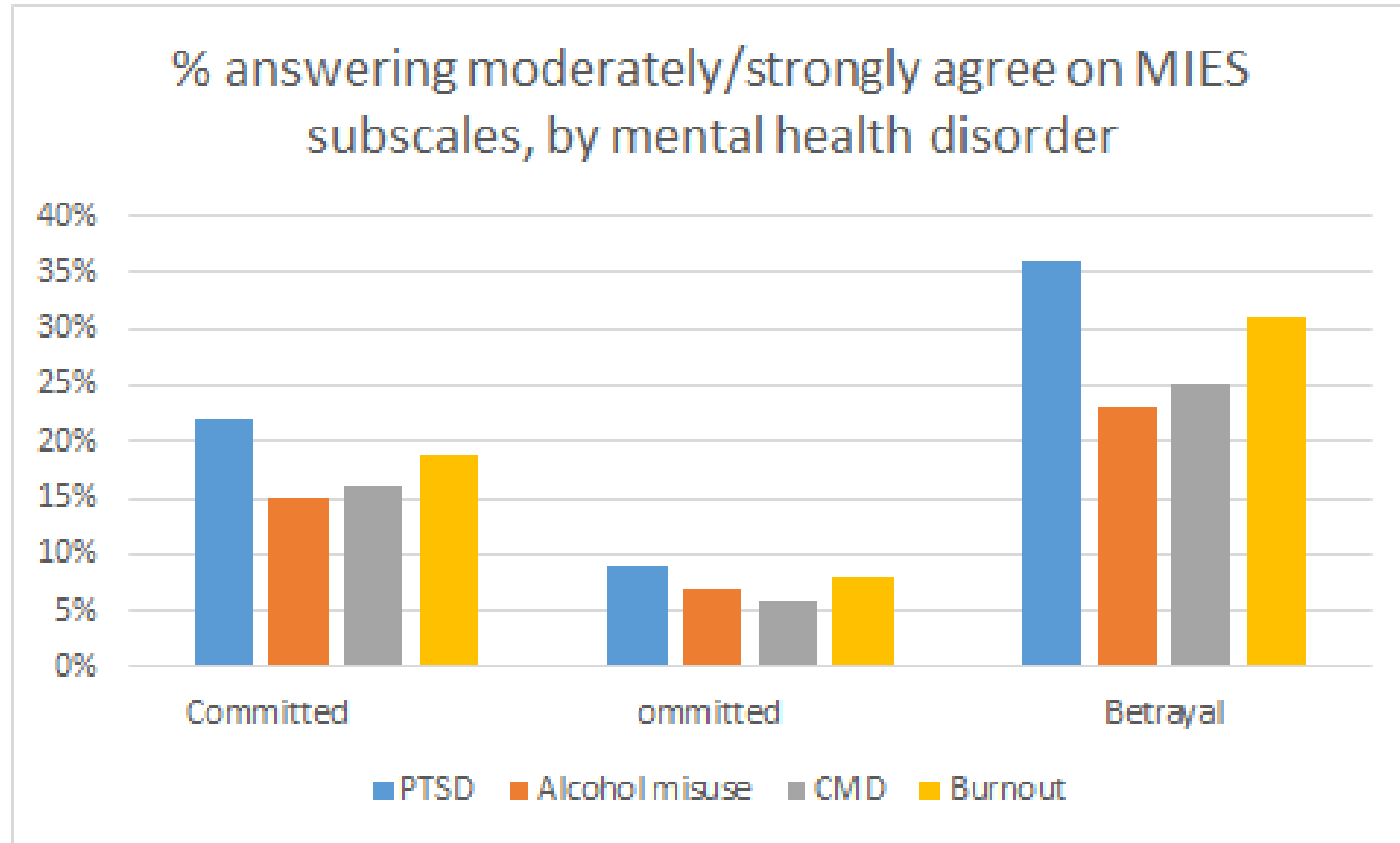
Many people confront potentially morally injurious experiences (PMIEs) in the course of their work which can violate deeply held moral values or beliefs, putting them at risk for psychological diffi-

was not consistently significant. Moderator analyses indicated that methodological factors (e.g. PMIE measurement tool), demographic characteristics and PMIE variables (e.g. military v. non-military context) did not affect the association between a PMIE and mental health outcomes.

Potentially morally injurious events (PMIEs) and mental health outcomes in HCWs



Types of moral injury and MH disorders in HCWs



So what to do about risk of poor mental health for HCWs?



Sustaining staff at work

- Buddy up

•

What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

Neil Greenberg ¹, Derek Tracy^{1,2}

Delivery of high-quality care is dependent

Preventive medicine provides a useful

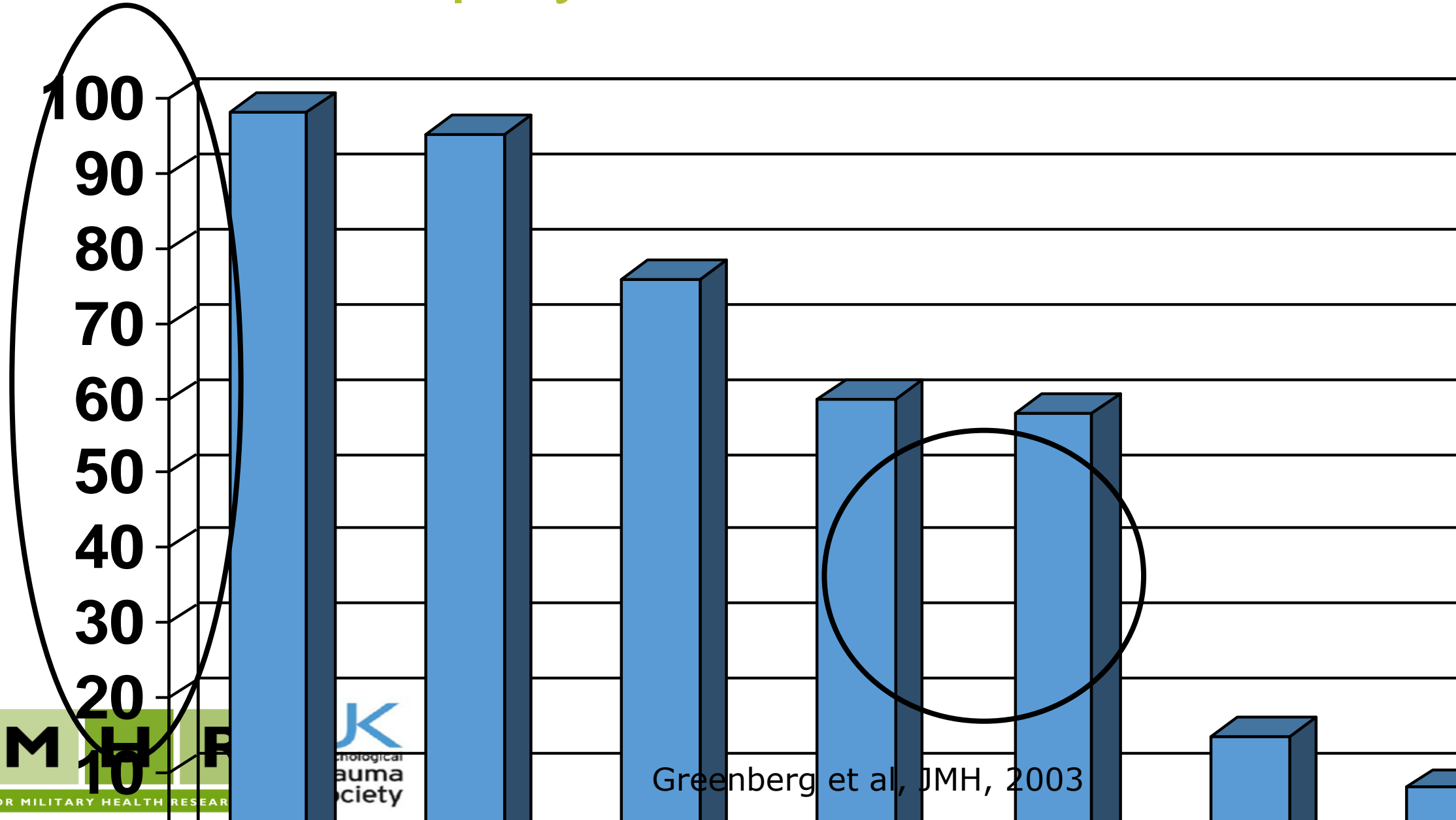
sick leave.²⁻⁹ Yet equally, many feel more comfortable sharing concerns with their peers; indeed, such concerns may relate to their managers. Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example, is the 'TRiM' (Trauma Risk Management) programme developed by the UK military and now used within the NHS.¹⁰ While not 'penicillin for trauma', it is evidenced to support traumatised staff, reduce sick-

Editorial

leader: first published as 10.1136

Greenberg & Tracy BMJ Leader, May 2020

Who do deployed staff talk to?



Sustaining staff at work

- Buddy up
- Supervisors able to have
 - psychologically savvy chats
 - carry out post shift reviews
 - *“check up from the neck up”*
 -

What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

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Greenberg & Tracy BMJ Leader, May 2020

Supervisory leadership and PTSD – Afghanistan 2010

Good leadership 3+ of:

'my leaders never or seldom...'

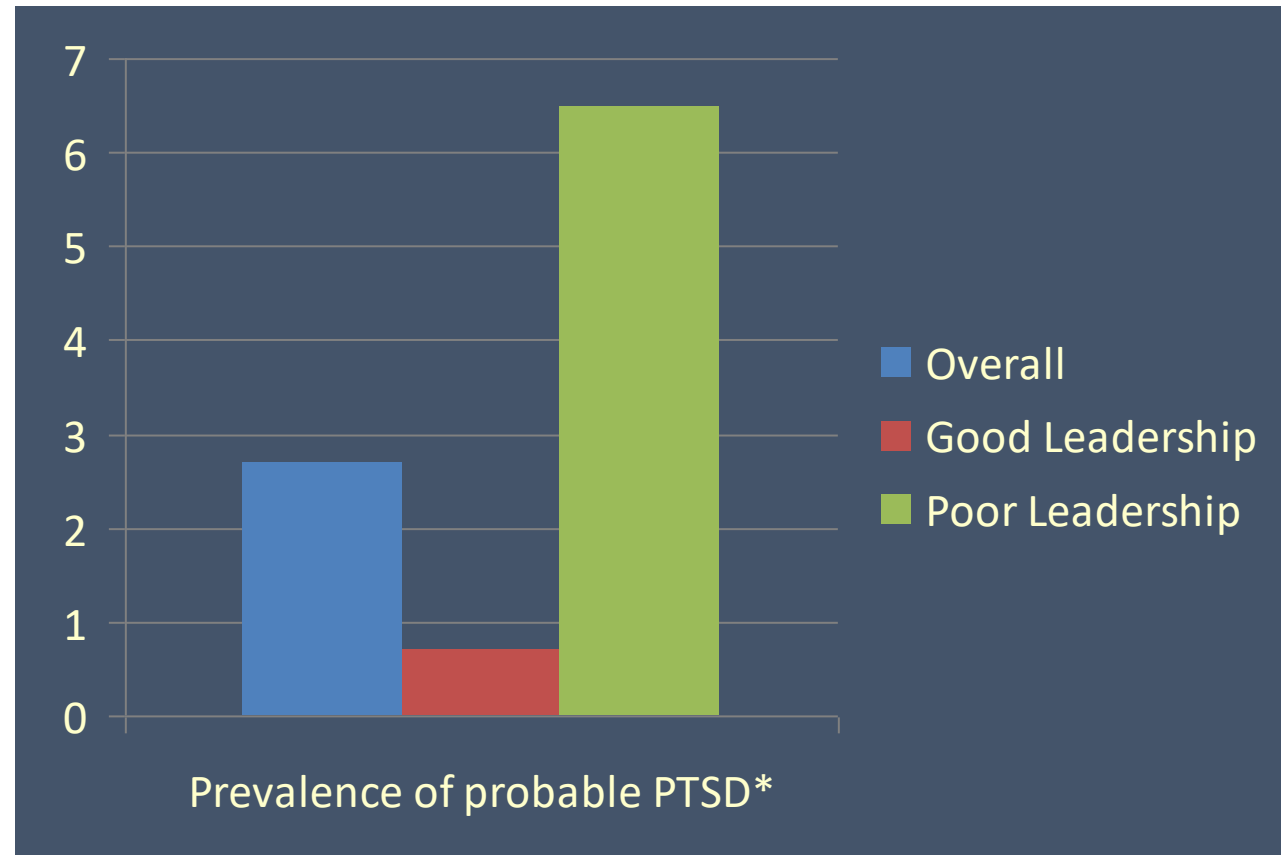
a. 'embarrass unit members in front of others'

b. 'accept extra unit duties in order to impress their seniors'

'my leaders often or always...'

c. 'treat all members of the unit fairly'

d. 'show concern about the safety of unit members'



Psychologically Savvy Supervisors

- Evidence from FRNSW on benefits of training supervisors

Articles



Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial

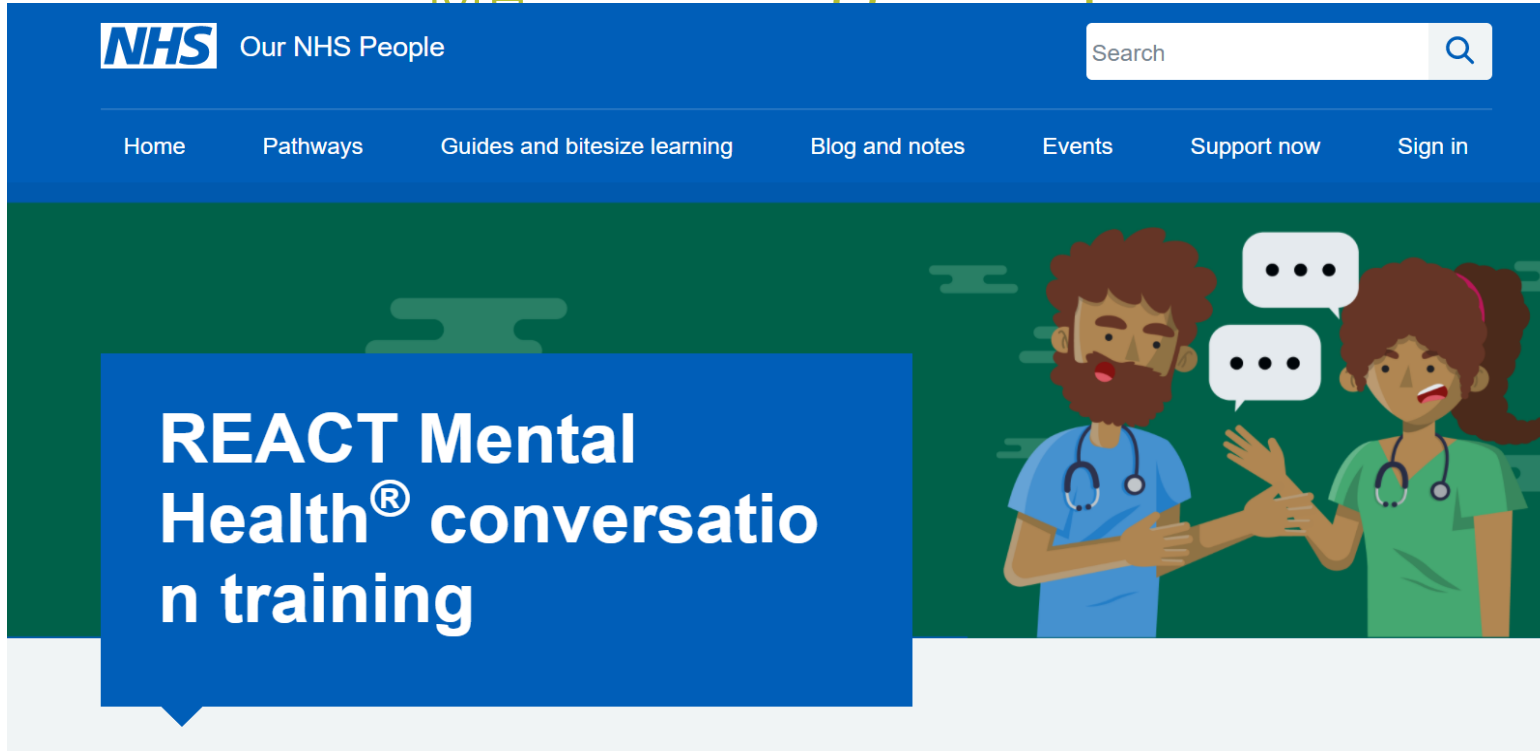
Josie S Milligan-Saville, Leona Tan, Aïmée Gayed, Caryl Barnes, Ira Madan, Mark Dobson, Richard A Bryant, Helen Christensen, Arnstein Mykletun, Samuel B Harvey

Summary

Background Mental illness is one of the most rapidly increasing causes of long-term sickness absence, despite improved rates of detection and development of more effective interventions. However, mental health training for

- Confidence to discuss MH was key
- ½ day training (but shorter also possible)
- Benefits from training managers (£1 for £10; Milligan-Saville, Lancet Psychiatry, 2017)

REACT_{MH} training – supervisor confidence



One hour's remote active listening skills training led to a substantial improvement in supervisor's confidence to recognise, speak with and support distressed colleagues which was still evident one month after the training

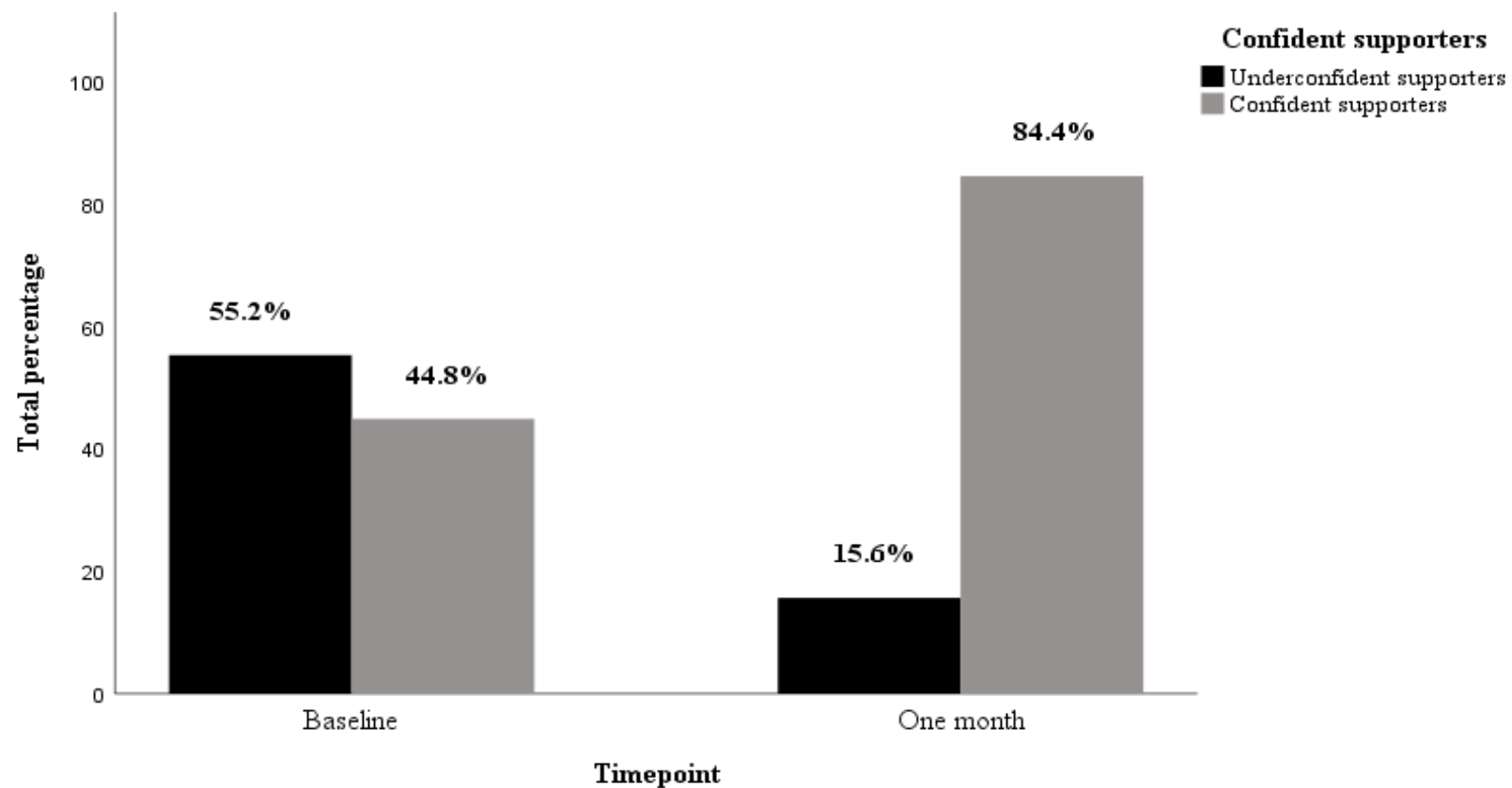
REACT_{MH} evaluation

An evaluation of REACTMH mental health training for UK healthcare supervisors

R. Akhanemhe¹, S. Wallbank² and N. Greenberg^{1,3}

¹King's Centre for Military Health Research, Department of Psychological Medicine, Institute for Psychiatry, Psychology & Neuroscience, King's College London, London, UK, ²Department of Health and Social Care, Skipton House, London, UK, ³Health Protection Research Unit, Weston Education Centre, King's College London, London SE5 9RJ, UK.

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Sustain

- Buddy up
- Supervisors able to have
 - psychologically savvy chats
 - carry out post shift reviews
- Peer support
-

What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

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Greenberg & Tracy BMJ Leader, May 2020

Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method

Mark C. Creamer,^{1,2} Tracey Varker,^{1,2} Jonathan Bisson,³ Kathy Darte,⁴ Neil Greenberg,⁵
Winnie Lau,^{1,2} Gill Moreton,⁶ Meaghan O'Donnell,^{1,2} Don Richardson,⁷ Joe Ruzek,⁸
Patricia Watson,⁹ and David Forbes^{1,2}

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²Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia

³School of Medicine, Cardiff University, Cardiff, Wales, United Kingdom

⁴Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada

⁵Institute of Psychiatry, King's College, London, England, United Kingdom

⁶Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom

⁷Parkwood Operational Stress Injury Clinic-St. Joseph's Health Care, London, Ontario, Canada

⁸National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

⁹UCLA/Duke University National Centre for Child Traumatic Stress, Los Angeles, California, USA

- Peer supporters should:
- (a) provide an empathetic, listening ear;
- (b) provide low level psychological intervention;
- (c) identify colleagues who may be at risk to themselves or others;
- (d) facilitate pathways to professional help.

TRiM – Trauma Risk Management



Occupational Medicine Advance Access published April 16, 2015

Occupational Medicine
doi:10.1093/occmed/kqv024

Promoting organizational well-being: a comprehensive review of Trauma Risk Management

D. Whybrow¹, N. Jones¹ and N. Greenberg²

¹Academic Department of Military Mental Health, King's College London, Weston Education Centre, London SE5 9RJ, UK,

²Department of Psychological Medicine, King's College London, Weston Education Centre, London SE5 9RJ, UK.

Correspondence to: D. Whybrow, Academic Department of Military Mental Health, King's College London, Weston Education Centre, Cutcombe Road, London SE5 9RJ, UK. Tel: +44 (0)20 7848 5351; fax: +44 (0)20 7848 5408; e-mail: deanwhybrow@hotmail.com

Trauma Risk Management (TRiM)- What is it?

- Peer group support and risk assessment strategy
- Set up within the Royal Marines in late '90s – now – all UK military (since 2007), FCDO, BBC, Em Serv, train companies
- ‘Human Resource’ initiative
- TRiM is not a cure - assesses psychological risk & suggests and signposts
- Trained practitioners at all levels/grades
- 50+ NHS trusts using TRiM

evidence & practice / workforce

PEER-REVIEWED

Why you should read this article:

- To increase your understanding of the Trauma Risk Management model of psychological peer support
- To appreciate the potential benefits of peer support for staff exposed to challenging events or times
- To read about one trust's response to increased staff support needs during the COVID-19 pandemic

Psychological peer support for staff: implementing the Trauma Risk Management model in a hospital setting

Moya Flaherty and Victoria Elizabeth O'Neil

Citation
Flaherty M, O'Neil VE (2021)
Psychological peer support
for staff: implementing the
Trauma Risk Management
model in a hospital setting.
Nursing Management.
doi:10.7748/nm.2021.e1977

Peer review
This article has been subject

Abstract

One of the many consequences of the coronavirus disease 2019 (COVID-19) pandemic is that the psychological well-being of nurses and other healthcare staff has received greater attention. The Supporting Our Staff (SOS) service, set up in 2017 at Northampton General Hospital NHS Trust, provides psychological peer support to staff using the Trauma Risk Management (TRiM) model. TRiM is a psychological risk assessment and peer support model designed to mitigate the risks associated with exposure to traumatic events. It was initially developed and used in the UK armed forces but has started to be used in healthcare organisations.

This article describes the development and expansion of the SOS service, the implementation of the TRiM model by the SOS team, and the significant part the service has played in the trust's response to the increased psychological support needs of its staff during the COVID-19 pandemic.

What Peer Practitioners are not!

- Counsellors
- Therapists
- Pseudo-psychologists
- Group Huggers
- Scented Candle users



Sustain

- Buddy up
- Supervisors able to have
 - psychologically savvy chats
 - carry out post shift reviews
- Peer support
- But don't do.....
-

What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

Neil Greenberg ¹, Derek Tracy^{1,2}

Delivery of high-quality care is dependent

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How to deal with PTSD

What isn't recommended...

- “Psychological Debriefing”
- For PTSD, drug treatments NOT a first line treatment (different for depression)
- Not Benzodiazepines

What is recommended...

- “Active monitoring”
- Checking in after a month
- Trauma-focused treatments (CBT and EMDR) for adults and children if unwell [EMDR slightly less evidenced than TF-CBT]

Sustain

- Buddy up
- Supervisors able to have
 - psychologically savvy chats
 - carry out post shift reviews
- Peer support
- Forward mental health supervision and support (PIES)
-

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Greenberg & Tracy BMJ Leader, May 2020

'Forward' Psychiatry

- This refers to a nip it in the bud approach
- Can be put in place by management adopt a 'return to duty' approach
- Four principles (PIES)

Proximity
Immediacy
Expectancy
Simplicity

Article

Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study

Zahava Solomon, Ph.D.

Rami Shklar, Ph.D.

Mario Mikulincer, Ph.D.

Objective: The purpose of the study was to evaluate the long-term (20-year) effectiveness of frontline treatment provided to combat stress reaction casualties.

Method: A longitudinal quasi-experimental

study of combat stress reaction casualties, traumatic and psychiatric symptoms and of social functioning.

Results: Twenty years after the war, traumatized soldiers who received frontline treatment had lower rates of posttraumatic

Psychological resilience and post-traumatic growth in disaster-exposed organisations: overview of the literature

Samantha Brooks,¹ R Amlôt,² G J Rubin,³ N Greenberg⁴

¹Psychological Medicine, Weston Education Centre, King's College London, London, UK
²Emergency Response Department, Public Health England, London, UK
³Psychological Medicine, King's College London, London, UK
⁴Academic Centre for Defence Mental Health, Weston

ABSTRACT

As disasters become increasingly prevalent, and reported on, a wealth of literature on post-disaster mental health has been published. Most published evidence focuses on symptoms of mental health problems (such as post-traumatic stress disorder, depression and anxiety) and psychosocial factors increasing the risk of such symptoms. However, a recent shift in the literature has

Key messages

- This paper provides an overview of the literature on factors associated with resilience in disaster-exposed employees, and the potential positive impact of experiencing a disaster (post-traumatic growth).
- This paper provides an overview of the

The aim for recovery [and evolu

- Aim not just to avoid illness but foster Post Traumatic Growth (PTG) which is:
 1. a concept which describes
 2. positive psychological change
 3. experienced as a result of 'struggling with' [or experiencing] highly challenging, highly stressful life circumstances
- There is a debate about whether someone needs to 'struggle' to experience PTG

- # Recovery and evolution
- Thank you and provision of information
 - Personalised
 - Family
 - Reminder of services available

How might the NHS protect the mental health of health-care workers after the COVID-19 crisis?



Throughout the COVID-19 crisis, many health-care workers have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas.¹ Health-care workers have contended with the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances,

develop a meaningful narrative that reduces risks of harm. Schwartz rounds, a structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work, are one such evidence-based model.

Successful recovery planning¹⁰ should minimise the onset of mental illness while maximising the opportunity for psychological growth.¹ Proactive managers should follow the evidence, which is both legally required and what staff deserve.



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of the public looking for information and advice about coronavirus (COVID-19), including information about the NHS website. You can also find guidance and support on the GOV.UK website.

people
tions
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d social

Home > Supporting our NHS people > Wellbeing support options > Support offers

Support offers

Bereavement and trauma support line for our Filipino colleagues

There is a team of fully qualified and trained professionals, all of whom are Tagalog speak

Greenberg, Brooks, Wessely & Tracy Lancet Psychiatry, May 2020



Recovery and evolution

- Thank you and provision of information
- Graded return to work
- Take leave due
- Extra leave
- Reconnect
- Downtime (switch off)
- Personal reflection

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Recovery and evolution

- Thank you and provision of information

- Graded return to work

- Time for reflection/meaning making

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Lancet Psychiatry, May 2020



Reflective Practice

- Meaningful, leader-led, open discussion
- Discussion about: **F**acts, **I**mpact, functioning **N**ow & **E**ducation
- Aims to:
 - Create 'a meaningful narrative'
 - Reduce stress
 - Improve working relationships

Recovery and evolution

- Thank you and provision of information
- Graded return to work
- Time for reflection/meaning making
- Supervisor discussions esp for higher risk/secondary stressors

ORIGINAL ARTICLE

Health-Promoting Leadership During an Infectious Disease Outbreak

A Cross-Sectional Study of US Soldiers Deployed to Liberia

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J Nerv Ment Dis 2021;00: 00–00

health-promoting leadership focused on psychological health was associated with decreased odds of PTSD, depression, anxiety, and burnout, and increased odds of high morale and avoiding unnecessary risk

Recovery and evolution

- Thank you and provision of information
- Graded return to work
- Time for reflection/meaning making
- Supervisor discussions esp for higher risk/secondary stressors
- Ongoing active monitoring
- iaw NICE guidelines
- Self-check tool (protect the person and the employer)

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Recovery and evolution

- Thank you and provision of information
- Graded return to work
- Time for reflection/meaning making
- Supervisor discussions esp for higher risk/secondary stressors
- Ongoing active monitoring
- Timely access to occupationally, focused,
- evidence based care

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Health and Wellbeing Hub

Your Health and
Wellbeing Hub

Helpful Links

Your Wellbeing

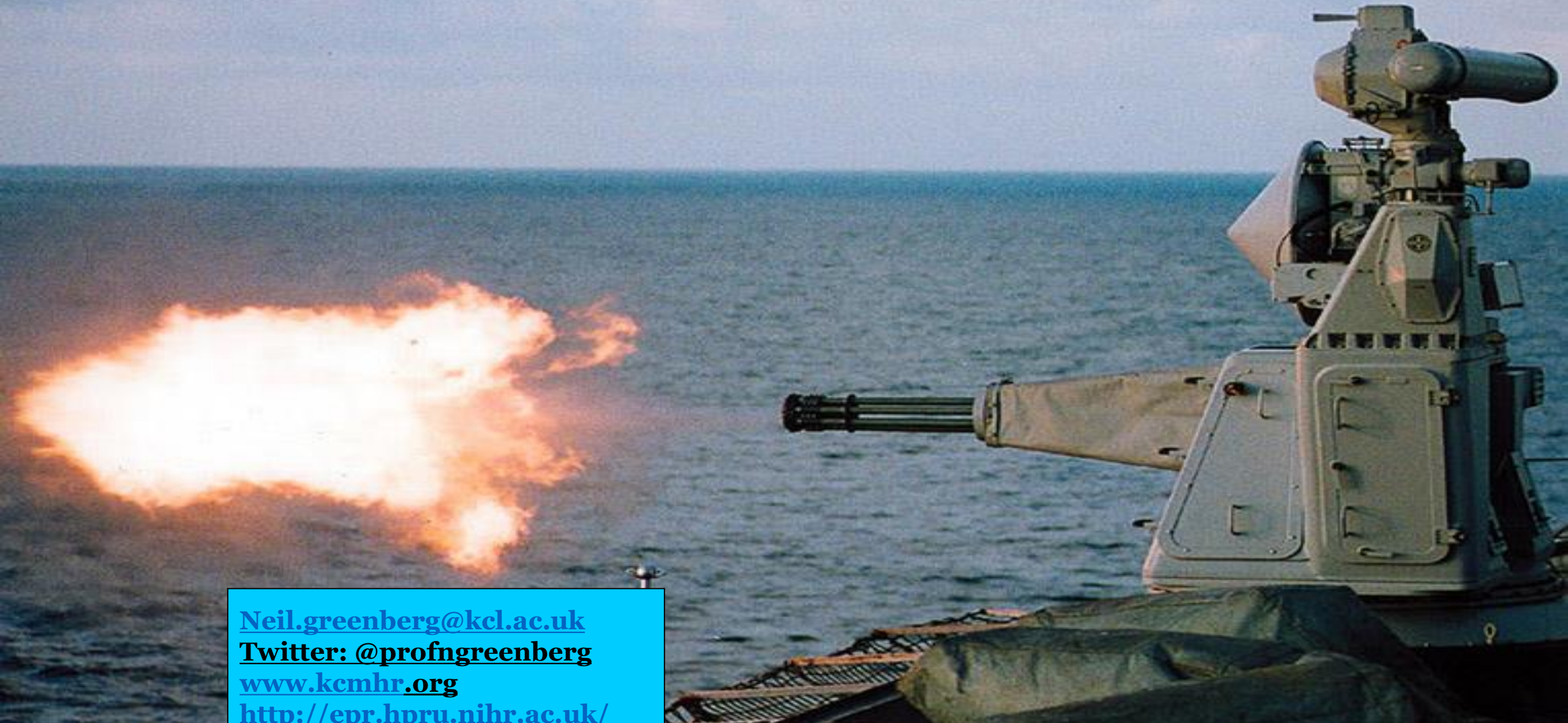


Welcome to your health and
wellbeing hub

Conclusion of what to do for HCW [and other key workers]

- Do not over medicalise
- 'Nip it in the bud' approach
- Build team support as a priority inc. psychologically savvy supervisors & peer support
- Active line management (PIES) for acute distress
- Recovery and evolution
 - Thank you
 - Graded return
 - Time for reflection
 - Supervisory rtw interviews
 - Active monitoring (inc self check)
 - Evidence based care

Any Questions?- Fire Away!



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