

Developing Psychosocial Resilience

How to cope in a crisis

Developing Psychosocial Resilience



The audience for this training module will be:

- Members of Pandemic Influenza coordination committees
- Chief executives of health boards; health authorities & primary and secondary care organisations
- Staff working in Mental Health services
- Ambulance services/trusts
- Medical directors
- Nurse directors
- Heads of midwifery
- Directors of public health
- Directors of human resources
- Directors of workforce and organisational development
- Heads of occupational health departments
- Heads of clinical services
- SHA/LA Flu Leads, Emergency planners
- Primary & secondary care clinicians
- Local authorities
- Private & voluntary sector providers
- Allied Health Professionals Leads

Aims of Psychosocial Care



- To ensure that staff are prepared to cope with long-sustained demand on them and the services in which they work
- Provide a stepped model of care for staff that is sensitive and responsive to their needs before, during and after emergencies

Psychosocial Resilience



Psychosocial resilience is multi-dimensional with two important components:

Personal and collective psychosocial resilience.

- ***Personal psychosocial resilience:*** describes “a person’s capacity for adapting psychologically, emotionally & physically reasonably well & without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge.”*
- ***Collective psychosocial resilience:*** refers to the way in which groups or crowds of people “express and expect solidarity & cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity.”*

Both are important for staff who are faced with working in a pandemic

Psychosocial Resilience



Psychosocial resilience is not about avoiding short term distress but about recognising:

- How people adapt to and recover from adverse events and/or circumstances
- The abilities of people to accept and use social support, and the availability of it (two of the key features of resilience)
- That adequate support reduces the effects of exposure to challenging events and emergencies (evidence-based)

Psychosocial Resilience



Therefore, plans for sustaining the resilience of staff during the course of an event/events should be based on:

1. *Reducing the inherent stressors* so far as possible

INHERENT STRESSORS include

Exposure to the disease

Exposure to on-site dangers

Exposure to survivors' suffering and their relatives' stories

Feelings of powerlessness – inability to provide help at the level and at the time that it is needed

2. *Planning to recognise and intervene to mitigate non-inherent stressors*

NON INHERENT STRESSORS INCLUDE:

Lack of skills or training needed to do the job

Lack of materials (supplies, equipment) needed to do the job

Poor role definitions and unclear expectations

Poor organisation of work

Lack of support at work

Unnecessary agency policies and practices

Unnecessarily poor conditions

Poor scheduling of work (long hours, few breaks, lack of leave time)

Lack of opportunities for recreation

Arbitrary leadership and/or management practices

Conflict and mistrust within and between teams

Poor communications (within teams, agencies and with families)

Psychosocial Resilience



3. *Providing training and social support*

4. *Basing interventions for people who are more than mildly distressed on the principles of psychological first aid and access to more specialised services that are related to need*

Employers responsibilities



The recovery phase will be swifter for staff and services if staff feel supported and are confident about overall plans that are in place to manage the pandemic. Therefore....

Employers should endeavour to prevent staff from developing (and plan to mitigate) the indicators of acute stress by taking active steps to develop collective psychosocial resilience of staff teams

Below is a list of the indicators of acute stress that may be exhibited by staff during a pandemic

Indicators of acute stress



Indicators of Acute Stress (adapted from the UK Armed Services Trauma Risk Management programme - TRIM)

Upsetting thoughts or memories about situation or events that come into mind against the person's will

Upsetting dreams about circumstances or particular events

Acts or feels as though an event/events are happening again

Upset by reminders of events or the circumstances

Has bodily reactions when reminded of events

Difficulty falling or staying asleep

Irritability or outbursts of anger

Difficulty concentrating

Overly aware of potential dangers to self or others

Jumpy or startled at something unexpected

Stressors



Employers need to remember that:

- NHS & other healthcare staff are also family members and, during a pandemic, they have to balance their professional values and obligations with the needs of their families and with advice given to the public to stay away from work if they have signs of infection.
- Decisions in these situations can be challenging.
- Leadership & management does not only consist of responses to challenging events but includes preparatory training and responses intended to build personal and collective resilience, thereby preventing longer-term consequences.

Implementation and monitoring



Below is a summary of the tasks that are pertinent to training and supporting staff with the intention of reducing psychosocial impacts on them of working during a pandemic. Implementation requires 4 types of activity:

1. ***Strategic planning, preparation and leadership*** – including clarification of expectations from staff and consideration of any impact on the availability and standards that are to be applied to services in a pandemic.
2. ***Provision of real-time supervision and support for staff during the response to a pandemic***

Implementation and monitoring



continued....

3. ***Making available clinical services*** for the *minority* of staff who may develop sustained psychosocial problems during or after a pandemic

4. ***Activities to be undertaken in the recovery phase*** in order to enable staff to transition back to ordinary working practices and to learn lessons from their experiences

Implementation and monitoring



Suggested actions to support and monitor implementation

Step/Level	Actions
1	<p>Strategic Planning</p> <p>Each NHS organisation is to convene a strategic planning group to oversee planning for supporting the psychosocial resilience of staff in their area.</p> <p>Every Trust is to identify a lead professional to provide input to and advice about psychosocial planning.</p> <p>Each SHA is to include implementation of this guidance in its performance management of NHS organisation</p>
2	<p>Develop the Collective Psychosocial Resilience of Organisations and their Staff (e.g. through teambuilding)</p> <p>CEOs to ensure that HRDs, or such persons as they appoint, lead planning in their organisation in the context of the health system's approach</p>

Implementation and monitoring



Suggested actions to support and monitor implementation

Step/Level	Actions	
3	Provide real time professional supervision and social support for staff	HRDs to lead development of an appropriate model for their organisation by working with occupational health, mental health and other professionals and other appropriate partners
4	Provide interventions based on the principles of psychological first aid	HRDs to lead implementation based on the strategic approach
5	Provide access for staff to augmented primary healthcare services	NHS organisations to agree a local lead person and an approach and a model that is appropriate to local circumstances
6	Provide access for staff to specialist mental health services	Referrals to be made as appropriate according to needs of individual members of staff

The Six Level Framework of Actions to Support Staff



Below are the 6 steps or levels that have been further broken down into even more detailed actions to support staff

Level 1	<i>Strategic Leadership and Management</i>
	<p><i>Planning, leadership, management & training sustains services & promotes teamwork & helps to prevent unnecessary anxiety for staff by creating confidence in the plan</i></p>
Strategic planning and preparation	Make arrangements for strategic leadership & planning to continue throughout & after each emergency ensuring that plans are adjusted in the light of events of each major incident & review afterwards takes place in order to learn lessons for the future.
Logistic and resource planning	Ensure that comprehensive planning, preparation, training & rehearsal of the full range of service responses that may be required is undertaken, familiarises staff with plans, builds their confidence in those plans, allows staff to be engaged through suggesting changes and builds their resilience.
Developing models of care	Staff should have confidence in the models of care that are to be offered in a pandemic which means reviewing services available to ensure all the relevant providers of care & agencies work to jointly agree models of care & case management. This includes working to minimise gaps & to develop clarity about mutual responsibilities
Managing public and professional expectation	Planning & enacting a good public risk communication & advisory strategy that involves staff, the public & the media & which provides timely & credible information & advice also supports staff confidence & psychosocial resilience

The Six Level Framework of Actions to Support Staff



Level 2: Operational leadership, service management & setting standards for practice

Develop clarity around practical & professional expectations of staff & realistic standards for practice & practitioners during a pandemic, which:

- Requires effective leadership
- Recognition of potential impacts of a pandemic on standards of care
- Negotiation of mechanisms for decision-making when services are under pressure

The Six Level Framework of Actions to Support Staff



Level 2: Operational leadership, service management & setting standards for practice

Develop an ethical & professionally acceptable triage system & ethical frameworks for clinical & managerial decision making.

- Base triage on the judgement of professionals at preliminary, primary, secondary & tertiary level, and on the judgement of the affected persons themselves.
- Thorough training is necessary to achieve effective triage
- Staff should have confidence in the triage systems that are put in place

The Six Level Framework of Actions to Support Staff



Level 2: Operational leadership, service management & setting standards for practice

Educate, train and rehearse plans

- The psychosocial plan to support staff should be included in exercises to test the strategy & practice delivery of the plans
- Planners should seek strategic advice on psychosocial & mental healthcare for patients & staff when designing, testing & implementing plans
- Incident responders at strategic, tactical & operational levels should also seek strategic advice on psychosocial & mental healthcare for patients & staff.

The Six Level Framework of Actions to Support Staff



Level 3: Day-to-day leadership and management of staff and services

Provide accurate up-to-date and relevant information about the situation

- Ensure staff are fully informed about the plans for day-to-day service delivery and their anticipated roles.

Provide opportunities for operational & technical & personal discussions

- In challenging circumstances, support from access to team members, peers & others for discussion & advice & to share challenges & frustrations is invaluable

The Six Level Framework of Actions to Support Staff



Level 3: Day-to-day leadership and management of staff and services

Ensure staff take rest, adhere to duty rotas and have opportunities for recuperation

- Ensure staff work to realistic rotas to avoid them becoming overtired and 'burned out'.

Monitor practice and provide enhanced clinical advice and supervision

- The work of staff should be monitored so that they have access to clinical supervision which is likely to become more rather than less vital in stressful situations when critical and sometimes controversial decisions may have to be made.

The Six Level Framework of Actions to Support Staff



Level 4: Psychological First Aid

- Psychological First Aid (PFA) is an approach that is intended to reduce people's initial distress in the immediate aftermath of traumatic events and foster adaptive functioning.
- PFA assumes that the majority of people who are affected emotionally by events such as a pandemic, are not likely to develop mental health problems, more serious disorders, or long-term difficulties in recovery.
- Instead, it is based on an understanding that survivors of disasters and other people who are affected by major incidents, experience a broad range of early reactions (e.g. physical, psychological, behavioural, & spiritual).
- Some of these reactions cause enough distress to interfere with adaptive coping, and people's recovery may be helped by support from compassionate and caring responders

The Six Level Framework of Actions to Support Staff



Level 5: Offer health assessment and intervention in primary care

- The care pathway should rely, initially, on support provided by people's families, communities, colleagues in workplaces and then progress, according to need, to the primary or occupational health and social care services and voluntary agencies.
- Assessment and intervention procedures should take account of local circumstances

The Six Level Framework of Actions to Support Staff



Level 6: Deliver specialist mental health services for staff

Despite estimates that the numbers of staff who will require referral being small, arrangements should be negotiated in advance for staff to have access to appropriate specialist healthcare, including mental healthcare according to their assessed needs

Roles of Occupational Health Services



In addition to the systemic approach that has been described above, this module identifies roles that are important to organisations in planning and acting to sustain their staff, which include:

1. *Preparing for a pandemic*

- Providing executive directors with strategic advice
- Providing senior managers with advice about health practices in workplaces
- Providing advice on staff management policies
- Contributing to employees' professional development

Roles of Occupational Health Services



2. Actions taken during a pandemic

- Providing advice on sustaining collective and personal resilience
- Assisting in identifying staff who may be at greater risk
- Providing managers with advice about monitoring the exposure of staff to traumatic situations
- Training managers to recognise distress
- Providing a skilled team that provides intervention services for staff

3. Transition to and recovery of services and their staff

- Advising and monitoring staff who are returning to work after their exposure to debilitating distress and dysfunction

Developing Psychosocial Resilience



The information from this module has been taken from *Psychosocial care for NHS staff during an influenza pandemic* which can be accessed at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103168

and it is advised that the module should be taught in conjunction with this DH Guidance.