

The Psychological impact of the coronavirus pandemic on the UK and essential workers including healthcare staff

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RC Psychiatrists Chair of Occupational Psychiatry SIG

Served in the Royal Navy for 23+ years

Managing Director of March on Stress Ltd

Part of NHSE/I Wellbeing Team

Set up the MH staff support strategy at London Nightingale Hospital

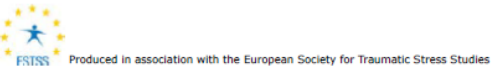
Part of ERG for PHE and DHSC

Main Sources of www. Information



Traumatic Stress Management Guidance

For Organisations Whose Staff Work In High Risk Environments

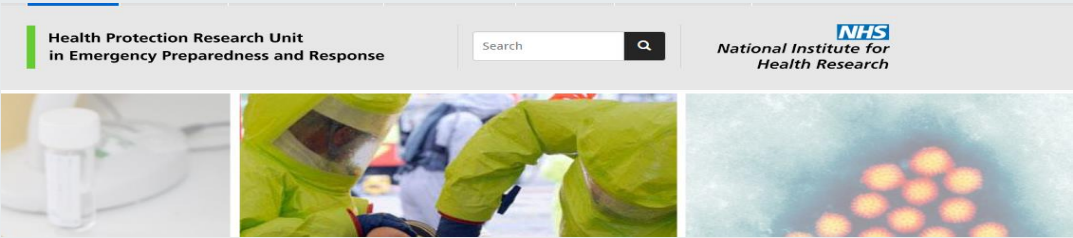


www.ukpts.co.uk



www.kcl.ac.uk/kcmhr

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



www.marchonstress.com/

Risks to mental health during COVID 19

Traumatic exposure

Workload and shift patterns

Home life stressors

Moral injury

Clash with one's moral/ethical code

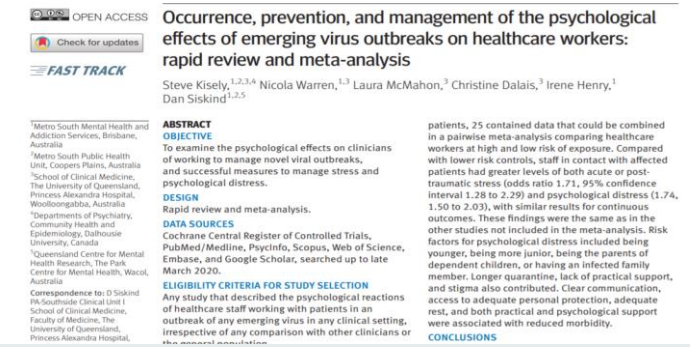
Commission/Omission/Betrayal by higher authority

Risk factors in HCWs

- Systematic review of 59 studies (Kisely et al., 2020)
- High exposure to virus-related work staff were 1.7 times more likely to develop symptoms of post-traumatic stress and psychological distress

- Risk factors
 - Younger and being more junior,
 - Parents of dependent children
 - Longer quarantine
 - Lack of practical support,
 - Stigma

- Protective factors
 - Clear communication,
 - Perceived adequate PPE
 - Adequate rest
 - Practical and psychological support



Prepare

Self check before taking up the role

Frank preparatory briefings

‘Psychological PPE’

Role specific training

Managing mental health challenges faced by healthcare workers during covid-19 pandemic

Neil Greenberg,¹ Mary Docherty,² Sam Gnanapragasam,² Simon Wessely¹

Neil Greenberg and colleagues set out measures that healthcare managers need to put in place to protect the mental health of healthcare staff having to make morally challenging decisions

Greenberg et al. BMJ, March 2020

Psychological 'Pre-' Screening

Seductive

Psychometric, personality, 'lie detecting'/validity scales..... (e.g. MMPI)

Grandmother test is good

A prospective study of pre-employment psychological testing amongst police recruits

R. E. Marshall¹, J. S. Milligan-Saville^{1,2}, Z. Steel^{1,2,3}, R. A. Bryant^{2,4,✉}, P. B. Mitchell^{1,2} and S. B. Harvey²

¹School of Psychiatry, University of New South Wales, Sydney, New South Wales 2031, Australia, ²Black Dog Institute, Sydney, New South Wales 2031, Australia, ³St John of God Hospital, Richmond, New South Wales 2753, Australia, ⁴School of Psychology, University of New South Wales, Sydney, New South Wales 2031, Australia.

Buddy up

Supervisors able to have psychologically savvy chats

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

Neil Greenberg ¹, Derek Tracy^{1,2}

Delivery of high-quality care is dependent

Preventive medicine provides a useful

sick leave.²⁻⁸ 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

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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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

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TRiM risk factors checklist

1. The person thought that they were out of control during the event
2. The person thought that their life was threatened during the event
3. The person blamed others or what happened
4. The person is ashamed about their behaviour during the event
- 5.*The person experienced acute stress following the event
6. The person has been exposed to substantial stress since the event
7. The person has had problems with day to day activities since the event
8. The person has been involved in previous traumatic events
9. The person has poor social support, (family, friends, unit support)
- 10.The person has been drinking alcohol excessively to cope with distress

Buddy up

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Post shift reviews

Peer support

Forward mental health supervision and support (PIES)

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Neil Greenberg ,¹ Derek Tracy^{1,2}

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Forward mental health supervision and support (PIES)

Proximity

Immediacy

Expectancy

Simplicity

Post-traumatic growth is to be expected in most

Article		
Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study		
Zahava Solomon, 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-experimen-	matic and psychiatric symptoms and of social functioning. Results: Twenty years after the war, traumatized soldiers who received frontline treatment had lower rates of posttraumatic
Rami Shklar, Ph.D.		
Mario Mikulincer, Ph.D.		

Psychological Debriefing



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...

- “Watchful Waiting”/ “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]

Recover

Thank you and provision of information

Graded return to work

Supervisor discussions esp for higher risk/secondary stressors

Time for reflection/meaning making

Ongoing active monitoring

Timely access to evidence based care

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.



Lancet Psychiatry 2020

Published Online
May 28, 2020
[https://doi.org/10.1016/S2215-0366\(20\)30224-8](https://doi.org/10.1016/S2215-0366(20)30224-8)

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



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

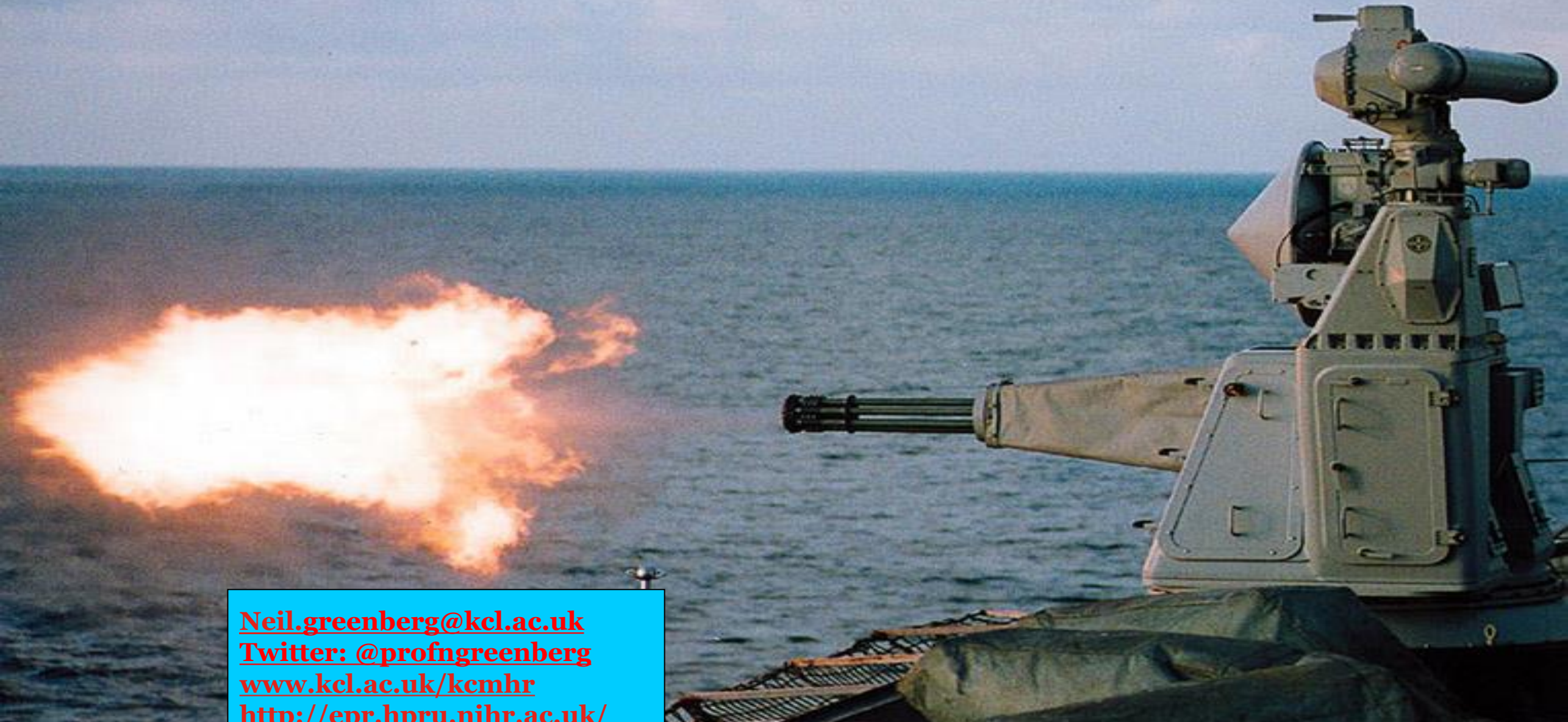
Psychologically savvy supervisors

‘Forward mental health teams’

Thank you, phased return to work and time for reflection

Active monitoring and evidence based care

Any Questions?- Fire Away!



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