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
Set up the MH staff support strategy at London Nightingale Hospital
Main Sources of www. Information

- www.ukpts.co.uk
- http://epr.hpru.nihr.ac.uk/
- www.marchonstress.com/
- www.kcl.ac.uk/kcmhr
- www.kel.ac.uk/kemhr

Risks to mental health during COVID 19

- Traumatic exposure
- Workload and shift patterns
- Home life stressors
- Moral injury
What is 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 by a higher authority**
- My supervisor had no interest in my safety
- They lied to cover up their errors

Moral injury and mental ill health

- **Meta-analysis findings**  
  (effect size)
  - PTSD 0.30
  - Depression 0.23
  - Suicidality 0.14
  - Anxiety n/a
  - Hostility n/a

**Conclusions:**
- Most studies in military samples
- Moderate impact of PTSD; small impact of depression and suicidality
- Too few papers to draw any firm conclusions
PTSD rates – NHS generally & ICU in particular

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total sample n/N (%)</th>
<th>Doctors n/N (%)</th>
<th>Nurses n/N (%)</th>
<th>Other clinical* n/N (%)</th>
<th>Non-clinical** n/N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS CHECK</td>
<td>1,510/5,764 (26.2)</td>
<td>89/507 (17.55)</td>
<td>430/1,468 (29.29)</td>
<td>451/1,715 (26.30)</td>
<td>540/2,072 (26.06)</td>
</tr>
<tr>
<td>ICU Staff</td>
<td>622/1407 (44.2)</td>
<td>177/532 (33.3%)</td>
<td>373/698 (53.4%)</td>
<td>72/177 (40.7%)</td>
<td>-</td>
</tr>
</tbody>
</table>

Moral injury and mental health outcomes in HCW
Prepare

Frank preparatory briefings

Self check before taking up the role

‘Psychological PPE’

Role specific training

Pre-screening does not work

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

R. E. Marshall¹, J. S. Milligan-Saville¹², Z. Steel¹²⁴, R. A. Bryant²¹⁸, P. B. Mitchell¹² 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 Johns of God Hospital, Richmond, New South Wales 2753, Australia, ⁴School of Psychology, University of New South Wales, Sydney, New South Wales 2031, Australia.
Sustain

Buddy up

Supervisors able to have psychologically savvy chats carry out post shift reviews

Greenberg & Tracy BMJ Leader, May 2020

REACT<sub>MH</sub> 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\textsubscript{MH} evaluation**

![Graph showing evaluation results](image)

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**Sustain**

**Buddy up**

Supervisors able to have psychologically savvy chats carry out post shift reviews

**Peer support**

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*Editorial*

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

Neil Greenberg & Denis Tracy  

BMJ Leader, May 2020
Peer support

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

Mark C. Cramer,1,2 Tracey Varkes,1,2 Jonathan Bisson,3 Kathy Darke,4 Neil Greenberg,5 Winnie Lau,2,6 Gill Moreton,6 Maighread O’Donnell,7,3 Don Richardson,7 Joe Rusel,9 Patricia Watson,9 and Davie Forbes9,10

1 Australian Centre for Posttraumatic Mental Health, Melbourne, Victoria, Australia
2 Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia
3 British Columbia Centre on Substance Use, Vancouver, British Columbia, Canada
4笳Western Canadian Academic and Research Centre for Addictions, Vancouver, British Columbia, Canada
5National Institute of Mental Health, Bethesda, Maryland, USA
6Australian Institute for Family Studies, Melbourne, Victoria, Australia
7British Columbia Institute for Health Development, Vancouver, British Columbia, Canada
8University of Toronto, Toronto, Ontario, Canada
9National Centre for Post-Traumatic Stress Disorder, Floreat, Western Australia, Australia
10Duke 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

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

R. Whitman, J. Joes, and N. Greenberg

Occupational Medicine  Advance Access published April 18, 2015

Correspondence to: R. Whitman, Assistant Department of Safety and Health, King’s College London, Women’s Education Centre, Kingston Road, London SE1 8UL, UK. Tel: +44 (0)20 3135 1750, Fax: +44 (0)20 3135 1751, e-mail: janet.joes@kcl.ac.uk
Sustain

Buddy up

Supervisors able to have psychologically savvy chats carry out post shift reviews

Peer support

But don’t do…..

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 that TF-CBT]
Buddy up

Supervisors able to have psychologically savvy chats carry out post shift reviews

Peer support

Forward mental health supervision and support (PIES)

'Forward' Psychiatry

This refers to a nip it in the bud approach
Can be put in place by managers and/or health professionals who adopt a 'return to duty' approach
Four principles (PIES)

Proximity
Immediacy
Expectancy
Simplicity
Recover

Thank you and provision of information

Graded return to work

Supervisor discussions esp for higher risk/secondary stressors

Time for reflection/meaning making

Reflective Practice

- Meaningful, open discussion about a particular event or a period of time

- Facilitated by a leader who may share their story and encourage others to do the same

- Whole group discussion about impact, current functioning & education about self-help & normalises

- Facilitator advises support options & encourages access

- Aims to create ‘a meaningful narrative’, reduce stress & improve working relationships amongst colleagues

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

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