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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

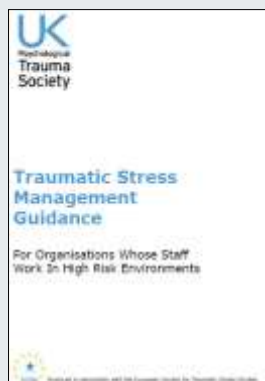
Managing Director of March on Stress Ltd

Part of NHSE/I Wellbeing Team & Recovery Commission

Set up the MH staff support strategy at London Nightingale Hospital

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Main Sources of www. Information



www.ukpts.co.uk



www.kcl.ac.uk/kcmhr

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



www.marchonstress.com/

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Risks to mental health during COVID 19

Traumatic exposure

Workload and shift patterns

Home life stressors

Moral injury

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Moral Injury



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What is Moral Injury?



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

well - moral distress - moral injury - illness

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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

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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

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PTSD rates – NHS generally & ICU in particular



Measure	Total sample n/N (%)	Doctors n/N (%)	Nurses n/N (%)	Other clinical* n/N (%)	Non-clinical** n/N (%)
PCL-6- PTSD					
NHS CHECK	1,510/5,764 (26.2)	89/507 (17.55)	430/1,468 (29.29)	451/1,715 (26.30)	540/2,072 (26.06)
ICU Staff	622/1407 (44.2)	177/532 (33.3%)	373/698 (53.4%)	72/177 (40.7%)	

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Moral injury and mental health outcomes in HCW



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Prepare

Frank preparatory briefings

Self check before taking up the role

'Psychological PPE'

Role specific training

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

Neil Greenberg, Mary Docherty, Sam Grunzeigstein, Simon Weston

Neil Greenberg and colleagues set out measures that health care 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

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Pre- screening does not work

Occupational Medicine 2020;70:162–168

Advance Access publication on 10 February 2020 doi:10.1093/occmed/kqaa008

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^{2,4,5}, P. B. Mitchell^{1,2} and S. B. Harvey²

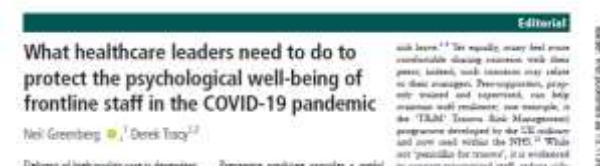
¹School of Psychiatry, University of New South Wales, Sydney, New South Wales 2031, Australia, ²Black Dog Institute, Sydney, New South Wales 2031, Australia, ³St John of God Hospital, Richmond, New South Wales 2753, Australia, ⁴School of Psychology, University of New South Wales, Sydney, New South Wales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

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Sustain

Buddy up

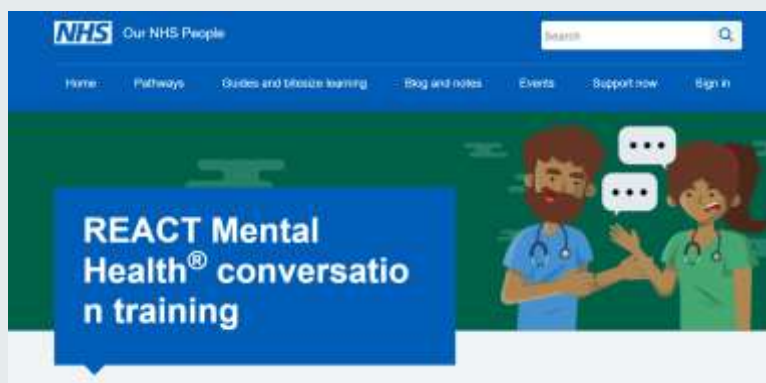
Supervisors able to have psychologically savvy chats carry out post shift reviews



Greenberg & Tracy BMJ Leader, May 2020

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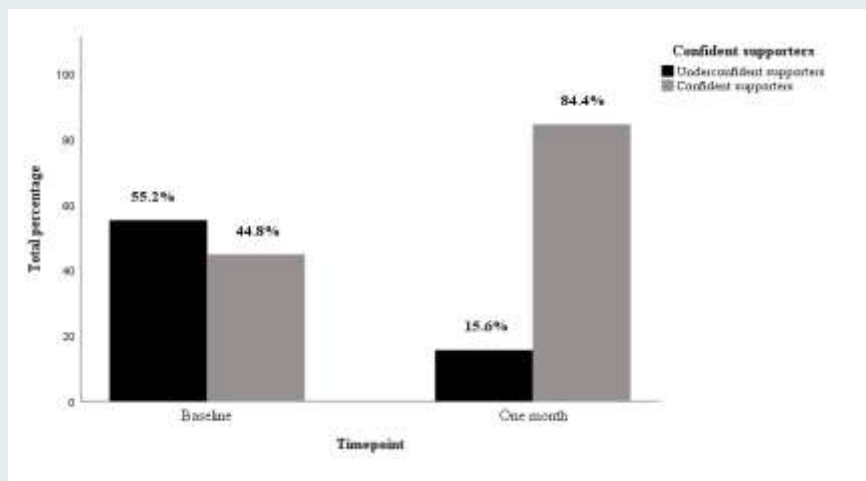
REACT_{MH} training – supervisor confidence



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

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REACT_{MH} evaluation



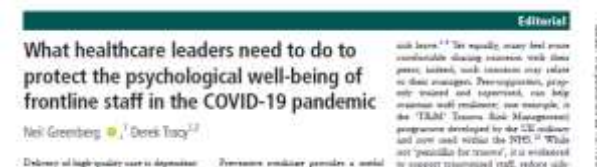
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Sustain

Buddy up

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

Peer support



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Peer support



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.**

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TRiM – Trauma Risk Management



Occupational Medicine Advance Access published April 16, 2015

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

D. Whybrow¹, N. Jones² and N. Greenberg³¹Academy Department of Military Mental Health, King's College London, Western Education Centre, London SE5 8RL UK, ²Department of Psychological Medicine, King's College London, Western Education Centre, London SE5 8RL UK,

Correspondence to: D. Whybrow, Academic Department of Military Mental Health, King's College London, Western Education Centre, Colindale Road, London SE5 8RL UK. Tel: +44 (0)20 7848 1311; fax: +44 (0)20 7848 1406; e-mail: d.whybrow@kcl.ac.uk

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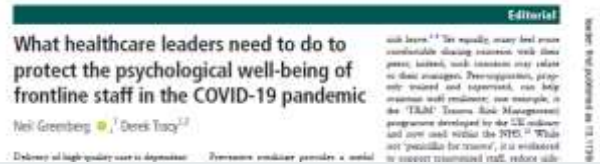
Sustain

Buddy up

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

Peer support

But don't do.....



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How to deal with PTSD

NHS
National Institute for
Clinical Excellence

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]

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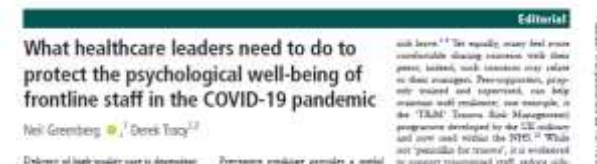
Sustain

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

Peer support

Forward mental health supervision and support (PIES)



Greenberg & Tracy BMJ Leader, May 2020

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'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**



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Recover

Thank you and provision of information

Graded return to work

Supervisor discussions esp for higher risk/secondary stressors

Time for reflection/meaning making

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-pressure, novel circumstances characterised by trauma and moral dilemmas. 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, agency working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances,

doing a meaningful narrative that reduces risk of burnout. Schwartz recommends a structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work, an online evidence-based model. 'Successful recovery planning' should recognise the onset of mental illness while maximising the opportunity for psychological growth. Practising managers should follow the evidence, which is both legally required and what staff deserve.



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



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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**

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Recover

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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?



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despite a meaningful narrative that reduces risk of harm. Schwartz reveals a litany of factors for clinical and non-clinical staff to discuss structural and social aspects of work, an one such evidence-based model. 'Successful recovery planning' should recognise the onset of mental illness while maximising the opportunity for psychological growth. Practitioner managers should follow the evidence, which is both legally required and what staff deserve.



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



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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

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Any Questions?- Fire Away!



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