

# Staff Support in the time of Covid-19

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## **Rationale**

We established a **REST** (Resilience and Emotional Support) Team

To provide psychological support across the Trust

To prevent any member of staff leaving work in distress or feeling they have no-one to talk to.

We offered a **REST** phone line; direct staff support (1:1); REST input to wider trust Health and Wellbeing initiatives; support to RFL Rounds and trust-wide communication (eg: intranet/freenet)

Direct staff support was aimed at developing interventions on an on-going basis that foster cohesion within teams and mutual compassionate support;

Models positive wellbeing strategies and builds resources and skills

**REST** is not psychological therapy and referrals for psychological therapy were made through the usual routes

**REST** became an umbrella term that included a number of mental health professionals as well as by Care First, Chaplaincy, Mental health first aiders (MHFA); Occupational Health; and SISOS (Serious Incident Supporting our Staff) all focused on Staff Wellbeing.

## ***Key areas that were provided in ICU/CCU***

### **1. Reflective practice sessions**

\*These were offered throughout the hospital and for intensive care redeployed/substantive staff

**Aim:** for teams to reflect together on their experiences; and for them to think about ways to manage during these challenging times.

\*Key psychological processes include: the witnessing of each other's experiences to facilitate greater understanding/empathy and the idea of 'not being alone'.

\*The idea behind this is to help the processing of often intense and overwhelming experiences and in turn sharing ways people find to support not only themselves but each other.

## 2. Team support/consultations

\*Lots of different conversations took place with team leads, managers, wellbeing leads/REST and individual staff members.

\*Aim: think through key challenges, identify team needs, address any barriers to accessing support.

\*If agreed, then feedback from reflective practice sessions took place, especially focusing on key themes.

\*These themes included: **staff relationships**-such as communication difficulties, boundaries, anger amongst staff, isolation, establishing support for staff.

\***psychological wellbeing**-bereavement, fatigue and burn-out, moral injury, self-criticism, positive reflections

**\*Role concerns**-this included redeployment, guilt, later vaccine discussions, etc.

**\*Physical wellbeing**-increased exposure and risk of Covid-19; impact of staff sickness.

**\*Home life**-family relationships, feeling isolated, work-life balance; adapting to remote ways of working/being home.

**\*One to one support for staff**

Space to talk confidentially to a psychologist/member of REST team. Chance to think through how they are coping and address what might help.

At times this was an opportunity for signposting to other services.

\*These were either face to face, or 'corridor conversations'

**\*Pause for thought/drop-in sessions**

\***Family liaison service**-helping keep contact with relatives/  
loved ones  
(use of virtual visiting-via iPads)

## **In Summary**

\*The idea was to support our workforce under challenging times;

\*Offer a certain level of staff support without providing therapy but enabling workers to continue working in a contained environment;

\*Offer support to remote workers and keep them linked in with the wider Trust workforce;

\*Enable staff members to harness their inner resilience and identify their qualities and strengths; while also recognising the importance of self-care using psycho-education; and helping them adjust to a rapidly changing environment.

\*This was facilitated (especially in first wave) by a flexible employer who at times offered free accommodation and parking; free meals; and Project Wingman;

\*In response to both pre and post Covid 19 staff needs, what has become evident is that psychology/mental health should be factored into service planning. This has meant the increase of Psychology provision across the UK especially in Intensive Care.

\*Encourage good **self-care and reduce stress in a pandemic by working well as an MDT (multidisciplinary team).**