

# Mental wellbeing and support for healthcare workers

- This webinar will start at 8.30pm IST / 4pm UK.
- You can watch the recording on the [AHSN Network](#) and SAHF YouTube channels afterwards.
- Please use the chat to submit your questions.

# Panellists



- **Dr Sonali Kinra**, Clinical Associate, Primary Care, NHS England and GP



- **Dr Ananta Dave**, Medical Director, Consultant Child & Adolescent Psychiatrist, Lincolnshire Partnership NHS Foundation Trust



- **Dr Harbinder Sandhu**, Assoc Professor, University of Warwick and Consultant Health Psychologist



- **Dr. Dev Vrat Singh**, Clinical Lead in Substance Misuse, Turning Point Suffolk



- **Professor Arun Kandasamy**, Additional Professor Psychiatry, National Institute of Mental Health And Neuro Sciences (NIMHANS), Bangalore



- **Dr Supriya Mathur**, MD Psychiatry, Jaipur National University Institute of Medical Sciences and Research Centre (JNUIMSRC), Jaipur



# SOUTH ASIAN HEALTH FOUNDATION



# FOUNDATION

The **AHSN** Network



Centre for BME Health  
reducing health inequalities



Royal College  
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of Leicester  
NHS Trust

# Welcome

The webinar is about to begin.

Dr Sonali Kinra

Clinical Associate, Primary Care, NHS England and GP

# Overview of webinar

- Resources, tools and strategies for mental wellbeing
- Immediate emotional/mental health response of COVID Pandemic and its management (sharing hospital experience in UK)
- Medium and long-term impact on mental health from COVID pandemic crisis and its sequela and management
- Question and answer session

# Early emotional / mental health impact – UK experience

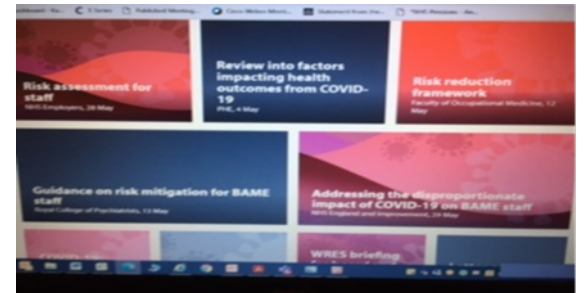
Dr Ananta Dave

Medical Director, Consultant Psychiatrist & Honorary (Clinical)  
Assistant Professor, UoN

President - British Indian Psychiatric Association

# Hierarchy of needs

- **Being kept in mind – does the management care?**
- **Are managers acknowledging crisis/impact on staff/communicating/visible**
- Safety first – PPE, Social distancing, food, hydration, rest
- Recognise, understand and mitigate disproportionate impact on high risk groups- e.g. BAME staff in the UK [BAME workforce - NHS Providers](#)





# Emotional/wellbeing support in the acute/early phase

- **Short term versus medium and long-term** focus on short term for now but will soon need to plan for more sustained support
- It is important to acknowledge the **distress and moral injury** the nature of work during a pandemic can cause. For the majority, general or low level specialist support at group or individual level will suffice but a **small proportion may need referral to specialist mental health services**



## Points to remember

- **Presenteeism** – impact on quality and safety of care, impact on staff if left unaddressed
- Support needs to be **culturally sensitive**
- **Psychological PPE** - frank briefings and planning prior to the duty being undertaken - especially important for those who are being redeployed
- **\*Reinforce team building and support networks** – buddying, training managers, peer support, reflective practice
- Trauma Risk Management- TRiM
- **Avoid debriefing** (Prof Neil Greenberg)

# My reflections

- The important thing is to start early don't wait till later
- Keep communications open
- Keep staff updated with latest information
- Look out for marginalised/isolated people/groups
- **One size doesn't fit all** - be flexible w.r.t timings, location, online resources vs face to face, telephone vs video, practical support vs emotional support



## Learning from experience



- **Trusts/healthcare organisations to be encouraged to set up/offer group and 1:1 supportive conversations and counselling where possible through staff wellbeing services, mental health hubs or similar**
- Leaders can work closely with **HR teams** and **BAME staff** networks to set this up
- **Allies** can play a very important role in supporting affected colleagues
- This can also be done at **ICS/STP level** where such services are set up



**BRITISH INDIAN PSYCHIATRIC ASSOCIATION**  
(BIPA)

## *Healing Together Sessions*

वि:श्वास

**Vi:shwaas**

Calling all Healthcare Professionals in the UK who are affected by the devastating current wave of the Covid-19 pandemic in India and other parts of the world.



You are not alone.

साहस और सहारा

Saahas aur Sahaara

Let's stand together

**BIPA are hosting weekly drop-in-sessions on Zoom**

**The sessions are running from**

**Tuesday 4 May 2021 until Tuesday 8 June 2021 from 7pm to 8pm (BST)**

**ZOOM LINK**

or

Meeting ID: 978 8029 3412

Passcode: 771667

Each session will be facilitated by two psychiatrists and is open to all health and care professionals in the UK, and abroad, who may find it helpful.

*The sessions are aimed as a place to:*

Check in with Each Other  
Share how we feel  
Support each other at this time of grief  
Discuss helpful tips  
Share messages of hope and healing

If you feel this would be helpful to you, please do join in for as much of the session as you wish.  
Please do also share with others who might be interested and who may find it helpful.

BIPA are hosting **weekly drop-in sessions** on Zoom, on Tuesdays until 8 June, from 7-8pm (BST).

- Zoom meeting ID: 987 8029 3412
- Passcode: 771667

THE ASIAN HEALTH  
FOUNDATION

# Thank you

- All suggestions and additional information welcome
- Those who would like to get involved please get in touch  
[Ananta.Dave@nhs.net](mailto:Ananta.Dave@nhs.net)



**Experience in India:  
A viewpoint of a psychiatrist working in  
acute Covid ward and impact on staff and  
Health Care Workers**

Dr Supriya Mathur

M.D Psychiatry, Jaipur, India

## Before Covid duty

- Information was relayed
- Mixed feelings, “Jittery”
- Sense of apprehension, anxiety
- Fear and concern for safety of family
- Feeling of inadequacy, “I am a psychiatrist, will I be able to do this?”  
“How will I handle it? I am used to seeing medically stable patients”
- Sleepless night
- Adrenaline rush + Pressure of being called as “COVID WARRIOR”
  - Had its own implications, people stayed away!



# Covid duty

- Discomfort in Donning/Staying/Doffing PPE kits
  - Fogging
  - Checking/ Rechecking integrity of PPE kit
  - Speaking in louder tone
  - Decreased sense of touch
  - Thirst/ Hunger/Sweating
- Workload including paperwork
- Constantly seeing “misery”, “suffering, anger, guilt in patients”
- Patients do not recognise us in “PLASTICS”, get “scared”
- Dying patients/ death
- Burnout in doctors/ nurses/ staff especially women
- Reduced adrenaline rush
- Diminished mental health and mental fatigue

# After Covid duty

- Rashes, marks, dry skin, abrasions
- Exhaustion
- Sense of guilt
- Helplessness
- Missing family members
- Reduced sleep
- Constant feeling of hearing “beeps”

# Experiences of patients / family members after Covid

- Guilt in younger members for going out to earn and eventually “infecting” elderly
- Caregiver burnout
- Grief
- Anxiety / Depression
- Exacerbation of mental illnesses
- Increased Anger/ Frustration
  - “Languishing”
    - (Gloster et al 2020, Impact of COVID-19 pandemic on Mental Health, PLoS ONE)
  - Delirium
  - Psychosis

# Lessons learnt/solutions

- Keeping anxiety at bay
- Being prepared by reading / connecting with experts
- Accepting that these are trying times and we cannot help/ save everyone
- As a psychiatrist:
  - Art of listening to patients/ helping them in “catharsis” helps
  - Art of listening to help out burnt out staff/ colleagues
- As a human:
  - Helping the nursing staff
  - Keeping a positive atmosphere
  - Small “meeting” with the staff/HCW to motivate and orient them before start of shift
  - Keeping patience

## Lessons learnt / solutions

- As HCW/doctors we need to fall on each others back and build energy, hence need to network and support plays an important role

# Lessons learnt / solutions

- Regular / intensive training to promote preparedness (Liu et al 2020, Experiences of healthcare providers during COVID 19, The Lancet)
- Electronic recording systems instead of paper writing
- Balanced allocation of duties with off time for relaxation
- Hospital-based programmes – mindfulness-based (Amanullah et al 2020)
- Family time (may be virtually)
  - Spouses reduce stress levels by 40% (Murray et al 2000)

## Lastly

The pandemic has humbled us down, changed our perspective in all spheres of life, be it personal/professional/social life.

# Deescalation, mental health sequale of COVID pandemic

Dr Dev Vrat Singh

Consultant and Clinical Lead in Substance Misuse,  
Turning Point Suffolk



# Assault, stress, emotions

- Assaults on doctors on the rise in general
- This has escalated during COVID times
- Patient relatives stressed, its not us vs them

# Deescalation

- There is no 100% answer of fix to assaults.
- Recognise danger signs
- Deescalation techniques (tone, body language, personal space, empathy, respect, honesty)

# Recommendations

- Background
- Training

# Impact on health workers

- Current situation is like war
- Stress
- Insomnia
- Mood
- PTSD
- Impact on physical health
- Substance misuse
- Taboo

# PTSD

- Within the next few (6) months
- Flashback
- Avoidance
- Hypervigilance
- Arousal
- Irritability
- Awareness and recognition
- Taboo and stigma

# Status update of the activities from Indian Psychiatric Society's Task Force *“Doctor for Doctors [D4D]”*

Dr Arun Kandasamy

Chairperson IPS task force, D4D 2021-22 & Additional  
Professor of Psychiatry, Centre for Addiction Medicine,  
NIMHANS, Bangalore, India

# Plan of Action for 2021-22

Coordination with IMA D4D task force and form a joint committee comprising of members representing both teams for planning and implementation of the mental health welfare activities for the doctors

# Plan of Action for 2021-22

Creation/ collation of the relevant materials regarding mental health care assessment and treatment aspects and make it available for all the members of both the organizations



# Plan of Action for 2021-22

Identifying psychiatrists/organisations /support group in every region/  
State who are willing to dedicate time in the clinical care of the  
physicians and make the information available for all the members of  
both the organizations

# Long-term Plan

Formulating Standards and guidelines for the structure and process of mental health services for medical students, residents and faculty and other doctors and recommending it to the NMC Board of Governors for implementation.

# Long-term Plan

- Review of “Physician Health Programmes” all over the world to understand the evolution, organization, process of assessment and management of doctors with mental health and substance use related issues.
- Review the statutes and laws of India for creation of “Physician Mental Health Programme” [PMHP] specific for the country
- Setting up PMHP-India

# Wellbeing – resilience resources

## UK experience

Dr Harbinder Kaur Sandhu

Associate Professor/Health Psychologist, Warwick Medical School, University of Warwick  
@DrHSandhu

# What do we mean by resilience?

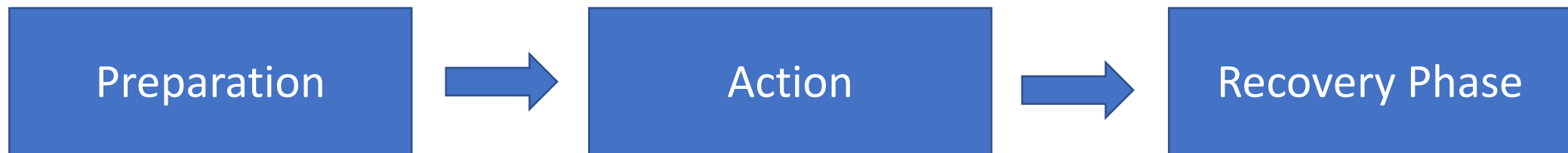
*Resilience is the ability to “adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner” (Jackson 2007)*

*“The ability to cope with the negative effects of stress and so avoid mental health problems and their wider effects” (Pollock et al 2020)*

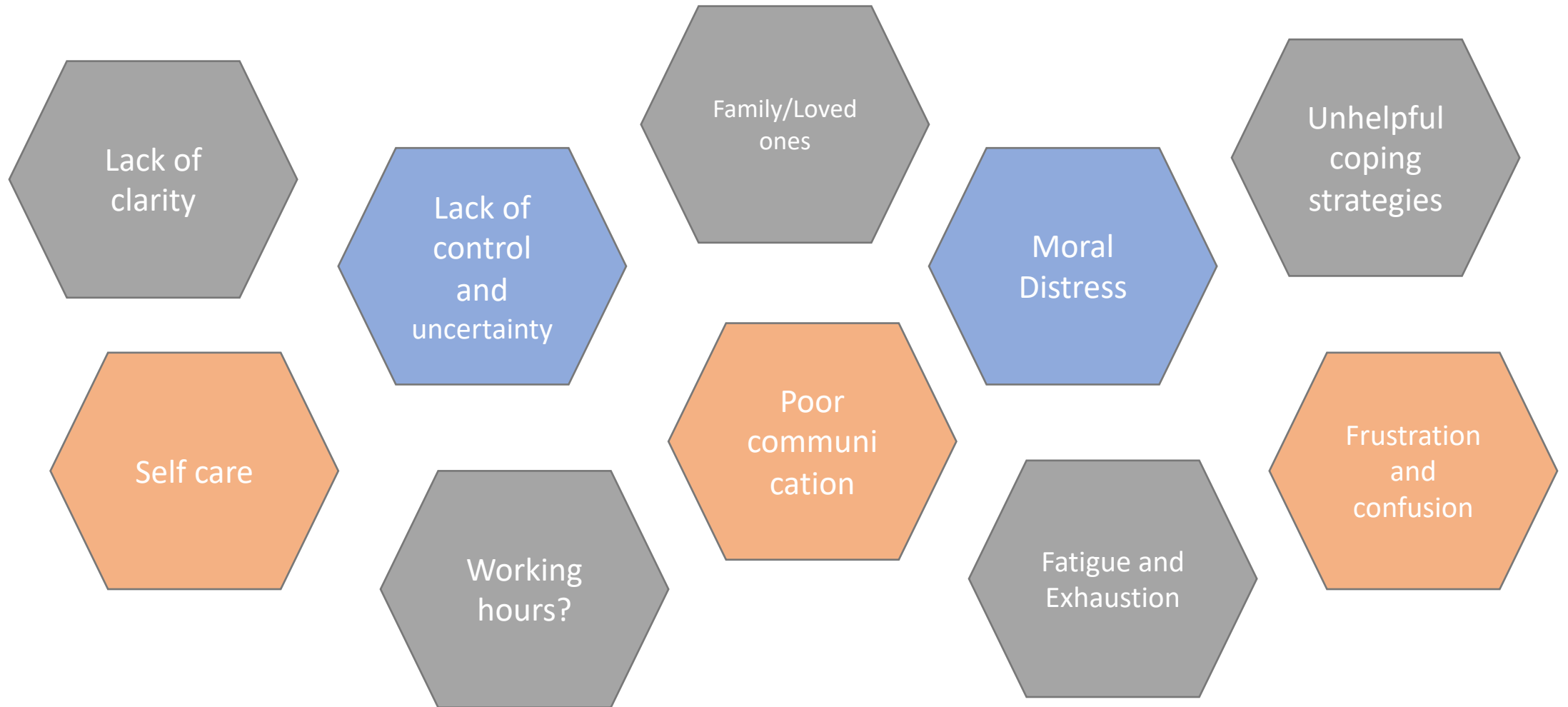
- Guidance documents:

*British Psychological Society, COVID-19 task force group, NHS England, NHS Improvement, Public Health England*

- Unprepared and rapid change
- Putting guidance into practice (*Armstrong et al, 2021*)



# Active phase



GUIDANCE

# The psychological needs of healthcare staff as a result of the Coronavirus pandemic

British Psychological Society Covid19 Staff Wellbeing Group

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of **all** healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time, and what people may need to recovery psychologically from this.

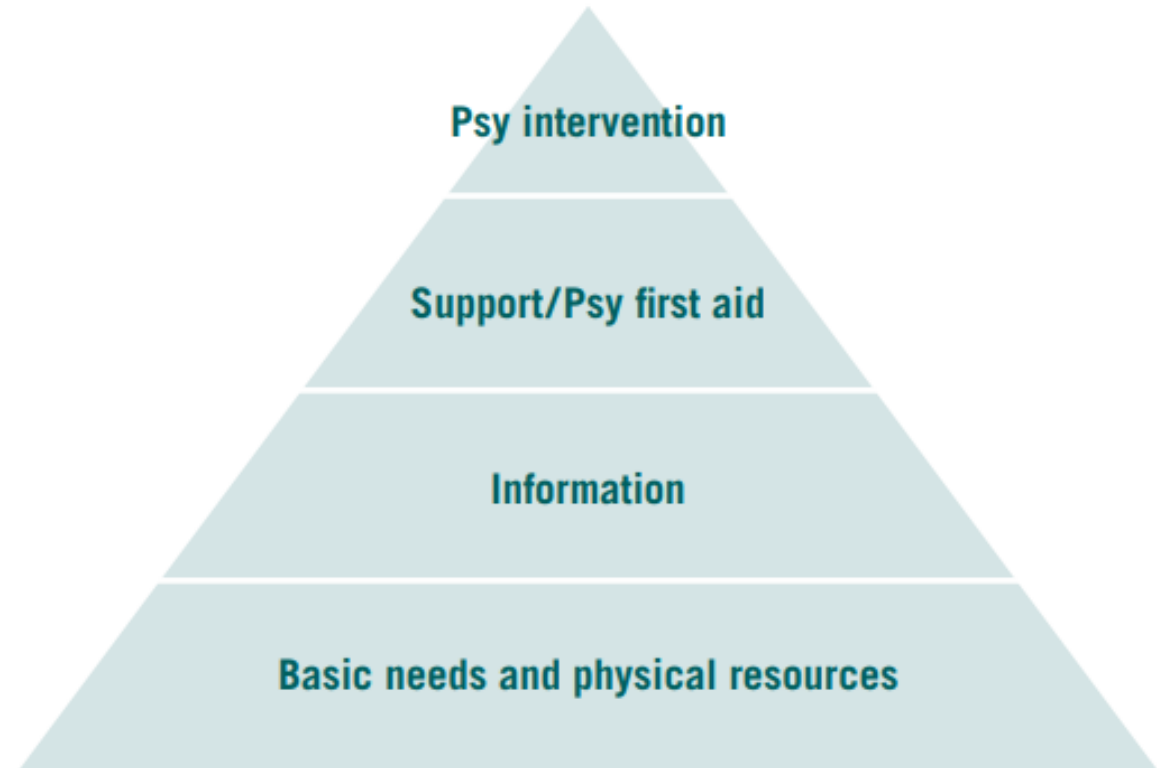
## PRINCIPLES OF RESPONDING WELL IN THE 'ACTIVE' PHASES FOR SUSTAINED STAFF WELLBEING (SEE TABLE 1)

Leaders and managers, this is how staff need you to **act now**, with clear leadership, clear information, and physical and psychological resources.

### 1 Visible leadership

- Most importantly be visible, be available, and be supportive.
- Where you can, guide staff to the resources they need, however basic (e.g. to rest, to speak with family): LOOK-LISTEN-LINK.
- You do not need to have all the solutions all the time.

NCE





## Original Article

## Translating the guidance on promoting frontline healthcare worker psychological wellbeing during COVID-19 pandemic: Psychological Needs Assessment Tool

**Roseanna Brady**

*Psychology for Health Associates, UK*

*on behalf of the Health*

*Psychology Exchange*

**Eleanor Bull**

*Manchester Metropolitan*

**Lucie Byrne-Davis**

*University of Manchester, UK*

*on behalf of the Health*

*Psychology Exchange*

**Jo Hart**

*University of Manchester, UK*

support organisations to develop their staff support plans. Based on British Psychological Society guidance, the group developed a needs assessment tool to assist consultants in identifying gaps in psychological support for staff during the pandemic, enabling leaders to develop action plans to address identified gaps. The Psychological Needs Assessment Tool (PNAT) has subsequently evolved



Facilitating discussions around topics:

- Safety
- Physical needs
- Space to decompress
- Psychological First Aid
- Decision-making
- Leadership and communication

Confidential  
support by  
phone/text

Communication

Support in place for  
staff and managers

Wellbeing Apps

Buddy up system

Virtual peer support  
system

Video/written  
material

Safe place

Some mechanism to  
check adapt  
measures as needed

# Barriers and facilitators

- Knowledge and awareness of what is needed to support mental health (staff level and organisational level)
- Equipment available
- Staff time and skills

## Facilitators

- Adaptions and interventions for local areas (e.g, rural and city)
- Effective communication
- Positive safe learning environments *(Pollock et al 2020)*
- Planning for recovery phase – chronic impact

# Resources/references

- Armstrong, S., Watson, D., Byrne, J., Howells, L., Byrne-Davis, L., Cross, A., Bull, E.R., Brady, R. (2021) Supporting organisations to improve the psychological wellbeing of their staff during COVID-19 pandemic: Case Studies. *European Health Psychologist*, 21(6), 736-744.
- Brady, R., Bull, E.R., Armstrong, S., Watson, D., Lavalley, J., Cross, A., Howells, L., Byrne-Davis, L., Hart, J, Chater, A. (2021) Translating the guidance on promoting frontline healthcare worker psychological wellbeing during COVID-19 pandemic: Psychological Needs Assessment Tool. *European Health Psychologist*, 22(1), 745-56
- BPS COVID Staff Wellbeing Group: The psychological needs of healthcare staff as a result of the Coronavirus pandemic: 202., The British Psychological Society.
- NHS England: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>
- Magner, C., Greenberg, N., Timmins, F., O'Doherty, V. and Lyons, B. (2021), The psychological impact of COVID-19 on frontline healthcare workers 'From Heartbreak to Hope'. *J Clin Nurs*. <https://doi.org/10.1111/jocn.15841>
- Pollock A, Campbell P, Cheyne J, Cowie J, Davis B, McCallum J, McGill K, Elders A, Hagen S, McClurg D, Torrens C, Maxwell M. Interventions to support the resilience and mental health of frontline health and social care professionals during and a,er adisease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2020, Issue 11. Art. No.: CD013779. DOI: 10.1002/14651858.CD013779.
- Wipfli, H., Zacharias, K.D., (Nivvy) Hundal, N. et al. Workplace wellness programming in low-and middle-income countries: a qualitative study of corporate key informants in Mexico and India. *Global Health* 14, 46 (2018). <https://doi.org/10.1186/s12992-018-0362-9>
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- <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-wellbeing/mental-wellbeing>
- <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-wellbeing/mental-wellbeing>
- <https://www.gov.uk/government/news/psychological-first-aid-in-emergencies-training-for-frontline-staff-and-volunteers>

# Q&A session

Led by Dr Alison Tavaré, West of England Regional Clinical Lead for COVID Oximetry @home

**Please ask any questions using the chat function.**

# SAHF/AHSN UK-India COVID-19 webinar series



## MANAGEMENT OF LONG COVID

Thursday 20 May 8.30-9.30pm (India Standard Time) / 4-5pm (UK BST)

This is the sixth in a series of UK-India COVID-19 webinars from the South Asian Health Foundation, Academic Health Science Network (AHSN Network) and Learn with Nurses, sharing NHS experiences of COVID-19 specifically regarding the identification, implications and management of long COVID, with health and care professionals in other countries.

- What is long COVID
- Setting up a long COVID clinic in India
- Implications and barriers for long COVID
- Reducing risk of impact of long COVID
- Managing long COVID



TheAHSNNetwork



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REGISTER

### Further information:

Panellists will include:



- **Dr Sarah Ali**, Consultant in Endocrinology, Royal Free London NHS Foundation Trust



- **Dr Amitava Banerjee**, Associate Professor in Clinical Data Science and Honorary Consultant Cardiologist, University College London



- **Dr Nishreen Alwan**, Associate Professor in Public Health for Medicine at the University of Southampton



- **Dr Shashank Joshi**, Dean Indian College of Physicians ICP (Academic wing of the API) Covid task force key member for the Maharashtra State, Consultant Endocrinologist, Lilavati Hospital Mumbai

Register:

TO REGISTER FOR THIS SEMINAR CLICK HERE OR GO TO:

[https://zoom.us/webinar/register/WN\\_eVDEk1QrTfyLCm-TxqtrYg](https://zoom.us/webinar/register/WN_eVDEk1QrTfyLCm-TxqtrYg)

If the Zoom webinar has reached capacity, you can also watch a livestream of the webinar on YouTube at: <https://www.youtube.com/c/AHSNNetwork/live>



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# Thank you