

Pandemic Influenza

Psychosocial care for NHS staff during an influenza pandemic

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This material should be read in conjunction with the Pandemic influenza – Human resources guidance for the NHS. All material forming the guidance is web based and prepared to be used primarily in that format. The web-based versions of the Guidance including underpinning materials have links to complementary material from other organisations and to examples of the practice of and approach to emergency planning in the NHS in England.

The web version of the guidance is available at www.dh.gov.uk/pandemicflu/psychosocial

SCOPE AND PURPOSE

1. The NHS has a long history of responding effectively to emergencies and major incidents and staff are renowned for their resilience and resourcefulness under pressure. In a pandemic, the expectation is that the service and staff will respond in this way, but there may be a number of staff who find the experience overwhelming. They will need support.
2. The best practice guidance focuses on two tasks: (a) sustaining the psychosocial resilience of the staff; and (b) providing more substantial support and interventions for those staff members who need them. It provides an evidence-informed and values-based approach to emergencies of all kinds that takes the psychosocial resilience of persons and the collective psychosocial resilience of staff as the anticipated responses, but not as inevitable. It provides best guidance on developing people's personal resilience and the collective resilience of teams before events occur and of supporting their resilience during the course of a pandemic and afterwards.
3. This guidance has been developed from the NATO/EAPC guidance on psychosocial care for people affected by disasters and major incidents that was published in 2009.[1] That guidance can be accessed at <http://www.healthplanning.co.uk/nato>
4. There are seven factors that influence the physical, psychosocial and mental health of staff in differing combinations.[2] They are:
 - perceived job control;
 - career development;
 - workplace climate or culture;
 - the job and workload;
 - the home-work interface;
 - role clarity; and
 - relationships at work.

All of these matters may be affected by a pandemic.

5. In a pandemic, NHS staff are called on to cope with stressors that are inherent in the ways in which widespread disease intersects with their jobs. Those inherent stressors include:
 - exposure to the disease;
 - exposure to on-site dangers;
 - exposure to survivors' suffering and their relatives' stories; and
 - feelings of powerlessness - inability to provide help at the level and at the time that it is needed.

Non-inherent stressors include:

- lack of skills or training needed to do the job;
- lack of materials (supplies, equipment) needed to do the job;
- poor role definitions and unclear expectations;
- poor organisation of work;
- lack of support at work;
- unnecessary agency policies and practices;
- unnecessarily poor conditions;
- poor scheduling of work (long hours, few breaks, lack of leave time);
- lack of opportunities for recreation;
- arbitrary leadership and/or management practices;
- conflict and mistrust within and between teams; and

- poor communications (within teams, agencies and with families).
6. The recovery phase will be swifter for staff and services if staff feel supported and are confident about the overall plans that are in place to manage the pandemic. As employers, we should be aware of, and endeavour to prevent our staff from developing and plan to assist staff to mitigate the stress indicators of the kinds that are listed in Figure 1 by taking active steps to develop collective psychosocial resilience of staff teams. These indicators were identified by the Trauma Risk Management (TRiM) programme and are presented in modified form here.

Figure 1: Indicators of Stress (adapted from the British Armed Services Trauma Risk management programme)

- | |
|--|
| <ol style="list-style-type: none"> 1. Has upsetting thoughts or memories about the situation or events that come into mind against the person's will 2. Has upsetting dreams about the circumstances or particular events 3. Acts or feels as though an event or events are happening again 4. Feels upset by reminders of events or the circumstances 5. Has bodily reactions when reminded of events 6. Has difficulty falling or staying asleep 7. Is irritable or has outbursts of anger 8. Has difficulty concentrating 9. Is overly aware of potential dangers to self or others 10. Is jumpy or is startled at something unexpected |
|--|

7. NHS staff and other healthcare staff are also family members and, during a pandemic, they have to balance their professional values and obligations with the needs of their families and with advice given to the public to stay away from work if they have the signs of infection. Decisions in these situations can be challenging. However, there is evidence that absenteeism in these kinds of scenario are lowered if managers recognise and respond effectively to the professional, psychosocial and leadership needs of staff.
8. The leadership and management required do not consist only of responses to challenging events. It includes preparatory responses and training that are intended to build personal and collective resilience and, thereby, prevent longer-term consequences.

AUDIENCE

9. The best practice guidance is aimed at pandemic influenza coordination committees, (or equivalent committees/forums), chief executives of health boards, health authorities and primary and secondary care organisations, mental health services, ambulance services/trusts and medical directors, directors of public health, directors of human resources, heads of occupational health departments, heads of clinical services, emergency planners, and primary and secondary care clinicians. It is also of relevance to other stakeholders, such as local authorities, and private and voluntary sector providers.

IMPLEMENTATION AND MONITORING

10. It contains a summary of the tasks that are pertinent to training and supporting staff with the intention of reducing the psychosocial impacts on them of working in a pandemic. Implementation requires four types of activity:
- Strategic planning, preparation and leadership. This includes clarification of what is expected of staff and consideration of any impact on the availability and standards that are to be applied to services in a pandemic.
 - Provision of real-time supervision and support for staff during the response to a pandemic.
 - Actions to make available clinical services for the tiny minority of staff who may develop sustained psychosocial problems during or after a pandemic.
 - Activities that are to be undertaken in the recovery phase in order to enable staff to transition back to ordinary working practices and to learn lessons from their experiences.

11. Figure 2 provides a summary of actions to support implementation and monitoring. The steps or levels and actions refer to the strategic stepped model of care provided by NATO/EAPC and material that appears later in this guidance.

Figure 2: Suggested actions to support and monitor implementation

Step or Level	Actions	
1	Strategic Planning	<p>Each NHS organisation is to convene a strategic planning group to oversee planning for supporting the psychosocial resilience of staff in their area</p> <p>Every Trust is to identify a lead professional to provide input to and advice about psychosocial planning</p> <p>Each SHA is to include implementation of this guidance in its performance management of NHS organisations</p>
2	Develop the Collective Psychosocial Resilience of Organisations and Their Staff (e.g. through teambuilding)	CEOs to ensure that HRDs, or such persons as they appoint, lead planning in their organisation in the context of the health system's approach
3	Provide Real-time Professional Supervision and Social Support for Staff	HRDs are to lead development of an appropriate model for their organisation by working with occupational health, mental health and other professionals and other appropriate partners
4	Provide Interventions based on the Principles of Psychological First Aid	HRDs to lead implementation based on the Strategic approach
5	Provide Access for Staff to Augmented Primary Healthcare Services	NHS organisations to agree a local lead person and an approach and a model that is appropriate to local circumstances
6	Provide Access for Staff to Specialist Mental Health Services	Referrals to be made as appropriate according to needs of individual members of staff

12. A more detailed summary of the principles that should underpin planning, design and delivery of services in response to the psychosocial and mental health needs of people who are affected by major incidents and disasters of all kinds is to be found at: <http://www.healthplanning.co.uk/principles> [3]

PSYCHOSOCIAL RESILIENCE

13. Psychosocial resilience is multi-dimensional. There are two important components within it; personal and collective psychosocial resilience.

Personal psychosocial resilience describes “a person’s capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge”. [4]

Collective psychosocial resilience refers to the way in which groups of people and crowds of people “express and expect solidarity and cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity”. [4]

Both aspects of the psychosocial resilience are important for staff of the NHS who are faced with coping with a pandemic.

14. Psychosocial resilience is not about avoiding short-term distress. It is about recognising:

- how people adapt to, and recover realistically from adverse events and/or circumstances;
- that the abilities of people to accept and use social support and the availability of it are two of the key most important features of resilience; and
- there is evidence that adequate support reduces the effects of exposure to challenging events and emergencies.

15. Therefore, plans for sustaining the resilience of staff during the course of an event or events should be based on:

- reducing inherent stressors so far as that is possible;
- planning to recognise and intervene to mitigate non-inherent stressors;
- providing training and social support; and
- basing interventions for people who are more than mildly distressed on the principles of psychological first aid and access to more specialised services that are related to need.

THE AIMS OF PSYCHOSOCIAL CARE FOR NHS STAFF

16. The aims are to: (a) ensure that staff are prepared to cope with long-sustained demand; and (b) provide care for staff that is sensitive and responsive to their needs staff before, during and after emergencies.

Figure 3: The NATO Strategic Stepped Model of Care (© Williams R, and Kemp V, 2009)

Intent	Nature of Activity	Step or Level	Actions	Timescale
Develop and sustain collective and personal resilience	Preparedness through Strategic Leadership and Management	1	Strategic Planning	Continuing
	Collective and Team-based Paradigms to Deliver Operational Leadership, Management and Setting Standards for Practice	2	Develop the Collective Psychosocial Resilience of Organisations and Their Staff (e.g. through teambuilding)	
	Day-to Day Leadership and Management of Staff and Services	3	Provide Real-time Professional Supervision and Social Support for Staff	Immediate and continuing
Deliver responses to personal psychosocial and healthcare needs	Personal Psychosocial and Mental Healthcare Paradigms	4	Provide Interventions based on the Principles of Psychological First Aid	
		5	Provide Access for Staff to Augmented Primary Healthcare Services	
		6	Provide Access for Staff to Specialist Mental Health Services	Medium and long-term

17. The principles of psychosocial and mental healthcare that form the cornerstone of the forthcoming guidance to the NHS on psychosocial care after emergencies, major incidents and disasters are contained in a document that is at <http://www.healthplanning.co.uk/principles> [3].

A FRAMEWORK FOR DELIVERING PSYCHOSOCIAL CARE FOR STAFF

18. Annex A contains a table that provides further information about the matters that are summarised in this guidance. Thus, Annex A provides an agenda for action whereby this guidance can be implemented and its intentions achieved.
19. This section provides a systematic approach for implementing action to achieve that agenda. It is based on the four dimensions and three temporal domains that have been identified by the Antares Foundation and which have been tested in healthcare organisations in emergencies [5]
20. The dimensions, as adapted for this guidance, are:
 - identifying and responding to the needs of particular staff members whereby each member of staff is encouraged to maintain his or her own resilience;
 - building teams to develop trust and mutual support;
 - selection of managers and professional leaders by agencies on the basis of their abilities to maintain team cohesion, and to provide training on monitoring staff members' stress and to provide support, as needed; and
 - strategic and operational consideration within and across agencies of the possible challenges that organisations, departments, teams and staff may face in returning to delivering more ordinary services after the pandemic is over.
21. The three temporal domains are:
 - preparation and planning before a pandemic;
 - actions taken during a pandemic;
 - actions taken to promote transition back to ordinary circumstances and to promote recovery of services and their staff after the pandemic has receded.

Psychological First Aid

22. Psychological first aid (PFA) is not a single intervention or treatment; it is an approach that is designed to respond to people's psychosocial needs after major incidents or disasters which comprises of a number of elements.[6, 7] It applies to staff as well as to people who are directly affected and to their families.
23. PFA is an approach that is intended to reduce people's initial distress in the immediate aftermath of traumatic events and foster adaptive functioning. PFA underpins all levels of care that are described in the NATO/EAPC model. A summary of its main components can be found in the NATO guidance as Figure 19 on page 91. PFA is entirely compatible with the approach required by this guidance. It is commended as the core for approaches taken in local plans for staff care.

The Roles of Occupational Health Services

24. In addition to the systemic approach described here, this guidance identifies roles that are important to organisations in planning and acting to sustain their staff. They include:
 - Preparation and planning before a pandemic:**
 - providing executive directors with strategic advice;
 - providing senior managers with advice about health practices in workplaces;
 - providing advice on staff management policies;
 - contributing to employees' professional development.

Actions taken during a pandemic:

- providing advice on sustaining collective and personal resilience;
- assisting in identifying staff who may be at greater risk;
- providing managers with advice about monitoring the exposure of staff to traumatic situations;
- training managers to recognise distress;
- providing a skilled team that can provide intervention services for staff.

Actions taken to promote transition back to ordinary circumstances and to promote recovery of services and their staff

- advising and monitoring staff who are returning to work after their exposure to debilitating distress and dysfunction.

25. Healthcare organisations are likely to find that their occupational health specialists and departments can assist with, or advise them about discharging these tasks.

REFERENCES

26. The papers and documents referred to in this guidance are listed here.

- 1 Annex 1 to EAPC(JMC)N Psychosocial care for people affected by disasters and major incidents: a model for designing, delivering and managing psychosocial services for people involved in major incidents, conflict, disasters and terrorism. Brussels: NATO, 2009.
- 2 Sparks K, Cooper CL. Occupational differences in the work-strain relationship: towards the use of situation specific models. *J Occup Organ Psychol* 1999;72:219-229.
- 3 Williams R, Bisson J, Ajdukovic D, Kemp V, Alexander D, Hacker Hughes J, Bevan P. Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents. At: <http://www.healthplanning.co.uk/principles>
- 4 Williams R and Drury J. Psychosocial resilience and its influence on managing mass emergencies and disasters. *Psychiatry* 2009, DOI: 10.1016/j.mppsy.2009.04.019.
- 5 See Antares Foundation for more details of a scheme that has informed the approach recommended here on: <http://www.antaesfoundation.org>
- 6 Raphael B. When disaster strikes: how individuals and communities cope with catastrophe. New York: Basic Books; 1986.
- 7 Brymer M, Jacobs A, Layne C, Pynoos R, Ruzek J, Steinberg A, Vernberg E, Watson P. Psychological first aid: field operations guide 2nd edition. National Child Traumatic Stress Network and National Center for PTSD; 2006. Also at: www.nctsn.org and www.ncptsd.va.gov.

ANNEX

27. Annex A to this best guidance provides a more substantial description of the boxes in Figure 20 on page 114 in the NATO guidance. It is presented here to as a guide for chief executives of NHS organisations and their staff to assist them to implement this guidance.

Annex A: The Six Level Framework of Actions to Support Staff

LEVEL 1	<p>Strategic Leadership and Management</p> <p>Planning, leadership, management and training sustains services and promotes teamwork and therefore helps to prevent unnecessary anxiety for staff by creating confidence in the plan</p>
Strategic planning and preparation	Making arrangements for strategic leadership and planning to continue throughout and after each emergency. Although designing and testing a plan for psychosocial care prior to events is very important, no general plan can be assumed to be appropriate to each situation. Usually, plans require adjustment in the light of events in each major incident and review afterwards is also important in order to learn lessons for the future.
Logistic and resource planning	Ensuring that comprehensive planning, preparation, training and rehearsal of the full range of service responses that may be required is undertaken familiarises staff with the plans, builds their confidence in those plans, allows staff to be engaged through suggesting changes, and builds their resilience.
Developing models of care	Staff should have confidence in the models of care that are to be offered in a pandemic. This involves reviewing services available to ensure all the relevant providers of care and agencies work to jointly agreed models of care and case management. This includes working to minimise gaps and to develop clarity about mutual responsibilities.
Managing public and professional expectation	Planning and enacting a good public risk communication and advisory strategy that involves staff, the public and the media and which provides timely and credible information and advice also supports staff confidence and psychosocial resilience.
LEVEL 2	<p>Operational leadership, service management and setting standards for practice</p> <p>Translating plans into action requires excellent tactical management. Plans should be templates that are used to initiate services and later be adjusted to fit better with events as they unfold. This requires good intelligence, leadership and review.</p>
Clarify expectations of practice and practitioners	It is necessary to develop clarity about practical and professional expectations of staff and realistic standards for practice and practitioners during a pandemic. This requires effective leadership, recognition of the potential impacts of a pandemic on the standards of care and negotiation of mechanisms for decision-making when services are under pressure.
Develop an ethical and professionally acceptable triage system and ethical frameworks for clinical and managerial decision-making	<p>Triage should be based on the judgement of professionals at preliminary, primary, secondary and tertiary level, and on the judgement of the affected persons themselves. Thorough training is necessary to achieve effective triage. Staff should have confidence in the triage systems that are put in place.</p> <p>The ethical framework for commissioners, services and practitioners, devised by CEAPI has been summarised in the NATO guidance. It contains the principles of good decision-making.</p> <p>Psychosocial triage should distinguish the following groups of affected people:</p> <ul style="list-style-type: none"> • those people who do not have mental disorders or serious clinical symptoms but who are distressed - this is likely to be the largest group of people who are affected; • those people whose experiences are thought as possibly indicating that they might have serious clinical symptoms that might amount to mental disorder. Information, and advice should be given and follow-up should be arranged for people in this group; • those people who have mental disorders or serious clinical symptoms, for whom appropriate diagnosis and treatment should be offered straightaway.
Educate, train and rehearse plans	The psychosocial plan to support staff should be included in exercises to test the strategy and practice delivery of the plans. Strategic advice on psychosocial and mental healthcare for patients and staff is required by planners when they design, test and implement the plans and by incident response commanders at strategic, tactical and operational levels.
Develop ethical guidelines and staff competency framework	Commissioners, services and practitioners should adopt an ethical framework for planning and delivering services. Professional and general managers should also be clear about the competencies required of practitioners, managers and others during a pandemic. Many staff have the necessary competencies as part of their current role, but others require specific training if they are to contribute appropriately.

LEVEL 3	<p>Day-to-day leadership and management of staff and services</p> <p>Ensuring the psychosocial welfare of all people involved directly with delivering any response to the pandemic s a key part of that response. Risks to psychosocial wellbeing can be minimised by planning and implementing good management procedures and by ensuring that staff have adequate supervision and access to advice.</p>
Provide accurate up-to-date and relevant information about the situation	Staff must have confidence in the plans for day-to-day service delivery that are made, and this requires that they are fully informed about them and their anticipated roles. The feeling of being ill informed is a factor that can most erode psychosocial resilience. Conversely, if staff are well-informed, consulted and involved, their confidence in the plans and their equipment is enhanced, their uncertainties are reduced and their psychosocial resilience is augmented.
Provide opportunities for operational and technical and personal discussions	Less formal discussion about clinical experiences ordinarily occurs in workplaces. In challenging circumstances, the support that comes from having access to team members, peers and others for discussion and advice and to share challenges and frustrations is invaluable. It is important to ensure that opportunities for informal peer support are valued and continue to be made available during a pandemic. More formal peer-based reflection on and reviews of practice should also be encouraged.
Ensure staff take rest, adhere to duty rotas and have opportunities for recuperation	Whenever possible, staff (particularly senior staff with substantial responsibilities) must be enabled to take rest and work to realistic rotas to avoid them becoming overtired and 'burned out'
Monitor practice and provide enhanced clinical advice and supervision	The work of staff should be monitored so that they have access to clinical supervision; this is likely to become more rather than less vital in stressful situations when critical and sometimes controversial decisions may have to be made.
LEVELS 4, 5 and 6	<p>Psychosocial and mental healthcare for certain members of staff</p> <p>Occasionally, some members of staff may develop distress that is, most usually, short-term, but much less often temporarily disabling or of longer duration. A much smaller number may develop more substantial problems with their mental health. Therefore, facilities should be available to support staff who are distressed or to enable access to mental healthcare according to need by providing appropriate psychosocial support and pathways to mental healthcare in the few instances in which it is anticipated that those services are required. Such a stepped approach should include:</p> <ul style="list-style-type: none"> • approaches that are based on psychological first aid; • screening, assessment and intervention services for people who do not recover from immediate and short-term distress; and • access to primary and secondary mental healthcare services for people who are assessed as requiring them.
Level 4: Psychological First Aid	PFA is an approach that is intended to reduce people's initial distress in the immediate aftermath of traumatic events and foster adaptive functioning. PFA assumes that the majority of people who are affected emotionally by events, such as a pandemic, are not likely develop mental health problems, more serious disorders, or long-term difficulties in recovery. Instead, it is based on an understanding that survivors of disasters, and other people who are affected by major incidents, experience a broad range of early reactions (for example, physical, psychological, behavioural, and spiritual). Some of these reactions cause enough distress to interfere with adaptive coping, and people's recovery may be helped by support from compassionate and caring responders.
Level 5: Offer health assessment and intervention in primary care	The care pathway should rely, initially, on support provided by people's families, communities, colleagues in workplaces and then progress, according to need, to the primary or occupational health and social care services and voluntary agencies. Screening, assessment and intervention procedures should take account of local circumstances.
Level 6: Deliver specialist mental health services for staff	Despite estimates that the numbers of staff who will require referral being small, arrangements should be negotiated in advance for staff to have access to appropriate specialist healthcare, including mental healthcare according to their assessed needs.