

Protecting the mental health of NHS staff; what's the evidence and what should be done

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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 & Expert Ref Gp

Set up the MH staff support strategy at London Nightingale Hospital

Risks to mental health to healthcare staff

Traumatic exposure

Workload and shift patterns

Home life stressors

Moral injury

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 (often, but not always, by a higher authority)

My supervisor had no interest in my safety

They lied to cover up their errors



BJPsych

The British Journal of Psychiatry (2018)
212, 339–346. doi: 10.1192/bjp.2018.55

Review article

Occupational moral injury and mental health: systematic review and meta-analysis

Victoria Williamson, Sharon A.M. Stevelink and Neil Greenberg

Background

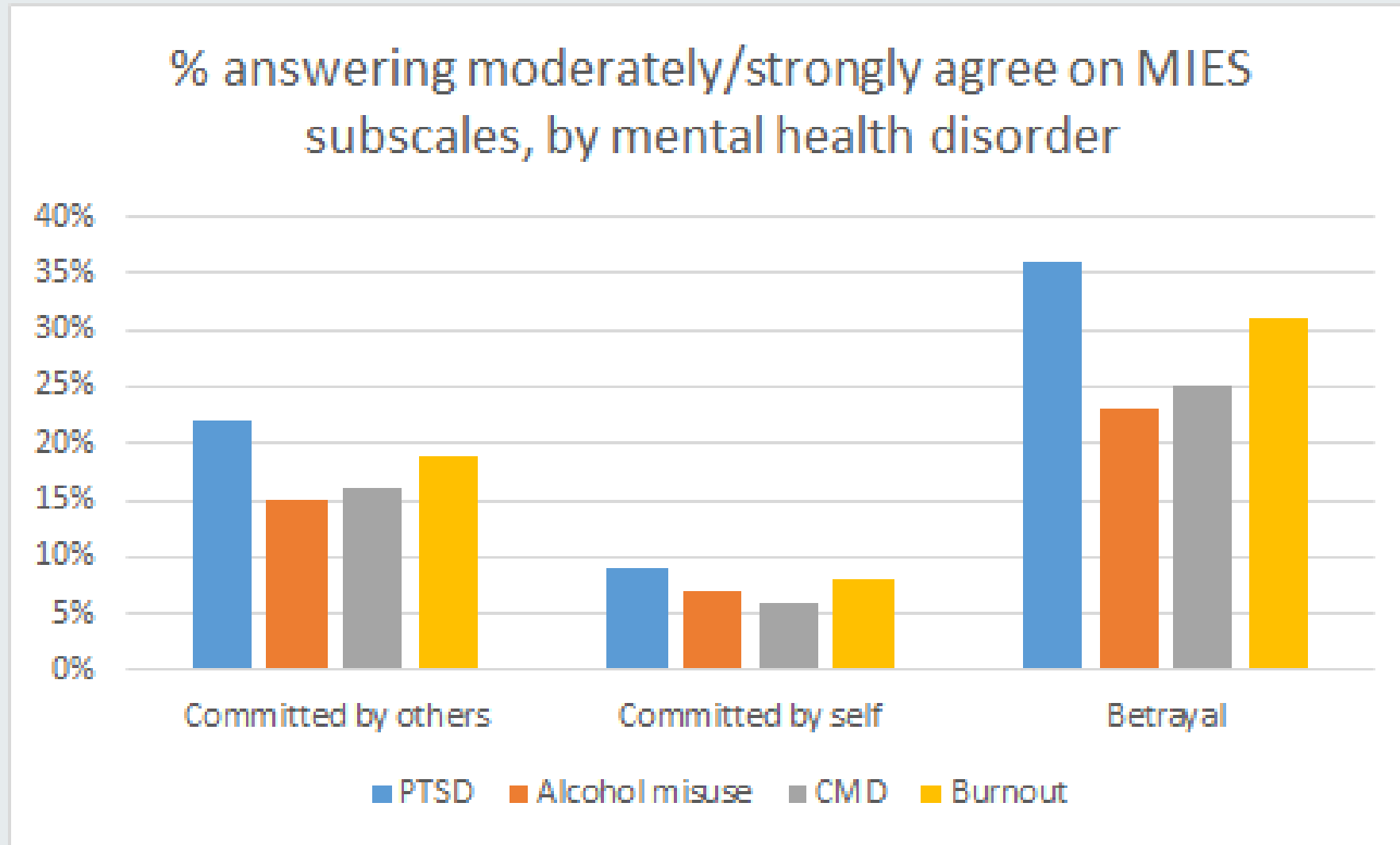
Many people confront potentially morally injurious experiences (PMIEs) in the course of their work which can violate deeply held moral values or beliefs, putting them at risk for psychological diffi-

was not consistently significant. Moderator analyses indicated that methodological factors (e.g. PMIE measurement tool), demographic characteristics and PMIE variables (e.g. military v. non-military context) did not affect the association between a

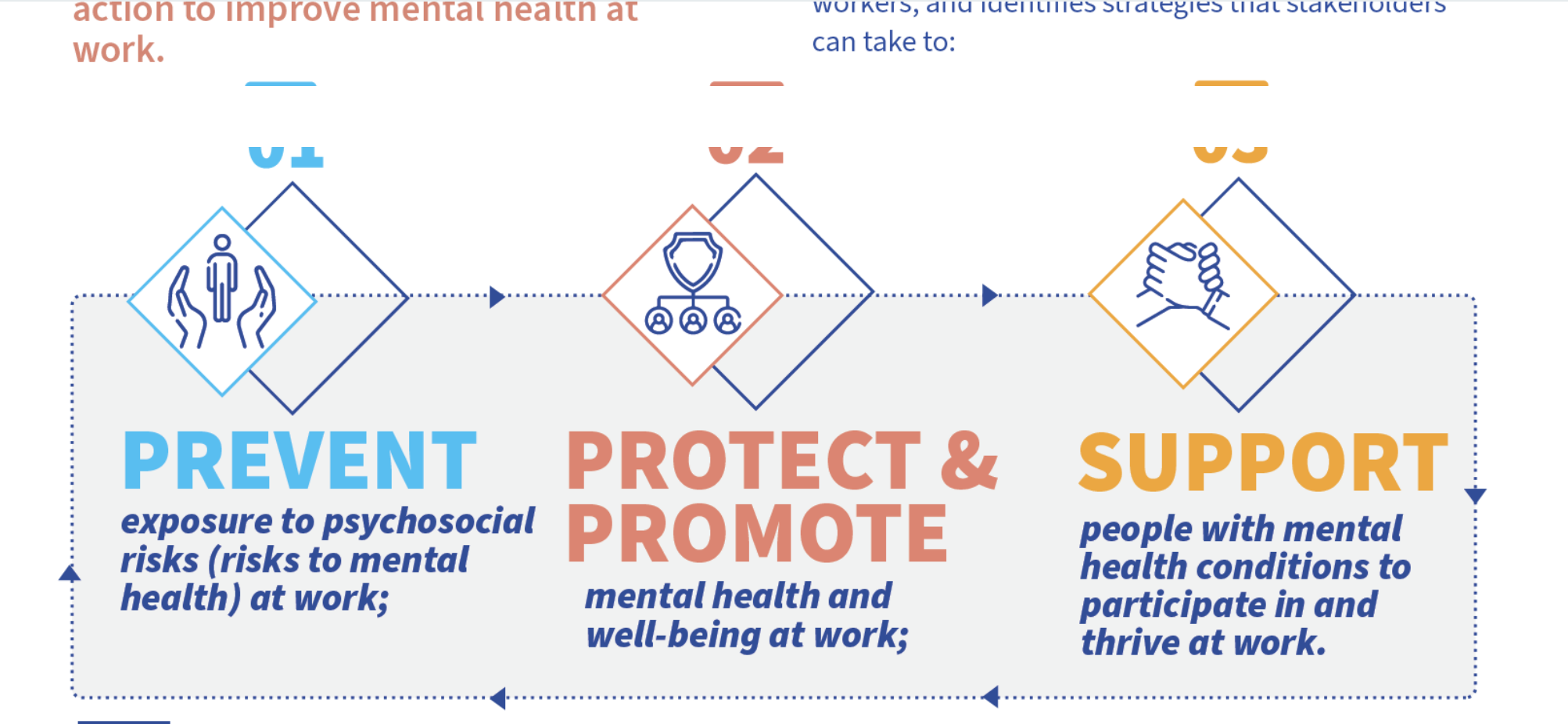
Potentially morally injurious events (PMIEs) and mental health outcomes in HCWs



Types of potentially morally injurious events (PMIEs) in HCWs



So what to do about risk of poor mental health for HCWs?




Sustaining staff at work

Buddy up

Editorial

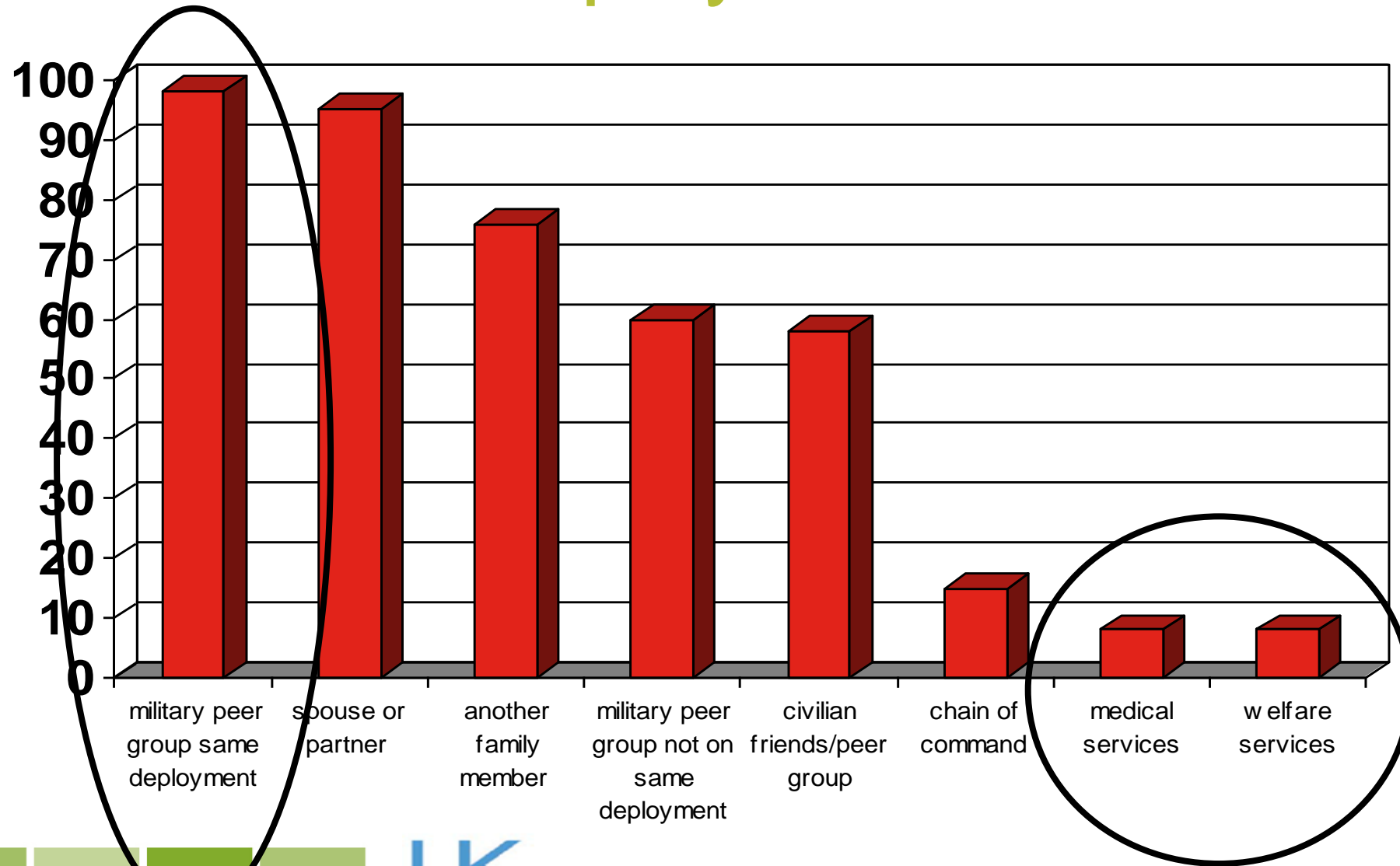
What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

Neil Greenberg ¹, Derek Tracy^{1,2}

Delivery of high-quality care is dependent on the psychological well-being of frontline staff. Preventive medicine provides a useful tool to support staff, reduce sick leave.¹⁻³ Yet equally, many feel more comfortable sharing concerns with their peers; indeed, such concerns may relate to their managers. Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example, is the 'TRiM' (Trauma Risk Management) programme developed by the UK military and now used within the NHS.¹⁰ While not 'penicillin for trauma', it is evidenced to support traumatised staff, reduce sick-

Greenberg & Tracy BMJ Leader, May 2020

Who do deployed staff talk to?




Sustaining staff at work

Buddy up

Supervisors able to have psychologically savvy chats carry out post shift reviews “*check up from the neck up*”

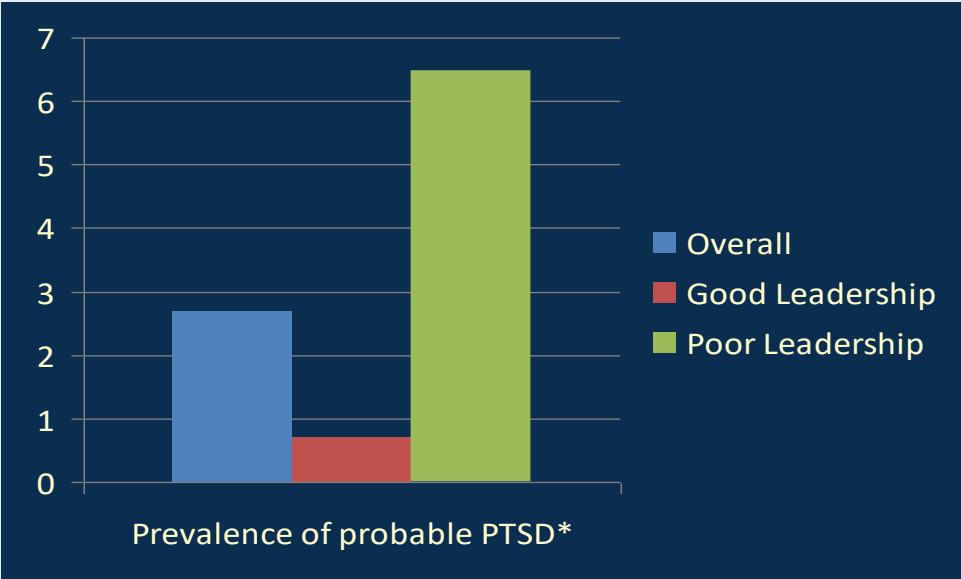
Editorial

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

Neil Greenberg ,¹ Derek Tracy^{1,2}

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Greenberg & Tracy BMJ Leader, May 2020



Articles

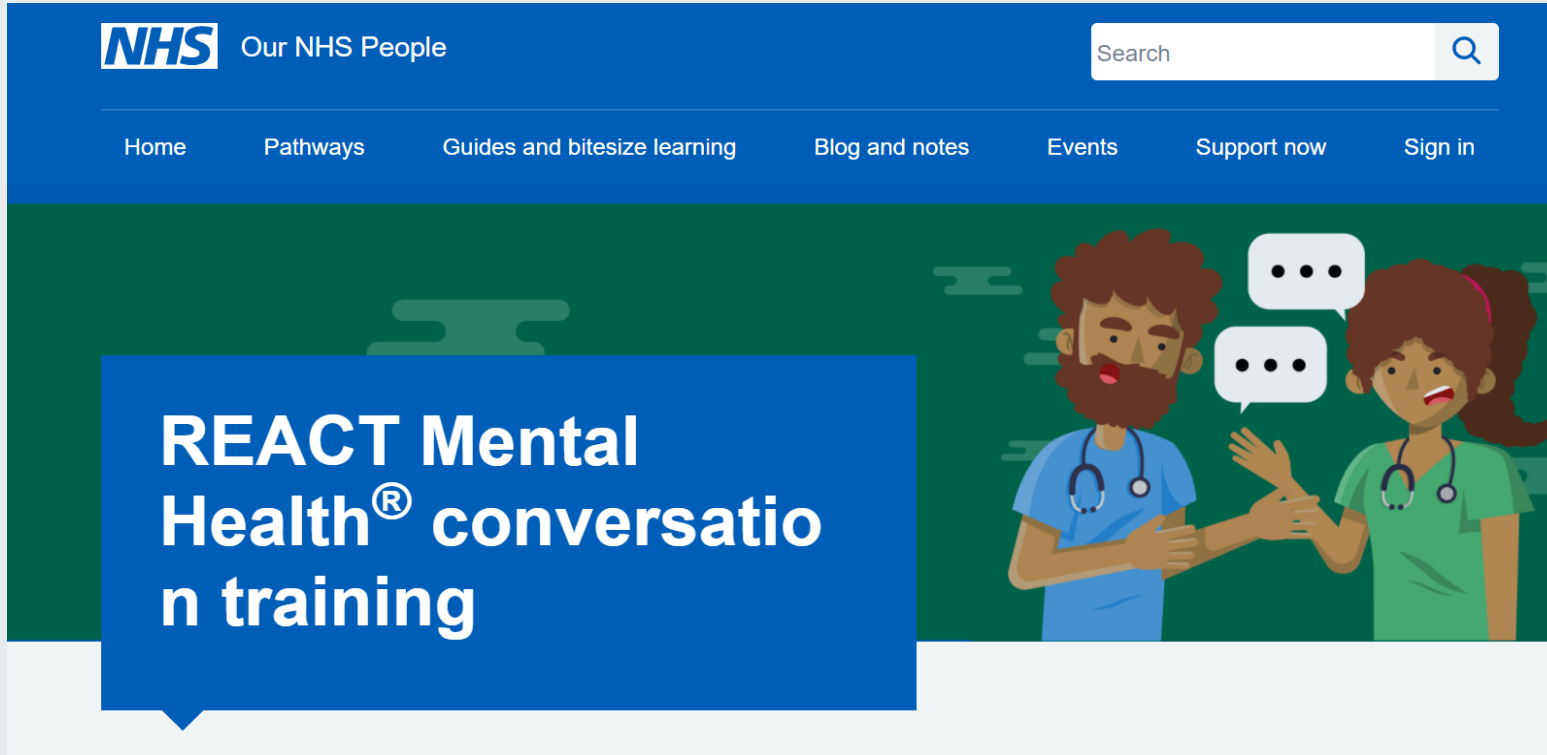


Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial

Josie S Milligan-Saville, Leona Tan, Aïmée Gayed, Caryl Barnes, Ira Madan, Mark Dobson, Richard A Bryant, Helen Christensen, Arnstein Mykletun, Samuel B Harvey

Summary
Background Mental illness is one of the most rapidly increasing causes of long-term sickness absence, despite improved rates of detection and development of more effective interventions. However, mental health training for

REACT_{MH} training – supervisor confidence



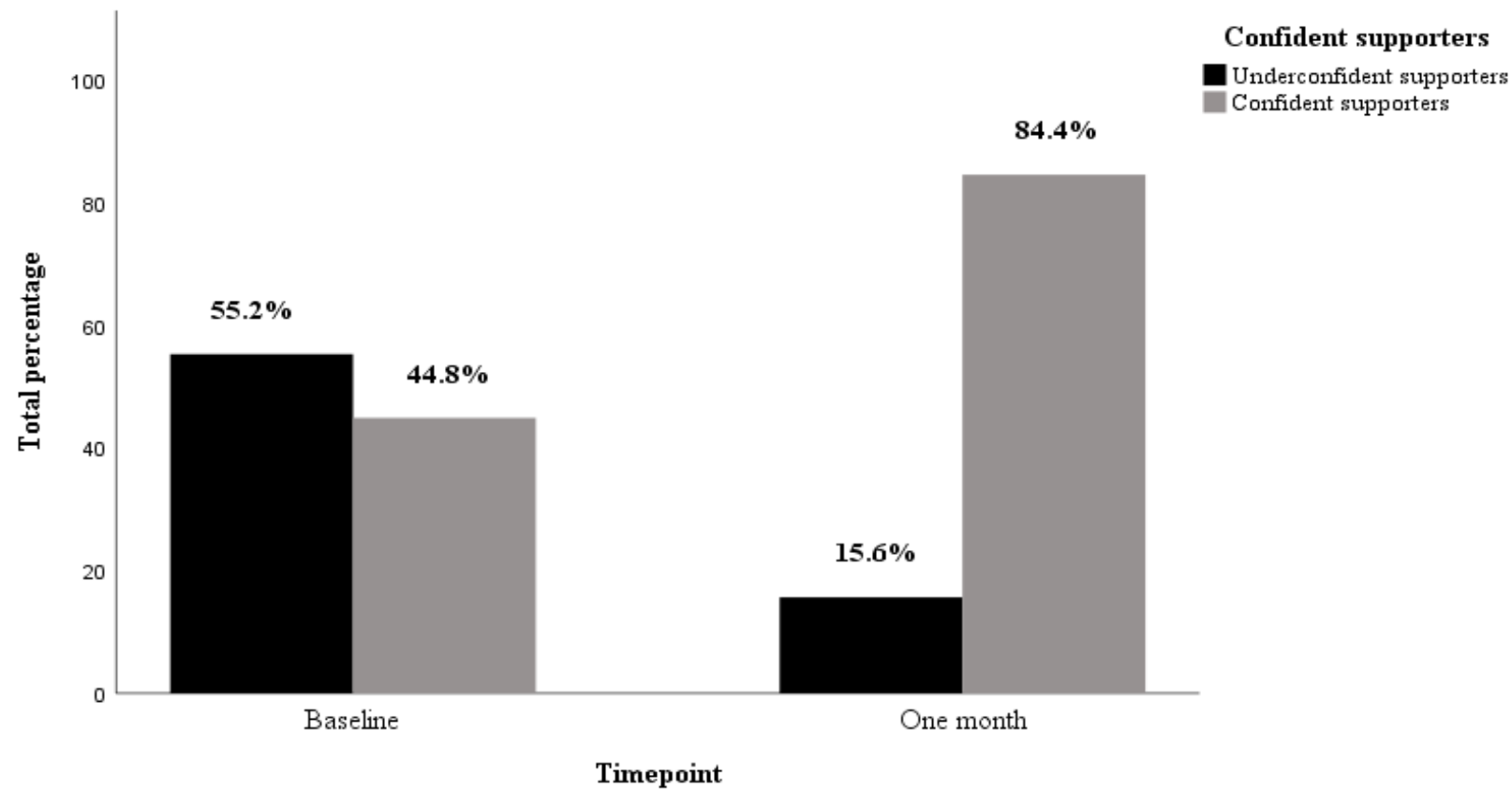
One hour's remote active listening skills training led to a substantial improvement in supervisor's confidence to recognise, speak with and support distressed colleagues which was still evident one month after the training

An evaluation of REACT_{MH} mental health training for UK healthcare supervisors

R. Akhanemhe^{1*}, S. Wallbank² and N. Greenberg^{1,3*}

¹King's Centre for Military Health Research, Department of Psychological Medicine, Institute for Psychiatry, Psychology & Neuroscience, King's College London, London, UK, ²Department of Health and Social Care, Skipton House, London, UK, ³Health Protection Research Unit, Weston Education Centre, King's College London, London SE5 9RJ, UK.

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Buddy up

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

Peer support

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

Neil Greenberg ¹, Derek Tracy^{1,2}

Delivery of high-quality care is dependent

Preventive medicine provides a useful

sick leave.^{2,9} Yet equally, many feel more comfortable sharing concerns with their peers; indeed, such concerns may relate to their managers. Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example, is the 'TRiM' (Trauma Risk Management) programme developed by the UK military and now used within the NHS.¹⁰ While not 'penicillin for trauma', it is evidenced to support traumatised staff, reduce sick-

Editorial

leader: first published as 10.1136

Greenberg & Tracy BMJ Leader, May 2020

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

Mark C. Creamer,^{1,2} Tracey Varker,^{1,2} Jonathan Bisson,³ Kathy Darte,⁴ Neil Greenberg,⁵
Winnie Lau,^{1,2} Gill Moreton,⁶ Meaghan O'Donnell,^{1,2} Don Richardson,⁷ Joe Ruzek,⁸
Patricia Watson,⁹ and David Forbes^{1,2}

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²Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia

³School of Medicine, Cardiff University, Cardiff, Wales, United Kingdom

⁴Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada

⁵Institute of Psychiatry, King's College, London, England, United Kingdom

⁶Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom

⁷Parkwood Operational Stress Injury Clinic-St. Joseph's Health Care, London, Ontario, Canada

⁸National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

⁹UCLA/Duke 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



Occupational Medicine Advance Access published April 16, 2015

Occupational Medicine
doi:10.1093/occmed/kqv024

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

D. Whybrow¹, N. Jones¹ and N. Greenberg²

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²Department of Psychological Medicine, King's College London, Weston Education Centre, London SE5 9RJ, UK.

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evidence & practice / workforce

PEER-REVIEWED

Why you should read this article:

- To increase your understanding of the Trauma Risk Management model of psychological peer support
- To appreciate the potential benefits of peer support for staff exposed to challenging events or times
- To read about one trust's response to increased staff support needs during the COVID-19 pandemic

Psychological peer support for staff: implementing the Trauma Risk Management model in a hospital setting

Moya Flaherty and Victoria Elizabeth O'Neill

Citation
Flaherty M, O'Neill VE (2021) Psychological peer support for staff: implementing the Trauma Risk Management model in a hospital setting. *Nursing Management*. doi:10.7748/nm.2021.e9377

Peer review
This article has been subject to external double-blind

Abstract

One of the many consequences of the coronavirus disease 2019 (COVID-19) pandemic is that the psychological well-being of nurses and other healthcare staff has received greater attention. The Supporting Our Staff (SOS) service, set up in 2017 at Northampton General Hospital NHS Trust, provides psychological peer support to staff using the Trauma Risk Management (TRiM) model. TRiM is a psychological risk assessment and peer support model designed to mitigate the risks associated with exposure to traumatic events. It was initially developed and used in the UK armed forces but has started to be used in healthcare organisations.

This article describes the development and expansion of the SOS service, the implementation of the TRiM model by the SOS team, and the significant part the service has played in the trust's response to the increased psychological support needs of its staff during the COVID-19 pandemic.

What Peer Practitioners are not!

Counsellors

Therapists

Pseudo-psychologists

Group Huggers

Scented Candle users

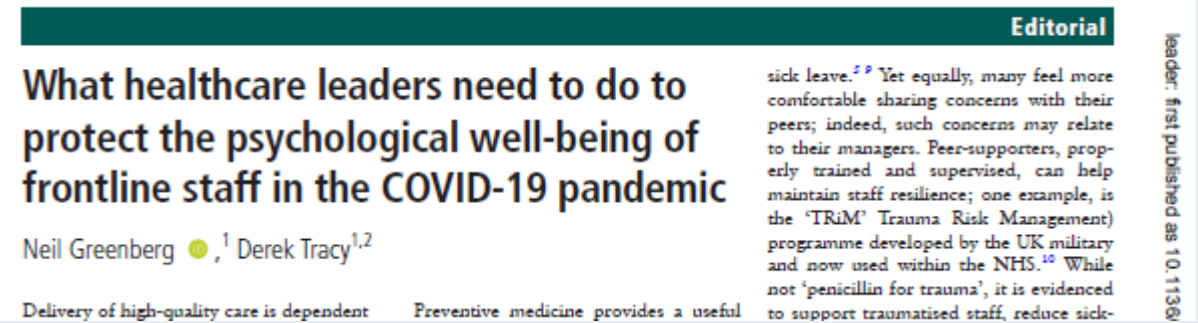


Buddy up

**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

What isn't recommended...

- **“Psychological Debriefing”**
- For PTSD, drug treatments NOT a first line treatment (different for depression)
- Not Benzodiazepines

What is recommended...

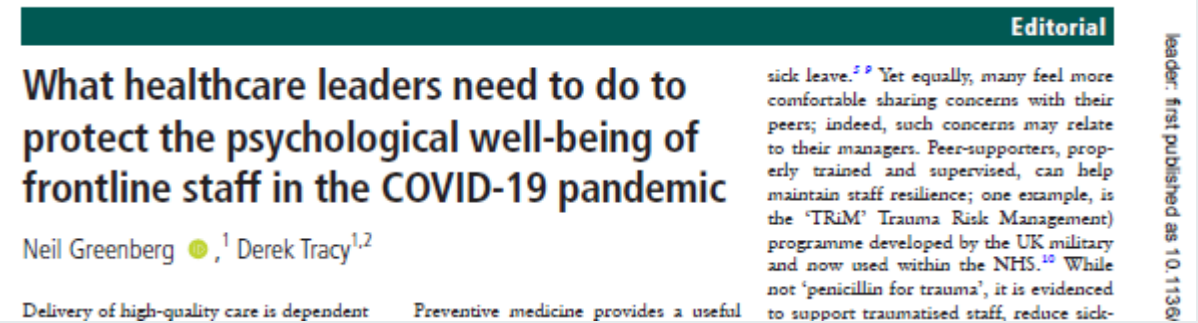
- “Active monitoring”
- Checking in after a month
- Trauma-focused treatments (CBT and EMDR) for adults and children if unwell [EMDR slightly less evidenced than TF-CBT]

Buddy up

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Peer support

Forward mental health supervision and support (PIES)



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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

Article		
Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study		
Zahava Solomon, Ph.D.	Objective: The purpose of the study was to evaluate the long-term (20-year) effectiveness of frontline treatment provided to combat stress reaction casualties. Method: A longitudinal quasi-experimen-	matic and psychiatric symptoms and of social functioning. Results: Twenty years after the war, traumatized soldiers who received frontline treatment had lower rates of posttraumatic
Rami Shklar, Ph.D.		
Mario Mikulincer, Ph.D.		

The aim for recovery [and evolution]



Aim not just to avoid illness but foster Post Traumatic Growth (PTG) which is:

1. a concept which describes
2. positive psychological change
3. experienced as a result of 'struggling with' [or experiencing] highly challenging, highly stressful life circumstances

There is a debate about whether someone needs to 'struggle' to experience PTG

Recovery and evolution

Thank you and provision of information

Graded return to work

Time for reflection/meaning making

Supervisor discussions esp for higher risk/secondary stressors

Ongoing active monitoring

Timely access to occupationally, focused, evidence based care

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-pressured novel circumstances characterised by trauma and moral dilemmas.¹ 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, remote working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances,

develop a meaningful narrative that reduces risks of harm. Schwartz rounds, a structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work, are one such evidence-based model.

Successful recovery planning¹⁰ should minimise the onset of mental illness while maximising the opportunity for psychological growth.¹ Proactive managers should follow the evidence, which is both legally required and what staff deserve.



Lancet Psychiatry 2020

Published Online
May 28, 2020
[https://doi.org/10.1016/S2215-0366\(20\)30224-8](https://doi.org/10.1016/S2215-0366(20)30224-8)

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

The screenshot shows the NHS Professionals Health and Wellbeing Hub. At the top left is the NHS Professionals logo. To the right is the 'Health and Wellbeing Hub' title. Below this is a large blue banner with the text 'Your Health and Wellbeing Hub' and a photo of healthcare workers. At the bottom left is a 'Helpful Links' section with a link to 'Your Wellbeing'. At the bottom right is a green banner that says 'Welcome to your health and wellbeing hub'.

Conclusion of what to do for HCW [and other key workers]

Do not over medicalise

‘Nip it in the bud’ approach

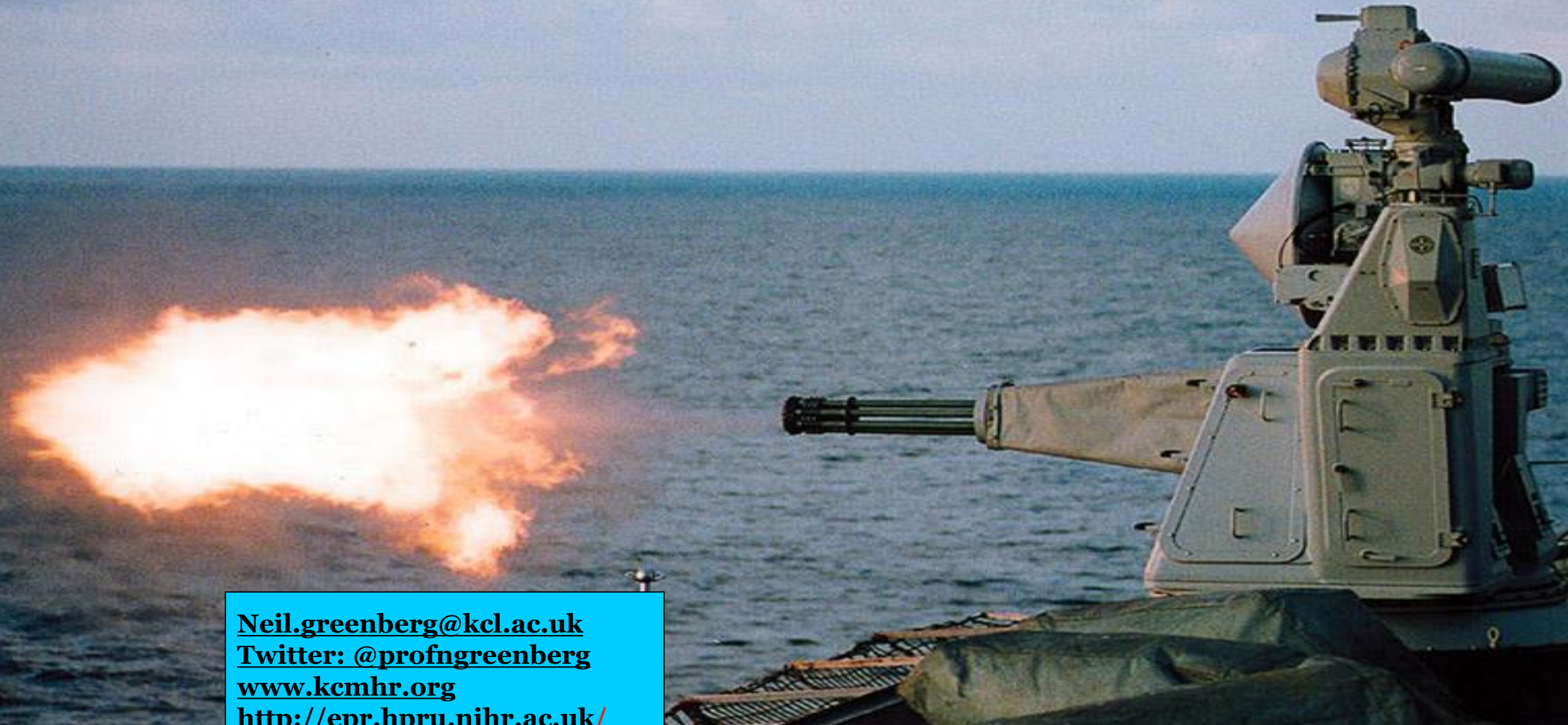
Build team support as a priority inc. psychologically savvy supervisors & peer support

Active line management (PIES) for acute distress

Recovery and evolution

- **Thank you**
- **Graded return**
- **Time for reflection**
- **Supervisory rtw interviews**
- **Active monitoring (inc self check)**
- **Evidence based care**

Any Questions?- Fire Away!



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