

Supporting organisations to improve the psychological wellbeing of their staff during COVID-19 pandemic: Case Studies

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Abstract

Introduction:

During the COVID-19 pandemic, frontline healthcare workers and the public were deemed to be at risk of psychological harm. Organisations were encouraged to proactively protect staff and public wellbeing, through regular monitoring and support using an evidence-based approach where possible.

Case studies:

A group of 140+ health psychologists and trainee health psychologists formed a collective of researchers and practitioners - the Health Psychology Exchange (HPX) - in order to volunteer their services to health, social care, and public health organisations throughout the UK and Ireland during the pandemic. The Psychological

Interventions subgroup of HPX members supported workforces with senior managers in the health, care and local authority organisations during the COVID-19 pandemic. A total of 13 organisations including hospital trusts, care homes, local authorities and colleges were supported by health psychology consultants from HPX during the pandemic. Support ranged from providing reflective practice, public health messaging, psychological support initiatives, and staff engagement.

Discussion:

Client organisations felt well supported by health psychology consultants from HPX during the pandemic. Health psychology consultants were instrumental in translating high-level guidance on optimising the psychological health of staff into practice for organisations. The basis of this consultancy work will strengthen the role of health psychology consultancy to client organisations in the future.

Introduction

Frontline healthcare workers were deemed to be at significant risk of psychological harm during the early weeks of the COVID-19 pandemic in the United Kingdom (UK) (Greenberg, Docherty, Gnanapragasam, & Wessely, 2020; Lai et al., 2020). During the pandemic, frontline healthcare workers internationally experienced fears of contamination, moral injury, disruption of supportive networks, and work stress (Holmes et al., 2020; Lai et al., 2020). As UK coronavirus prevalence peaked, two third of healthcare professionals in the National Health Service (NHS) reported feeling unsupported

by their hospital trust, reporting a lack of access to Personal Protective Equipment (PPE) as a cause of stress (Iqbal & Chaudhuri, 2020). Additionally, a systematic review and meta-analysis found that whilst frontline health professionals valued psychological support services, staff with the most severe mental health problems were least likely to request or receive support (Bell & Wade, 2020).

Paradoxically, Chinese healthcare staff refused psychological support as they felt they weren't experiencing emotional symptoms, yet wanted to be trained themselves in skills to support psychological needs of patients (Chen et al., 2020). However, continual guidance proposed that the provision of facilitated reflective practice, online support and supportive communications could optimize the psychological needs of healthcare workers (Chen et al., 2020; Cheng et al., 2020; Rimmer & Chatfield, 2020). As such, a priority for health psychology is to identify how organisations could rapidly respond to staff needs in a time of uncertainty and with ever-changing priorities.

The British Psychological Society (BPS) published evidence-based guidance that outlined a set of principles and practical recommendations for healthcare leaders and managers on how to respond to the psychological needs of healthcare staff during the pandemic (BPS, 2020). The document proposed a stepped-care approach and described three phases of anticipated psychological responses: Preparatory Phase, Active Phase, Recovery Phase. The challenge for the health psychologists was to translate this evidence-based guidance into practice. To respond and action everchanging guidance and best-evidence, organisations turned to the help of consultants, including Health Psychology consultants (Michie & Abraham, 2008).

To address the challenges to staff psychological health during the pandemic, a group of 140+ health psychology professionals in research, practice, education and trainees formed a collective - the Health Psychology Exchange (HPX) - to

volunteer their services to health, social care, and public health organisations throughout the UK and Ireland during the pandemic (Health Psychology Exchange, 2020). HPX received many practice-based consultancy requests from organisations who had staff working on the frontline. These requests prompted the formation of the HPX Psychological Intervention subgroup who developed a consultancy tool to hold supportive conversations, guide strategy and help implement wellbeing plans (Brady, 2020). As such, this paper outlines the consultancy case studies of organisations supported by this group using the developed consultancy tool.

Case studies

A total of 13 organisations were supported between March-September 2020 of which five will be described in detail in this paper. The supported organisations were identified through initial contact with HPX. A flyer was created with a brief description of HPX's 'offer' during the COVID-19 pandemic, plus relevant case studies of what health psychologists do. The flyer was then circulated to professional networks, including the north west psychological professions network and the north west hub for behavioural and social sciences. HPX members who also sit on the BPS behavioural science and disease prevention taskforce circulated the flyer to the behavioural science group - SPI-B UK's Independent Scientific Pandemic Influenza Group on Behaviours. From there, as psychological consultancy work began, other organisations heard through word of mouth. These included healthcare, social care, local authorities and college organisations from across the UK. Table 1 outlines the diverse outcomes from client organisations supported by HPX.

These case studies are the result of health psychology consultant reflections after supporting client organisations. By estimating how many staff

Table 1. Summary of client organisation outcomes supported by health psychology consultants.

Type of organisation	Outcome
District and community hospitals	Encouraged old and created new spaces for staff to decompress during shifts Commitment to introduce reflective practice groups Encouraging uptake of Psychological First Aid training by staff
Local Authority	Public health messages on healthy living in food hampers Campaign for young people to stop attending raves Public messaging on road traffic signs
Charity	Pilot of Online Group Reflective Practice now being rolled out to health professionals
College	Support for students who were working on the frontline
Trust	Webinar providing psychological support for staff
Social care	Advice for autism and Learning Disability staff wearing PPE Development of online social support network for isolated practitioners Support for development of reflective practice and engagement in adaptive coping strategies Webinar to 100+ care home managers on providing psychological support for staff
Regional Public Health England	Support development of Public Health England framework for identifying risk of psychological harm in care homes
Ambulance service	Staff engagement on health and wellbeing Evidence-based self-care checklist

and community members were impacted as a result of the HPX consultancy, the consultants were able to explore the overall impact of the consultancy work.

In addition, to understand the impact of receiving HPX support from the client perspective, each client was asked the following:

- (1) What was the enquiry/issue/question that the client needed support with?
- (2) What did the health psychology consultants do?
- (3) What was the outcome?

Case Study One: District and community hospitals

A senior workforce manager at an NHS hospital trust (one district and two community hospitals) approached HPX in May 2020 for advice on providing psychological support for staff. Two HPX consultants, (an experienced health psychology consultant (RB) and a trainee health psychologist (LH)) met with the client via videoconference to discuss their needs. Prior to the meeting, the experienced consultant had developed a guide (Brady et al., 2020) to enable the health psychology trainee to co-lead the meeting using the developed consultancy tool. The clients discussed issues where they needed additional

support: negative emotions expressed by staff returning to work after shielding, and psychological responses from frontline staff, consistent with those expected during the Recovery Phase of the pandemic (BPS, 2020). The two strategies of PFA and facilitated reflective groups were discussed. Ideas on how best to implement them were explored and the consultants answered questions using evidence-based guidance and experiences from working with clients dealing with similar challenges. The managers recognised that the trust lacked the expertise in facilitation skills for the reflective groups and requested further support from the consultants. This client is currently seeking funding for this which may involve an ongoing relationship with the consultants on an individual basis.

Case Study Two: Local authority

Senior managers of a local council approached HPX for support with public health messages. Two experienced health psychologist consultants and a trainee health psychologist (DW) held initial conversations with local authority leaders to assess the needs and opportunities to support staff and the community in the COVID-19 response and recovery phase. "Leadership and Communication" was discussed to be the priority for the authorities. The group supported the local authority to develop positive behaviour change messages such as: 'Keep Wirral Well' (Bonell et al., 2020; West, Michie, Rubin, & Amlôt, 2020) and build trust and synergy between the community, staff, third sector/faith sector, and the council. Community members directly and indirectly were impacted by behaviour change public health messages delivered by community anchors, road traffic signs, social media and leaflets on physical distancing for young people, healthy eating, and government advice, as advised by the HPX volunteers.

Case Study Three: NHS organizations

Health psychology consultants (AC, EB) worked with NHS organisations to assess their current provision to support staff psychological health and consider areas in which they could expand and strengthen the provision. An NHS Partnership Trust organisation contacted HPX requesting support with prioritising and assessing the psychological needs of staff within the organisation, particularly those who were shielding or adjusting to role and responsibility changes. The health psychology consultant (AC) initially provided guidance on how managers and leaders could structure well-being conversations and check-ins with staff, as well as providing resources on psychological first aid, developing psychological flexibility (Harris, 2020) and post traumatic growth.

Case Study Four: Social Care

The client, a senior public health leader requested advice from HPX with regard to supporting regional care home staff. At that stage of the pandemic, early May 2020, UK care home managers were expressing distress at initial delays in ensuring adequate supplied of PPE and at the consequences of discharging patients from hospitals to care homes without testing them for COVID-19. Public health managers were supporting care homes with implementing infection control procedures but were unsure how to advise care home managers on providing psychological support for their staff. As a result, it was agreed that three HPX consultants (including RB, EB) would develop a webinar to introduce topics of psychological wellbeing using the developed consultancy tool, explain their relevance and importance and demonstrate how to engage in conversations about the topics with care home managers. The webinar

was aimed at public health, local authority, and commissioning staff working closely with care home managers and was widely publicised in the region.

One author (RB) worked with a public health manager who was in daily contact with care home managers, to develop a role play to illustrate how public health managers could approach conversations with care home managers to help them identify how they might enhance psychological support for their employees. The public health manager played the role of a care home manager based on her knowledge and experience. The HPX consultant (RB) played the role of public health manager. The role play was not scripted and the HPX consultant responded to the issues and questions raised by the public health manager in roleplay to illustrate effective communication and information gathering skills. The webinar was well attended (135 attendees), well received, and the most positive feedback related to the role play. Following the webinar, the slides were made available to attendees together with written guidance on how to approach conversations with care home managers. Further guidance on psychological needs topics was provided by HPX and published on the public health website. This resource has been accessed 398 times between August and September 2020.

Case Study Five: Social Care (2)

A social care partnership approached HPX with a request for psychological support for isolated care home managers in mental health and learning disability sectors. Using the consultancy tool, two trainees (JB, SA) with experience in social care established a need for psychological space to discuss, reflect and decompress to avoid inevitable burnout in managers of social care teams. Furthermore, due to the lack of specific social care guidance, the managers desired knowledge sharing

to reduce duplication of work. This led to the development of a consultancy offer and the facilitation of a peer-based support group based on a matched care model. This enabled a psychologically safe space for practitioners to share practical, emotional and physical difficulties such as stress, communication and mask wearing. The purpose of this was to encourage reflective practice and adaptive coping strategies. The trainee health psychologists continue to work with this organisation to deliver weekly coaching groups with the intention of developing and upskilling internal staff to self-sufficiently deliver this intervention in future. Furthermore, they are collaborating with the organisation to produce a report that highlights the value of this piloted intervention to advise relevant stakeholders.

Discussion

The breadth of the psychological support from health psychology consultants during the pandemic was perceived as supportive and impactful by clients and fellow health psychology consultants. Health psychology consultants found value in using the developed consultancy tool to initiate conversations and assessment with client organisations, and the clients expressed gratitude for the support provided. The impact and reach stretched from a webinar viewed by over 100 care home workers to city level public health messages, to clients seeking more funding for extended support from health psychology consultants. This showcases the extensive skillsets that health psychology has to offer.

Health psychology has been supporting the health sector since the 1970s through research and practice and has evolved in the last decade towards supporting health behaviour change (Quinn, Chater, & Morrison, 2020). Arguably, the evolution of health psychology might be further accelerated due to the instrumental application of health

practice and knowledge in response to COVID-19. This ranged from health psychologists advising on the UK's Independent Scientific Pandemic Influenza Group on Behaviours (SPI-B), Scientific Advisory Group for Emergencies committees (Scientific Advisory Group for Emergencies, 2020), to the collective action of HPX volunteers supporting health, social, third sector and educational organisations (Health Psychology Exchange, 2020).

Whilst the HPX Interventions group have been successful in establishing consultancy collaborations with new organisations and thus raising the profile of health psychology, there are challenges in providing support and sustaining the collaborations for future health psychology work. During the pandemic, all the organisations were supported on a voluntary basis, which was manageable as many health psychology consultants working patterns shifted due to national lockdown. However, as lockdown eased and usual clinical and academic responsibilities resumed, health psychology consultants found that they had limited capacity to support organisations voluntarily. All organisations had no previous engagement with health psychology consultants, yet many spoke about employing psychologists on a permanent and temporary basis, and therefore it is the right time to establish how health psychology consultants can support new services and projects. The HPX have been considering the legacy of this voluntary collective, including how to build capacity in behaviour change for organisations through permanent health psychology positions or health psychology consultants, both qualified and in-training. To support the latter, members from the Psychological Intervention sub-group delivered a webinar series to over 100 health psychologists in the UK, which provided a framework of consultancy to include practical principles and illustrated by case study examples. Our HPX work demonstrates the unique health psychology contribution to the assessment of client organisation needs, relationship building

and successful implementation of many psychologically informed interventions for psychological coping and health behaviour change. Such skills that have been historically underestimated in health psychology practice (Hilton & Johnston, 2017). This therefore exemplifies the critical contribution of health psychology practice in the management of health and social care workers wellbeing in COVID-19.

Conclusion

Client organisations valued the timely expertise provided by health psychology consultants from HPX during the pandemic. The support reached regional workforces and members of the public during a time when public health messages and psychological needs were rapidly changing according to the pandemic and lockdown trajectory. This has raised the profile of health psychology consultancy. Although there are challenges in funding and resources for providing future support, health psychology as a discipline has again proven its value to public health, health, and social care sectors by translating high-level guidance into practice for organisations and supporting the delivery of micro-level interventions and will endeavour to strengthen the role of health psychology consultancy in the upcoming months.

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Ethics

This work is classified as service improvement so ethical approval not required. Researchers followed guidelines for ethical conduct established by the Declaration of Helsinki, the Research Governance Framework for Health and Social Care, and the British Psychological Society's Code of Ethics and Conduct (2018).

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Authors' contributions

LBD, JH & AC formed and lead the Health Psychology Exchange (HPX) and EB formed and lead the HPX Psychological Intervention sub-group. LBD & JH received requests for voluntary health psychology expertise from organisations seeking psychological support and passed requests onto HPX volunteers, including those in the HPX psychological intervention sub-group (RB, JB, LMH, AC, EB SA, DW and others). RB initiated the development the Psychological Needs Assessment Tool that supported HPX volunteers to facilitate meetings with organisations; all authors consulted organisations and provided feedback to form the case studies described in this manuscript. SA and DW produced the first draft manuscript; all authors provided input towards the final manuscript.

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