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# GUIDANCE FOR MANAGERS ON PSYCHOSOCIAL SUPPORT AND MENTAL WELLBEING OF AMBULANCE PERSONNEL IN A PANDEMIC CRISIS

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## Introduction

COVID-19 outbreak was declared a public health emergency of international concern on 30th January by the World Health Organisation (2020). Since, we have seen the scale and severity of cases increase globally, with ambulance personnel being key to assessing and treating patients with symptoms of this contagion. As the pandemic continues and with the peak of infection still thought to be reached within the United Kingdom, the National Health Service (NHS) must continue to respond effectively to provide care to those whom may present with significant illness with or without prior complex co-morbidities. The NHS must also continue to respond to patients with other medical and injurious needs such as strokes, heart attacks and physical trauma.

It is noted that in adverse situations such as this, NHS staff including ambulance employees, have previously pulled together, and shown great resilience and resourcefulness to ensure quality patient care continues. However, a national emergency on this scale has not been encountered here within most people's life time, and as the pandemic escalates and staff become more physically and mentally exhausted, there may be a number of staff who require additional support because the situation has become overwhelming for them. We are already starting to see the impact upon employee mental and physical wellbeing. Anecdotal reporting on social media sites is increasingly referring to healthcare professionals who are sharing emotional worry, anxiety and experiencing acute stress in relation to treating patients with this illness. Furthermore, a study on Chinese healthcare workers identified that those exposed to COVID-19 cases were at 'high risk' for developing symptoms of anxiety, depression and distress, and those with pre-existing mental health conditions are likely to experience elevated symptoms (Lai et al, 2020).

This brief guide is for managers, to provide understanding of psychological trauma and distress that may be experienced by frontline ambulance personnel who are responding to pandemic emergencies within the United Kingdom. Evidence-informed advice is provided on how managers may offer psychosocial support to their employees to help sustain their mental resilience and wellbeing.

## Psychosocial Reactions to a Pandemic

Each individual employee will respond differently to experiencing an unprecedented event such as a pandemic. However, anyone who is directly or indirectly exposed to such an incident is highly likely to experience some distress at some point, particularly given the sheer numbers of patients who will present as critically unwell, leading to healthcare clinicians having to make ethically challenging decisions whilst working with limited resources and under extreme pressure (Greenberg et al, 2020; World Health Organisation, 2019).

Psychological reactions are likely to present both during and after the event in staff who may be at work, self-isolating or unwell, and will be expressed through emotional, relational, cognitive, social, behavioural and physical means (Williams et al, 2014).

NATO (2008) clarified that individual's psychosocial responses to disasters and major incidents may include feeling;

- Stunned and numb immediately after being exposed to the incident
- Mild temporarily distress which is proportionate to what they have experienced, but they are able to function fairly normally within their daily lives and recover with the support of family, friends and colleagues.
- Greater level of distress but still able to function adequately in their daily lives. They are likely to take longer to recover but will do so with appropriate social support.
- Distressed in ways that seem disproportionate to the event, or appear to be dysfunctional, affecting their daily life greatly such that they are incapacitated. They will require support and assistance, most likely to include psychological interventions, to recover.
- Mentally unwell following the event. These individuals will require specialist psychiatric support and mental health care.

Typical reactions in the short-term include;

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| **Psycho-Emotional Reactions** | Shock<br>Feeling numb/cold<br>Fearfulness<br>Distress<br>Helplessness<br>Guilt – at wanting to help but can't because self-isolating, at losing a patient, at surviving where others haven't, that they 'should' have been able to help.<br>Hopelessness<br>Anger<br>Anxiety, stress<br>Distress<br>Sense of dread |
| **Social Reactions** | Social withdrawal<br>Avoiding work – including sickness absence, arriving late for shift<br>Interpersonal conflict |
| **Cognitive Reactions** | Reduced concentration<br>Forgetfulness<br>Confusion<br>Reduced confidence in self or others<br>Hypervigilance – always on alert, scanning in the environment, constantly watching the news/media sources for information about the pandemic.<br>Thoughts in the mind that are intrusive<br>Denial that the situation is occurring<br>Indecisiveness |
| **Physical Reactions** | Headaches<br>Exhaustion and lethargy<br>Difficulty getting to sleep or staying asleep<br>Hyper-arousal<br>Reduced appetite, nausea, gastro-intestinal symptoms<br>Heart racing or pounding/ feeling of pain in chest/ chest tightness<br>Sweaty hands, night sweats<br>Pale |
| **Behavioural Reactions** | Social withdrawal from colleagues, managers, friends and/or family<br>Behaviours which you notice are out of character for that person<br>Irritable<br>Crying. tearful<br>Increased use of alcohol, illicit drugs, cigarettes, prescription drugs<br>Reduction in self-care (such as untidy, dishevelled) or heightened self-care such as excessive showering, disinfecting.<br>Increase in minor accidents/ risk taking<br>Restlessness |

During a crisis, colleagues may well show psychological trauma reactions in which they demonstrate an instinctive 'fight, flight or freeze' reaction to try to deal with the overwhelming threat that they are experiencing. This may for example, be observed as staff becoming hypervigilant to their surroundings and the situation they are facing, or they may attempt to put distance between themselves and work, or where they feel numb and/or dissociate from the reality of what is happening. In disaster and critical incidents, these are normal responses to the abnormal situation in the short-term.

In addition, healthcare employees may experience psychological distress associated with situations and decision-making which negatively challenges their morals and ethical values. This could occur in cases such as a clinician being faced with critically unwell patients but with very limited resources to treat them, or, they have to weigh up their 'professional values' and moral obligations 'with the needs of their families' (Department of Health, 2009). Termed 'moral injury', individuals are 'likely to experience negative thoughts about themselves or others' (Greenberg et al, 2020), thinking that they were not appropriately prepared or have failed in their duty, for example. Such thoughts are often accompanied by feelings of guilt, shame or blame. Subsequently, this can contribute towards greater distress, depression, anxiety and suicidal ideation.

Like moral injury, distress is *not* a mental health condition. It is an emotion which is usually temporary (WHO, 2019). Distress describes 'the experiences and feelings of people after external events that challenge their tolerance and adaption'. Thus, in the short-term, it is a normal reaction given the extreme circumstances that the individual has experienced. Distress is 'not necessarily indicative' of the development of longer-term mental health conditions such as post-traumatic stress disorder (Williams, 2014, p.8).

Research has identified that following a disaster or major incident, the majority of first responders experiencing distress do not require specialist mental health care. However, a small number likely will. Of these, some will need longer term focused mental health services to enable them to recover (Williams, 2014).

Those individuals who have psychosocial resilience to help them to cope often perceive that they have good, meaningful and helpful social support, they hold a belief within them that they will come through this, which is sustained by holding strong personal values, and generally hold an acceptance of the reality of what they are facing.

However, 'no one is invulnerable, and some healthcare workers will hurt, perhaps for a long time, unless we begin to prepare and support our staff' now (Greenberg et al, 2020).

## Risk Factors for Developing Dysfunctional Distress

Some people are more susceptible to experiencing dysfunctional distress in response to significant emergency situations. 'Dysfunctional distress' refers to the overwhelming and harmful effects of exposure to a crisis situation upon an individual leading to cognitive, social, emotional and physical impairment or abnormality (Williams and Kemp, 2016).

Research has identified that individuals who are more likely to experience dysfunctional distress;

- Have perceived a threat to their life or those around them, this who may be family, friends or patients
- Feel they have little control over the situation/ feel powerless
- Feel completely overwhelmed by the event
- Have been directly or in-directly exposed to those who are critically unwell, dying or deceased.
- Feel helpless and/or hopeless
- Experience the death of family, friends and/or colleagues to whom they were close or who they identify with
- Perceive that they are alone in their anxieties, and feel that they have little meaningful social support whether this is at work or at home
- Experience significant life stresses alongside the pandemic – such as financial worries, worry about housing, having basic supplies of food, childcare, stigma from relatives who are scared about catching the virus from them.
- Do not have adequate time or a safe place to rest – this could be because of domestic violence, fear of assault, lack of appropriate accommodation.
- Have previously been exposed to a major traumatic event(s)
- Have a pre-existing mental health condition.

Studies are limited, but there appears to be no conclusive evidence on whether suicide rates increase following a disaster. However, with studies suggesting a decline in mental health post-incident, suicidal ideation among staff members must be maintained as a consideration.

Factors which may specifically impact upon the psychological wellbeing and resilience of ambulance personnel include;

- Shift work – for example, attempting to sleep in the day with family members at home, unable to go out as they might normally.
- Physical and mental demands of being potentially exposed to pathogens
- Caring for patients with limited or inadequate resources given the demand for services
- Making ethically challenging clinical decisions
- Having to adapt to unfamiliar ways of working
- Limited opportunity for rest, to eat nutritious meals, and to exercise
- Fatigue and exhaustion

- Feel unprepared, both psychologically and clinically
- Experience the distress and grief of relatives of patients

(Adapted from The United States National Response Team, 2009)

## Importance of Psychosocial Support for Mental Wellbeing of Employees During and After a Pandemic

The trauma of having experienced a global disaster such as a pandemic will challenge the beliefs that we hold about ourselves, those close to us, and the world we live in, including our work and the values we associate with it.

Most people hold three particular assumptions about the world;

- It is for the most part a safe and good place
- Life and events hold meaning and purpose
- They are valuable to the world, and therefore worthy of good outcomes in life

(Janoff-Bulman, 2002).

We understand the world according to these beliefs and it gives us a sense of normality. However, psychological trauma occurs when an incident overwhelmingly challenges any of these views and 'shatters' the beliefs we hold about 'normal' life. In a pandemic for example, people may be left with challenges to the belief that the world is a safe place. This belief may then be replaced by one that views the world as a very unsafe, dangerous and risky place. This shift in view causes them to then question every aspect of their life, with a need to re-evaluate themselves and their place in the world. Psychologically, this can be extremely harmful and lead to psychological trauma and dysfunctional distress.

Psychosocial support is important because it enables us to step-in and support the individual in seeing how the incident is shaping their life and perhaps to see things from a different perspective, process what has happened, mediate strong emotions, help them to rebuild their beliefs and to cope with the situation so that they may function effectively again.

## As a Manager, What Can I Do to Support the Psychosocial and Mental Wellbeing of My Staff?

Keeping staff mental wellbeing continually at the forefront of ambulance operations during a pandemic is paramount to enhance personal resilience, so that individuals and groups have better capacity to undertake their roles (World Health Organisation, 2020).

During a pandemic, it is likely that staff (and managers) will feel scared and fearful given the risk and uncertainty of the situation. A psychosocial approach to supporting staff was advocated by the Department of Health (2009) and compliments your duty of care towards protecting the mental health and wellbeing of your workforce (NHS England, 2015).

**1. Prepare and Educate**

Ambulance personnel need to be honestly prepared for the difficulties and moral challenges they may face during the pandemic, including the devastating numbers of patients they may encounter who are critically unwell, dying or deceased, which sadly may involve family, friends and loved ones. This may mean acknowledging the uncertainties – the unknown of how exactly the pandemic may impact.

Provide information. Fears and anxieties may be lessened by providing clear information and guidance about the likely course of events. This will also help to dispel any circulating rumours and may give a sense of control and order over a situation which feels very chaotic and uncertain (and thus anxiety provoking) (Davis et al, 2015).

As the pandemic takes hold, it is imperative that managers support staff in the moral decisions that they may be faced with and need to make. Making sense and meaning of clinically challenging situations will help colleagues to process incidents and will reduce the impact upon their mental health. This could be undertaken as one-to-one meetings (including via digital means) or as a clinical team.

Educate to improve resilience in the immediate and short-term – for example; provide guidance on the possible psychological impact and coping strategies. Encourage individuals to recognise and use their coping strategies - ask them what coping strategies they use when they are feeling stressed (Williams et al, 2020). Suggest appropriate methods such as mindfulness, spiritual practices, listening or creating music, walking, stretching, yoga, writing, connecting with family and friends, art, spending time with pets.

Encourage compassion towards the self and others to enhance resilience. Instead of being critical and judgemental, practice kindness and give understanding that they are doing the best they can under extreme circumstances. Share positive experiences and news to add focus on getting through. Examples may include the overwhelming affirmatory support from the general public.

**2. Connect, Talk, and Listen, Really Listen**

Research shows that individuals value support from colleagues and their manager, and this is protective to their mental health.

There is strong evidence that the psychosocial reactions of an individual may be mediated by the compassion and comfort of communications from managers and from peers. Genuine and authentic communication enhances post-incident wellbeing recovery.

As a manager, your contributions towards a staff member's psychological wellbeing can greatly influence their outcome and directly impact upon their resilience and ability to cope with an event. To know that they are genuinely supported is invaluable and absolutely key to the healing process (Williams et al, 2020). Nonetheless, for some, exposure to distressing incidents and the ethical dilemmas faced can be significantly overwhelming and may require additional specialist support beyond the informal support of peers and managers.

Traumatic distress may present as avoidance. Individuals may tell you that they are unavailable to talk, too busy because demand is too great. Be mindful that those who continue to avoid talking may in fact, be struggling and require additional support.

To enable you to support the psychosocial wellbeing and mental health of your teams;

Connect with your staff; those who are at work and those who are self-isolating. 'Let them know that you are there. You represent your organisation to your staff and your caring presence can mean a great deal to them in feeling supported and in reducing their levels of distress. You don't need to say anything profound, just be there, do your best to manage and let your employees know that you are concerned about them'. Be visible – even if by digital means – and 'take the time to ask them how they are doing' on a regular basis (Tyler, 1996, p.1). Encourage your team member to talk when they feel ready to but don't pressurise or force the point.

Acknowledge the feelings they share with you and the significance of the event upon them – there is great power in being heard and understood (Williams et al, 2020). For example, 'I can see that this has been really tough for you'. Staff who are self-isolating may feel helpless and guilty at knowing they are unable to support the efforts of the team. 'Acknowledge the contributions they have already made' (Tyler, 1996) and focus towards the future when they are able to contribute again.

Normalise how they are feeling (Davis et al, 2015) – this *is* a significant incident and it's understandable that individuals will be affected by it. The goal of normalising is to encourage the individual to recognise that it is the event that is abnormal – not their reactions.

Genuine listening is hugely important in promoting mental wellbeing. Understand what they are saying; ask them to clarify if it's not clear.

If possible talk in a private area, away from the crew room, busy office or hospital parking bay.

Don't turn the conversation around so that it's about you – keep the focus on the employee.

Your calmness will help them to calm, particularly if they are distressed.

Consider setting up peer support network groups for staff and for managers which draw upon expertise from those with professional mental health or pastoral experience. These could be virtually via safe social media or video conferencing platforms for example. Encourage all employees to informally take care of one another and share experiences in these challenging times. This can simply be by being available to listen, being kind and compassionate, and offering practical assistance. In this way, human connectivity builds cohesion, team work, solidarity and group resilience. It also means that informal psychosocial support can be shared across many individuals rather than a few.

**3. Consider Influencing Factors to Reduce the Impact Upon Psychosocial Resilience**

To sustain a level of psychosocial capacity and resilience within the workforce, it is necessary to recognise, review and reduce the impact of influencing key factors that may be detrimental if not attended to;

Share with your team that this is a 'group human experience and not one we are going through alone' – this is important for promoting social connectedness and for lessening feelings of distress, anxiousness and isolation.

Consider if their basic needs are being met – work-related fatigue, food intake, adequateness of temporary accommodation and washing facilities, access to friends and family (Williams et al, 2020).

Be mindful of other life challenges that may be affecting individuals – financial, domestic violence, childcare issues, elderly parents or partners with co-morbidities who may be at high risk of contracting the disease or who are unwell.

For those with a pre-existing mental health condition, this may be exacerbated and heighten any emotions, anxieties or compulsive behaviours (WHO, 2019). Social isolation and physical distancing measures may well impact upon usual support systems and can intensify a person's sense of vulnerability.

Utilise those trained in psychological first aid or peer support. Know who you are able to refer affected staff on to. This may include counselling or psychological therapy via your

organisation's employee assistance programme, access to services via their General Practitioner, or the service chaplain(s). Individuals who show heightened dysfunctional distress may need specialist psychotherapeutic or psychiatric support, particularly if the distress lasts longer than one month after the incident. Consider assistance from your organisation's occupational health department.

## What Should I Avoid Doing?

- Do not judge or be critical by saying things such as 'you're over-reacting'.
- Avoid minimising how they feel – your team member is being open in sharing with you and saying things such as 'it could be a lot worse' or 'you're young, it's ok for you' is likely to shut down the conversation.
- It's important not to reject how people are feeling or ask them to hide how they feel, because this can encourage avoidance and internalisation of emotions which is not healthy and can contribute to depression, anxiety and post-traumatic distress. Such statements might include 'pull yourself together' or 'you need to be strong for….' (Tyler, 1996)

## Look After Yourself

Take care of yourself. Be honest and compassionate with yourself in how you are feeling (Williams et al, 2020). During a significant incident, it can feel overwhelming and exhausting. Despite wanting to be there for your team, recognise that all good leaders need to have a break and get some rest. Have others relieve and support you. This also models good self-care to your team and psychologically permits them to rest when stood down too.

Utilise the employee assistance programme and/or seek a therapeutic professional such as a counsellor, psychotherapist or psychologist, for your own mental wellbeing. Listening to staff anxieties and concerns can be emotionally difficult. Whilst being respectful of confidentiality, offloading your own anxieties and concerns to trusted others and professionals reduces the risk of you becoming affected by the distressing experiences that you hear and will help you to continue to cope particularly whilst the pressure of the pandemic intensifies.

Importantly, recognise when you are not in the right place to continue to offer support (Tyler, 1996). Arrange for others to help. Take the time out that you need. Rest, recharge and consider your return when you feel more energised.

# Acknowledgement

This brief guide has drawn upon the expertise, advice and latest research evidence as provided in the documents referenced. It is recommended that these documents are reviewed for additional, more detailed information.

# References

Davis A, Davis C and Gibson J (2015) Psychological Support in Disasters: Facilitating Psychological Support for Catastrophic Events, LawTech Publishing Group.

Department of Health (2009) NHS Emergency Planning Guidance: Planning for the Psychosocial and Mental Health Care of People Affected by Major Incidents and Disasters: Interim National Strategic Guidance, Available at: https://webarchive.nationalarchives.gov.uk/20130124050848/http:/www.dh.gov.uk/prod_cwatonsum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103563.pdf [accessed 23rd March 2020].

Greenberg N, Docherty M and Wessely S (2020) Managing Mental Health Challenges Faced by Healthcare Workers During Covid-19 Pandemic, British Medical Journal, 368. Available at: https://www.bmj.com/content/368/bmj.m1211 [accessed 27th March 2020].

Janoff-Bulman R (2002) Shattered Assumptions: Towards a New Psychology of Trauma, New York: Free Press.

Lai J, Ma S, Wang Y et al (2020) Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019, JAMA Open Network, Available at: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229 [accessed 26th March 2020].

NHS England (2015) NHS England Emergency Preparedness, Resilience and Response Framework, Available at: https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf [accessed 27th March 2020].

Northern Atlantic Treaty Organisations (2008) Psychosocial Care for People Affected by Disasters and Major Incidents, Available at: https://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/Others/NATO_Guidance_Psychosocial_Care_for_People_Affected_by_Disasters_and_Major_Incidents.pdf [accessed 25th March 2020].

The United States National Response Team (2009) Guidance for Managing Worker Fatigue During Disaster Operations, Available at: https://www.nrt.org/sites/2/files/FatigueTADfinal.pdf [accessed 24th March 2020].

Tyler M (1996) A Manager's Handbook: Handling Traumatic Events, Available at: https://pdfs.semanticscholar.org/a1e9/be6738776ce44244725cf216805b42efb315.pdf?_ga=2.175144802.1111941881.1585317504-1756527111.1585317504 [accessed 24th March 2020].

Williams R, Bisson J and Kemp V (2014) Principles for Responding to People's Psychosocial and Mental Health Needs After Disasters, Available at: https://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/UK/Principles_for_Disaster_and_Major_Incident_Psychosocial_Care_Final.pdf [accessed 27th March 2020].

Williams R and Kemp V (2016) Psychosocial and Mental Health Care Before, During and After Emergencies, Disaster and Major Incidents, in Sellwood C and Wapling A (Eds) Health Prepardness and Response, CABI.

Williams R, Murray E, Neal A, and Kemp V (2020) Top Ten Messages for Supporting Healthcare Staff During the COVID-19 Pandemic, Available at: https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/top-ten-messages-williams-et-al.pdf?sfvrsn=990e3861_0 [accessed 2nd April 2020].

World Health Organisation (2019) Mental Health in Emergencies, Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies [accessed 24th March 2020].

World Health Organisation (2020) Rolling Updates on Coronavirus Disease (COVID-19) Updated 23rd March 2020, Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen [accessed 25th March 2020].