

Developing clinical practice to adapt to staff need during COVID 19: emerging evidence for a phased approach to trauma in an acute NHS hospital setting, TIC Conference 29th November 2022

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Introduction

The wellbeing needs of all healthcare staff has been considered paramount to both patient and staff safety especially in recent years. Focus on peer support and strengthening connections within teams has been key but also an awareness of common mental health presentations (recent large scale survey data shows anxiety and depression are at 51% and post-traumatic stress disorder 36% across the NHS).

Particularly since the Covid-19 pandemic that began in 2020, the understanding of and response to the needs of healthcare staff has evolved, allowing organisations to tailor support. This has included a focus on providing sustainable trauma informed care. A compassionate phased approach to trauma treatment and stabilisation strategies such as the ASSYST protocol (Jarero and Artiges) have been meaningful, in particular the recent observation that a percentage of people experiencing complex and ongoing traumatic stress can avoid the need for higher level treatments with this type support.

Methods

Barts Health NHS Trust employs over 24,000 staff and provides care across 5 hospital sites. Charitable funds were used to appoint 5.5 wte psychology practitioners to form a staff support service from 1 March 2021. The service was advertised through internal communications and outreach to teams and Trust networks. The team was trained in Compassion Focused Therapy for Trauma (Lee, Compassionate Mind Foundation) and ASSYST protocols for early intervention and ongoing traumatic stress, adding to their other clinical skills. Assessment of individual need and short-term compassionate support sessions were provided to staff in the first year. This work was reviewed with both quantitative and qualitative data obtained in a survey of staff using the service. A system of escalation was employed so that individuals with persistent or severe symptoms were referred to partner services for specialist trauma or mental health support.

Results

708 staff members accessed the service through self referral for individual support in the first year and 4028 individuals were seen in teams. Between 1 – 17 support sessions were provided for each individual (mean = 2). The most frequent presenting problems recorded as anxiety, low mood, personal life and trauma responses. These difficulties arose in a setting where the majority of individuals had traumatic experiences in the last year, at home or work, many of them multiple. A small number of staff required referral onwards for specialist trauma services for memory work (1.9%, n=14). 20% (n=142) of the group were referred elsewhere for other types of enhanced input, indicating ongoing need. Service users were surveyed and 97% (n=222) felt supported by the psychologist, 95% said attending the session was beneficial to their wellbeing (n=192), 85% (n=210) said attending the session made them feel more likely to connect with colleagues or others for support in the future.

Discussion

Clinical impressions are that emotion stabilisation work and helping reduce self-blame, shame and isolation were key to the success of this work and to avoiding the escalation of symptoms. Improved ability to access compassionate mind states and therefore to self-soothe seemed protective for future difficult experiences and for future working with traumatic memories.

These early findings map onto emerging and established evidence that a phased approach to treatment can benefit people with symptoms who have had complex and ongoing traumatic experiences. This work indicates these approaches are useful in a healthcare setting. Formal and standardised trauma assessment in the next phase of this service will yield more information. Improved pathways to specialist trauma treatment will help clarify numbers. Adding to outreach strategies will help clarify the ways in which this naturalistic sample may be self-selected. It is positive that such a high number of service users feel more comfortable seeking help, making it more likely that working with emerging difficulties could happen. Observing rates of re-referral for future will be informative.



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Main references

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