



Enhancing Mental Health Resilience

The offer

Background



The NHS Clinical Leaders Network has initiated a call to action to support the mental health and wellbeing of all frontline clinicians. It is also a guide of what we should do now to support frontline clinicians and highlight the importance of planning and preparing for the after-effects of this pandemic crisis.

This is the biggest crisis that the country has faced this century. As the pandemic surges across the United Kingdom its effects are being faced by members of the public and NHS frontline clinicians from multiple professions in hospital, emergency, community and primary care systems. Healthcare workers in the NHS as the frontline staff most often deal with very ill patients and are encountering stress and strain of the intense healthcare response that is required on their part. This includes working in high-risk environments, changing job roles and working patterns and exhaustingly intense workload combined with a restricted ability to carry out their usual compassionate roles towards patients and their families. The physical demands of patient care, supporting colleagues and protecting their own loved ones in these extraordinarily difficult circumstances is causing an enormous emotional strain on frontline clinicians and care workers.

The North West Offer



To individual organisations:

- Access to facilitated Digital Action Learning Sets for clinical leads
- Supported self assessment of organisational alignment against the Call to Action recommendations
- Participation in the Research and Evaluation study

To STP footprints

- Overview of Research and Evaluation study
- Access to the outputs of the expert panel for targeted opportunities to strengthen mental health resilience across the footprint

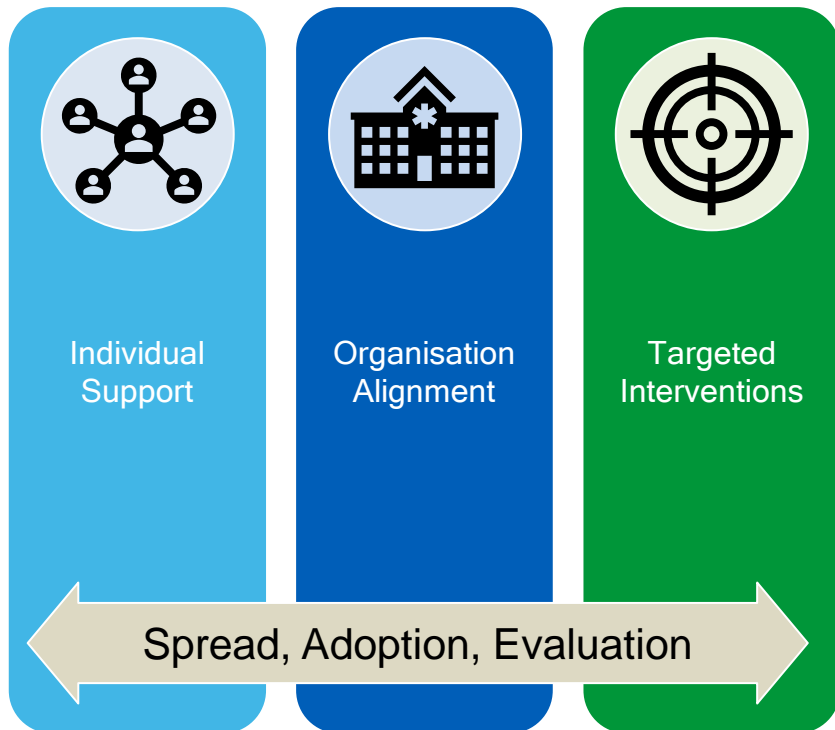
Benefits Realisation



- **To the wider NHS:**
 - Supporting frontline clinicians with continuing anxieties and in post to support the continued management of patients during and well after the pandemic
 - Partnering with local employing trusts and CCGs in ensuring that Frontline Clinicians are able to have a safe space to be supported, counselled and just have peer support and discussions about their experiences, fears, anxieties and concerns.
 - Allowing the wider NHS to retain continuity of care with their clinicians being supported whilst still being able to deliver care.
- **To the ICS and Regional Partnership Teams:**
 - An opportunity to support a regional multi-partner support mechanism that transgresses clinicians across Acute, Community and Primary Care.
 - Bringing to life a targeted workforce Mental Health support strategy across Health and Social Care for Frontline clinicians across the region.
- **To Employing NHS Organisations:**
 - Allowing the organisations to participate in a process that is independent and separate to the organisation's internal support processes.
 - Allowing their clinicians be supported by clinical peers across the region from across other organisations, cross-pollinating support measures and coping strategies.
- **To Clinicians:**
 - Allowing respite and an opportunity to allow peer discussions and participate in Active Action Learning to cope with their innermost anxieties and fears.
 - Ensuring that peers who are clinicians should be able to pick up on signs of worsening of symptoms or feelings including emerging symptoms of PTSD and through the Action learning sets be able to supportively thwart any deterioration.
 - As the support mechanisms will be with peers from external organisations, it allows individuals to open up.
- **To Patients:**
 - Ensuring that they are continued to be treated by able-minded and supported frontline clinicians who can deliver the best of care overall.
 - Enduring mental health in the workforce ensuring patients get the best possible care and treatment

Evaluation metrics to include COVID-19 ASSET Scoring, anxiety and depression metrics of staff, ultimate morbidity data at 12 months, sickness absence data and some longitudinal, qualitative studies. To be worked up through R&E and BI resources.

Overview



We propose to adopt a three pronged strategy to enable the spread, adoption and evaluation of the recommendations for action:

- **Individual support** for CLN members through the Digital Action Learning Sets
- **Organisation Alignment** of existing health and wellbeing approaches to the recommended actions
- **Targeted interventions** developed by a panel of experts to bolster the existing offer of health and wellbeing services available

All three prongs will be coordinated and will benefit from emerging learning and developments from each other.

Individual Support



Part of the CLN's focus is on supporting and developing aspiring and emerging clinical leadership from across commissioning and provider organisations, by STP footprint. This is done through targeted training and monthly meetings incorporating the Action Learning Set approach using know reflection frameworks.

Using the Leading Mental Health Resilience approach, the CLN has aligned the Action Learning Sets to reflect on the concepts of the paper and try to translate the principles within their own working lives.

The Digital Action Learning Sets

- Mix of clinical leaders from broad healthcare settings aligned within geographical footprints across the North West
- Each supported by dedicated, highly experienced facilitator
- Focus on mental health resilience reflecting on their own personal experiences and needs, emerging actions they can take away from the Leading Mental Health Resilience approach and commitment to reach out within their organisations to understand how they may align with the approach.

Organisation Alignment



Most NHS organisations will have developed a Health & Wellbeing response to the COVID-19 Crisis. The purpose of the approach is to enable organisations to align to a common framework to ensure the support is available for those that need it. Appendix 1 has a breakdown of the framework overview

Prioritise & Identify

- Mental Health to be given equal priority during the crisis
- Coordination to identify and support the mental health and wellbeing needs of staff
- Mechanisms to identify long term effects of staff and provision of care and treatment is in place

Capacity & Collaboration

- Funding is established and ring-fenced to provide capacity to meet the mental health needs of the workforce
- Collaboration of organisations to develop a coordinated and unified approach for mental health triage, referral and treatment processes for frontline health, care and managerial staff

Leadership & Culture

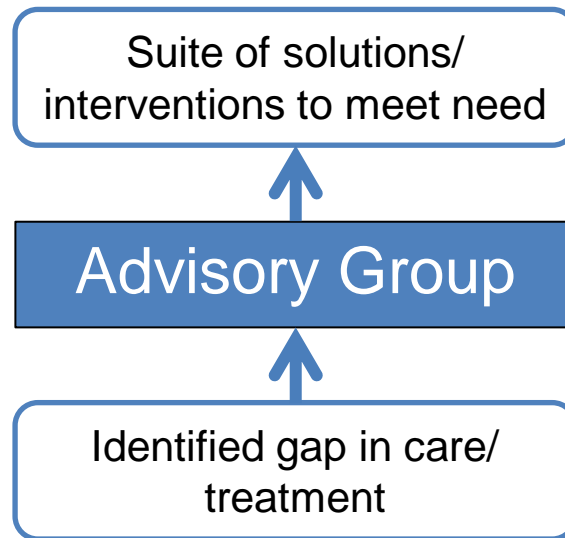
- The right type of clinical and managerial leadership, at all levels, to provide compassionate, empathetic and thoughtful leadership to healthcare workers.

Targeted Intervention



Through the emerging actions of the Action Learning Sets, the alignment of the approach within organisations and emerging priorities from regional and national health and wellbeing groups, there will be a growing identified need for targeted interventions that are not currently available.

A collaborative advisory group will be established to review the emerging gaps in provision and design targeted interventions to respond to the emerging needs of the workforce.



Ask from each STP footprint



- Each ICS/STP footprint contribute £54k to support the work

OR (preferred)

- ICS/STP footprint enable release of associates for programme lead/ facilitators
- ICS/STP footprint redeploy 1 x project manager (to cover the North West)
- ICS/STP footprint provide BI support
- ICS/STP footprint redeploy admin support
- ICS/STP footprint provide comms & engagement support

Alignment with COVID-19 Recovery



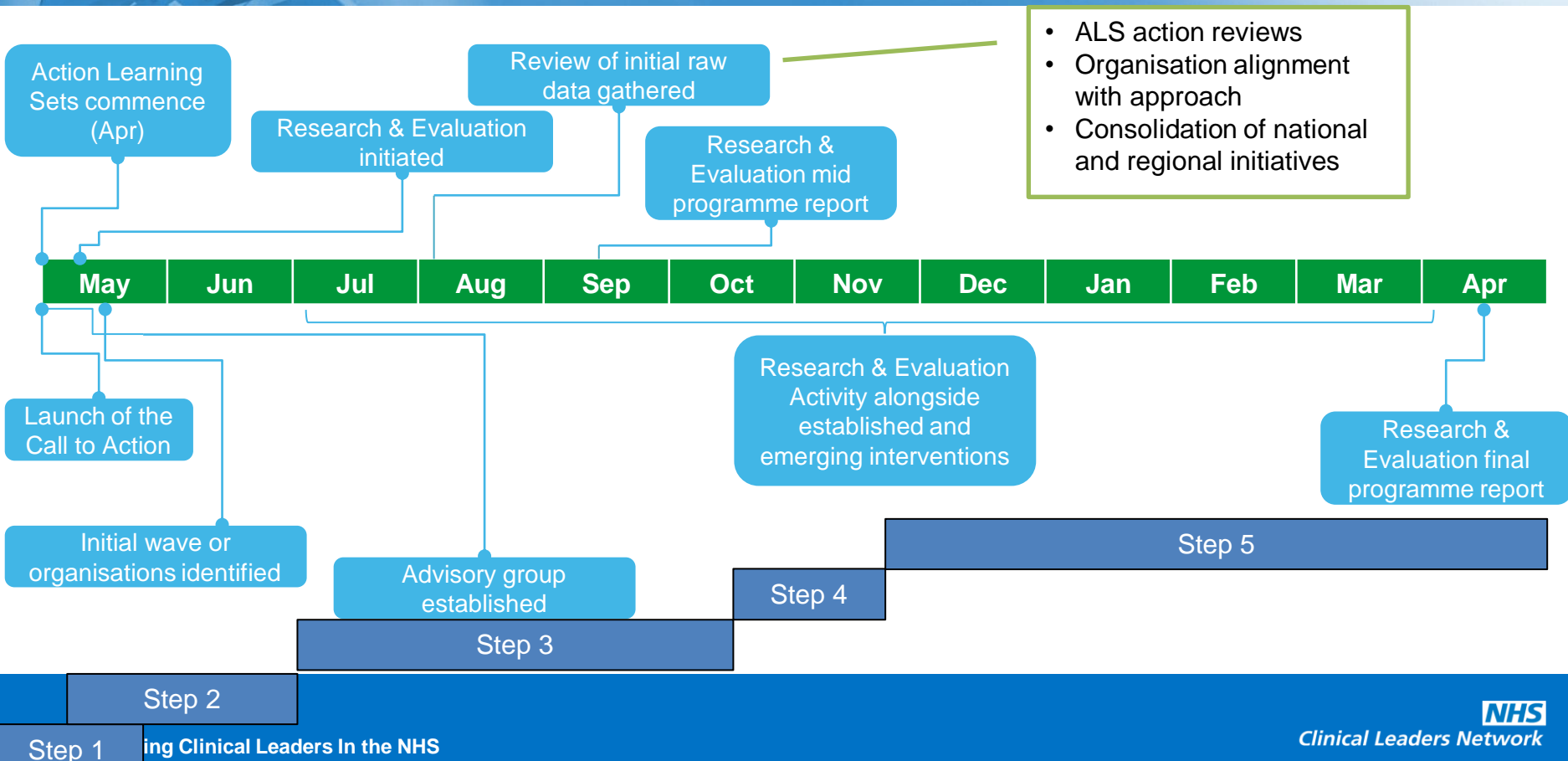
“The pressure on many of our staff will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety”

Simon Stevens NHS CEO, Amanda Pritchard NHS COO 29/04/2020

NHS North West response to enable Phase 2:

Step 7: Workforce resilience – Health, wellbeing and psychological support

Timescales



For further information



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Appendix 1 – Recommendations for good practice

SUPPORTING ORGANISATIONAL ALIGNMENT

NHS Organisations



1. Senior **Trust board leadership and sponsorship** to galvanise resources to support mental health and psychological wellbeing of healthcare staff.
2. Collective senior leadership from NHS organisations to create **regional/local partnerships** including with charitable organisations and professional bodies to provide a coordinated approach to mental health and wellbeing of healthcare staff.
3. Develop an **organisational strategy** to deal with mental health and psychological consequences for staff affected by this pandemic now and for the later mental health consequences post pandemic.
4. With Human Resources department, Wellbeing Teams and Psychological/Mental Health departments provide **guidance and establish mechanisms** for identifying, referring, and treating severe mental health consequences.
5. Establish a **communication system** to promote this proactively.

Managers & Team Leaders



1. Effective **clinical leadership** is vital during these periods and coaching tools can be useful. Leaders should have a high-level of self-awareness and of their impact on individuals and teams. NHS Clinical Leaders Network can offer advice and support.
2. Conduct **staff awareness-raising and training** in understanding symptoms of stress and its management.
3. Embed the **principle of civility** in team culture and conversations.
4. Promote **team solidarity and togetherness** using handovers, team huddles, informal team rest breaks
5. Support the forming of **peer support structures** like Huddles, Psychological First Aid, Mental Health First Aid, Trauma Risk Management, Employee Assistance programmes and Schwartz Rounds.
6. Clear **communication** to ensure valid and accurate information about the pandemic response and its effect on the team function is relayed to the team daily.
7. Ensure new staff are **buddied** with more experienced staff and **rotated** from high stress functions to low stress functions.
8. Consider **increasing the level of pastoral support and clinical supervision**.
9. Encourage staff to look after their mental health and wellbeing **without stigmatisation**.
10. Appreciate that individuals have different needs and will benefit from different approaches
11. **Follow guidance on approaches to managing mental health and psychological distress** from NHS England, WHO, Royal College of Psychiatrists, British Psychological Society, Kings Fund, NICE guidance for management of depression (CG 90), anxiety (CG113) and PTSD (NG116).
12. **Identify vulnerability amongst staff and develop focused support.**



Appendix 2

THE CLN ENGAGEMENT ESCALATOR

The engagement escalator



The CLN engagement escalator is a tried and tested tool supporting the implementation of new and innovative ways of working. The initial stage of this work equate to the first three steps, with a view to quickly moving into steps 4 and 5 (dissemination, acceptance & implementation) before any second COVID-19 surge.

