

NCCNN digital get together

Wednesday 16 September 2020

Managing the long term psychological effect of COVID on you and your patients

Dr Clare Stevenson, Lead Clinical Psychologist



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Managing the long term psychological effects of COVID-19 on you and your patients

NCCNN digital get together 2020 Wednesday 16 September 3-5pm

Dr Clare Stevenson,

Macmillan Consultant Clinical Psychologist

London North West Healthcare NHS Trust

Overview of session

- Long term impact of covid on ourselves
 - What can help?
 - Links & resources for further reading
- Long term impact on our patients
 - What can help?
 - Links & resources for further reading



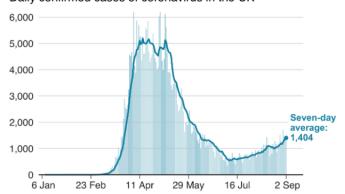
CONTROL THE VIRUS SAVE LIVES



O 29 July | BBC News | Asia

Coronavirus cases are slowly rising

Daily confirmed cases of coronavirus in the UK



Source: Department of Health and Social Care, updated to 2 Sep 09:00 BST

BBC

Coronavirus in the UK

Total deaths

41,514

Latest daily figure

10 new deaths

14-day trend

since 19 Aug Total confirmed cases

338,676

Latest daily figure

1,508 new cases

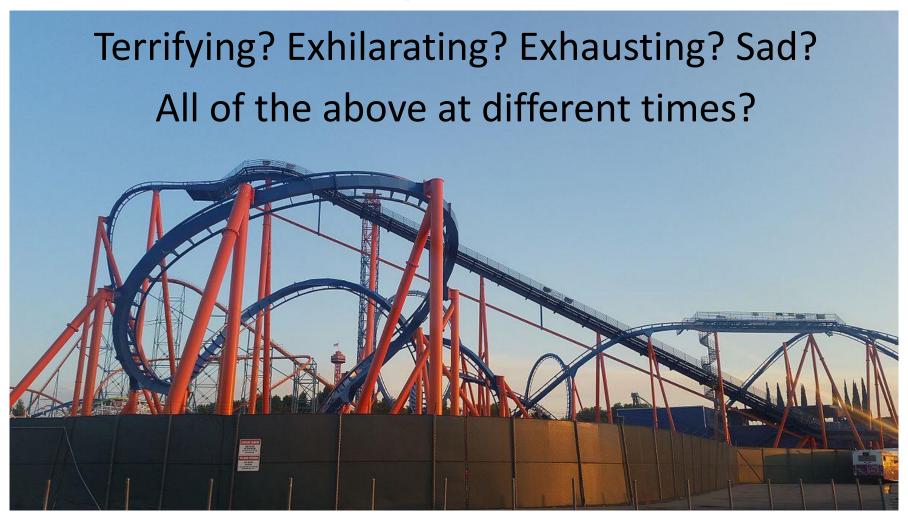
14-day trend



Source: Gov.uk, 2 September



How is the "corona-coaster" for you?



Impact of COVID on healthcare professionals

- Unprecedented situation leading to lack of certainty about long term impact.
- Continuous adaptation to changes in working practices leading to fatigue
- Some positive changes, sense of achievement, team cohesion
- Shielding and quarantine uncertainty and disruption
- Different team members having different needs and experiences during and after crisis
- Changes to normal out of work stress relieving activities e.g. socialising, holidays, exercise etc
- Loss of colleagues, family or friends to COVID-19
- Grieving for life as it was before
- All could lead to risk of exhaustion or burnout

Emotional labour

- Giving compassionate care is hard work
- Dealing with our own emotions to be able to continue to support patients
- How is your emotional "bank account"?
- How to top it up and stop it becoming overdrawn:
 - Team check-ins & touching base with each other
 - Connecting at the end of a shift
- https://people.nhs.uk/compassionspaces/emotional-labour/

Burnout = physical or mental collapse caused by overwork or

Early warning signs:

- Physical and mental exhaustion
- A sense of dread about work
- Emotional detachment
- Frequent feelings of cynicism, anger or irritability
- Dwindling compassion toward those in your care
- Feeling like you can no longer do your job effectively

Burnout is usually extended period of stress that feels as though is cannot be ameliorated with normal rest

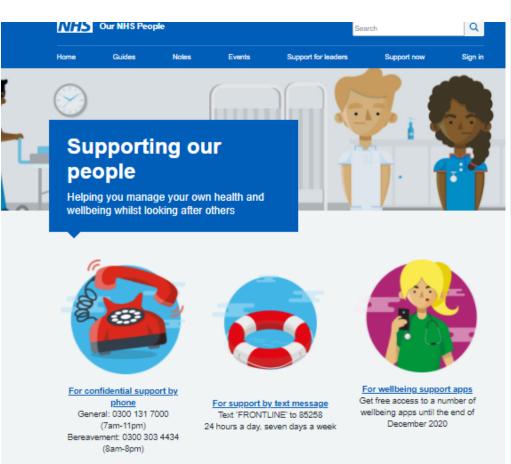
Stress. Prevention and early intervention:

- Recognise and acknowledge
- Share with trusted colleague/manager
- Breaks, rest, time out
- Workload and boundaries
- Autonomy over work schedule
- Work life balance
- Self care habits
- Motivation, sense of purpose, meaningfulness

When to get more help? It lasts an extended period of time - feelings of emptiness, apathy and hopelessness

Resources for teams

NHS people https://people.nhs.uk/



Guides

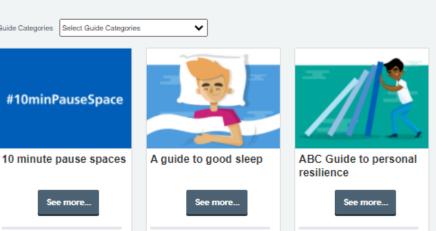
Develop new skills and discover new ways to improve your experience of work with short 10- to 20-minute guides developed by

Register and sign in to:

- · Save your progress when working through guides and easily find your
- · Contribute to conversations and share your experiences of the topics



Guide Categories



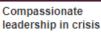


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Conversations about painful subjects

Resources for teams and individuals

- REACT: having conversations about mental health https://people.nhs.uk/events/
 - "REACT MH® conversation training: Empowering you to support the mental health and wellbeing of our NHS people"
- For individuals:
 - Local IAPT services many have new NHS staff fast track
 - Local Employee Assistance Programme or Staff Wellbeing services.
 - Project 5

Project 5 <u>www.project5.org</u>



Why has covid been so disruptive to our mental health – staff and patients?

- What do humans need to feel basically ok in the world?
 - 1. Safety
 - 2. Connection to others
 - 3. Ability to do what is meaningful to us
- Most people cope with challenging events in the short term, if these are in place or can be re-established fairly quickly after the stress is over
- Loss of one or more of these in the short term can lead to positive adaptation and growth
- Covid has taken away or profoundly affected all three areas for lots of people, making adaptation much more challenging

Trauma and post-traumatic stress?

- Traumatic experience = life threatening, powerless, shaming, humiliating
- Traumatic experiences do not necessarily lead to post traumatic stress
- Adaptive process = Shock → return to basic safety → emotional processing → consolidation of experience → growth/recovery
- Natural recovery can be supported by talking, writing, sharing experiences turning the raw experience into a story that can be remembered without distress "that was then, this is now"
- If this process gets 'stuck' due to emotional overwhelm/shut down. This can lead to post traumatic stress in longer term.
- PTSD = re-living (nightmares, flashbacks "as if I'm still there"); intrusive thoughts and memories; hyper-arousal (alert, jumpiness); avoidance (e.g. of places, reminders, thoughts)
- https://www.mind.org.uk/information-support/types-of-mentalhealth-problems/post-traumatic-stress-disorder-ptsd/about-ptsd

Impact of COVID on patients

- Delays to tests and treatment
- Uncertainty
- Shielding, seeing others starting to go out am I still vulnerable?
- Frustration
- What's normal now?
- Constant change and adaptation exhausting
- Double whammy of cancer + covid
- Social isolation and lack of social connection
- Lack of normal social support and coping resources (BUT – some community support has increased)

Macmillan PACE insight report

Emotional and mental health consequences:

- Isolation
- Fear of risk to self and others
- Future impact on cancer treatment
- Distress at inability to give or receive support at EoL
- Limited access to support & counselling

What's helping people to cope:

- Personal resilience and self management
- Peer support
- Community support
- Macmillan support

BUT... some inequalities, variation and complexities

Who is likely to struggle more?

- Not always a simple relationship between objective severity and subjective distress
- Areas to consider:
- 1. Medical -physical factors: e.g. treatment delays, difficulties in managing symptoms;
- 2. Social- family factors: lack of social support, patient having to care for family members (e.g., young children or dependent parents)
- 3. Psychological factors: pre-existing emotional difficulties, personal resilience and resources
- Spiritual factors: loss of meaning and purpose in life – may be less obvious – may look like depression or withdrawal

How can we help out patients with this?

- Empathy and acknowledgment
- We're all in this together BUT some are affected more than others – "Same storm, different boats"
- Honesty about what we do and don't know, and what we can and can't do
- You don't have to fix it all
- Ask what do they find helpful? Encourage connection with their own resources (remember Sage and Thyme http://www.sageandthymetraining.org.uk/)

How to help patients (and ourselves) with managing uncertainty

- Empathise with the struggle of not knowing
- Acknowledge that in the absence of certainty we often fill in the blanks with the worst outcome. Our brains are hardwired to be on guard for threat, to try to keep us safe - "Teflon for the good, Velcro for the bad"
- Honesty about what we can control and have influence over "What can we (they) do right now"
- Strategies that can help:
 - Getting good advice and making a plan. Pin it up somewhere.
 - Notice and limit worry triggers e.g. social media
 - Worry tree or Dealing with worries hand-out
 - Ask: What would you say to a friend?
 - Looking after someone else, including a pet or a plant
 - Self care to sooth e.g. relaxation or meditation
- https://www.macmillan.org.uk/cancer-information-andsupport/impacts-of-cancer/uncertainty
- https://www.psychologytools.com/articles/free-guide-to-livingwith-worry-and-anxiety-amidst-global-uncertainty/

De-escalating anger

- Hear them out disarm with kindness.
- Avoid being defensive recognise your own emotional response e.g. fight/flight
- Delegate up when necessary
- Acknowledge the difficulty of the interaction
- Stay curious about the patient's story. Anger is often an unmet need.
- Find out specifics of the story encourage details
- Express empathy for the emotion name it e.g. fear
- Take action on their behalf if possible. Be an advocate. Follow through on promises
- When possible, link them with resources that might help
- Do not take it personally
- Remain respectful and professional
- Set boundaries. Calm, open, assertive.
- Remember safety first! yours and theirs
- https://www.nursingtimes.net/roles/mental-health-nurses/deescalating-anger-a-new-model-for-practice-25-07-2016/

Resources

- Local trust Psychology and wellbeing teams
- Macmillan: https://www.macmillan.org.uk/coronavirus
- Cancer Wellbeing London <u>https://cancerwellbeinglondon.nhs.uk/</u>
- Cancer Research UK: <u>https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer</u>
- Coping with worry and anxiety: <u>https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus/coping</u>
- Maggie's Centres online community and resources https://www.maggies.org/

Any questions?

Thank you

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Extra Resources

The BMJs Five simple rules for managing uncertainty in a pandemic

- Most information will be flawed or incomplete. Be honest and transparent about this.
- For some questions, certainty may never be reached.
 Consider carefully whether to wait for definitive evidence or act on the evidence you have.
- Make sense of complex situations by acknowledging the complexity, admitting ignorance, exploring paradoxes, and reflecting collectively.
- Different people interpret information differently discussion can generate a range of solutions
- Be pragmatic, try things out and then review
- https://blogs.bmj.com/bmj/2020/07/22/managinguncertainty-in-the-covid-19-era/

Managing "What ifs ...?"

What if?. What am I concerned about exactly?	Plan of action if this occurs What are my options? What could I do? What information will I need? What are my coping strategies?	What resources and help might I need? Who will I need to talk to? Who could help me?	What, if anything, can I do in advance?

The worry tree

Can I do anything ab



Dealing with worries that pop in your mind

1. Have I thought about this before?





2. If yes - What have I already done to deal with it?





3. Am I getting anywhere new or am I going over old ground?



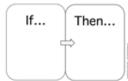


4. If I am getting somewhere new - write it down or make a plan



If I am going over old ground

 distract, divert, let go,
 relax, self soothe, have fun





Self care to soothe

- When we are anxious about the present, fearful of the future, angry about the past etc – all these feelings can show up in our body in physical sensation e.g. tension, jitteriness, racing heart, breathing changes
- This is a sign that our nervous system is working as it is designed to do
- This is good for basic survival but not great for happiness and wellbeing
- Learning how to soothe the body can "dial down" this response:
 - Breathing techniques https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/
 - Meditation including self compassion exercises <u>www.self-compassion.org</u> <u>www.tenpercent.com</u> <u>www.headspace.com</u>
 - Relaxation https://www.mind.org.uk/information-support/tips-for-everyday-living/relaxation/relaxation-tips/
 - Physical exercise including yoga, chi gong, martial arts etc
 - Connect with people, spend time in nature, be creative...