Rapid summary

Question:

What is effective to support the mental wellbeing of healthcare staff during times of extreme pressure / crisis? (such as that expected to be experienced during the current COVID-19 pandemic)

Brief summary:

One systematic review and six guidelines were identified from a search of the literature.

Recommendations from these sources included:

1. Regular communication and accurate updates to staff
2. Encourage supportive peer and team relationships
3. Normalise psychological responses
4. Psychological first aid and other education or training
5. Ensure staff are aware of psychological and wellbeing services available and how to access them

This summary may be useful to identify key issues on the topic but it does not provide sufficient evidence to make decisions **as we cannot be certain the guidelines used in this summary are evidence-based.**

Next steps to explore the evidence-base behind recommendations could include:

1. Performing a rapid answer of one or more of the recommended interventions
2. Reviewing interventions used by healthcare organisations that are used to working in more stressful times/environments (e.g. Medecins Sans Frontieres, Red Cross)
3. Exploring the emerging primary literature on COVID-19 for interventions around supporting healthcare workers mental health and wellbeing

A rapid literature search and screen identified one systematic review and six guideline/briefing documents for inclusion in this rapid summary.

The systematic review (1) aimed to identify the social and occupational factors affecting the psychological wellbeing of healthcare workers involved in the severe acute respiratory syndrome (SARS) crisis. It included 22 primary studies and found the psychological impact of SARS on healthcare employees was associated with

occupational role, level of training/preparedness, role-related stressors, quarantine, high-risk working environment, social support and social rejection/isolation. Based on these findings, the review authors made several recommendations for protecting the mental health of healthcare workers who assist with the management of future emerging infectious disease outbreaks.

The guidelines and briefing documents come from a range of organisations including: World Health Organization (2), British Psychological Society (3), UK Psychological Trauma Society (4), U.S. Department of Veterans Affairs National Center for PTSD (5), the Inter-Agency Standing Committee and Reference Group on MHPSS in Emergency Settings (6), and the UK COVID Trauma Response Working Group (7). Six of the documents are directly related to the COVID-19 pandemic (2, 3, 5-7), whereas one address more general emergency pressure / trauma situations (4).

The systematic review and guidelines put forward a range of recommendations which may be effective for supporting the mental health and wellbeing of healthcare staff during times of extreme pressure / crisis. Many of these recommendations appear consistently across multiple sources. However, it should be noted that the recommendations were often vague and there was little information outlining how to implement them effectively. The evidence base for the recommendations was also generally unclear from the sources. Therefore it may be prudent to conduct further review work to explore the evidence base behind the recommendations and identify how best to implement them.

The following approaches to support mental health and wellbeing were recommended in several of the sources identified:

1. Regular communication and accurate updates to staff
Five sources recommend providing regular communication and accurate updates to staff (1-3, 6, 7). Staff should receive regular and frequent communications in simple, clear ways (3). This could be using video or written means (3). Communication should be honest, open and frank (7). The IASC briefing paper suggests that good quality communication and accurate updates can help to mitigate worry and uncertainty and help workers maintain a sense of control (6).

2. Encourage supportive peer and team relationships
Four of the sources recommend encouraging supportive peer to peer or team relationships to help foster wellbeing (1, 3, 5, 7). The systematic review by Brooks et al (1) suggests that management should ensure they are approachable and supportive, and should encourage supportive relationships amongst employees including encouraging attendance at workshops or courses aimed at improving team cohesion. Staff should be encouraged to use social and peer support (7). A self-care strategy utilising regular check-ins with colleagues, family and friends, and regular peer consultation and supervision was also recommended (5).

3. Normalise psychological responses

Three sources suggest that normalising psychological responses may be useful (2, 3, 6). This includes messages to staff to remind them that it's quite normal to not feel ok in such unprecedented situations (2, 3, 6) and that experiencing stress does not mean they are inadequate or "not up to the job" (2, 3, 6).

4. Psychological first aid and other education and training

Three sources specifically recommend some form of psychological first aid training (2, 4, 6). Two recommend training a range of staff to deliver basic emotional and practical support to affected people using psychological first aid (2, 4). One source recommends this for team leaders or managers (6). Other training and education is also identified and recommended, such as evidence based peer support programmes (4), training to emphasise the potential positive effects of working in a crisis situation (1) and educational interventions around identifying stress and developing coping mechanisms (1). However guidance from the COVID trauma response working group included details of some **programmes which it did not recommend, as there is evidence they may be ineffective.** This includes single session psychological debriefing, critical incident stress debriefing and non-specific programmes such as 'mental strength' training (7).

5. Ensuring staff are aware of available psychological and wellbeing services and how to access them

Three sources recommend ensuring staff are aware of how and where they can go to access mental health and wellbeing support (1, 2, 6, 7). This includes, developing occupational health policies and support for psychological wellbeing (1), facilitating access to support (6), and having a low threshold for referral to wellbeing services if staff have concerns about someone (7). Support could be on-site or via telephone or other remote options (6).

Other recommendations identified in one or two of the sources include: delivering more formal psychological care in stepped ways (if required) (3). Web-based support and discussion groups for staff (1). Rotating workers from higher stress to lower stress functions and buddying workers up to provide support (2, 7), ensuring consistent access to physical safety needs (such as PPE, areas to rest, food and drink) (3) and an active monitoring and readjustment period for after the high stress period (5, 7).

Other practices that the sources **did not recommend** include offering direct psychological interventions too soon, as intervening too quickly in people's natural coping mechanisms could be detrimental (7) and offering any unproven approaches to psychological treatment (7).

Limitations:

The uses of this summary are limited by the method used to produce it. It may be useful to identify the key issues on the topic but it does not provide sufficient evidence to make decisions.

It was produced by first searching the OES list of trusted secondary sources[1], from which no relevant sources were identified. A second broader search for guidelines and secondary literature across several databases and websites (details available on request) was then undertaken. The search results were screened by two reviewers against pre-defined inclusion criteria with six sources meeting this criteria. One further source which also met the inclusion criteria was provided by colleagues in NHS England. A data extraction table with the key points from each source is attached. The search specifically looked to identify interventions in stressful or crisis situations such as infectious disease outbreaks, and so it is likely that there may be more literature for general occupational wellbeing support that could be useful but that we have not looked at here.

Although the systematic review has been critically appraised by a member of our team and no major quality concerns identified[2], the six guidelines/briefings have not been critically appraised and no comment on their quality or robustness can be made. **We cannot be certain the guidelines used in this summary are evidence-based.** Therefore further review work should be undertaken surrounding the identified recommendations to ensure they are evidence-based and explore in more detail how they can be implemented. For example, interventions may not be suitable for a workforce on lockdown, or distinctions between various healthcare staff/settings may mean they might not be applicable to the types of role found within Public Health Wales. Further work is necessary to explore such issues.

It is also important to note that this is a fast changing situation and more secondary evidence is likely to become available which could add to this rapid summary. For example, Cochrane currently list this topic as one area they are considering exploring[3].

Next steps:

To further inform a response, one or more of the following options could be undertaken:

1. Perform a rapid summary of one or more of the recommended interventions
2. Review interventions used by healthcare organisations that are used to working in more stressful times/environments (e.g. Médecins sans frontières, Red Cross)
3. Explore the emerging primary literature on COVID-19 for interventions around supporting healthcare workers mental health and wellbeing

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[1] The evidence service maintains a list of trusted sources which are those organisations that produce evidence reviews using a robust and transparent methodology (adhering to systematic review principles and including critical appraisal using a recognised tool). The list can be found on the observatory intranet pages (here - secondary evidence sources) or is available on request.
[2] Appraised using the OES Checklist for Systematic Reviews (available on request). See data extraction table for comments from critical appraisal.
[3] A list of topics Cochrane is considering working on around COVID-19 can be found here.

References:

1. Brooks SK, Dunn R, Amlot R, Rubin GJ, Greenberg N. A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. *Journal of Occupational and Environmental Medicine.* 2018;60(3):248-57.

2. World Health Organization. *Mental health and psychosocial considerations during the COVID-19 outbreak.* 2020.

3. British Psychological Society. *Guidance: The psychological needs of healthcare staff as a result of the Coronavirus pandemic.* Leicester: BPS; 2020.

4. UK Psychological Trauma Society. *Traumatic Stress Management Guidance: For organisations whose staff work in high risk environments.* 2014.

5. National Center for PTSD. *Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak.* U.S. department of veterans affairs; 2020.

6. Inter-Agency Standing Committee. *Interim briefing note: addressing mental health and psychosocial aspects of the covid-19 outbreak.* 2020.

7. COVID Trauma Response Working Group. *Guidance for planners of the psychological response to stress experienced by hospital staff associated with COVID: Early Interventions*. 2020.

Data extraction:

The tables below give the reference of the paper, access to the paper where freely available, key relevant findings, any considerations that arise and any caveats to bear in mind about the quality or limitations of the reviews or guidelines.

Systematic Reviews			
Reference	**Relevant findings**	**Things to consider**	**Limitations of systematic review**
Brooks SK, Dunn R, Amlot R, Rubin GJ, Greenberg N. A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. *Journal of Occupational and Environmental Medicine.* 2018; 60(3):248 - 57. Available here.	This systematic review found a number of social and occupational factors affecting mental health outcomes in healthcare workers involved in the SARS crisis. Occupational roles involving those with most direct patient contact, occupational stressors like being quarantined, compromised ability to do one's job, lack of control over work and perceived risk to infection; and negative social experiences like rejection/ isolation/ discrimination were associated with adverse mental health. The impact of crisis on personal life also affected the psychological wellbeing of the staff. Training and consequential feelings of preparedness and good social support from employers and friends/family were identified as protective of mental health. Authors identified the following recommendations from their findings to protect	Quality of included studies was discussed in the limitations section as most were cross-sectional in design meaning a variety of biases may have been introduced. Most of the 22 included studies were cross-sectional in design, which may introduce several biases. Despite study design, quality of included studies was generally high, with a mean quality rating of 81.9% (range, 60% to 100%). The main reasons for poor quality appraisal were lack of standardised measures, poor response rates, and statistical tests not being rigorous enough or clearly described. The fact that much of the research was conducted at the height of the crisis means that potentially either (a) the full impact of SARS or its long-term effects may be under-estimated as the data were collected so soon or (b) the psychological impact could be over-	Reviewers addressed a wide variety of limitations of included studies but they failed to identify limitations of their own work. Although reviewers searched for published literature in well known databases, they did not report contacting experts for recommendations or relevant research and did not look for grey literature. Also, including English only studies could have further limited the search results. Publication bias was not discussed. Two reviewers screened studies at abstract and full-text level, but it is unclear whether this was done independently and it is unclear how any discrepancies were resolved or

Systematic Reviews			
Reference	**Relevant findings**	**Things to consider**	**Limitations of systematic review**
	mental health of healthcare workers during future outbreaks: • Provide appropriate specialised training to equip healthcare workers with the skills, knowledge and confidence to operate under challenging conditions e.g. infection control training. • Managers should ensure they are approachable and supportive, and encourage supportive relationships between their employees including encouraging them to attend courses or workshops aimed at developing team cohesion. • Ensure regular adequate communication of up-to-date facts about the epidemic and how to best protect oneself. • Prepare employees for the potential impact of negative experiences such as isolation and discrimination and ensure support measures are in place for those requiring support. • Develop occupational health policies or support systems promoting psychological wellbeing. • Develop and test educational interventions addressing psychological distress and developing coping mechanisms to manage the fear of infection or infecting others.	estimated as mental health symptoms may have improved naturally with time. Also, pre-SARS rates of psychological distress were not recorded for comparison and so it is difficult to ascertain the moderating effects of social and occupational factors on distress without knowing levels of, for example, stress prior to the crisis. Nearly all studies were conducted while the SARS crisis was ongoing, or immediately after, and there was a lack of standardised instruments specifically exploring SARS-related issues and so many studies used their own, study-specific questionnaires which had not been validated. Many included studies had very low response rates— of the 18 studies which reported response rates, 9 of them had a response rate below 50%. In addition, the voluntary nature of participant selection may have caused selection bias. For example, the studies may have had more salience for those who felt particularly psychologically affected by the SARS crisis and so they may be overrepresented in the samples.	if consistency checking was undertaken. It is unclear if data extraction and quality appraisal was undertaken by more than one reviewer, and consistency checks are not mentioned. Authors developed the quality appraisal tool used, but it is unclear if this was validated. It is important to point out included studies were conducted in Canada, China, Singapore and Taiwan where health systems, equipment and training of healthcare staff may be very different to those in Wales. This may affect generalisability. However, the recommendations made by authors appear to be generalisable to the current situation.

Systematic Reviews			
Reference	**Relevant findings**	**Things to consider**	**Limitations of systematic review**
	• Develop and test training or interventions to emphasise the potential positive effects of working in a crisis, such as personal growth. • Web-based support or discussion groups may be useful to provide support during the crisis with no fear of transmission, thus potentially reducing feelings of social isolation.		

Guidelines & Briefings		
Reference	**Relevant findings**	**Limitations**
British Psychological Society. *Guidance: The psychological needs of healthcare staff as a result of the Coronavirus pandemic.* Leicester: BPS; 2020. Available here.	This guide is for healthcare leaders and managers and offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals. It anticipates the psychological reactions over time, and what people may need to recover psychologically from this. The guidance has been provided for 'Active' and 'Recovery' phases. **Principles of responding well in the 'Active' phases for sustained staff wellbeing** 1. Visible Leadership: • Being visible, available and supportive. • Signpost staff to the resources they need. • Knowing you do not need to have all the solutions all the time.	There is no information on how this guidance has been produced, therefore we cannot be certain that the recommendations are evidence-based, or how information was gathered and assessed for use.

	• Being tolerable and managing uncertainty for yourself and your staff. • Being compassionate towards yourself and considering your own wellbeing. • Creating a protective environment for your staff. 2. Communication strategy: • Maintain open, clear and honest communication with your staff utilising various formats (written and digital). • Actively encourage expression of concerns and fears. 3. Consistent access to physical safety needs: • Provide adequate PPE and training. • Ensure basic physical needs (breaks, sleep, food, drink) of staff are met. • Set up a centralised hub of simple psychological resources for all staff. 4. Human connection and methods of pre-existing peer support: • Establish explicit peer support mechanisms (buddy schemes). • Protected spaces for staff to be together even for short periods. 5. Psychological care to patients and families: • Encourage communication with relatives/loved ones. • Offer guidance/ protocols for care in the context of treatment limitations and acknowledge organisational responsibility. • Create a way for staff to manage end-of-life care in a dignified manner. 6. Normalise psychological responses: • Messaging including: It is okay to not be okay, Feeling stressed is okay. • Allow staff to step back, to take breaks and to rest. • Facilitate access to, and ensure staff are aware of mental health and psychological support services. • Do not mandate direct psychological interventions.	

	7. Deliver formal psychological care in stepped ways: • Physical needs, information and peer support, and psychological first aid are first line, with psychological interventions being utilised for those who require it, and can make effective use of it during crisis periods. 8. Innovate to implement psychological care, but in a coordinated way: • Ensure consistency with organisational policies and principles of compassion care. 9. When making decision, reflect on your core NHS, organisational and professional values. 10. Take care of yourself. Pace yourself. The psychological response of staff is likely to vary over the phases of the outbreak. Staff may experience things at different stages including anticipatory anxiety, heroics and surge to solution, disillusionment and exhaustion and recovery and long-term psychological impacts. These stages may not be sequential depending on the course of the outbreak and people may cycle rapidly through. It will be important to not return to normal once the crisis is over without considering the long-term psychological needs of the workforce. **Principles of responding well in the 'Recovery' phase for restoring and maintaining staff wellbeing for the future** 1. Utilise trained practitioner psychologists to facilitate reflection and processing of experiences. 2. Organise active learning events for healthcare staff at all levels. 3. Acknowledge everyone's contribution. 4. Needs assessment of staff:	

	• Ask staff what did they find helpful and what ongoing input would they want now. • If needed, increase your access to in-house Employee Wellbeing Services. • Offer evidence-based psychological therapies. 5. Ensure resources for ongoing peer support.	
COVID Trauma Response Working Group. *Guidance for planners of the psychological response to stress experienced by hospital staff associated with COVID: Early Interventions.* 2020. Available here.	This guidance aims to inform planners, managers and team leaders of the organisational and psychological processes which are likely to be helpful (Do's), or unhelpful (Don'ts), in supporting staff during the early stages of the response to COVID. Staff may experience a range of normal responses including anger and irritability, enhanced anxieties, low mood, increased alcohol drinking, smoking and eating, sleeping problems, and burn out. Broadly speaking, the aim of the response to active ongoing stress is to foster resilience, reduce burnout and reduce the risk of post-traumatic stress disorder (PTSD). **Do's** • Ensure good quality communication and accurate information updates are provided to all staff so they are best prepared for what they are going to face and what they might be asked to do. • Rotate workers from higher-stress to lower-stress functions and consider partnering inexperienced workers with their more experienced colleagues. Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event. • Ensure basic physical needs of staff are being met and support staff to take breaks and attend to self-care. • Provide training on the potentially traumatic situations staff might be exposed to including honest communication of the facts, developing skills to cope with these and awareness of potential mental health issues. Evidence of the benefits of these interventions being delivered pre-trauma exposure appear promising, so are likely to be particularly important for new staff being mobilised to help with the response.	The guidance has been collated from research, best practice guidelines and expert clinical opinion. However, we cannot be certain how this was gathered or assessed for use. The authors acknowledge that the quantity, and quality, of current research in this area is limited, and most research to date has focused on early interventions after a single major incident and after the crisis has passed. Therefore, the readers have to extrapolate from this what might be most helpful whilst a crisis is still ongoing. This guidance is also informed by recent research and expert opinion emerging on the COVID crisis. Research will be needed to evaluate the effectiveness of any interventions in the longer term.

	• Be flexible in supporting needs and respond to staff feedback on what is, and is not, helpful. Where feedback cannot be acted upon, communicate why. • Pay attention to staff who may be particularly vulnerable, think about how best to monitor them and put extra support mechanisms in place. • Encourage staff to use social and peer support. Evidence suggests when a worker has the informal support of peers following traumatic exposure, they are less likely to need formal intervention. • Facilitate team cohesion and try to foster strong supportive links between team members and managers. Allow staff time to be with and support each other and encourage activities and discussions also unrelated to COVID where possible. Evidence shows cohesion between personnel is highly correlated with mental health, and the resilience of a team may be more related to the bonds between team members than the coping style of any individual. • Consider more naturalistic forms of 'debriefing' or 'demobilising' at the end of shifts or at significant points in the response. This may take place between a staff member and manager or supervisor, or in teams of people who work together. It provides staff an opportunity to talk about and process their experiences and can enhance support and social cohesion. It is important for organisations to provide these opportunities, but for staff to be free to decide whether to attend or not. • Understand that most people are resilient and will manage to cope with stressful experiences. Nevertheless, have a low threshold for referring staff members to Wellbeing or Psychology Services if you are concerned about them. • Ensure people delivering any evidence-based psychological support interventions are appropriately trained, competent and have clinical supervision. • Actively monitor and support staff after the crisis begins to recede. Where necessary, refer on for evidence-based psychological treatment. **Don'ts** • Don't offer Psychological Debriefing (PD), Critical Incident Stress Debriefing (CISD) or any other single session intervention involving mandating staff to talk about their	

	thoughts or feelings. Evidence suggests these interventions may be ineffective or even increase the likelihood of developing PTSD. • Don't offer non-specific training programmes such as 'mental strength' training as these do not have a beneficial impact on reducing mental health problems or PTSD and are likely to have high dropout rates. • Don't rush to offer direct psychological interventions too soon as intervening in people's natural coping mechanisms too early can be detrimental. NICE guidelines advocate 'active monitoring' during the first month after a major trauma before intervening. However, if staff are showing signs of stress after this time, do refer on to Psychological Services. • Don't offer any unproven approaches to psychological treatment. Any psychological intervention should be provided by an appropriately qualified and supervised clinician, at the appropriate time.	
Inter-Agency Standing Committee. *Interim briefing note: addressing mental health and psychosocial aspects of the covid-19 outbreak.* V1.5. 2020. Available here.	This briefing note summarises key mental health and psychosocial support (MHPSS) considerations in relation to the 2019 novel coronavirus (COVID-19) outbreak. The brief was last updated February 2020. It recommends several interventions for different populations including frontline workers (such as nurses, doctors, ambulance drivers, case identifiers, and others). It recognises they may experience additional stressors during the COVID-19 outbreak and emphasises MPHSS should be a core component of supporting frontline staff. This document contains useful guidance about how to provide support to response workers during the COVID-19 outbreak. **Messages for frontline workers** • Feeling stressed is normal in the current situation, and is not a sign of weakness. Stress can be useful by providing a sense of purpose and encouragement to continue work under the circumstances. • In the current situation, managing stress and psychological wellbeing is very important. Avoid unhelpful coping techniques like tobacco, alcohol or other drugs.	There is no information on how this briefing has been produced, therefore we cannot be certain that the recommendations are evidence-based, or how information was gathered and assessed for use.

	• Self-care and helpful coping strategies should be employed: breaks during work, sleep, sufficient and healthy food intake, physical activity and social contact with friends and family. • Negative social experiences like rejection/isolation/discrimination by family or community might be experienced. If possible, stay connected with loved ones through digital methods. Seek social support from colleagues and managers as they might be having similar experiences. • Use coping strategies used in the past to manage the current feelings of stress as they can be beneficial. • After the crisis begins to recede: If stress becomes overwhelming, contact the lead/manager/appropriate person to receive appropriate support. **Messages for team leaders or managers** • Monitor staff for their wellbeing regularly and supportively. Encourage staff to talk about and process their experiences freely and seek support if their mental health worsens. • Ensure open, honest clear communication of accurate information updates to all staff to mitigate feelings of uncertainty and help staff feel a sense of control. • Consider if there is any capacity to ensure staff's basic physical needs i.e. rest, sleep, food are met by encouraging breaks and self-care. • Provide brief and regular forum to allow staff to express their concerns and ask questions. Encourage team cohesion and peer-support amongst colleagues. • Training in psychological first aid (PFA) can benefit leads/managers and workers in developing skills to provide necessary support to colleagues. • Ensure staff are aware of where they can access mental health and psychological services. • Managers/team leads will face similar stressors as their staff and potentially additional pressure in the level of responsibility of their role.	

	• The above provisions and strategies should be in place for both workers and managers. Managers might be able to become role-models of self-care strategies to mitigate stress.	
National Center for PTSD. *Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak.* U.S. department of veteran's affairs; 2020. Available here.	The wellbeing and emotional resilience of healthcare workers are key components of maintaining essential healthcare services during the COVID-19 virus (coronavirus) outbreak. Both institutional support and self-care strategies are important to ensure this. **Fighting stress through Preparedness** Additional organisational efforts during COVID-19 should be ongoing and healthcare staff should receive training to assist with their preparedness for COVID-19 as well as to help improve their self-efficacy through incorporation of planning exercises. Healthcare staff require training in the following areas: • Specific details about COVID-19 transmission. • When and how to screen patients and, potentially, family members. • Use of PPE. • When to invoke quarantine and isolation. • Ethical decision-making about triage and surge capacity issues. **Dealing with stress during the outbreak** A strong service-orientation, lack of time, difficulties in acknowledging or recognising their own needs, stigma, and fear of being removed from their duties during a crisis may prevent staff from requesting support even if they are experiencing stress. Therefore, employers should be proactive and encourage an atmosphere free of stigma, coercion and fear of negative consequences. A multi-faceted self-care strategy should be established to support the sense of control and contribution of healthcare workers. Do's during the shifts: • Self-monitoring and pacing. • Regular check-ins with colleagues, family, and friends. • Working in partnerships or in teams.	There is no information on how this briefing has been produced, therefore we cannot be certain that the recommendations are evidence-based, or how information was gathered and assessed for use.

	• Brief relaxation/stress management breaks. • Regular peer consultation and supervision. • Time-outs for basic bodily care and refreshment. • Regularly seeking out accurate information and mentoring to assist in making decisions. • Keeping anxieties conscribed to actual threats. • Doing their best to maintain helpful self-talk and avoid overgeneralizing fears. • Focusing their efforts on what is within their power. • Acceptance of situations they cannot change. • Fostering a spirit of fortitude, patience, tolerance, and hope. Don’ts during the shifts: • Working too long by themselves without checking in with colleagues. • Working “round the clock” with few breaks. • Feeling that they are not doing enough. • Excessive intake of sweets and caffeine. • Engaging in self-talk and attitudinal obstacles to self-care such as “it would be selfish to take time to rest” and “others are working around the clock, so should I”. **Dealing with stress in the aftermath of the Outbreak** If stress persists for longer than two to three weeks and interferes with functioning, staff should seek formal mental health treatment. A readjustment period is to be expected after a period of caring for those with COVID-19. And healthcare workers will need to commit to making personal reintegration a priority, including: • Social support (may need to be through digital methods). • Talking about and processing experiences with colleagues. • Increasing supervision, consultation and collegial support. • Scheduling time off work for gradual reintegration into personal life.	

	• Preparing for worldview changes that may not be mirrored by others in one's life. • Avoid unhelpful coping techniques like use of tobacco, alcohol or other drugs; negatively assessing own work contributions; keeping too busy; prioritising others over self-care.	
UK Psychological Trauma Society. *Traumatic stress management guidance: For organisations whose staff work in high risk environments.* Available here.	Through these guidelines, the UKPTS intends to help trauma-exposed organisations, formulate a Traumatic Stress Management (TSM) policy or guideline suitable for their needs, taking into account the types of psychological risks their staff (both permanent and contractual) might face in their work. Organisations should ensure that their TSM policy covers the relevant topics including: **Promoting Psychological Resilience** Recruitment to a role where there is a substantial risk of occupational exposure to potentially traumatic stressors should include frank and open discussion about the nature of the role during the interview. Employers should be mindful of the possible impacts of their staff being exposed to potentially traumatic material; and staff should be given the opportunity to reflect on their suitability and preparedness for this work before they start the role. The UKPTS notes that there is no reliable evidence to support the use of formal pre-enlistment screening processes based upon psychometric testing or profiling of candidates for trauma prone roles. Any required occupational health clearance aiming to examine individual's psychological capacity to carry a trauma-exposed role should be carried out by a healthcare professional with knowledge of traumatic stress or who has access to trauma-aware health experts. All staff and possibly their families, should be provided with information/ briefings about the traumatic nature of the work and its potential impact on the mental health of the staff, in a variety of formats. Staff should be aware of the organisations TSM policy. Leaders/ managers of staff working in higher threat locations and traumatic environments should be well informed about trauma and adequately trained to be able to identify and appropriately support their staff.	There is no information on how this guidance has been produced, therefore we cannot be certain that the recommendations are evidence-based, or how information was gathered and assessed for use.

	Trauma support skills should be practised whenever organisations test and exercise their crisis-management plan. And the Health and safety protocols should recognise the risk of psychological injury following exposure to potentially traumatic stressors. **Preventing development of trauma-related mental health problems** Evidence based, peer support programmes or psychological first aid training should be considered for frontline staff. Staff providing peer support should be appropriately supervised; and maintain confidentiality and CPD. Staff may not voice their needs and may not ask for support due to stigma and fear. Provide accessible and confidential avenues for staff to seek help from appropriately trained and competent individuals. Stigma-reduction and trauma-awareness campaigns should become commonplace. Use appropriately trained and experienced mental health experts to assist with high psychological threat situations unless the organisation has relevant experience to do so. **Treating and managing mental health problems** The TSM policy/guideline should include clear statements of treatment responsibility (including financial support) for psychological injury related to an occupational role and also those which are less clearly linked to work. Only evidence-based interventions consistent with medically approved and agreed guidelines (NICE) should be supported. Untested therapies should not be employed unless recommended by an appropriately trained and experienced clinician trauma specialist, who is satisfied that standard treatment approaches have either been ineffective or that there are compelling reasons to deviate from NICE approved guidance.	

World Health Organization. *Mental health and psychological consideration during the COVID-19 outbreak.* March 2020. Available here.	This document contains a series of messages to support the mental psychological wellbeing of different target groups. Due to the focus of the accompanying summary, only messages aimed at healthcare workers and their leaders/managers have been listed below: **Messages for healthcare workers** • Feeling under pressure and stressed is normal in the current situation. It does not reflect weakness or mean you cannot do your job. Managing stress and psychological wellbeing is very important in the current situation. • Self-care and helpful coping techniques should be employed: breaks during work, sleep, sufficient and healthy food intake, physical activity and social contact with friends and family. Avoid unhelpful coping strategies. • Despite the unique nature of the current situation, using coping strategies that have been beneficial in the past can also be beneficial now. • Negative social experiences like rejection/ isolation/ discrimination by family or community might be experienced and may make staff reluctant to seek support. If possible, staff should stay connected with loved ones (for example, through digital methods) and seek social support from colleagues and managers as they might be having similar experiences. • Use a variety of formats suitable for people with intellectual, cognitive and psychological disabilities, when disseminating information. • Know how to provide support to people affected by COVID-19 and requiring mental health and psychosocial support. Signpost them to available resources. The mhGAP Humanitarian Intervention Guide includes guidance for addressing priority mental health conditions and is designed for use by general healthcare workers. **Messages for team leaders or managers** • Focus on longer-term occupational capacity rather than repeated short-term crisis responses. • Ensure that good quality communication and accurate information updates are provided to all staff.	There is no information on how this guideline/briefing has been produced, therefore we cannot be certain that the recommendations are evidence-based, or how information was gathered and assessed for use.

	• Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with experienced colleagues. Implement flexible schedules for directly impacted staff or those with a family member affected by a stressful event. • Ensure staff are aware of mental health and psychological support services and how to access these. These should be available for both workers and managers. • Provide psychological first aid training to all responders (irrespective of role) so they may provide basic emotional and practical support to affected people. • Manage urgent mental health and neurological complaints within emergency or general healthcare facilities. • When time permits, appropriately trained and qualified staff may need to be deployed to the emergency and general healthcare facilities and the capacity of the general healthcare staff increased to provide mental health and psychological support. • Ensure availability of essential, generic psychotropic medications at all levels of health care.	