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Staff Support Guidance for Mental Health Directorate

Introduction and Aim

To support staff, improve well-being and acknowledge the trauma and adversity of working within mental health care.

Objectives

- Acknowledge the distress, trauma and adversity of working within mental health care.
- To support staff as a matter of routine practice, but also to develop a pathway of staff support following adverse events.
- To improve staff well-being and provide spaces for staff to reflect on the nature of the work and their responses to this.
- To signpost staff to relevant support.

Scope

This guidance applies to all of our staff in all locations including those with honorary contracts.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed.
Documents to read alongside this Procedure	Cardiff and Vale staff support procedure
Approved by	Mental Health Clinical Board CDOG.

Accountable Executive or Clinical Board Director	
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
	02.02.2024	February 2024	New document.

The mental health clinical board are aware that our staff are often faced with very distressing and traumatic events. This can include witnessing patients in distress, hearing their stories,

being assaulted, seeing others being assaulted, and witnessing acts of suicide, self-harm, and self-destruction, injury, and sometimes death through physical illness.

This procedure sets out to provide our staff with the correct level of support and intervention following such events, whilst avoiding re-traumatising.

When a traumatic event has occurred, this may include a suicide, an assault, a patient death, witnessing self-harm, a significant threat of violence, fear for one's safety, serious injury, or witnessing a death, a Team Immediate Meeting (TIM) can be organised.

Information on TIM, and the procedure for this have been attached to this document.

TIM training can be arranged via the Well-being service or via the relevant allocated trainers for your designated area. There will be a dedicated team of inpatient and community staff who are able to deliver the training at regular intervals for staff joining the organisation, or who require a refresher. A list of TIM trainers will be kept by the Training Coordinator within the Practice Development Team. When a TIM meeting has occurred, the list of individuals involved should be handed to the ward management staff or manager for the relevant area. These can then be handed to the Training Co-ordinator for auditing purposes.

Depending on the nature of the event, and the meaning people make of the event, a member of the senior management team should be allocated to visit the staff. This individual should be aware of the principles of compassionate leadership, connection before learning and correction, and of the procedure set out in the CRS document attached. This individual should be supported by their own management with the same principles of compassionate leadership, connection before correction in relation to pursuing the procedural events that must take place following a serious incident.

Individuals who would like a follow up meeting following a TIM should be offered the opportunity to attend Compassionate Response and Signposting (CRS) meeting between 1-3 weeks after the event. A list of individuals involved in the event should be gathered during TIM, or in the absence of TIM. This list should be handed to the management on the relevant ward/team. Should these individuals wish to meet to discuss their reactions and responses to the event, the management team from the relevant ward/team should get in touch with the CRS facilitators for their area. CRS facilitators are individuals who volunteer to facilitate these meetings and are deemed to have the relevant experience to support staff in groups and where there is often a high degree of distress. These individuals should be introduced to CRS via the attachment document, and by observing CRS sessions with an experienced CRS facilitator. If only one individual would like to meet, this can be done individually with a CRS facilitator or with management. There will be a list of individuals for your area, and the designated individual will contact these individuals and allocate a support team. Once a CRS facilitator/s has/have been identified, this meeting will be arranged with the ward manager/team manager. If a TIM has not taken place, a CRS meeting may still be arranged. Management or individuals involved in the event can contact the relevant CRS co-ordinators.

A CRS procedure document has been attached, along with QR code for evaluation.

Individuals providing CRS meetings should be supported with group supervision by a nominated individual for that area.

As part of the Adult Mental Health directorates awareness of the level of distress that staff are faced with, there will be training delivered on trauma, and recognising signs and experiences. Senior clinical staff will be provided with, or supported to access training on compassionate leadership, psychological safety, and trauma informed care. There will be a wider training package available considering trauma.

There are sometimes highly distressing events that may not warrant a TIM meeting, or indeed a CRS meeting, for example, in situations where staff have cared for someone who is very distressed, traumatised, and where staff have felt helpless or have been deeply impacted and touched by events or a particular patient's story, but have not felt unsafe or experienced acute stress. When instances such as this occur, ward management should be able to refer the staff group for reflective practice to process and discuss the work as a group and to feel supported in thinking about how this work has impacted them, and how they move forward and deal with such events. A list of individuals who are skilled in group process and dynamics, and who are able to draw from a range of theoretical models, compassionate support and are able to provide psychologically safe environments should be gathered for inpatient and community teams.

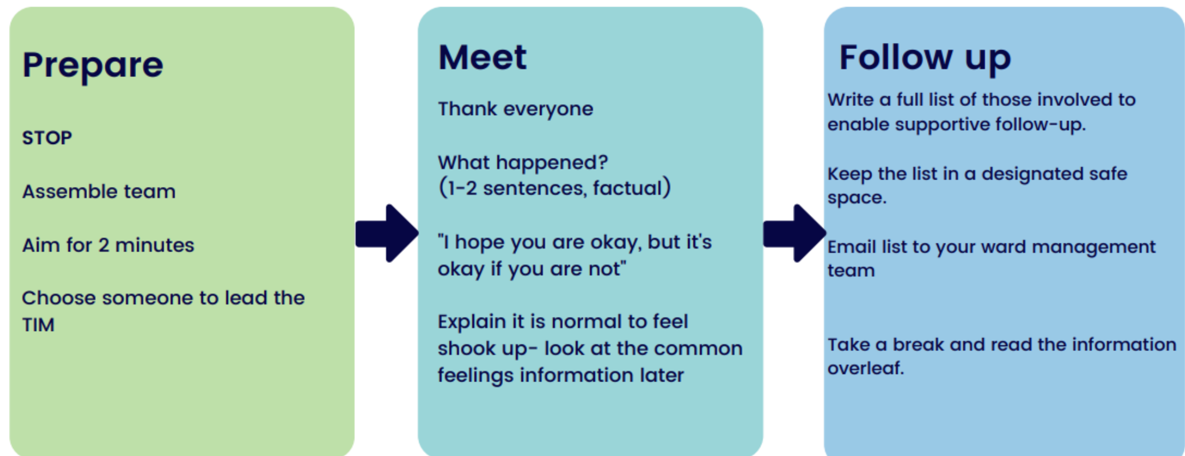
Reflective Practice sessions should not only form part of a reactive model of care, but be usual practice to ensure individuals working in these highly distressing settings with high levels of trauma are supported to reflect on the impact of the work and their own well-being and reactions.

Clinical and line management supervision should be made available and follow a similar trauma-informed approach, and follow the principles of psychological safety, and compassionate leadership.

Schwartz rounds are run within Cardiff and Vale, and staff will be made aware of the dates of these and given the opportunity to attend.

Consideration should be given for instances where a staff member has suffered a highly distressing event, or a culmination of events, that is suffering with their mental wellbeing, and when timely support cannot be offered by Canopi, EWS, and their GP.

Team Immediate Meet (TIM)



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Original concept Dr Fiona Kelly and team, RUHBath

Team Immediate Meet (TIM)

Common feelings

It is very common to feel shook up and upset after some clinical events

Remembering, through dreams and intrusive memories, is common for a while

This usually reduces over a few days or up to 4 weeks. Seek help if this is not improving > 1 month

Contact your wellbeing team sooner if you wish

Balance avoidance

It is a balance between not thinking about it, and allowing time to think and process what you have seen. If it is still distressing when talking about it after >1month, consider seeking help

Sustained exposure to repeated intense challenges can produce more distress and fatigue than single events

Useful actions

Don't go home straight away

Talk to someone that you trust about your experiences today, or consider writing a reflection before going home.

When going home put it to bed before you go to bed.

Treat yourself as you would your best friend

Focus on doing something positive when you get home.

Put non-essential tasks on hold, get plenty of sleep, avoid excess alcohol, take some exercise and talk to people that you trust.

Consider who could be affected after a traumatic event

Cast your net widely

Look out for the quieter members of your team

Look after yourself

Lets look out for each other

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Original concept Dr Fiona Kelly and team, RUHBath

Supporting staff after Adverse Events
Guidance on running a CRS meeting
Compassionate Response and Signposting meetings

Running a CRS meeting makes greater use of the Compassionate Leadership behaviours of Attending (acknowledging that something has happened) and Helping (with signposting staff to support), Understanding and Empathising.

Within Mental Health services, very upsetting events occur with our patients which can have an adverse effect on staff. A patient may have seriously self-harmed or have died unexpectedly. A staff member may have been subject to physical assault, a serious accident or another very frightening and threatening event. Staff might have directly witnessed their colleagues experiencing these incidents.

The immediate response might include a sense of shock and disbelief, which for most gradually subsides over the following hours and days. Gradually, this sense of shock may be replaced by a range of feelings and reactions such as fear, anger, helplessness, and guilt. Managers are encouraged to keep attending to how these might impact on staffs functioning in the workplace in the days, weeks and months following an adverse event. People will react in diverse ways. Some staff may cope by talking, and some by thinking through things on their own. Also, some staff may suffer no adverse effects or traumatic reaction, despite being subject to a traumatic event (see 'Supporting Staff Members Following a Traumatic Event: Guidance for Managers' which details a range of how people may respond).

Actions that teams, services, wards or hospital managers may want to take:

1. A Team Immediate Meeting may have occurred and this may be a good source of understanding who was involved, and who may want additional support. See Procedure for supporting staff following adverse events in mental health document.
2. Offer the staff a Compassionate Information Sharing and Supportive Signposting (CRS) Meeting. As a principle keep these meetings small and focussed on those most directly impacted by the incident Managers may want to consider opening the CRS to other staff not directly involved but touched upon by the incident if it feels important and relevant to do so. The meeting should not be mandatory. A key function of the CRS meeting is that staff get a message that the organisation has attended and understood the fact that something adverse has occurred, and are able to help these individuals to access additional support. A key function of the CRS meeting is to ensure that staff get the message that a range of support is available to them and helping via signposting
3. Organise this meeting within the following weeks (e.g. within 1-3 weeks).
4. Contact the CRS facilitators in your directorate to arrange this meeting. CRS meetings are often delivered by 2 members of staff.
5. Allow for the possibility that some staff may want to meet with their manager individually, rather than in a group.

Running a Compassionate Information-Sharing Supportive Signposting meetings (CRS) after an adverse event:

1. Acknowledge that a difficult event has happened and that is what has brought you together.

2. Ensure staff know that the clinical board knows about the upsetting event and that this meeting has been arranged as part of this process.
3. Tell people that they are free to leave the meeting at any point should they want to (e.g. if feeling overwhelmed), and ensure that all individuals are there out of choice and not because they feel it is mandatory. Check up on any staff who do leave as soon as possible.
4. Highlight that the focus of the meeting is to acknowledge the upsetting event and what support is available. Ensure that staff know why we are not going to discuss the event in detail, that we are not neglecting them, but in fact caring for their well-being as it has been evidenced that discussing the event in detail may cause further distress.
5. Acknowledge what has happened by briefly and factually describing the incident.
6. Support staff to talk about their experience after the event, and any reflections. Provide a safe space, considering psychological safety, listening, understanding, and empathising with staff reactions.
7. Explain that shock and disbelief are often common reactions following a traumatic event, that some people may find themselves feeling numb or shutdown, and that these feelings are sometimes replaced by other feelings such as guilt, anger, and helplessness.
8. Advise that they will hopefully feel better in a few weeks, with support from colleagues, family and friends. However, make it clear that some individuals might notice feeling reasonably okay, but may then have a delayed response to the incident so to keep an eye out for this.
9. Signpost staff to relevant support and provide information leaflets on
   - Self-referral can be made to Canopi (https://canopi.nhs.wales). Guided self-help, peer support, virtual face-to-face therapies with accredited specialists.
   - Employee Wellbeing Service (attached) and Health for Health Professionals.
10. Provide staff with a feedback form or QR card:

Advise staff that they can contact you again if they want to talk more or obtain information on other forms of support and that you will check in with them again in a couple of weeks. Advise staff that you are very happy to lend a listening ear, but that you will be unable to provide any counselling or therapy, per se. There are a range of supports available for staff.

After the meeting and event:

Managers should keep a watchful eye for staff and their well-being, this includes going beyond professional responsibilities, to demonstrating a compassionate stance for staff well-being. Keep a watchful eye on staff that may not be coping well in subsequent weeks and months (signs may include the increased use of sick leave, changes in performance at work, low mood, increased irritability and/or reduced involvement with others).

1. CRS facilitators to check up on any staff who left the CRS meeting.
2. CRS facilitators to follow up on staff members who attended meeting after one week and ensure no further support of signposting is required.
3. Managers ensure that people that do not attend but were involved, are actively followed up and informed of support available.
4. Managers to contact staff members who take sick leave following a traumatic incident to offer support and check in on how they are doing.
5. Staff may want to personally request a wellbeing assessment via the Employee Wellbeing Service, who may then suggest referral on to other services including the

Traumatic Stress Service; The Traumatic Stress Service offers a priority pathway for UHB staff who are experiencing traumatic stress symptoms as a result of a C&VUHB workplace incident.

6. If managers note that staff are a) still struggling significantly after four weeks and are b) experiencing other problems such as alcohol or drug use, problems with mood or self-esteem or c) are displaying symptoms indicative of Post-Traumatic Stress Disorder, then they should speak with EWS.

If you have any queries or comments about health and wellbeing in the workplace, please using the following contact information.

• For employee wellbeing enquiries please contact Employee.Wellbeing@Wales.nhs.uk
• For occupational health enquiries please contact Occupational.Health3@wales.nhs.uk
• For occupational health physiotherapy enquiries please contact Occupational.Health3@wales.nhs.uk

Staff Support Guidance Summary

After an incident or sustained period of distress

TIM

Senior Leadership to connect with staff

Line management support using principles of compassionate leadership and connection before any learning

CRS

Reflective Practice

Follow up post CRS

Consideration for incidents in which staff cannot access timely support for experiences of PTSD.

Usual Practice

Reflective Practice

Compassionate Leadership

Psychological Safety

Clinical Supervision

Connection before learning, or innovation

Schwartz Rounds

Training on recognising signs and experiences of trauma.

Senior clinical staff to be provided with, or supported to access training on compassionate leadership, psychological safety, and trauma informed care.