Quality Academy Knowledge & Evidence Team

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| **Your request for evidence:**  Literature search ID: 1915 – The use of psychologists for each team for debriefing. | **Date of literature search: 14/04/2020**  **Search conducted by:** Caroline Timothy  **Contact details:** [caroline.timothy@nhs.net](mailto:caroline.timothy@nhs.net) x5412 |
| **In Summary:**  Findings from a 2013 review and meta-analysis suggest that when conducted correctly, debriefs can lead to a 20-25% improvement in team performance. This is based on an average debrief length of just 18 minutes8.  One piece of evidence that was repeated a number of times is that single session psychological debriefing approaches should not be used as they may cause additional harm1, 2.  The King’s Fund2 has recently produced guidance that states:   * Do provide an opportunity for staff to talk about their experience, in order to enhance support and social cohesion. This can occur at the end of shifts or at significant points in the response. These sessions should not involve anyone being mandated to talk about their thoughts or feelings. It is important for organisations to provide these opportunities, but for staff to be free to decide whether to attend or not. If offered, these sessions should be provided during a staff member’s shift (not afterwards) so as not to encroach on rest and recovery time. * Do **ensure that people delivering any psychological support are appropriately trained**, competent and have clinical supervision. Establish clinically appropriate ‘supervision of supervision’ structures. Ensure that any psychological interventions are **evidence-based**.   The King’s Fund2 also advises:   * 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.**   Project ARES has been launched by the University of Liverpool's Psychological Resource Network. Project ARES, which stands for Adaptive Resilience for Emergency Services, includes free remote access to counselling and counsellors, and a series of short online lectures on stress, adaptation, coping and decision-making under pressure. The resources have been created by psychologists and other experts who have studied and worked in high-stress situations. The program also offers a **debriefing course** developed by military personnel who have recently returned from long and repeated deployments into war zones. This is a live project, pulling together the experts from the field with the latest research, to create new resources to address the challenges faced by front-line workers responding to COVID-193, 4.  The Association of Clinical Psychologists UK are in the process of developing a response to the forthcoming NHS England vision for expanding the psychological workforce with a view to providing co-ordinated support for frontline NHS workers. Much of the current UK commentary is based on what is known about military personnel responses to disaster and conflict situations. While a useful comparison, it seems important not to assume that working in medical settings under extreme pressure is necessarily the same. Interventions may need to be light touch, responsive, and taking into account the whole ward and team system, offering ways to support practical problem solving or team issues with some simple and practical stress relief tips. No doubt later on, some individual medical staff may need more in-depth psychological support but this may not be their immediate priority5.  [A statement](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid/the-roles-and-work-of-psychiatrists-during-the-pandemic-statement.pdf?sfvrsn=211f6941_2) by the Royal College of Psychiatrists describes a preventative model of occupational mental health for psychiatrists who are invited to assist their colleagues in general hospitals and the temporary COVID-19 hospitals. The College advises psychiatrists to continue the recommended practice of **not psychologically debriefing others** after challenging events; remember **leader led discussions/reviews are however a good idea as long as they are conducted in a psychologically safe way**. It is best to provide proactive managerial/supervisory led support as well as peer/colleague support for the majority6.  The Support The Workers collective is an international group of experts in disaster response, crisis psychology, high pressure decision-making and human performance and health under conditions of extreme stress. They have been tasked by those involved in responding to the covid-19 pandemic in the UK to develop a rapid evidence-based training and support curriculum for staff providing psychosocial support to frontline workers. One page briefing notes are available on: readiness; team dynamics; multi-agency teams; monitoring and optimising sleep; performance debriefing; decision making; leadership; extreme stressors; resilience; motivation; anxiety and fear; moral injury; PTSD.  Dr Will Curvis, Clinical Psychologist at Salford Royal NHS Foundation Trust, has retweeted some of the evidence below on [his Twitter page](https://twitter.com/willcurvis?lang=en). | |

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| **No.** | **Key information** | **Document** |
| 1. | Greenberg, N., et al., 2020. **Managing mental health challenges faced by healthcare workers during covid-19 pandemic**. *BMJ*, 368:m1211.  In this article, the authors set out measures that healthcare managers need to put in place to protect the mental health of healthcare staff having to make morally challenging decisions. All healthcare workers need to be prepared for the moral dilemmas they are going to face during the covid-19 pandemic. As the situation progresses, team leaders should help staff make sense of the morally challenging decisions being made. This could be achieved by using discussions based on Schwarz rounds, which provide a forum for healthcare staff from all backgrounds to safely discuss the emotional and social challenges of caring for patients. The discussion should be led by team leaders and could be done remotely if needed. Staff members who persistently avoid meetings or become overly distressed may require and welcome sensitive discussion and support from a suitably experienced person such as their team leader, trained peer supporter, or chaplain. If their distress is severe or persistent they should be actively supported or, for more serious cases, referred for professional mental health support. **Single session psychological debriefing approaches should not be used as they may cause additional harm**. Routine support processes (such as peer support programmes) available to healthcare staff should include a briefing on moral injuries, as well as an awareness of other causes of mental ill health and what to look out for. Even the most resilient team members may become overwhelmed by situations that have personal relevance, such as providing care for someone who reminds them of a relative or a friend. Even staff members experienced in breaking bad news to relatives may be overcome by having to do this many times a day for weeks on end, especially if they have genuine feelings of guilt. In such situations both moral injury and burnout may affect mental health. | Please click [**here**](https://www.bmj.com/content/368/bmj.m1211.full) to read this paper |
| 2. | The King’s Fund, 2020. **Responding to stress experienced by hospital staff working with Covid-19**. *The King’s Fund*.  Drawing on research, best practice guidelines and expert clinical opinions, the COVID Trauma Response Working Group has created rapid guidance for planners putting in place psychological support for staff in the early stages of dealing with the Covid-19 outbreak. The diagram is available [here](https://www.kingsfund.org.uk/sites/default/files/2020-04/rapid-guidance-stress-diagram.pdf). Some of the **Do’s** in this guidance advise:   * Do provide an opportunity for staff to talk about their experience, in order to enhance support and social cohesion. This can occur at the end of shifts or at significant points in the response. These sessions should not involve anyone being mandated to talk about their thoughts or feelings. It is important for organisations to provide these opportunities, but for staff to be free to decide whether to attend or not. If offered, these sessions should be provided during a staff member’s shift (not afterwards) so as not to encroach on rest and recovery time. * Do **ensure that people delivering any psychological support are appropriately trained**, competent and have clinical supervision. Establish clinically appropriate ‘supervision of supervision’ structures. Ensure that any psychological interventions are **evidence-based**.   Some of the **Dont’s** in the guidance state:   * Don’t offer Psychological Debriefing (PD), Critical Incident Stress Debriefing (CISD) or any other single session intervention which involves mandating staff to talk about their thoughts or feelings. There is evidence that 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 formal psychological interventions too soon without careful assessment, including active monitoring. Although well intentioned, intervening in people’s natural coping mechanisms too early can be detrimental. * 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.** | Please click [**here**](https://www.kingsfund.org.uk/audio-video/stress-hospital-staff-covid-19) to view this web page |
| 3. | University of Liverpool, 2020. **Project ARES**. *University of Liverpool*.  Project ARES brings together professional, clinical and academic expertise from across the globe with extensive experience of dealing with critical incidents to mobilise resources and enhance the provision of existing services currently supporting a range of users. This is a live project, pulling together the experts from the field with the latest research, to create new resources to address the challenges faced by front-line workers responding to COVID-19. | Please click [**here**](https://www.liverpool.ac.uk/project-ares/) to view the project website |
| 4. | McNeice, A., 2020. **Mental health hotline set up to support NHS staff**. *China Daily Global*.  This article discusses the launch of a mental health hotline by the NHS as part of a package of measures to support its 1.4 million staff as they help people deal with the novel coronavirus crisis. It also highlights a separate initiative, called Project ARES, which has been launched by the University of Liverpool's Psychological Resource Network. Project ARES, which stands for Adaptive Resilience for Emergency Services, includes free remote access to counselling and counsellors, and a series of short online lectures on stress, adaptation, coping and decision-making under pressure. The resources were created by psychologists and other experts who have studied and worked in high-stress situations, including the aftermath of terrorist attacks and natural disasters. **The program also offers a debriefing course** developed by military personnel who have recently returned from long and repeated deployments into war zones. | Please click [**here**](https://global.chinadaily.com.cn/a/202004/09/WS5e8ee09da3105d50a3d150fc.html) to read this article |
| 5. | McPherson, S., 2020. **We need rest, not reflection: psychological support for the medical frontline**. *Cost of Living*.  This article says it is important to consider carefully what type of support NHS workers might need rather than making assumptions about this. The Association of Clinical Psychologists UK are in the process of developing a response to the forthcoming NHS England vision for expanding the psychological workforce with a view to providing co-ordinated support for frontline NHS workers. Much of the current UK commentary is based on what is known about military personnel responses to disaster and conflict situations. While a useful comparison, it seems important not to assume that working in medical settings under extreme pressure is necessarily the same. Doctors are indeed likely to be at risk of psychological stress as indicated in a brief report from China. Yet, also coming from the Chinese experience, doctors appeared not to want the kind of psychological interventions on offer but indicated that what they really wanted was rest and protective equipment:  …the implementation of psychological intervention services encountered obstacles, as medical staff were reluctant to participate in the group or individual psychology interventions provided to them… Many staff mentioned that they did not need a psychologist, but needed more rest without interruption and enough protective supplies.  If frontline medical staff are to be provided with psychological support it is therefore important to ensure this is responsive to needs and is based on learning from stress among medical staff working in emergency situations in the UK.  This article concludes that in considering the expansion of the UK psychological workforce in response to COVID-19, it would seem important to consider firstly where in society practitioners are most needed and whether the medical frontline is indeed the immediate priority. Secondly, if deciding to intervene with the medical frontline, it is important to consider what literature tells us about what would be welcome and useful. This may need to be light touch, responsive, and taking into account the whole ward and team system, offering ways to support practical problem solving or team issues with some simple and practical stress relief tips. No doubt later on, some individual medical staff may need more in-depth psychological support but this may not be their immediate priority. | Please click [**here**](https://www.cost-ofliving.net/we-need-rest-not-reflection-psychological-support-for-the-medical-frontline/) to read this article |
| 6. | Royal College of Psychiatrists, 2020. **Workforce - COVID-19 guidance for clinicians**. *Royal College of Psychiatrists*.  Healthcare staff working in the current COVID-19 pandemic are likely to face a range of stressors including workplace stress, home pressures, traumatic exposure, **moral distress and the risks of moral injury**. The Royal College of Psychiatrists has released a statement clarifying the important role that psychiatrists continue to have during the COVID-19 pandemic in delivering care for their patients. [The statement](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid/the-roles-and-work-of-psychiatrists-during-the-pandemic-statement.pdf?sfvrsn=211f6941_2) also describes a preventative model of occupational mental health for psychiatrists who are invited to assist their colleagues in general hospitals and the temporary COVID-19 hospitals. The College advises psychiatrists to continue the recommended practice of not psychologically debriefing others after challenging events; remember leader led discussions/reviews are however a good idea as long as they are conducted in a psychologically safe way. It is best to provide proactive managerial/supervisory led support as well as peer/colleague support for the majority. A [list of top ten messages for supporting healthcare staff during the COVID-19 pandemic](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/top-ten-messages-williams-et-al.pdf?sfvrsn=990e3861_0) is provided. | Please click [**here**](https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/workforce-covid-19-guidance-for-clinicians) to view this web page |
| 7. | Support The Workers, 2020. **Support the Workers**.  The Support The Workers collective is an international group of experts in disaster response, crisis psychology, high pressure decision-making and human performance and health under conditions of extreme stress. They have been tasked by those involved in responding to the covid-19 pandemic in the UK to develop a rapid evidence-based training and support curriculum for staff providing psychosocial support to frontline workers. All the materials are available on this website. One page briefing notes are available on: readiness; team dynamics; multi-agency teams; monitoring and optimising sleep; performance debriefing; decision making; leadership; extreme stressors; resilience; motivation; anxiety and fear; moral injury; PTSD. | Please click [**here**](https://www.supporttheworkers.org/)to visit the website |
| 8. | Psychology Tools. **Psychological Resources For Coronavirus (COVID-19)**. *Psychology Tools*.  In the section on [Performance debriefing](https://static1.squarespace.com/static/5e78771534645422d242555c/t/5e83a83e7db79669be295626/1585686591707/NHS+Debriefing.pdf), this site states - Findings from a 2013 review and meta-analysis suggest that when conducted correctly, debriefs can lead to a 20-25% improvement in team performance. This is based on an average debrief length of just 18 minutes.  Essential elements of a debrief are:  • Active self-learning: to be considered a debrief there must be some form of active self-learning or discovery. Simply being given feedback is not a debrief.  • Developmental intent: debriefs focus on how to improve rather than evaluating or judging.  • Specificity: focusing on specific activities, episodes and events rather than general performance or competency is important.  • Multiple inputs: there must be multiple sources of information fed into the debrief to allow for diversity of viewpoints and perspective.  In the context of the covid-19 response, where teams will have to function under intense pressure and complexity, these types of debrief are likely to be critical for maximising what is learnt from the unique situations being encountered, and then using that learning to drive onward performance. | Please click [**here**](https://www.psychologytools.com/psychological-resources-for-coronavirus-covid-19/) to view this web page |

**Search Strategy:**

Search 1 – psychologist\* AND staff debrief\*

Search 2 – Salford Royal AND staff debrief\*

**Resources searched:** AMED, BNI, CINAHL, EMBASE, Medline, NICE, NICE Evidence Search, advanced Google search