

## Webinar - Responding to CV 19 Pandemic

Tuesday 21 April 2020 16:00



## Housekeeping



- This is a live event, therefore unless you're a designated speaker you are on mute.
- Please use the Q&A function to ask any questions and vote for the ones you want answered.
- This will be recorded and the link will be shared after the event.
- If you have requests or suggestions for future webinars please let us know.



## Agenda



- Service delivery, assessment and gatekeeping
- Team working and home treatment
- · Risk assessment and leadership
- Medicolegal and ethical considerations
- Patient and staff support
- Q&A



## Impact of CV 19 pandemic on CRHT/HTT



- Departure from standard operating procedures.
- Potential impact on:
- Service delivery and response,
- Assessment and gatekeeping, Facilitating early discharge, working with other services
- Team working, home treatment and staffing.
- Overall impact on acute mental health pathway



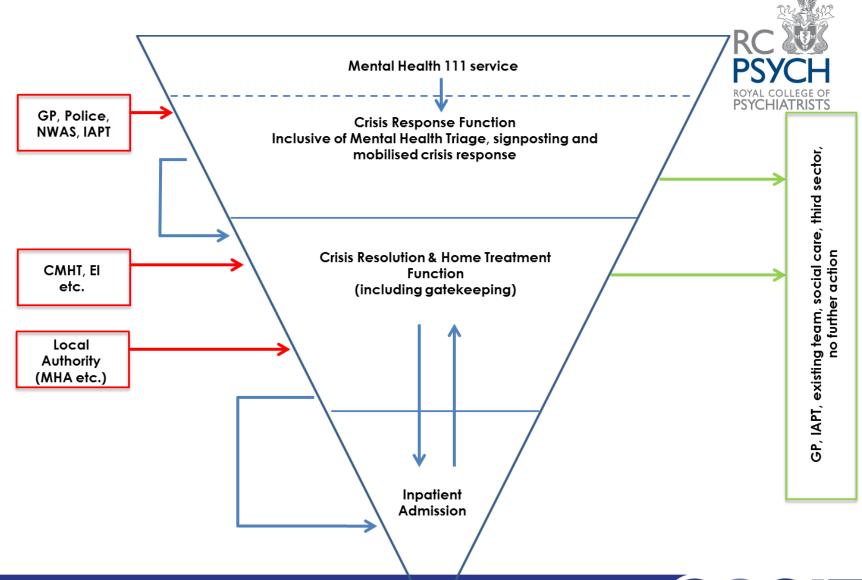


# Service delivery, assessment and gatekeeping

### SEAN BOYLE

Clinical director Cheshire and Wirral NHS
Partnership
Member of the HTAS Advisory Group











## **GEORGINA MILLS**

Clinical Lead-South West Essex CRHT (EPUT)
Member of the HTAS Advisory Group



## Team Working



- MDT working during the CV-19 outbreak
- Continuing with face to face staff meetings (with social distancing), but with added technology for staff to join remotely
- Introduction of Microsoft Teams
- Support for staff whom are not as 'tech savvy' as others





## Service Delivery



 Cleanliness of work environment



- Social distancing
- Use of Personal Protective Equipment
- CV19 tele -screening for all patients prior to visits
- Video calling patients







### DR PRANVEER SINGH

Consultant psychiatrist in CRHT Essex
Partnership University NHS Foundation Trust and
Chair of HTAS advisory group



## Risk management and leadership



- To ensure that we continue to have clear pathways into and for onward transfers.
- Working more closely with families. (involve families with consent)- May be an advantage while using video conference..(ask about suicidal thoughts).
- Maintain emphasis on building relationships; and gathering good quality information.
- Multi-disciplinary discussions about all patients care.





- Satisfactory staffing levels
- Particular challenges for people with CV19, determining capacity to consent, those are at high risk or who lack other social supports
- More than usual need for on-going supervision
- Risk of CV-19 infection
- Minimise risk to your own health





- Senior clinicians engage as MDT in decision making when considerations of departure from standard practices.
- Keep matters of risks- forefront of clinical practice.
- Ensure good communication.
- Fostering team spirit and cohesion.
- Ask for support or raise concerns as necessary.



## Medicolegal and ethical considerations



### DR KAPIL BAKSHI

Deputy Medical Director
Chair, Clinical and Ethical Advisory Group
Norfolk and Suffolk NHS Foundation Trust



## Key points



- Good Medical Practice
- Treatment of Covid-19 positive patients
- Remote/Virtual working and Patient Confidentiality
- Mental Health Act
- Accountability
- Support with difficult decisions



## Patient and staff support



## Dr Luke Sullivan

Senior Clinical Psychologist, Member HTAS Advisory Group

## Gabriella Bergin-Cartwright

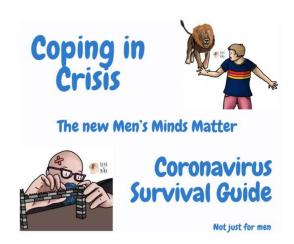
Honorary Assistant Psychologist South London and Maudsley NHS Foundation Trust



## Patient and staff support



- Psychological model of working in HTT (Sullivan, 2018, Sullivan & Whiteley, 2019)
- Principles, techniques and tools routinely used in this setting
- Made relevant to service users, staff and general public





#### In times of crisis...



#### **Threat State**

Problem-focused
Anxiety, agitation, anger,
disgust, feeling trapped



#### **Depressive State**

Withdraw and shut-down Sad, low, lonely, hopeless, helpless, defeated





Overwhelmed and preoccupied with the problem at the expense of everything else



Failure to recognise the dangers, or feeling numb & depressed

Goal is to get to the best place psychologically to be able to respond effectively and get through challenging times safely

1. Managing difficult emotions

2. Managing isolation and withdrawal





#### Managing fear, anxiety & strong feelings



Some level of anxiety and fear is **normal and needed** – up to a point

Our threat system is both immediate and predictive, but we can't control or remove the threat of COVID-19



#### 1. Address immediate threats

First priority is to make things as safe as they can be – assess the situation and make a plan Once immediate dangers have been addressed, anxiety has served its initial purpose

#### 2. Techniques to manage strong feelings

Help reduce the sense of threat and switch on inner safety system



**Breathing exercises** 



**Intense exercise** 



**Grounding** 



**Meditation & mindfulness** 



**Progressive muscle relaxation** 



**Change your temperature** 



"Dropping Anchor"



Distraction





## Managing isolation and withdrawal Behavioural activation – Baseline Functioning



Staying at home can present many challenges
Withdrawal and isolation can contribute to depression

#### 1. Get the basics right

As things go on for longer, doing the small stuff can start to feel pointless and **people may** stop doing the basics

Establish a **good baseline routine**, focusing on caring for **fundamental physiological needs** 

#### 2. Remain activated

Engaging in activities will help to reduce problemfocused thought

Achievable and meaningful in some way

Many free resources currently...







#### You can access the full guide online at:

#### https://www.mensmindsmatter.org/coronavirus-survivalguide.html

**Dr Luke Sullivan**Senior Clinical Psychologist

**Gabriella Bergin-Cartwright** Honorary Assistant Psychologist

Men's Minds Matter CIC
Lambeth HTT





## Questions, comments and next steps







## HTAS WEBINAR: IMPLEMENTING A 24/7 CRISIS LINE

Date: Tuesday 28 April 2020

Time: 16:00-17:00

To register your interest please email htas@rcpsych.ac.uk

There will be discussion from teams who have a 24/7 line implemented and those who have recently done so followed by a Q&A session.





