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Guidance for psychological professionals on inpatient mental health wards during the COVID-19 pandemic

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CONTRIBUTORS

LEAD CONTRIBUTORS

Katherine Berry	Professor of Clinical Psychology	The University of Manchester Greater Manchester Mental Health NHS Foundation Trust
Jessica Raphael	Senior Research Associate	Greater Manchester Mental Health NHS Foundation Trust
Rachel Winter	Research Associate	Greater Manchester Mental Health NHS Foundation Trust
Jennifer Adams	Clinical Psychologist	Greater Manchester Mental Health NHS Foundation Trust

OTHER CONTRIBUTORS

Kathryn Dykes	Consultant Clinical Psychologist Divisional Lead for Salford	Greater Manchester Mental Health NHS Foundation Trust
Samantha Hartley	Senior Clinical Psychologist Clinical Lecturer	Pennine Care NHS Foundation Trust The University of Manchester
Catherine Cross	Lead for Psychology Acute Services	Greater Manchester Mental Health NHS Foundation Trust
Rachel Chin	Consultant Clinical Psychologist Clinical Lead for Psychological Therapies in Rehabilitation and High Support Directorate	Pennine Care NHS Foundation Trust

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EXECUTIVE SUMMARY

Introduction

Inpatient mental health services have faced unique challenges in response to the COVID-19 global pandemic. The lack of standardised guidance for working in this novel context led to psychological professionals needing to find innovative ways to balance providing psychological support to staff and service users, whilst also reducing the risk of COVID-19 transmission across staff members and to service users.

This guidance has been developed so that each clinician can utilise it as needed within their service, drawing on their particular strengths, and service needs and values. These recommendations are not intended to be used as a manual, rather as possible methods of approaching difficult issues in an exceptionally challenging time. This guidance has been developed for the use of all qualified psychological professionals working in inpatient mental health settings across the UK. It draws on the views of psychological professionals, inpatient ward staff and inpatient service users, as well as a recent review of the literature.

Section 1 - Defining the role of psychological professionals during COVID-19 outbreak

Psychological professionals have faced complex decisions about the way in which they carry out their role throughout the COVID-19 pandemic. Views from all sources state that psychology should be considered an essential service on inpatient mental health wards and psychological interventions should continue to be delivered, so long as factors relating to protecting the health and wellbeing of all involved are considered.

Psychological professionals should not be redeployed into other roles prematurely, as their skills can be utilised to support the wellbeing of the wider system, staff and service users. In the case of assistant psychologists and trainees, their specialist skills set should also be recognised, and where redeployment is unavoidable, psychologically-informed work can be introduced into their temporary roles, such as wellbeing conversations during observations with service users.

Many inpatient psychological professionals were unclear about whether they should remain on wards or work remotely during the pandemic. The majority involved in our consultations remained present on the wards, at least in some capacity (e.g. by attending only one ward per day). In some circumstances, professionals worked remotely, such as when the infection rate was exceptionally high on a ward or the Trust had issued guidance to reduce staff footfall. In this document we detail the benefits and possible challenges of working in both ways.

Section 2 - Support provision

COVID-19 has affected the lives of not only service users, but also staff. Most psychological professionals reported an increase in requests and opportunities to provide interventions to support the wellbeing of ward staff and service users. This was often a

reactive response from senior management, which meant staff did not always engage at the time support was offered, however more staff often accepted support following the 'peak' of the pandemic on their ward. Different forms of support may be required during different phases of an outbreak, such as informal 'walk and talk' interventions, staff wobble rooms and staff care packages rather than offers of psychological therapy, therefore carefully identifying these needs has been essential to providing effective support.

Our consultations and literature review demonstrated that at a time of increased anxiety and threat, and with restrictions being placed on service users in an attempt to keep them safe from the virus, families and carers also required additional support from services. This included supporting service users to contact their loved ones through video and telephone calls, providing psychoeducational material about maintaining wellbeing, and providing families and carers with regular updates about the wellbeing of their loved one.

In light of the challenges to defining their role during the pandemic, psychological professionals must also consider their own emotional response and how they can maintain their wellbeing during the pandemic. Suggestions included accessing external support (e.g. from community teams), increasing connection with other psychological staff across the Trust for peer support, increasing the frequency of clinical supervision and adhering to own self-care practices.

Section 3 – Access to digital technology

Psychological professionals reported that the rapid availability of technological systems had been essential to continue their working, whether they remained on the wards or not. All ward staff, including psychological professionals, benefit from access to technology as this enables them to attend meetings remotely and provide psychological interventions whilst reducing the risk of transmission. Service users can also benefit, as the option of remote meetings can increase their sense of control and agency, reduce their anxiety about transmission risks and enable them to remotely engage with family and carers.

INTRODUCTION

Inpatient mental health services have faced unique challenges in response to the COVID-19 pandemic. Psychological professionals have worked to rapidly adapt their service on inpatient wards, in absence of standardised guidance for working in this novel context. Professionals reported having to balance the provision of psychological support on wards, whilst aiming to reduce the risk of COVID-19 transmission to staff, service users and themselves. The purpose of this document is to highlight some of these unique challenges and to make recommendations for how they might be addressed in various contexts.

At the consultation stage of development, psychological professionals highlighted the importance of this guidance being flexible, so that each clinician can utilise it as needed within their particular service, drawing on their unique strengths, and service needs and values.

These recommendations are not intended to be used as a manual, rather as possible methods of approaching difficult issues in an exceptionally challenging time. They will need to be used in line with individual Trust and up-to-date government guidance, whilst also accounting for ward-specific and personal circumstances (number of COVID-19 positive cases on ward, own health risks, psychology resources etc.). The writers acknowledge that external guidance will be updated regularly and services will adapt in response (e.g. changing ward configurations, availability of Personal Protective Equipment (PPE), government guidelines), therefore psychological professionals will need to be flexible and rapid in their response.

This document has been developed for the use of qualified psychological professionals working in inpatient mental health settings across the UK. We define psychological professionals in the same way as the Psychological Professions Network[1] which includes psychological therapists, psychotherapists, counsellors and psychological practitioners. Where applicable, specific reference will be made to non-qualified professionals (i.e. assistants and trainees).

To provide comprehensive guidance, which incorporated the views and experiences of both clinicians and service users, data were gathered from the following sources (Table 1):

Table 1: Type of data collection and description of methods and participants

Data collection method	Description
Group consultations with psychological professionals via video call	Sixteen inpatient clinical psychologists, 1 art therapist, 1 music therapist and 2 assistant psychologists. These professionals represented a range of services: 14 adult acute/psychiatric intensive care unit, 1 children and young people, 2 older adult, 2 rehabilitation and 1 forensic.
Individual telephone consultations	4 ward staff and 6 service users
Online survey for inpatient psychological professionals	An online survey for inpatient psychological professionals (completed by 72 participants) focusing on the challenges of working and adaptations made to their practice.
Literature review	A systematic review of literature on changes to practice during localised and global outbreaks (viral/contagion) in mental health services[2].
Reducing restrictive practice webinar	Webinar facilitated by Improving mental health safety: COVID-19 mental health improvement network

[1] https://www.ppn.nhs.uk/resources/careers-map

[2] Raphael, J., Winter, R., & Berry, K. (in preparation). A systematic review: Adapting practice in mental health services during the current global COVID-19 pandemic and other more localised infections

SECTION 1 - DEFINING THE ROLE OF PSYCHOLOGICAL PROFESSIONALS DURING COVID-19 PANDEMIC

1a. The role of psychological staff

Psychological professionals are essential to the ward and where possible should remain present in some capacity. However, depending on ward-specific factors, work may need to be adapted.

Our consultations highlighted the importance of psychology being considered an essential service (in keeping with recent BPS guidance[3]) on mental health inpatient wards. Therefore, psychological professionals should continue to deliver psychological services throughout the COVID-19 pandemic where possible (see **section 1b** for guidance on redeployment). An advantage of this continuation in service has been that many psychology teams have received feedback that they and their work have been particularly valued by managers, ward staff and service users during the crisis.

Our literature review demonstrated the importance of providing continuity of care during a crisis, which can be achieved by continuing to offer face-to-face appointments with service users and staff when safe to do so. Psychological professionals have strived to offer a consistent service within the context of a rapidly fluctuating environment. However, they have had to consider a number of factors when making decisions about which interventions to deliver and how to do so, including; personal circumstances, risks of COVID-19 transmission on and across wards, access to PPE, psychology resources (i.e. number of psychology staff including assistants and trainees), ward staffing levels and service user population.

Psychological professionals emphasised the importance of supportive management, both when working on wards and working remotely, in order to obtain access to essential equipment (e.g. laptops, tablets) and Trust confidential databases. This support in accessing equipment also aided the availability of ward staff, allowing psychological professionals to provide effective staff support, and to support staff in delivering care to service users (e.g. by attending team formulation meetings).

Many psychological professionals reported that their role on inpatient wards changed during the pandemic, however it is important to note that some professionals who took part in our consultations and survey had not made any changes to their role. Some professionals reported a pressure for psychological staff to deliver a service above and beyond what they usually would, which was unhelpful and did not represent their experience of working on inpatient wards during the pandemic. This pressure was associated with a societal discourse of healthcare professionals as 'being heroes' during the pandemic.

A majority of psychological professionals reported an increase in the demand to provide psychological support to ward-based staff (see **section 3a**). This request usually came from senior management and psychological professionals often found after designing psychological support for ward staff, it was not accessed until there were less COVID-19 cases on wards. Despite initial poor uptake from ward staff for psychological support, psychological professionals were keen to stress the importance of psychological safety in addition to physical safety when considering how and which psychological services should be offered. The consultations identified that during the initial stages of the pandemic, management needed to address physical safety concerns - such as PPE procurement - as the main priority, although many also requested that psychological professionals identify the wellbeing needs of staff and provide support during the initial stages of the pandemic.

[3] Guidance for psychological professionals during the Covid-19 pandemic (BPS, 2020)

1b. Redeployment of psychological staff

Psychological professionals should remain in their role where possible, continuing to carry out psychologically-informed work.

BPS guidance[4] highlights the importance of psychological professionals not being redeployed into other healthcare roles prematurely. Psychological professionals in inpatient settings should avoid redeployment, unless they have a preference for redeployment, as their skills can be best utilised to support the wellbeing of service users and staff at a time of increased anxiety and crisis.

Due to their unqualified status - which can lead service managers to perceive these roles and skills set as equal to support worker roles - there may be pressure for assistants and trainees to be redeployed into alternative healthcare or nursing assistant roles where staffing levels are low. Many qualified psychological professionals recognise the specialist skill set of assistants and trainees (supporting therapy groups, collating COVID-19 research and guidance, developing COVID-19 care plans, provision of staff support), and they are therefore keen to keep them in their substantive positions to strengthen psychological resource.

Qualified psychological professionals should therefore look to highlight assistant/trainee skill sets to senior management to support retention of assistants and trainees in their usual capacity. In other circumstances, for example, where redeployment has been unavoidable due to staffing shortages, there has been a focus on introducing psychological work into redeployment roles, such as using one-to-one observation time to offer psychologically-informed interventions and to build therapeutic relationships. In this case, there is a need to consider issues of boundaries and clarity of role for the redeployed staff, particularly when transitioning back to their original role.

1c. Working on wards versus working remotely

During the COVID-19 outbreak, many inpatient psychological professionals reported in our consultations and survey that they were unclear as to how they should make decisions about whether to remain physically present on their wards. In some cases, this directive had come from senior management or ward managers, whereas other psychological professionals made this decision themselves. These decisions varied between services depending on personal circumstances and both Trust and ward-specific guidance.

Due to the small psychological workforce in inpatient settings within Trusts, many inpatient psychological professionals worked across multiple wards or sites, some options for working and their possible implications are included in Table 2. Types of working include:

- Working remotely into all wards
- Working physically on one ward and remotely into others
- Splitting the psychology team so there is one member of staff per ward (if there are sufficient resources)
- Working remotely the majority of the time, with short periods spent physically on ward.

Travelling across wards in one direction i.e. from low-risk (no COVID-19 cases and service users and staff who are 'low risk' of serious health care implications) wards to high-risk (COVID-19 cases and 'high risk' service users and staff)[5] in the course of a day

[4] Guidance for psychological professionals during the Covid-19 pandemic (BPS, 2020)

[5] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

Table 2. Benefits and Challenges of different types of working during COVID-19

Type of working	Benefits	Challenges
Working remotely into all wards	• Reduced risk of transmission. • Able to dedicate more time to providing therapy to service users as clinician does not have to travel between locations. • Able to contribute to important service delivery meetings remotely where previously would not have had time to attend.	• Difficult to meet the needs of service user population if the population is not familiar with technology. • Hard to have informal interactions with staff and service users, which have previously been highlighted as beneficial in these settings[6] (Wood et al., 2019). • Risk of psychological professionals not being perceived as part of the team. • At a leadership level, psychology may be less involved in decision-making regarding changes on wards and therefore less influential in how this is communicated to others (i.e. unable to support managers in providing compassionate leadership).
Working physically on one ward and remotely into others	• Availability of clinician time as not traveling between locations. • Able to contribute to informal check-in with staff on one ward. • Increased familiarity and improved relations with ward staff and service users on one ward as able to spend time getting to know service users. • Reduces risk of cross-contamination across wards.	• Ethical dilemma of providing unequal access to care on different wards. • Difficult decisions about which wards to visit physically.
Splitting the psychology team so there is one member of staff per ward (if there are sufficient resources)	• Reduces cross-contamination risks. • Able to contribute to informal check-in with staff, enabling ward staff to feel more supported and build a therapeutic relationship with just one psychological professional. • Increased familiarity and improved relations with ward staff and service users as able to spend time getting to know people more.	• Psychological professional may not have presence of another psychology team member on ward to offer support for decisions about service user care. • Relies on large workforce or small number of wards.
Working remotely the majority of the time, with short periods spent physically on ward.	• Able to contribute to informal check-in with staff. • May reduce risk of cross contamination.	• Dilemma of choosing when to attend wards and what services to offer face-to-face. • Remote working does not work well for every psychological professional, this depends on their specific needs and access to appropriate technology. • Remote working does not work well for every staff member (i.e. accessing support from psychological professional, attending remote reflective practice) or for every service user (i.e. those who prefer face-to-face communication or are suspicious of using technology). • Possibility of cross-contamination remains if moving between wards. • Time taken travelling between locations, where wards are across different localities.
Travelling across wards in one direction i.e. from low-risk wards to high-risk ward in the course of a day (risk relating to COVID)	• Clinician able to see everyone on each ward. • Able to contribute to informal staff check-in.	• Cross-contamination remains a risk. • Travel time taken moving between wards, where wards are across different localities.

[6] Wood, L., Williams, C., Bilings, J., & Johnsn, S. (2019). Psychologists' perspectives on the delivery of psychological therapy for psychosis in the acute psychiatric inpatient setting. *Qualitative Health Research, 29*(14), 2048-2056

Psychological professionals highlighted that remaining physically present on the wards, at least some of the time, was considered essential to provide psychological input at all levels of the system.

The majority of inpatient psychological professionals we consulted remained physically present on inpatient wards, at least some of the time. They highlighted the importance of being visible wherever possible in order to provide both formal and informal psychological input with service users and ward staff, and also at various levels of the wider system. Psychological professionals are likely to face the complex challenge of balancing COVID-19 health risks and psychological risks to staff and service users.

Half of the psychological professionals we consulted with reported feeling conflicted about the personal risk of working on the ward and the risk of working remotely. In some cases, psychological professionals had only attended the ward when the psychological risk was deemed too high if interventions were not offered face-to-face. For instance, if a significantly distressed service user was unable to access or use technology for remote appointments. In other circumstances, psychological professionals reported finding it impossible to carry out their usual work remotely as they encountered no uptake when offering online support sessions or difficulties engaging service users in remote therapy. These issues were particularly challenging where psychological professionals had not been working on the ward for long and therefore had not had opportunity to build up a good working relationships with ward staff.

It is important for psychological staff to risk assess their specific situation and to familiarise themselves with their local infection control policies, as well as ward-specific guidance on COVID-19 precautions such as social distancing, suspending visits and reducing leave arrangements. This may involve consultations with senior managers to ensure psychology are given access to appropriate equipment, such as PPE, to enable them to comply with policies and complete their usual work effectively and safely.

In addition, some Trusts advised the use of uniforms (either scrubs or those of another healthcare professional) for psychological professionals. Our consultations highlighted a range of opinions on this matter, with some staff finding that psychologists were no longer perceived as separate to other ward staff, which negatively affected their therapeutic relationships with service users due to medical staff perhaps being perceived as more restrictive in their interventions. Others reported that wearing uniforms - which ranged from occupational therapy to nursing attire - confused service users about staff roles.

Concerns were also raised about how long uniforms would be required, as wards were in the "living with" phase of the pandemic and professionals were keen to return to wearing their own clothing. Whether to wear uniforms should be considered within the psychology team and the decision ideally made collaboratively between psychology and management, and, where possible, with input from service users. Some Trusts allowed staff to continue wearing their own clothes, so long as this was changed at the start and end of work and that it was appropriately washed, stored and transported in accordance with infection control policies.

Face-to-face Interventions

Psychological professionals may find it useful to bear in mind the following factors when considering whether face-to-face interventions (for staff and service users) can be carried out without compromising the safety of themselves or others. Below is a detailed list of the factors psychological professionals raised in our consultations:

- Whether the intervention could be effectively provided remotely (i.e. considering engagement of others, possible anxieties about face-to-face interactions, stage of therapy for service users, whether service users are au fait with technology).
- Availability of, and access to, appropriate PPE.
- Size and availability of rooms on ward (to allow for safe social distancing when delivering group sessions).

- Whether service user leave or visits have been restricted. Service users may require additional psychological support and daily structure at these times. In addition, the risk of transmission on wards may be lower due to service users having reduced contact with individuals off the ward.
- Whether other ward staff could provide psychologically-informed interventions with remote supervision from psychological professionals.
- Whether any service users are considered 'high-risk' and are 'shielding' which may prevent attendance at groups, therefore requiring additional one-to-one psychological support.
- Service user access to private space to take virtual psychological sessions on ward and whether a staff member will need to be present if using ward resources such as a tablet.
- Psychology staffing resource.
- The potential impact on the wider system at a time of crisis if psychology is not 'visible' to other professions i.e. lack of leadership, limited influence on decision-making, inability to provide managers with reflective space about their work and personal responses.
- Access to IT systems (see **section 3**).

In other circumstances, psychological professionals weighing up the possible risks to service users, staff and themselves, may deem remote working to be a safer option during the COVID-19 outbreak.

Inpatient psychological professionals may find that working remotely into a ward is the most appropriate option with regard to their circumstances. Some Trusts have issued guidance to reduce footfall on inpatient wards, which encourages remote methods, whereas others have not offered this option to their staff. Psychological professionals should consider the risk of virus transmission if they work across wards and sites, or job-share with another clinician who does. In addition, psychological professionals working across sites or wards with identified high-risk groups may deem the potential for virus transmission and contagion to be too high.

Possible challenges of remote working

Psychological professionals working remotely reported finding it hard to continue their usual psychological activities. Those who completed our online survey highlighted various challenges, including, feeling disconnected or forgotten, not knowing the time of meetings on the ward to phone-in, receiving fewer service user referrals, having limited opportunity to provide informal support and difficulties recognising social and emotional cues over the phone. These challenges were corroborated by several service users and ward staff in our consultations.

Possible benefits of remote working

Psychological professionals highlighted some advantages of remote working. Ward meetings which took place via video or phone call benefitted service user wellbeing and potentially reduced their anxiety about virus transmission and being in meetings with several professionals in the room. Psychological professionals could also attend meetings involving, or about, service users (such as ward rounds) remotely, even when other professionals were meeting face-to-face, as this reduced the number of people in a contained space.

Psychological professionals were able to attend more multidisciplinary meetings when using remote channels as they were less reliant on having to physically get to a meeting, which often meant time away from the ward and less time to have more direct input into the ward. Some service users and staff preferred remote contact and benefitted from choice, which improved their sense of control and agency.

In addition, clinicians did not have to wear PPE for remote calls, which is an important benefit as PPE appeared to have a significant negative impact on both professionals and service users. Many psychological professionals reported discomfort when wearing PPE (difficulty breathing, glasses fogging) and said this created barriers to communication (inability to provide facial feedback or hear clearly). Service users also

highlighted the impact of staff wearing PPE on their emotional state (increased anxiety and paranoia as facial expressions were not visible).

1d. Leadership and managerial roles

Psychological professionals may be required to take on more of a leadership role within their teams during and following the COVID-19 pandemic.

The COVID-19 pandemic generated the need for significant amounts of innovation on inpatient wards. High physical personal risk to staff and service users, in conjunction with COVID-19 related restrictions, generated a great deal of innovation in regards to providing care to staff, service users and carers. Psychological professionals reported benefits of being involved in decision-making at a wider systemic level e.g. by attending management meetings or taking on a leadership role in absence of a ward manager.

Greater involvement at this level allowed psychological professionals to tailor their support to ward staff (see **section 2a**) and to support managers to hold in mind compassionate leadership qualities. They could also keep up-to-date about practical issues which could affect ward functioning and wellbeing (PPE availability, COVID-19 cases, staffing levels) and therefore encourage staff to be innovative in the ways in which they deliver care, such as by facilitating online support groups for families and carers.

Psychological professionals need to be mindful that inpatient ward set-up may change. In some services wards were turned into admission wards for service users who required a period of quarantine, some single-sex wards became mixed so that one ward could house service users with symptoms of COVID-19 and the other ward continue to deliver care as usual, the number of occupied beds reduced, and service users were discharged into community or step-down services to reduce the number of patients on the ward and therefore reduce the spread of transmission.

Some psychologists in our survey and consultations reported rapid or premature discharges in order to reduce the number of service users on a ward. Psychological professionals reported supporting ward staff to be driven by needs-led care, be mindful of the rationale for admission or discharge, and to support placement providers through the provision of psychological assessments and formulations.

Some psychological professionals may find themselves in a leadership role during periods of high sickness as a result of their high banding in relation to other staff on the ward. It is therefore important that psychological professionals are aware of their role as a model for other staff, both in compliance with infection control policies, and also by demonstrating compassionate and thoughtful leadership.

The BPS have developed guidance on the psychological needs of healthcare staff during the Coronavirus pandemic which can support leaders and managers to consider the wellbeing needs of all healthcare staff[7].

Psychological professionals in management positions may find that their role will adapt.

Psychological professionals who already held managerial positions reported that their roles changed drastically and rapidly, for example, making decisions about the redeployment of psychological staff (see **section 1b**), making local decisions regarding whether to provide remote or face-to-face services and increased utilisation of their position as a non-medical approved clinician in the absence of psychiatrist colleagues. Psychological professionals who were required to make decisions with regards to whether their teams should continue to work on wards expressed a tension between believing work on the wards should continue and a fear of putting their team at risk of contracting the virus.

[7] https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf

SECTION 2 - SUPPORT PROVISION

2a. For ward staff

Psychological professionals were likely to have experienced increased requests and opportunities to provide interventions to support the wellbeing of ward staff.

In our consultations, ward staff recalled the significant impact of the COVID-19 pandemic on their lives, not only professionally, but also personally. Our literature review suggested some staff experienced a work-family conflict (i.e. needing to attend work whilst recognising that this may increase the risk of them - and therefore their family – contracting the virus), which service users we consulted with also acknowledged and expressed appreciation for ward staff continued efforts to provide care.

Almost all psychological professionals we consulted with reported an increase in requests to provide psychological support to ward staff. This demand came from both senior management and psychologist identification of need. It was also acknowledged that both clinical and non-clinical staff (admin, domestic etc.) are likely to experience increased anxiety and stress and therefore both staff groups should have access to supervision.

As support for ward staff increased, psychological professionals considered the issue of the potential to breach boundaries. In our consultations, most psychological professionals identified the support of ward staff as an essential part of their role, however supervision was utilised to ensure staff wellbeing support did not blur the lines into individual therapy, and staff who required additional support were referred to the relevant external teams. Psychological professionals continued to deliver supervision to ward staff and community psychologists offered to support more intense psychological support for ward staff where possible.

Some staff sought support directly, particularly those in more junior roles, however survey respondents reported that increasing the support offered to staff in management positions was also beneficial. Some ward staff in our consultations reported accessing wellbeing support from psychological professionals as either formal supervision or informal check-ins during the acute phase of the pandemic. In other contexts, managers had raised concerns and requested increased support for the entire ward.

Our consultation work suggested that some staff did not want to engage in reflective practice or other psychological support when offered, particularly at the beginning of the pandemic. As staff did not always seek support directly it was imperative that psychological professionals carefully identified what support was required by asking staff directly about their needs and how these may fluctuate. Others found building psychologically-informed support into the structure of the working day worked well, for example, supporting managers to encourage staff to take breaks and introducing a short debrief into daily handovers.

Our consultations highlighted that ward staff accessed support during different phases of the outbreak. During busier periods, ward staff were less likely to access support due to time restrictions and workload, seeking support following these periods instead. Therefore, psychological professionals may prefer to provide informal support during these peak times, such as informal chats about wellbeing whilst making tea for staff. Following the acute phase, staff have more time to process their emotions and may experience greater distress, therefore may require different forms of support.

Both our survey and consultations found that due to redeployment and utilisation of staff from outside the usual staff, team dynamics could shift, which respondents of our survey reported made facilitating staff support challenging. Where there is redeployment into the ward from community staff, psychological professionals may need to provide additional support to individuals who are not used to the specific challenges and demands when working on wards.

Staff Support Interventions

Some psychological professionals reported feeling pressured to provide support in innovative ways in addition to sifting through and utilising resources, which had been shared by colleagues. In our consultations, professionals found utility in clarifying what psychological support would be most helpful, for instance, some managers requested psychological debriefs, the evidence for which is limited, or indicates this may, in some cases, increase distress[8]. Therefore, psychological professionals identified clear boundaries about what they could or could not provide.

Below is a list of support interventions that inpatient psychological professionals have offered to staff which have reportedly worked well.

Walk and Talk

A more informal intervention whereby psychological professionals may approach individual staff and take time out of the ward environment, talking whilst walking around the hospital grounds or somewhere with access to fresh air to break from the ward environment and to talk informally about the challenges of working during a pandemic.

Reflective Practice

Inpatient psychological professionals may already be familiar with facilitating reflective practice sessions. Some suggested also offering these spaces separately to ward managers and also non-clinical staff, who may have different needs. Reflective practice sessions may also be held off the ward, or even outside, to allow space to reflect without the pressures of clinical work during the session. Psychological professionals highlighted that where reflective practice had been utilised prior to the COVID-19 outbreak, it was important to maintain the consistency of these sessions by continuing to hold the same place, time and frequency (where possible) to ensure protected time for staff to attend, but to be flexible at the same time to meet the needs of the staff and ward.

20-Minute Care Spaces

Some psychological professionals reported using care spaces with staff, which are based on Andy Bradley's work on Compassion Circles. They are spaces to provide self-care in groups of up to ten. One Trust has developed a short document which guides psychological professionals through this process[9] .

Wobble Rooms and NOvid Rooms

Staff found benefit in setting up rooms that staff could go to specifically not talk about COVID-19 and used this as a break from the ward environment. These rooms included relaxation resources such as eye masks, snacks, soft furnishings, magazines, music and staff support phone numbers.

Self-Help Resources

Psychological professionals may have access to a number of self-help resources which our consultations suggested were shared with staff either as well-being packs or via email. These include self-care resources or 'going home checklists' to support staff to wind-down following an intense shift.

2b. For service users

Psychological professionals were likely to have experienced increased requests and opportunities to provide interventions to support the wellbeing of service users.

Psychological professionals can provide important therapeutic interventions to service users including psychological assessment, evidence-based therapies and psychoeducational and therapeutic groups, which professionals in our consultations reported could improve the quality of a service user's admission and reduce their overall length of stay on the ward.

During the pandemic, leave and visits for service users were often restricted, and in some cases,

[8] Rose, S. C., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews*, (2).

[9] https://www.rdash.nhs.uk/wp-content/uploads/2020/04/20minCareSpace.pdf

face-to-face and group interventions had been suspended given the challenges with social distancing on wards. Psychological professionals highlighted the benefits of increasing the availability of psychologically-informed interventions on the ward during the outbreak to provide structure and routine to the daily lives of service users. This also supported service users to manage any increase in need as a result of COVID-19.

In most cases, psychological professionals continued providing face-to-face interventions, however remote options are also available. Psychological professionals should consider practical considerations and COVID-19 restrictions when meeting service users face-to-face (see **section 1c** for a list of factors to consider). Psychological professionals noted that service users did appreciate having the choice to have therapy either face-to-face or remotely.

Communication

Service users reported the importance of being provided with clear and simple information regarding the COVID-19 pandemic, not only about ward-based changes (e.g. why staff wore PPE and visits had been stopped), but also at a government guidance level and updates about restrictions in the community. Some service users and ward staff reported in our consultations that some service users interpreted the enforcement of COVID-19 restrictions on the wards as ward staffs attempt to control them or to cause intentional harm. This meant that distilling the aforementioned information in a simple and effective way was crucial. It especially important to highlight to service users that changes are wide-spread and are not enforced by ward staff only and this can prepare them for restrictions in the community when discharged. On one ward, staff assigned a member of staff to remain with service users in a communal area during televised news briefings to support their understanding and answer any questions. Service users suggested staff could provide this information at a regular meeting, with space allocated to asking and answering questions about the adjustments made to the lives of everyday people in the community. Inpatient staff who facilitated a restrictive practice webinar highlighted the importance of developing accessible materials with this information for service users, such as leaflets, letters, or even interactive games, to support their understanding, which in turn may have reduced the use of restrictive practices on wards and helped to strengthen therapeutic relationships with staff. Our literature review also recommended providing this information to families and carers (see **section 2c**).

One-to-one Interventions

Some service users commenced or continued psychological therapy during the crisis, however others benefitted from more informal interventions, such as walk and talk (see **section 2a**). These differences depended on service user preference and the availability of psychology resources. Psychological professionals reported that they had found informal interventions were helpful for staff as they provided emotional containment and therefore improved therapeutic relationships between service users and staff.

Groups

In many wards, groups have been well attended, although limits have been placed on the number of attendees to reduce risks and groups practiced social distancing. If the number of service users who wished to attend exceeded the limited capacity being offered, some psychologists also offered brief one-to-one sessions with service users (covering the group material) who were unable to attend either face-to-face or via telephone. Group topics were flexible and delivered in response to ward need, such as anxiety management, mindfulness and coping skills groups.

Where groups were not previously running, psychological professionals, service users and ward staff commented on the benefits of setting these up where possible, making sure that physical safety measures are carefully risk assessed, as many professionals in our survey identified the challenges of socially distancing on a ward. Some suggested groups (or other interventions) may be facilitated in outdoor spaces, such as a garden, to allow a greater number of attendees and more time off the ward where leave restrictions are in place. Groups were

valued by service users as a space to connect with others and to discuss specific concerns relating to COVID-19.

Indirect Interventions

A number of indirect interventions were also offered to support service user wellbeing which professionals said continued, built-on or added-to existing work they offered in a ward context. The following provides a list of examples.

- Consultations with staff regarding service users with complex needs and presentations.
- Facilitating team formulation meetings, both virtually and face-to-face.
- Collating and disseminating self-help and psychoeducation resources.
- Supporting staff to develop COVID-19/isolation-specific care plans.
- Supervising staff to deliver psychosocial interventions.
- Increasing psychologist contact with families/carers and supporting service users to contact their loved ones (see **section 2c**).
- Liaison with community psychology teams to support discharge planning.
- Our literature review and consultations with psychological professionals recommended training ward staff to deliver psychological first aid (PFA) to service users. The World Health organisation have produced a comprehensive downloadable leaflet on the use of PFA[10].

Least Restrictive practice

Our literature review and the ward staff we consulted with supported the use of least restrictive practice. Using least restrictive practice was particularly important, as several of our survey respondents identified that the needs and presentations of service users may be more acute on wards during the pandemic. This increased acuity may have been a result of services focusing on keeping the majority of service users in community care, as this has been perceived as a safer option in terms of contagion, therefore service users were admitted to inpatient settings at a later time. Increased levels of acuity were also attributed to heightened tensions triggered by living in close proximity to others and limited access leave.

The role of psychological professionals in reducing restrictive practice may involve:

- Providing training to ward staff to support the use of least restrictive practice, for example, using Talk Down techniques.
- Supporting staff through formulation work to develop a more psychologically-focused understanding of the service user's needs and to create an individualised care plan.
- Encouraging innovative ideas to engage service users, for example, running coping groups to develop emotional regulation skills, and supporting service users to create post cards to send to their family
- Providing patients with a forum to express frustrations and supporting access to outside space.

2c. For families and carers

Psychological professionals reported providing increased support to the families and carers of service users, due to COVID-19 related restrictions on wards such as stopping visits or service user leave.

Families and carers often play a key role in the lives of service users, therefore restricted communication and visits could significantly impact service user wellbeing. The wellbeing of families and carers were also affected by COVID-19 restrictions on wards, as they were unable to visit their loved one, or have them visit. In our consultations, service users and ward staff highlighted the negative impact of not having these restrictions effectively communicated to service users, and how for some, this increased feelings of fear, uncertainty and suspiciousness, particularly towards ward staff. Some service

[10] https://www.who.int/mental_health/publications/guide_field_workers/en/

users reported that family support was crucial for their emotional wellbeing and for them to feel connected to the outside world, particularly at a time when the ward did not feel normal.

Psychological professionals reported a much greater involvement in supporting the wellbeing of, and increasing contact with, families and carers, particularly on wards with client groups at a higher risk of contracting COVID-19. For instance, on older adult wards, psychologists reported a higher incidence of bereavements, therefore it was critical to provide additional training to staff and support to service users' loved ones. Particularly in the acute phase of the pandemic, when ward staff are extremely busy, they may value the skills of psychological professionals in sensitively working with carers and families.

How this support was provided varied between wards, depending on their unique circumstances and needs. Some interventions which worked well are listed below.

- At admission, working with carers to gather collateral information about the service user (history, about the person and their preferences) and using this time to address any concerns.
- Increasing frequency of carer contact with professionals to provide updates on the wellbeing of their loved one via telephone calls.
- Facilitating increased contact between service users and their families via video or phone.
- Providing families with information (leaflets or letters) outlining current restrictions on wards and the rationale for these measures.
- Providing psychological support to families, for example, facilitating online support groups and bereavement support.
- Creating bereavement packs for carers, for example, with handprints of their loved one.

2d. For psychological professionals

While demand for support from psychological professionals increases, it is important to consider how they themselves are being supported to reduce the likelihood of exhaustion and burnout.

Most psychological professionals we consulted with reported that they were able to make their own decisions about how to continue working as a psychology team, however there was little guidance to follow and they were aware of the disparity between different services which made making these decisions challenging. A majority reported an increase in the support they provided to staff and as a result they experienced pressure due to management expectations to provide more staff support. Psychological professionals are not exempt from the anxiety and trauma of the COVID-19 pandemic, therefore they should reflect on their own feelings and what they feel comfortable doing or not doing on wards during this time. Some respondents to our survey stated that they would have preferred receiving support from external sources, such as community-based psychologists, alongside other ward staff, rather than always taking on the role of facilitator and emotional container.

Many inpatient psychological professionals connected with others within their Trust on a more frequent basis to receive peer support. These meetings enabled professionals to exchange knowledge about what they were doing, what was working well, and what they were finding difficult. Psychological professionals also found that community psychology colleagues were a great source of support; both by offering peer support and providing contingency plans to help continue service user therapy sessions should the professional fall ill.

In addition to self-care, psychological professionals highlighted the benefits of implementing the following support structures during the pandemic:

- Connecting with other psychological professionals to provide and receive peer support, emotional containment, sharing ways of working and decision-making dilemmas.
- Involving community psychological professionals in these meetings to provide additional support (i.e. community

psychologists offering inpatient staff support sessions) and information about their services.

- Increasing the frequency of clinical supervision.
- Accessing and contributing to online webinars on relevant topics (e.g. remote therapy).
- Facilitating and partaking in remote training days with other psychological professionals.
- Assuming a leadership role to increase psychological awareness of the ward.

SECTION 3 - ACCESS TO DIGITAL TECHNOLOGY

Psychological staff reported that the rapid availability of technological systems had been essential to facilitate flexible and effective service delivery for service users. These included work mobiles, laptops/tablets and access to appropriate software (e.g. confidential databases) from non-Trust sites. However, some professionals reported they had experienced poor IT provision for ward staff, themselves, and service users.

3a. To support staff

Psychological staff require rapid access to appropriate technology, provided by their Trust, in order to continue in their multifaceted role as a psychologist, and to support the wellbeing of ward staff.

Psychological professionals reported the benefits of remotely attending meetings they have previously been unable to, such as those with senior management, which allow psychological professionals to contribute to service design, identify staff needs and tailor their approach to support. A majority of professionals in our survey reported that remote attendance at meetings had worked well and some suggested they would like to continue utilising remote meetings after the pandemic to increase attendance, and reduce travel time and costs.

Technology also helped to develop a more established relationship between inpatient and community teams. Remote meetings allowed care co-ordinators and other clinicians to attend when they might not usually, or as frequently (e.g. formulation meetings with ward staff and ward rounds). This has further implications for service users, as ward teams were able to prepare service users for discharge with relevant information about how community services were operating (e.g. whether post-discharge they will meet service users face-to-face or contact by phone).

3b. To support service users and families/carers

Psychological professionals reported benefits of providing service users with technology to support their engagement with psychological professionals, other staff involved in their care and families/carers.

Access to technology on the ward also benefitted service users by facilitating interaction with family and friends, particularly when leave and visits were restricted. This also enabled relevant family/carers to remotely attend ward rounds and contact the ward staff with greater ease, as ward staff may have recognised missed calls on mobiles and returned them quicker when compared to landlines, which may ring out in offices where staff are not always present.

Service users also had the option of contacting the psychological professional more frequently, for example by the professional calling informally to ‘check-in’. Psychological professionals found this beneficial, particularly when working remotely as they had less opportunity for informal interaction with service users. More structured remote psychological therapy were also offered in this way, the benefits of which have been noted previously in this document (i.e. that service users may experience reduced anxiety about virus transmission if working remotely, and that the professional does not have to manage the challenges of wearing PPE). Service users also engaged with professionals from outside the ward, including staff in community teams and placement providers, in some cases promoting safer and more timely discharges.