

The King's ICU Patient Support Group: Connecting the mind and body through a blend of facilitated and peer-support group sessions

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Aims and hypothesis

Our aim was to explore the feasibility, acceptability, safety and benefits of an online peer support group to respond to psychological experienced by patients who had an ICU admission. We hypothesised that integrating support for post-ICU biopsychosocial sequelae would have benefits to both patients and staff.

Background

Post Intensive Care Syndrome (PICS) includes the physical, mental and emotional symptoms that persist after a patient leaves ICU and affects approximately 50% of survivors. Despite this there are known gaps in access to services and support for people experiencing PICS. The COVID-19 pandemic magnified this unmet need.

Methods

A fortnightly hour-long online group co-facilitated by a psychiatrist and ICU staff member was established. The structured model (which continues to present day) blended specific rehabilitation exercises with facilitated discussion, ending with grounding techniques. Sessions were flexible, focusing on either participant requests or prespecified 'themes' (e.g., flashbacks).

Facilitation focused on enabling peer support discussion whilst ensuring any distressed participants were followed up with adequate support. Facilitators received supervision from a trauma therapist.

Results

It was feasible to create the group with a governance structure and sustain it for over one year to date. 18 out of 35 patients invited to the group attended. 16 (89%) attended more than 3 sessions, demonstrating acceptability.

Qualitative analysis has demonstrated benefits in a range of domains to both staff and patient participants including feelings of connectedness, reduced distress from symptoms and reward from being able to help others. There have been no recorded adverse or serious incidents since it was commenced.

Conclusion

The model is feasible, acceptable and safe. Further evaluation is required to explore clinical outcomes and cost effectiveness of this model as a routine part of ICU aftercare.