

Fear, Loss and Disconnection: The emotional impact of the covid pandemic upon staff working in mental health and how the organisation can help

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# The Impact of the Pandemic

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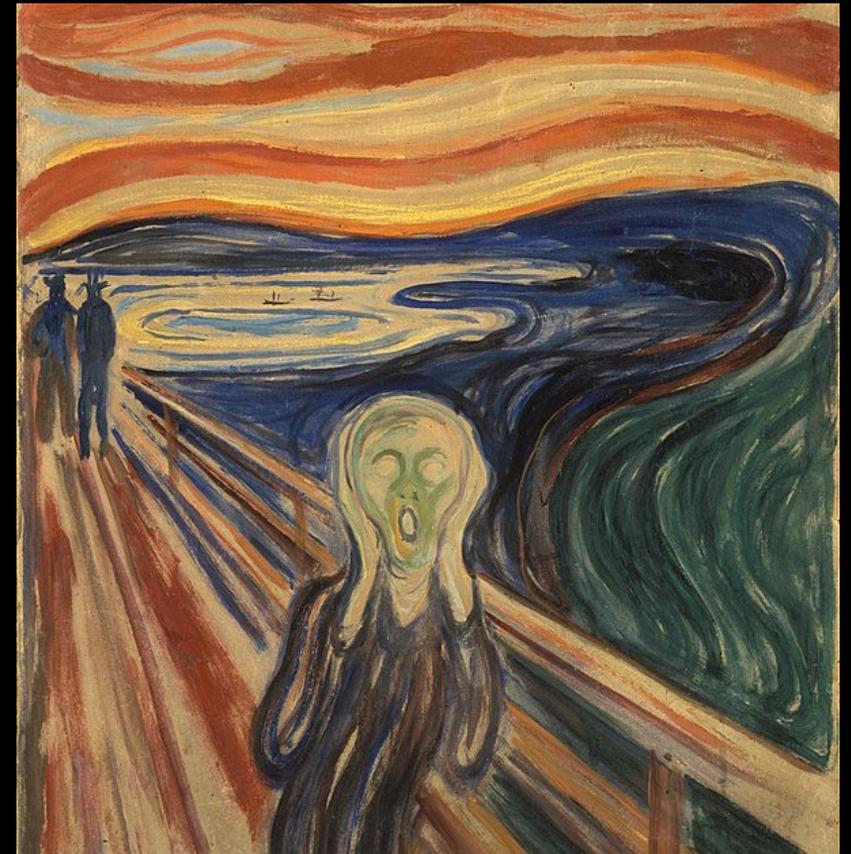
- 1. Has the functioning of your team has been adversely affected by the pandemic?
- 2. Has your own physical and emotional wellbeing been adversely affected by the pandemic?
- Have you had sufficient opportunities to process the impact of the pandemic at work?



# Traumatic experiences and losses need to be integrated and processed....

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- ...or they affect our wellbeing, functioning and may lead to physical and psychological symptoms
- Applies to staff as well as patients
- Without opportunities to process our own experiences we will struggle ourselves and our ability to care for others and support our teams will be compromised.
- More able to think once an acute crisis has passed
- We may become more aware of the enormity of what has happened as a delayed response ; Freud the “apres coup”



# Today's Talk

Mental health staff work at the coalface of human distress.....

- Working with disturbed states of mind is inevitable disturbing,
- The concept of containment and it's central role in health care, Bion's ideas of the container-contained and alpha functioning
- The central role of the organisation as a container for staff anxiety so they are able to do their work
- The impact of the pandemic on the MHT
- The "Covid Mind Set", the unique situation of threat, fear and loss and the strain this places upon the organisation as a container for both staff and patients
- Factors which can support the wellbeing and containing function of the (MHT) during this crisis
- Organisational Wellbeing During the Covid-19 Pandemic; A Guidance Document. RCPsychs
- What can help us to process and to learn from the experience as a necessary ongoing conversation

# The Brick Mother

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- Henri Rei, Maudsley hospital
- The importance of the physical container and it's meaning for patients
- Applies to staff as well
- Provides a boundary; a place we can leave and return to



# The workplace as a place of safety for both patients and staff

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- Importance of physical safety for both patients and staff and the physical conditions needed to provide this
- Also refers to the importance of a safe place for emotional distress to be held and understood for both patients and staff



# Containment

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- The need to nurture a space and to hold the emotional experience of the other without becoming overwhelmed or reacting to anxiety
- Origins in early emotional life
- Beta elements of raw distress transformed into understood Alpha elements ( Bion)
- Alpha functioning refers to the ability to think under the pressure of projected distress and requires the mind of another to receive, to process and respond to the distress
- Fragmented and overwhelming states of mind become coherent and understood
- Key to psychiatric care



# Projection and Containment

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- The distress projected so another feels it too and is able to receive it without becoming overwhelmed / disconnected/ reactive



# Containment

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- The distress is processed and responded to by another
- The baby internalizes an experience of being understood and settles
- ....and gradually becomes more “self contained” as this process develops within himself



# “Container Contained”

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- Containment is not a passive or easy process
- Requires one’s own internal resources and the support of others to be able to “think under pressure”



# Containment as a life long need.....

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# Containment as central to clinical care

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- Containment of anxiety and distress is a key part of health care
- Projection increases in disturbed states of mind
- Projection is an unconscious process and may powerfully affect management despite the best intentions of staff
- Staff need support in order to think under the pressure of these powerful projections- for their alpha functioning to be supported
- Without opportunities to process the emotional impact of the work staff may become affected by projective processes and clinical care may be compromised
- Patients presenting to MH services may have experienced disturbed attachments, boundary violations, abuse and neglect from those in positions of authority and care
- These disturbed relationships are likely to be unconsciously recreated with clinical teams through the transference



# Staff need to be contained in order to do their work

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- The containers need to be contained within health care
- Projections include experiences which our patients cannot manage so by definition include difficult feelings and urges - fear, rage, frustration, inadequacy, confusion, helplessness, grief, sadness, urges to get rid of the unbearable...which can also be disturbing for staff
- Clinical management can become reactive and can become led by unrecognised feelings –fear, helplessness, confusion etc... countertransference enactments
- To contain the containers the emotional impact of the work needs to be addressed
- This is a task for the whole organisation

# Containment and the MHT

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- Containment of emotional distress and anxiety is a key task of the MHT
- Under-recognised as a key part of what is helpful in care
- In order to contain others, staff need to be contained
- The organisation needs to provide conditions which support the alpha functioning of staff



# Containment: Embedded in the fabric of the MHT

- In a well functioning organisation a framework of activities provide containment for all staff
- Activities include formal meetings, supervision, reflective practice, specialist panels , also informal contacts and conversations
- Containment requires the feelings staff are holding about their work to be recognised, communicated and understood –often leads to the most helpful insights in reflective practice
- Works well in a group setting as different responses can be considered
- Containment is provided within our relationships at work
- Our relationships with each other are central to how much we thrive or struggle at work
- These are not ordinary times....



# The Pandemic and the MHT

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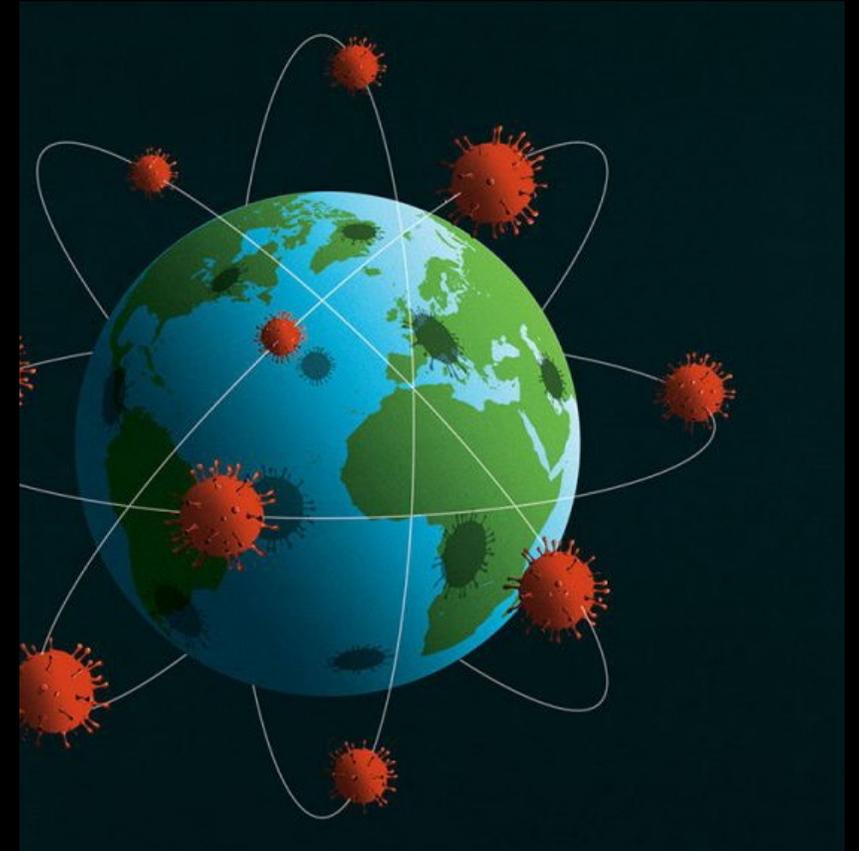
- All the usual parameters within which mental health staff do their work have been affected
- Fear, threat and loss for us all
- The containing function of the MHT has rarely been more important



# Covid as a Symptom of an underlying disorder

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- “For psychoanalysis, the symptom is not a disorder, it is a silenced truth which needs to be heard”
- Layers of issues and fears which need to be addressed even beyond the immediate fears brought by the pandemic
- If the covid pandemic is a symptom it raises very serious issues about our relationship with the natural world which need to be faced



# Helplessness and the “Crushingly Superior Force of Nature” ...

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- Our total dependency upon the natural world and helplessness against natural forces highlighted
- “Nature rises up against us, majestic, cruel and inexorable; she brings to our mind once more our weakness and helplessness, which we thought to escape through the work of civilisation.” Freud 1927. *The Future of an Illusion*
- “We... will always remain a transient structure with a limited capacity for adaptation and achievement” Freud 1929. *Civilisation and Its Discontent*.



# Our Relationship with our Habitat

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- Seen ourselves as the dominant species, covid brings a profound blow to our omnipotence
- Less than a kg of viral matter world wide has almost paralysed us as a species.
- Our encroachment on the habitat of other species allows diseases to jump species and to prey upon us and vice versa
- Relationship with natural world has largely been about control, and exploitation of it's resources
- George Monbiot- The doctrine of dominion
- Sally Weintrobe-most of us are in a collective bubble of disavowal about the climate crisis

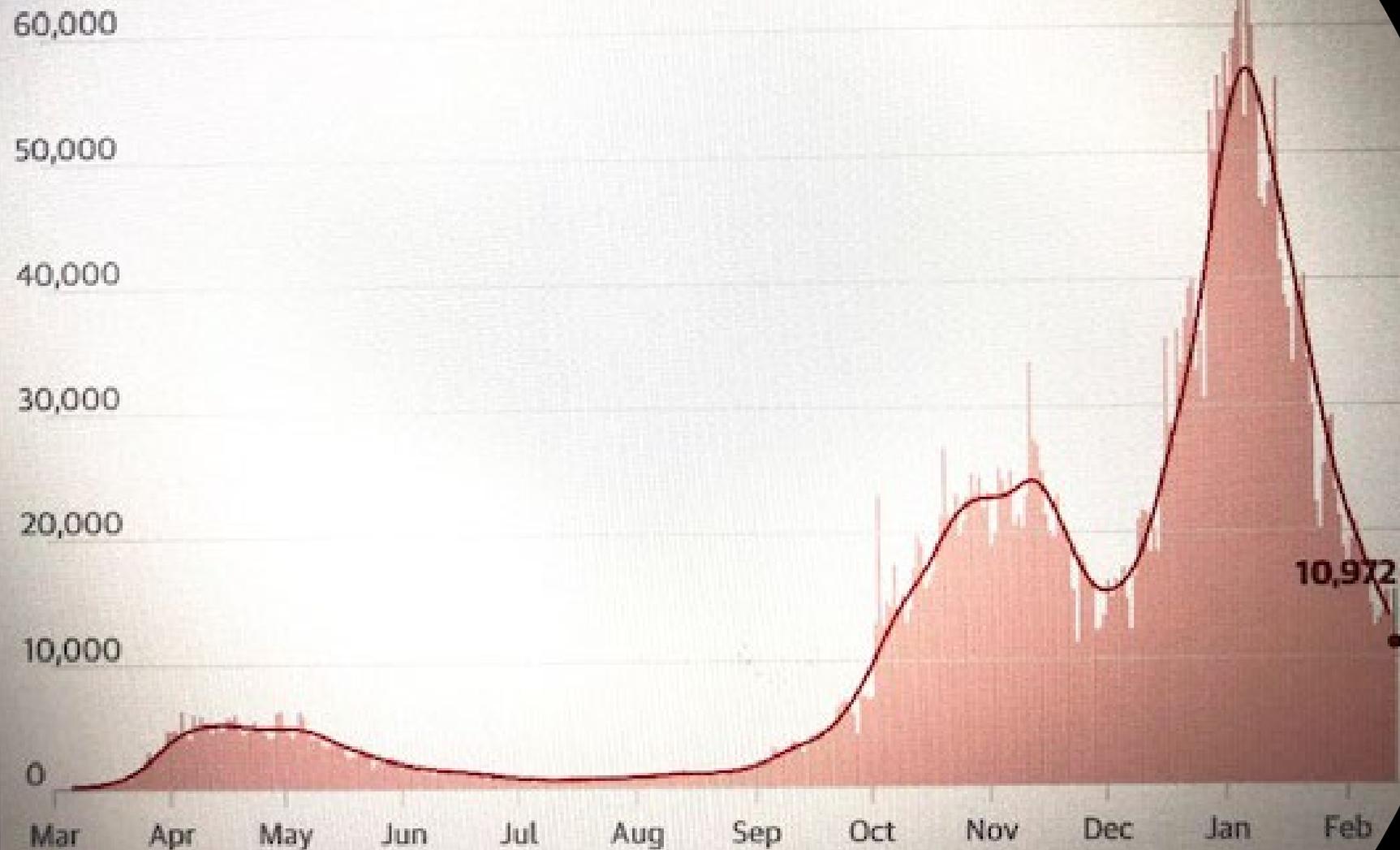


- “We are on the route out. We are protecting the most vulnerable. We are getting the virus under control”

- Matt Hancock 18th Jan 2021



## UK: new coronavirus cases per day



Note: Line chart based on the average number of new cases per day in a given week. Cases are assigned to the week of publication. Data: data.gov.uk, updated 14 February, 2021

A photograph of the BMA building at night. The building is a grand, classical-style structure with a red brick facade and white stone columns. The text is projected onto the upper part of the building. The text is in white and yellow. The BMA logo and name are also projected in white. The building is illuminated with blue and white lights. There are statues in the foreground.

MORE THAN 100,000 PEOPLE  
IN THE UK HAVE LOST THEIR  
LIVES TO COVID

WE WILL NEVER FORGET

 BMA





Stay at Home

# Where are we now?

Restrictions lifting

Impact of the vaccine

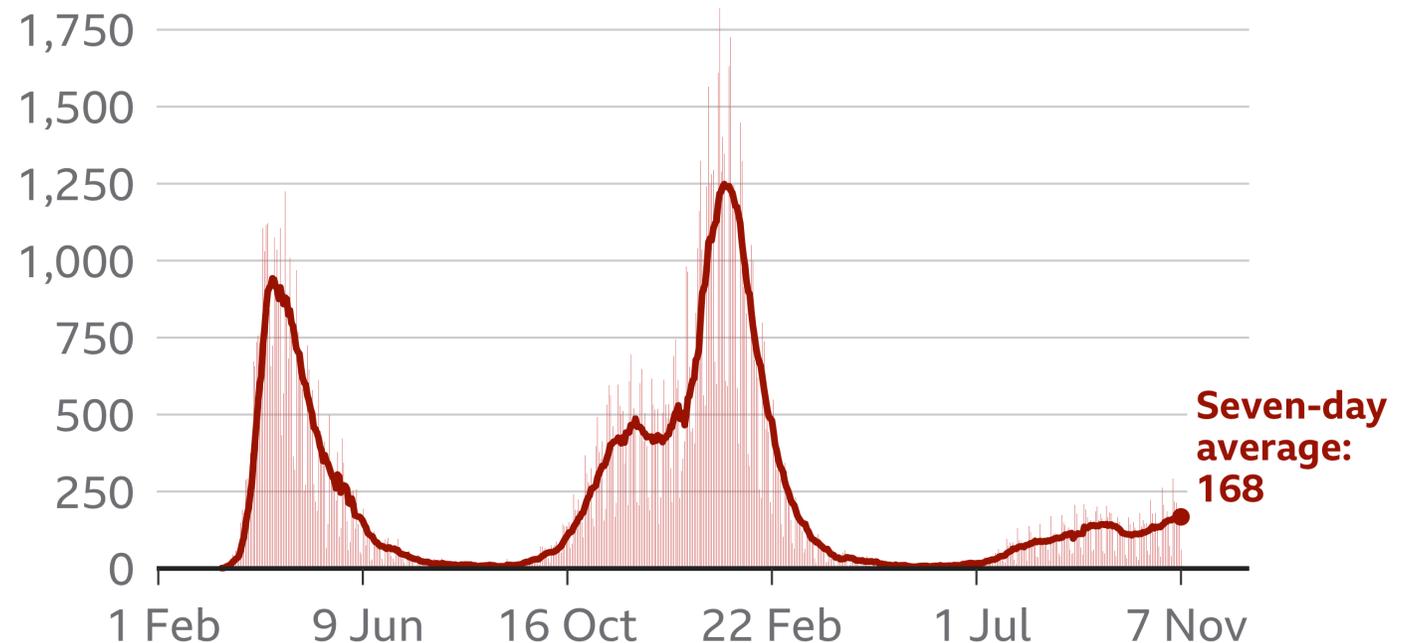
Ongoing uncertainties and fears

Many losses to face

Time to process and reflect?

## Daily deaths show small rise

UK daily reported deaths with coronavirus



Figures include only those who tested positive for coronavirus

Source: Gov.uk dashboard, updated 7 Nov

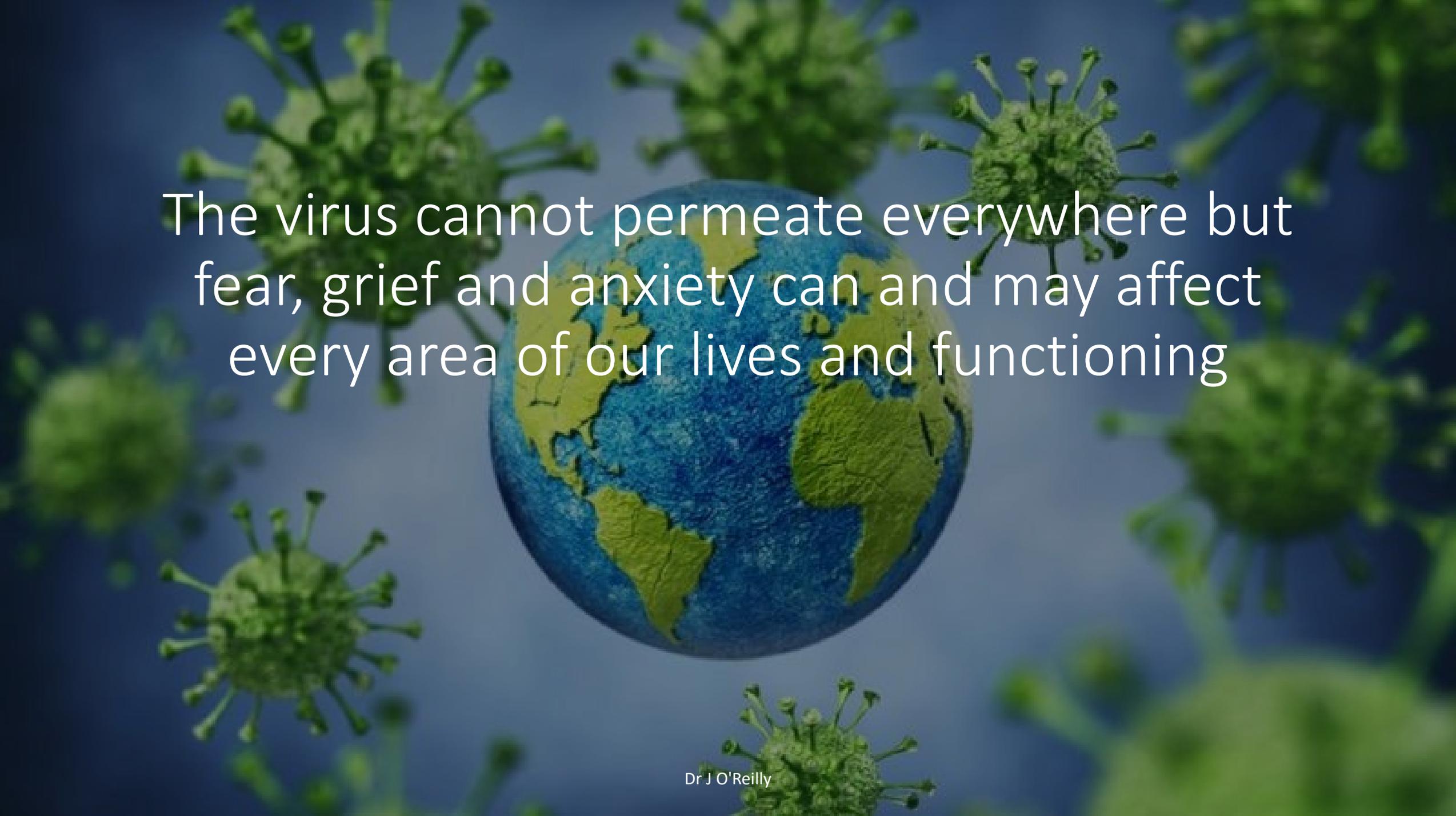
BBC

# The Covid Mindset; The Nature of the Anxiety

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- Threats to survival, encounters with death activate deep fear and primitive defences which can challenge the ability to think
- Ruthlessness of chance which is both indiscriminate and also discriminates
- Illumination of stark inequalities and disturbing truths
- Traumatic losses without the usual rituals of mourning
- An unprecedented threat; no blueprint to draw upon
- Contact with loved ones and colleagues became a threat leading to isolation
- Pervades all areas of our lives –restrictions, losses, deprivation of usual sources of respite and recovery
- Loss of how we were leading our lives, liberty, agency and planning
- Loss of control , prolonged helplessness, loss of assumptions and trust
- Exhaustion, nightmares, agitation, inability to rest





The virus cannot permeate everywhere but  
fear, grief and anxiety can and may affect  
every area of our lives and functioning

# The Effects of Fear and Excessive Anxiety

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- Unlike the virus, anxiety can get everywhere, penetrates our defences, and can makes us react and behave irrationally
- Return to more primitive forms of psychological functioning when we are afraid and threatened
- Fight –Flight Functioning, survival mode of action and reaction
- Paranoid –schizoid functioning- binary thinking into good and bad, splitting, projection of unacceptable thoughts and feelings into others, blame and accusation, provides certainty and simplicity when under threat ( Melanie Klein)
- Increased defences against anxiety- may be helpful or problematic- a degree of denial and obsessionality may be necessary and help us to function
- May increase chance of survival in an emergency
- Reactive mind sets which make it difficult to think, to process information to adapt and to manage complexity
- Can be difficult to get out of

# When psychological defences become excessive...

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- Manic defences of denial of vulnerability, overactivity, and omnipotence can place staff at risk.
- Obsessionality an attempt to regain control
- Increased projection can create and widen divisions and splits between teams leading to conflict
- Become more paranoid, accusatory towards and suspicious of others which strain relationships
- Become out of touch with our own needs and disconnected from others
- Exhaustion and isolation may follow.



# When psychological defences are overwhelmed...

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- Anxiety may get the upper hand, become unmanageable and lead to panic attacks, phobias, excessive withdrawal from others and avoidance beyond the guidance
- Isolation, paranoia, difficulty functioning and guilt
- Overwhelming loss and difficulties with mourning in an ongoing crisis may lead to depression and suicidality
- Traumatic experiences may lead to PTSD- flashbacks, hypervigilance, insomnia, nightmares, avoidance



# When the place of safety becomes a place of threat...The MHT and the Pandemic

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- Anxiety in the work place is inevitable and often helpful -motivates us, connects us, leads us to take action when necessary, spurs creativity, keeps us safe
- Working with disturbed states of mind and powerful projective processes require staff to contain and to process high levels of disturbance and anxiety.
- The organisation needs to provide the conditions and containment which enable staff to do their work
- But what happens when the organisation becomes a place of viral transmission and threat, staff become absent and sick, patients become more disturbed and their fear aligns with a real external threat which affects us all
- The primary task has been urgently changed so that both patients and staff need to be protected from the virus whilst staff continue to provide care

# Losses in the work place

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- Multiple losses
- Loss of physical workplace, usual service provision, the “brick mother”
- Use of telephone and video platforms in place of meeting in person
- We have all become potential vectors of infection at home and at work
- Loss of the relationships and close contact with teams and colleagues which sustains and contains us.
- Remote working, physical distancing, actual absence, facial coverings exacerbate this
- Loss of an ideal organisation which holds the answers and knows what to do
- Loss of a workplace which can always keep us safe and provide what we need
- Loss of respite and usual sustaining activities.

# Increased Clinical Pressures

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- Lack of usual services and staff when services already under-resourced
- Patients presenting in more disturbed states and less well contained by services
- Patient's fears more closely aligned to our own and aware of anxiety and vulnerability in staff whom they depend upon, which may further increase anxiety
- Increased physical health responsibilities and dilemmas
- Exposure to traumatic situations and infection from patients and colleagues
- Confusion over what to prioritise-the physical or the psychological
- New ethical and moral dilemmas
- Many patients have deteriorated both physically and psychologically
- Guilt and isolation amongst those working from home

# Fear and Paranoid Schizoid Functioning affects the culture within which we work

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- PS Processes may increase when we feel under threat....
- Increase in projective processes with aggravation of pre-existing tensions-may lead to accusations and blame rather than sharing dilemmas
- Increased splitting and division between colleagues, teams and services
- Effect how we communicate with each other...are we releasing our own anxiety? Emails as powerful vehicles for projection.....
- Action/ reaction in place of thought-knee jerk decision making, eg suspending services without considering further implications
- Denial of loss or complexity, intolerance of thinking, absolute certainty
- Projection of agency and responsibility into others/ managers
- Excessive projection may lead to depletion of the team's own resources and increase dependence on others



# Depressive Position Functioning and the MHT

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- A state of mind in which we can be in contact with difficult realities and tolerate them ( Melanie Klein)
- Ability to know we are all vulnerable and have our limits.
- Better able to bear the reality of a complex situation and uncertainty
- Reality of loss recognised and mourning is possible
- No absolute reassurances. Need to tolerate and to work alongside anxiety which is inevitable
- Allows creative and sensible solutions to be found within ourselves and to draw upon our own resources and “common sense” when less projection/ looking to the leadership
- In constant tension with PS processes and can shift back to more PS states when anxiety rises

# What can help contain staff during the crisis?

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- Organisational Wellbeing During the Covid-19 Pandemic; creation of a guidance document. Drs Jo O'Reilly, Maria Eyres. Simon Heyland, Svetline Vrabtchev
- Ideas from organisational consultancy, group relations, psychoanalysis
- Own observations of what helps staff manage anxiety, and what may increase it
- Seeking stability as much as possible, prioritise team relationships, and opportunities to process experiences at work
- Need to recognise the impact of the pandemic and defences against anxiety, fear and loss may be problematic

# Organisational Wellbeing During the Covid-19 Pandemic; A Guidance Document

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- *We are the organisation and we all have a role to play in the culture and functioning of the organisations within which we work. We may not be able to change the facts of what has happened but we all contribute to the experiences at work of ourselves and our colleagues.*
- Recognise that excessive anxiety affects every level of the organisation and affects how we function and think. Take steps to normalise this; clinical staff can be very defended against their own vulnerability, and embed supportive structures....team huddles, staff support etc
- Be aware the urge to take immediate action may be a response to anxiety
- Develop opportunities for thinking about clinical dilemmas and the emotional impact of the work building upon existing supervision, peer support, reflective practice and team meetings throughout the organisation
- Aim to establish a culture of learning from experience when things go wrong and avoid blame. This is an unfolding process and decisions will be made which require revision.

# Organisational Wellbeing During the Covid -19 Pandemic : A Guidance Document

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- Use channels of communication between frontline staff and senior management to demonstrate how management decisions are directly informed by the positive and negative experiences of staff. *Avoid actions and communications which may increase feelings of helplessness and loss of control in staff*
- Maintain differentiation of staff roles as much as possible and avoid terms such as “non-essential duties” which can demoralise staff. All staff have valuable expertise to contribute at different stages of the crisis.
- Explicitly recognise staff at greater risk and take into account their specific needs.
- Ensure that redeployment is based upon a realistic appraisal of the task and matches staff skill sets. Provide training as required for new roles.

# Organisational Wellbeing During the Covid-19 Pandemic; A Guidance Document

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- Maintain usual activities including educational activities and avoid service closures where possible to maximise the stability of the organisation.
- Encourage all staff to be mindful of their internal states, we all have vulnerabilities and blind spots which may be triggered as anxiety increases
- Seek unity when conflict arises. Increased stress affects us all and will hit upon pre-existing tensions which can be resolved later
- Start preparing for opportunities to process experiences at work once the acute crisis has settled.
- *Much of this guidance is common sense but this may desert us in a crisis*

# What we are Learning; Adaptation, and Development

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- As with all crises we need to learn, to process our experiences and to develop
- This needs to be from the depressive position as much as possible, so we can mourn traumatic experiences and losses and acknowledge mistakes as a basis for new learning and creativity.
- Processing our experiences needs priority and time. Traumatic experiences and delayed responses may present years later.
- Denial may be powerful but organisations have a memory and the effects of difficult experiences will linger and return
- Lifting of restrictions also increase anxiety and uncertainty, raises new dilemmas



# What are we learning?

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All crises provide opportunities for learning about what is essential in our work and the covid pandemic has highlighted this.

We have adapted ways of working, developed new skills, awareness of the importance of relationships, working across teams, increased reflective practice, less red tape, new communication channels

Urge to “go back to normal” But a species we cannot continue on the trajectory we are on....



# Where are we now?

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Restrictions largely lifted, success of vaccine program, community rates remain high but hospital admissions much reduced

Wide variance in returning to face to face work/ resumption of services ? Role of anxiety in this.

Increased distress in patient groups

Increased use of remote working. Less physical presence with colleagues. Loss of buildings.

Service redesigns/ restructures ? Role of denial in this?

.....to what extent are we able to process and mourn our experiences as the basis for new learning, and to what extent may fear/ anxiety and defences against it including the manic defence be guiding our functioning?

