

# Staff Wellbeing Hub

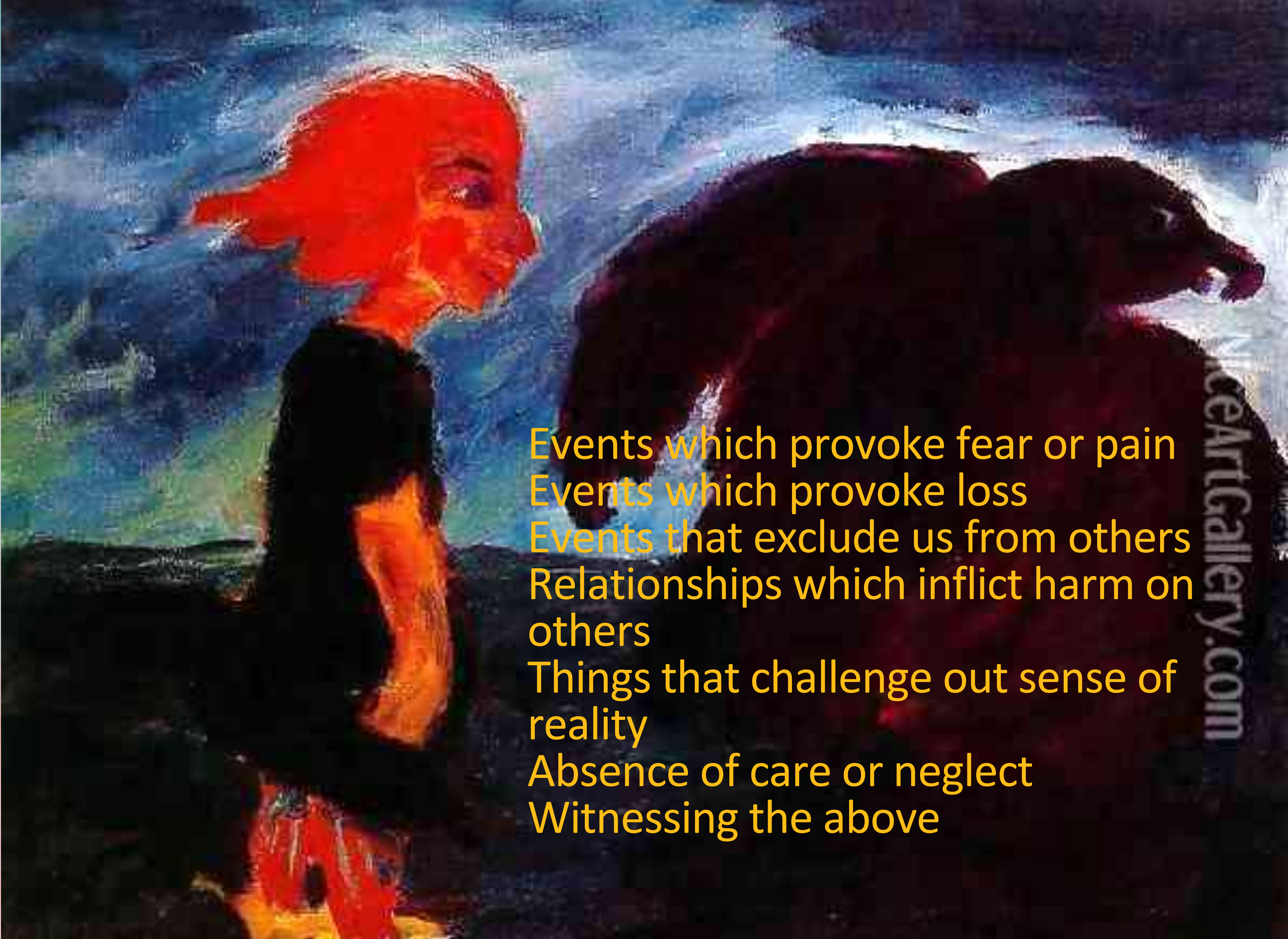
## #HubsTheWord



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Events which provoke fear or pain  
Events which provoke loss  
Events that exclude us from others  
Relationships which inflict harm on others  
Things that challenge our sense of reality  
Absence of care or neglect  
Witnessing the above

# a trauma informed approach to staff need

- **Relationships are the basis of recovery:** staff want and deserve real contact with experienced mental health experts at the outset.
- **Whole-system thinking:** to work productively across agencies to create easy and timely access for staff and plug any gaps.
- **Normalisation and strengths-based approach:** non-pathologising language and preventative offers for individuals and teams.
- **Empowerment:** a range of quality offers to choose from, including specialist therapy and confidential self-referral.
- **Addressing complexity:** dealing with the unique and multi-layered nature of staff mental health.
- **Confidentiality:** separate from their employer

**The Staff  
Wellbeing  
Hubs**



# HUB teams: what we are targeting

Wellbeing  
promotion

Somatic symptoms  
of stress

Burnout

PTSD

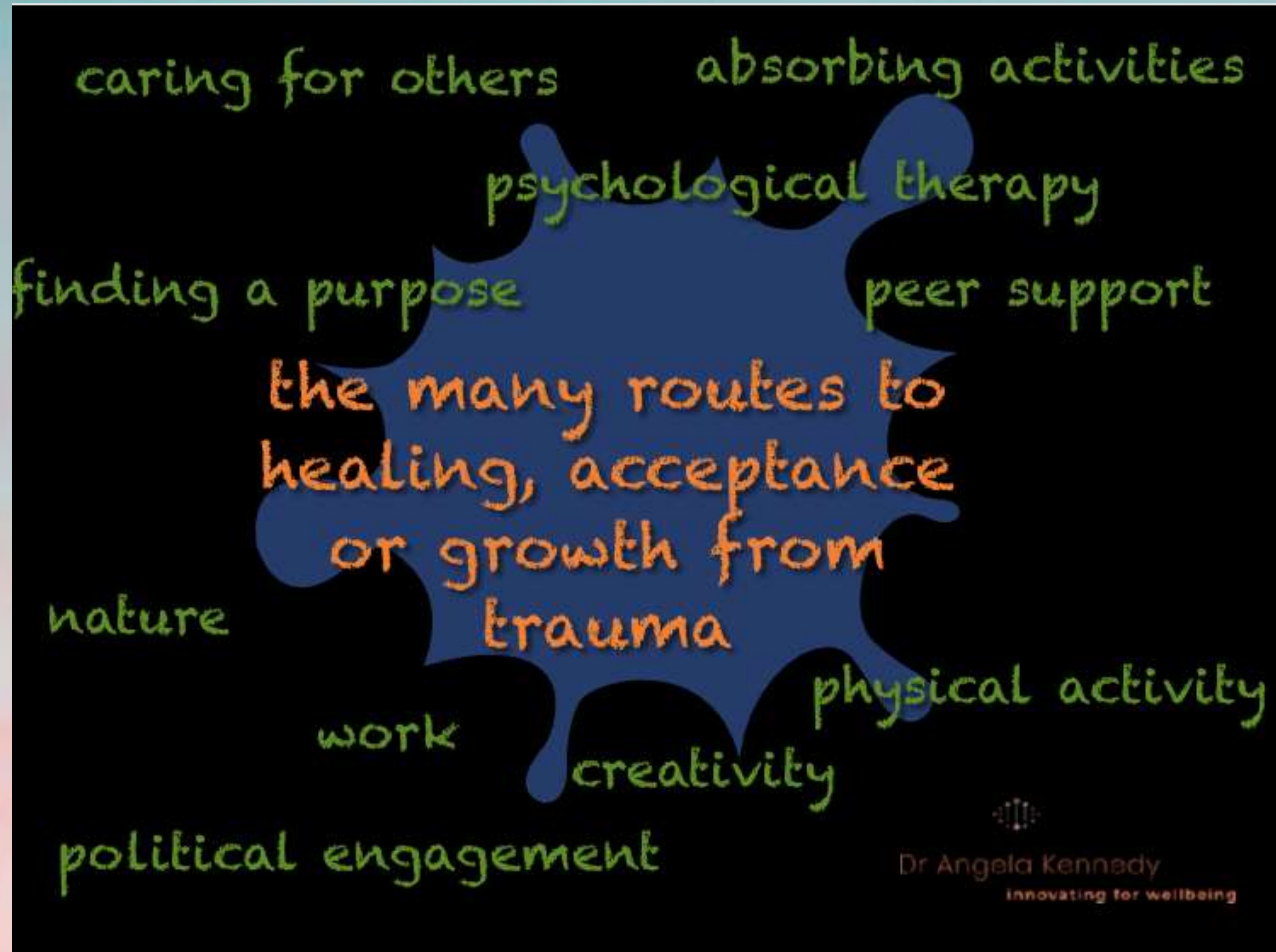
Anxiety/depression

Moral injury

Operational/  
leadership support

Self monitoring

Bereavement



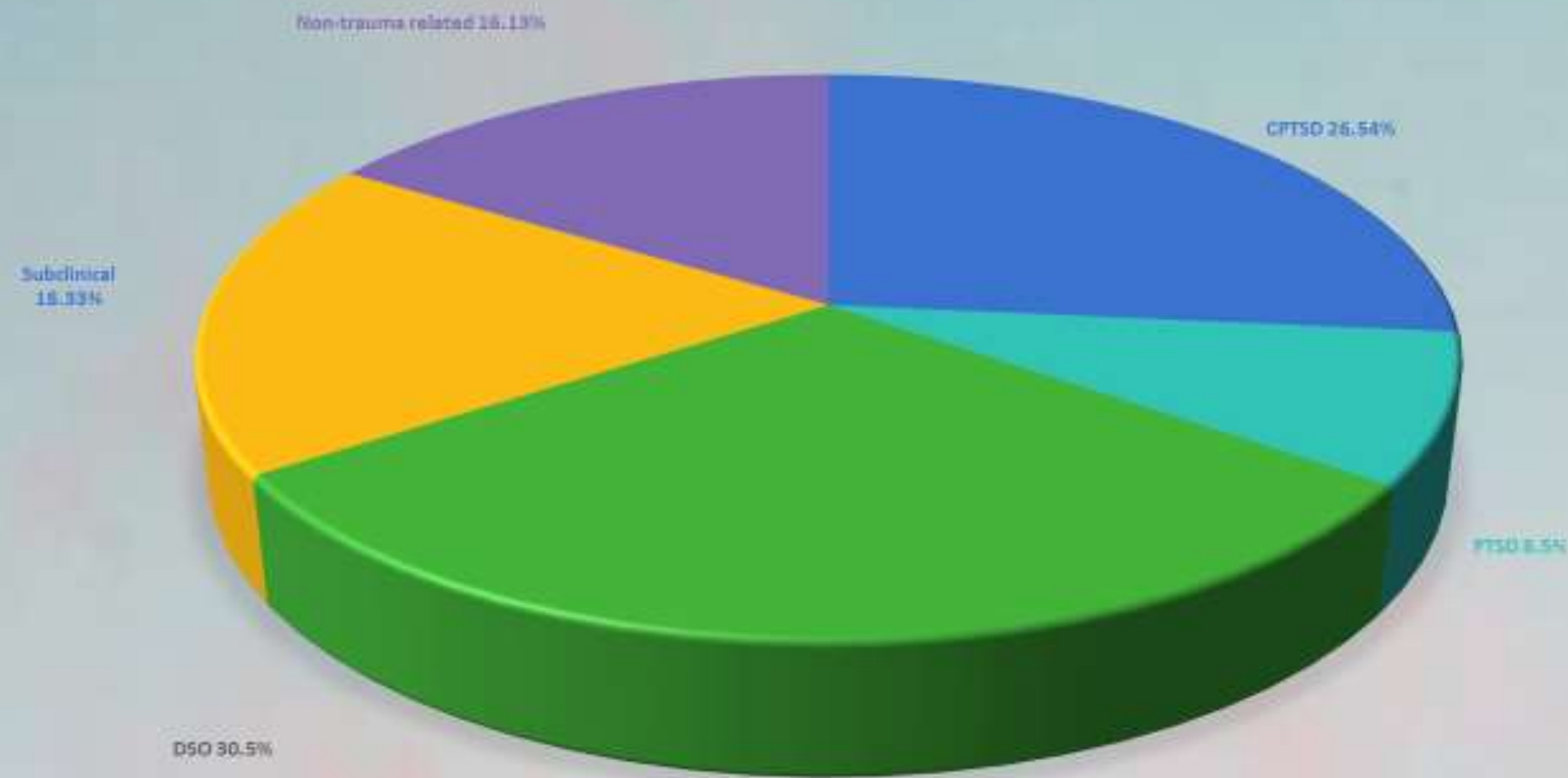
# Hub: Our offer and task

Therapies/ interventions	Coaching	Research	Wellbeing monitoring
Specialist MH assessment	Signposting	Pathways with partners	Team support
Phone line	Proactive outreach	Prevention/ Wellbeing offers	Training

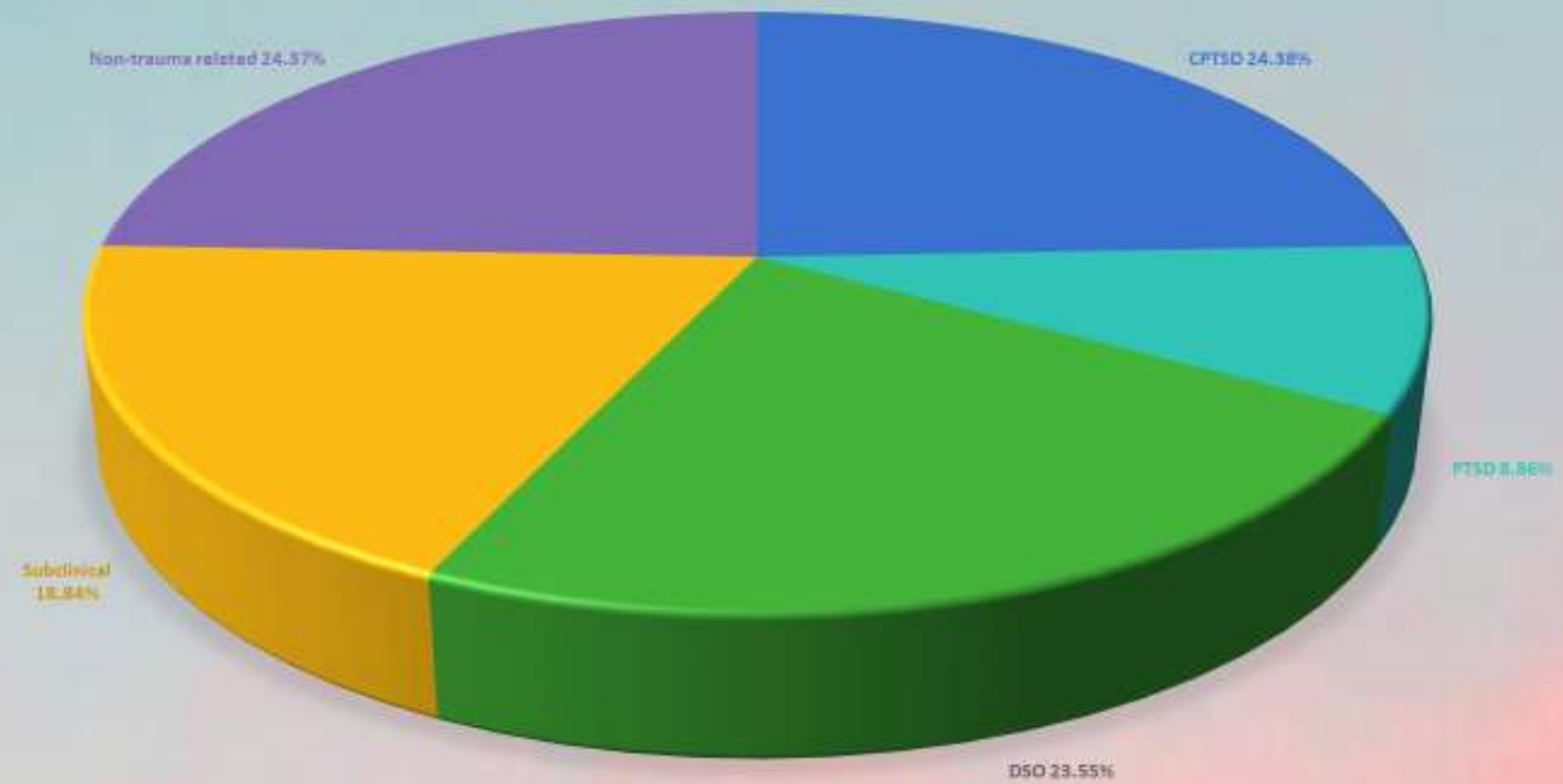
# Trauma Presentation n=1137 HNY Resilience Hub

(Feb 21-Sep22)

CLINICAL STAFF TRAUMA PRESENTATION ITQ



NON-CLINICAL STAFF TRAUMA PRESENTATION ITQ



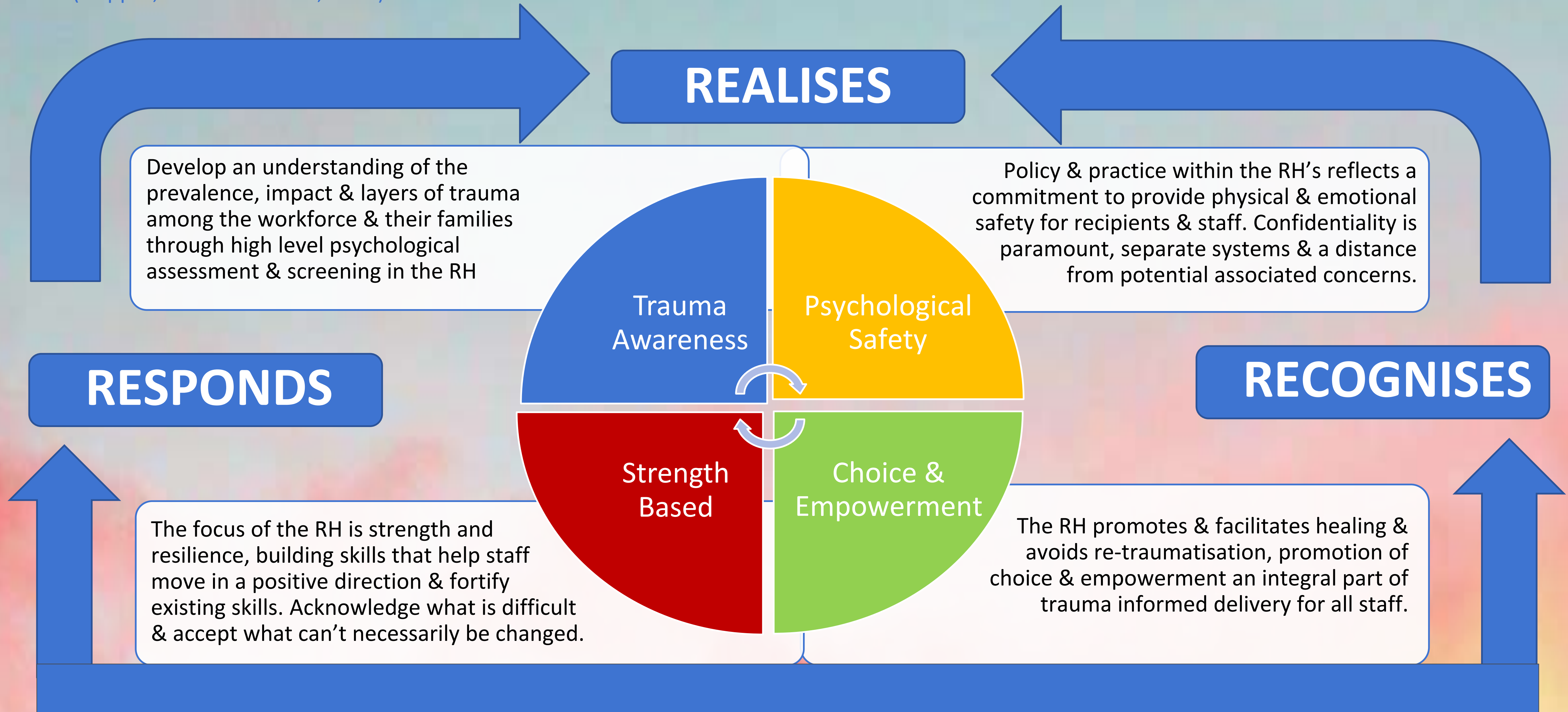
	PTSD domains	DSO
<b>PTSD diagnosis:</b>	Re-experiencing in the here and now Avoidance Sense of current threat PTSD functional impairment	
<b>CPTSD diagnosis</b>	Re-experiencing in the here and now Avoidance Sense of current threat PTSD functional impairment	Affective dysregulation Negative self-concept Disturbances in relationships DSO functional impairment

There are many people who just fall short of the full diagnosis of PTSD. This is known as 'subclinical PTSD', involving the presentation of PTSD related symptoms without meeting full diagnostic criteria. The high prevalence of subclinical PTSD requires further attention and evaluations (Korte et al., 2016). Subclinical populations face significant distress and also impairment to both interpersonal and occupational functioning comparable to clinical PTSD (Cukor et al., 2010; Zlotnick et al., 2002). There is also a risk that people with subclinical PTSD might later develop full diagnosis of PTSD (Mylle and Maes, 2004). Thus, it is imperative that subclinical groups for PTSD are not neglected and treated accordingly.

# Principles of Trauma Informed Care (TIC)

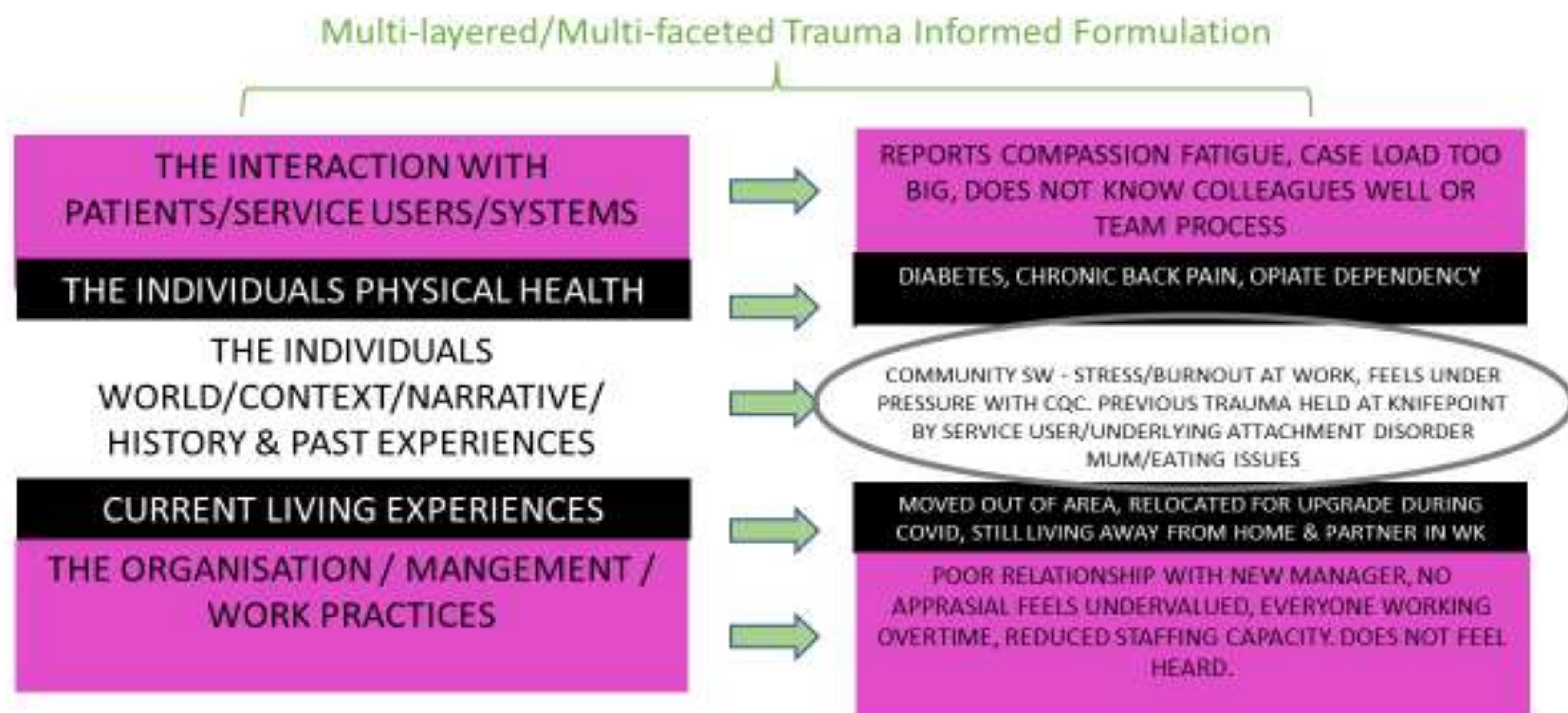
As promoted by the Resilience Hub's

(Hopper, Bassuk & Olivet, 2010)



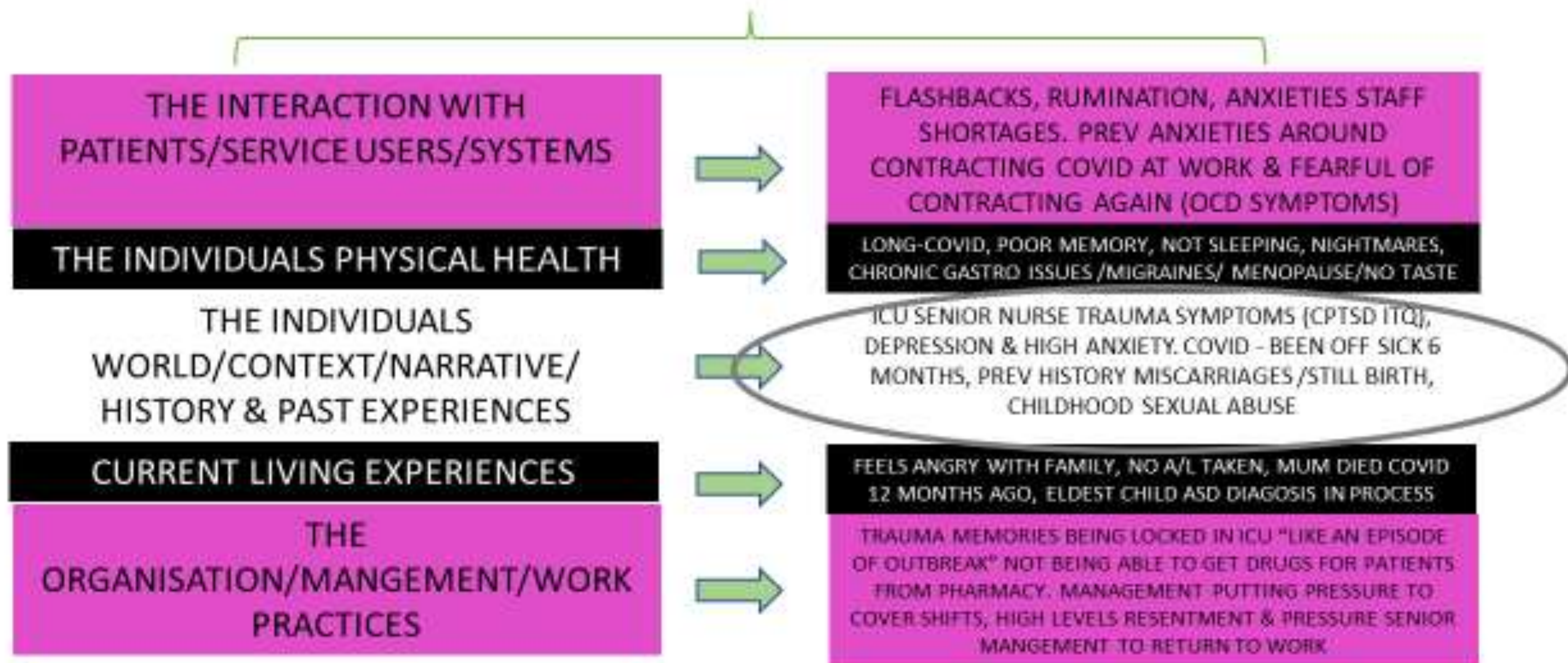


# Trauma Informed Care: Holistic & Person-Centred Formulations



# Trauma Informed Care: Holistic & Person-Centred Formulations

## Multi-layered/Multi-faceted Trauma Informed Formulation



# Case Study 2: Holistic Trauma Informed Support

Internal & External Support from the Resilience Hub: Realises, Recognises & Responds



EXTENSIVE ASSESSMENT,  
FORMULATION & DEVELOPED  
SHARED UNDERSTANDING &  
PRIORITIES FOR SUPPORT



TRAUMA STABILISATION  
GROUP 6 SESSIONS  
GROUNDING  
TECHNIQUES



TARGETTED  
EMDR 8 SESSIONS WITH  
PSYCHOLOGICAL  
PRACTITIONER



LONG-COVID SUPORT  
GROUP & COGNITIVE  
SCREEN



LIASON WITH  
MANAGER & TEAM PATHWAY  
INTEVENTION



REFER LONG-COVID CENTRE  
FULL MEDICAL SUPPORT



REFER TO ICB LED  
MENOPAUSE RESOURCE



REFER & SUPPORT TO OCC  
HEALTH FOR REASONABLE  
ADJUSTMENTS



LIASE WITH CAMHS RE 50N &  
REFER TO PRAC HEALTH ASD  
SUPPORT GRP



SUPPORT INTRODUCTION TO  
WILD SWIMMING GROUP IN  
AREA & TRUST CHOIR

# CHALLENGES & CONCERNS FOR STAFF & THEIR ORGANISATIONS

AS IDENTIFIED BY THE RESILIENCE HUBS

Staff are burnt-out & psycho-presenteeism is high, they feel the system pressures, & report not feeling supported by their immediate management & organisation.

## BURNOUT/STRESS

*"I just go through the motions, my manager does not know me, its all just ticking boxes, I haven't had an appraisal in 4 years, where is the value"*

Staff feel "done to" they sense they have lost their purpose & sense of success, they reported not being valued for their skills or autonomy, report no compassion.

## VALUE & COMPASSION

*"When will the NHS realise "good will" only lasts so long"*

"The worst is yet to come", staff are worn-out, long-covid effects on the rise & system pressures are not reducing, in fact they are increasing – MH/Acute Hospital services W/L gd example.

## COVID LONG TERM EFFECTS

Staff feel they have no security, they are made to feel dispensable & they are frustrated with agency staff earning more, they report wanting to leave. They find sickness policies & process decisions insulting & punitive.

## RETENTION

*"We have gone from being clapped to being a scape-goat, the press & politicians have turned, why bother asking for a pay rise seems abhorrent"*

Staff report that their managers have no idea how to talk to them, to show genuine care about their circumstances, they maintain the organisation is only being flexible when it works for them. Understandable compassion fatigue.

## WELL-BEING/FLEXIBILITY

*"my long-covid means I feel safer working from home, my efficiency has increased, my manager, insists I have to work from the hospital, she works from home"*

# POTENTIAL ORGANISATIONAL & SYSTEM TRAUMA

AS IDENTIFIED BY THE RESILIENCE HUBS

AS IDENTIFIED BY THE RESILIENCE HUB & DR DAVID HARVEY IN HIS TIC WORK

Poor communication between departments & silo working; weakens team resilience, inc psycho-presenteeism, activates resentment & demotivation

**COMMUNICATION**

“Acute Crisis” (i.e. covid, CQC) means regular meetings are overlooked & so lack of connection and relationship between clinicians & management

**CONNECTIONS**

Overemphasis on numbers and statistics over relationships and stories – leads to a disconnect which is destructive.

**PROCESS DRIVEN**

Pressured senior management often inadvertently act impulsively or without consultation or communication, can create a shame or reactive culture.

**CONSULTATION**

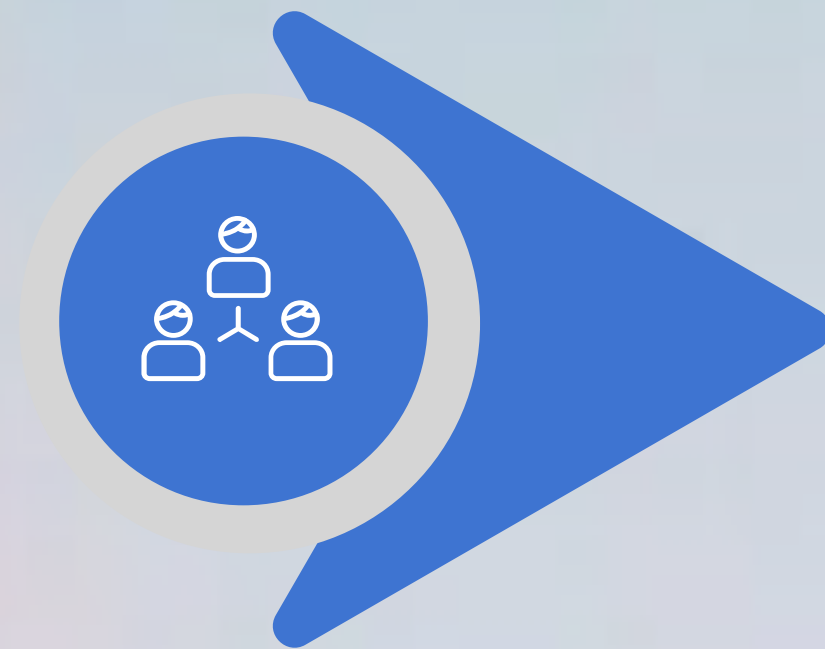
Difficult balance between structure and flexibility, with ever changing post COVID situation and so many unknowns – excessive rigidity or lack of guidance.

**FLEXIBILITY**

# IMPACT OF TRAUMA & ADVERSITY

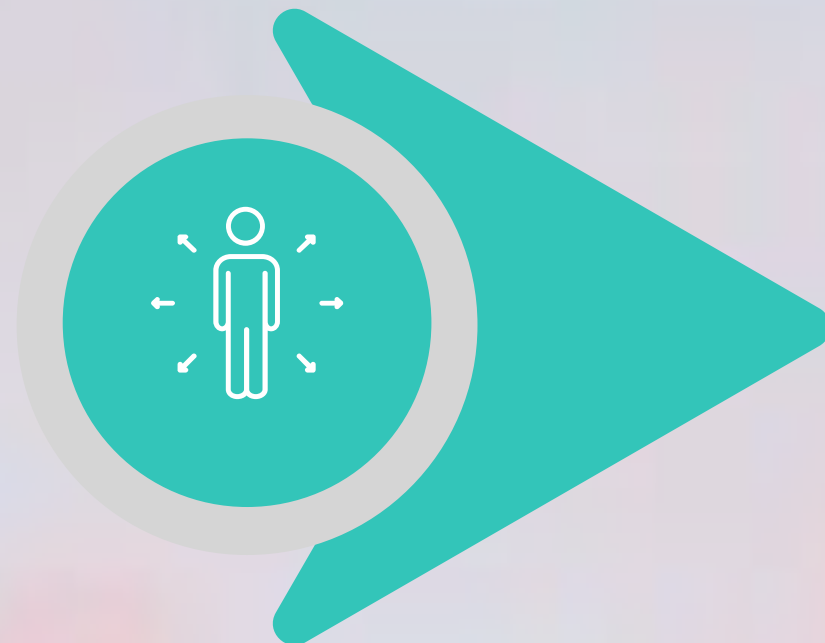
How emotions & relationships are experienced & managed (adapted from Dr David Harvey & Dr Lucy Chiddick)

## SYSTEMS & ORGANISATIONS



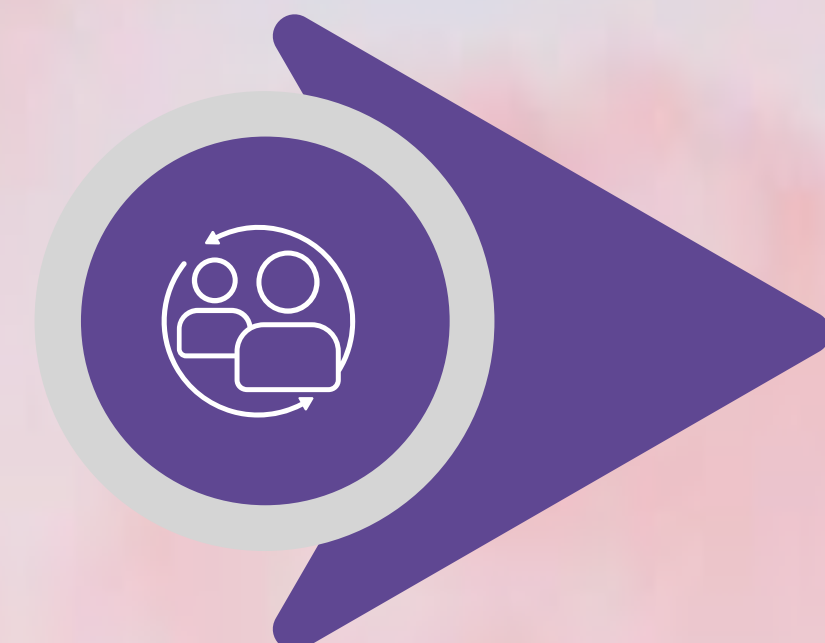
Silos, fragmentation, excessive system rigidity; harmful cultures, process driven & lack of cultural compassion & respect

## WORKFORCE



Burnout and retention issues; low morale & direct impact on staffs compassion & quality of care, motivation & commitment

## DIRECT PROVISION TO SERVICE USERS



Exacerbation of distress due to overlooking impact of trauma & reduction in effective & safe service provision to service users

# WHAT IS REQUIRED FROM SYSTEMS MOVING FORWARD?

## ACCOUNTABILITY FOR THE WHOLE INTEGRATED HEALTH CARE SYSTEM

### AWARENESS & COLLABORATION

A genuine awareness from the top of organisations is required to appreciate the severity of the staff-wellbeing problem & have a committed desire to work collaboratively to change it at all levels.

### SUPPORT NEUTRALITY

Understanding that there is a need for staff to feel safe & supported & this is not necessarily within their organisation at first. They need not to feel judged or scared of repercussions.

This is the benefit of a neutral overarching spaces like the Resilience Hubs

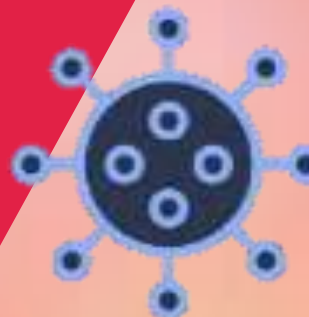
### PSYCHOLOGICAL SAFETY & TIC

Organisations need to commit to reflecting & engaging in what does & does not create psychological safety, from processes to culture, to genuine proactive & reactive commitments to staff well-being. Cultivate the workforce

### LONGEVITY & COMMITMENT

We need to know that we all have longer term financial support & commitment from senior decision makers moving forward. **Long term strategy to embody cultural & behavioural principals of TIC takes time**

**ON-GOING POSITIVE CHANGE**  
**IN STAFF-WELLBEING, RETENTION & CULTURE**



*“Covid has shone a spotlight on staff well-being, but it is not the direct cause of staff-wellbeing issues – long term commitment to TIC is required!!”*

# Spotlight on... wellbeing diary

Holistic view of mental health

Allow self monitoring and

Risk indicators

Allows organisational and public health data

The image displays four overlapping screenshots of the 'Your sense of wellbeing' website interface. The top-left screenshot shows the 'Home' page with a navigation bar, a header with a brain icon, and a main heading 'Your sense of wellbeing'. Below the header is a welcome message and a 'View My Wellbeing Diary' section with a login form (Email, Password, Login) and a 'What are the benefits of part?' section. The top-middle screenshot shows a 'Today's' page with a reflection tool. It asks the user to 'Please now reflect on how you are feeling in sliders below:' and features three sliders for 'Physical', 'Emotional', and 'Cognitive/Mental Wellbeing', each with a 'Poor' indicator and a text box for description. The top-right screenshot shows a 'My Wellbeing Report' page with a 'Filter your wellbeing report results' section (From/To date pickers, Update/Reset buttons) and a line graph showing various wellbeing metrics over time. The bottom-right screenshot shows a 'Useful Resources' page with a list of self-help strategies (Exercise, Music, Dance, etc.), NHS support links (Local GP, CMHT, etc.), and a 'Useful Websites' section with logos for The People Hub, Recovery College, and Mind.



# The value of real time data and an agile service

- Key additional Data from wellbeing diary
  - ▶ 32% of staff have rated their lives as negative (My life is meaningless, and I have no hope for the future)
  - ▶ 15% of staff have scored as harming themselves
  - ▶ Exercise is best predictor of wellbeing
- Hub response to wellbeing diary
  - ▶ Wellbeing toolkit
  - ▶ CBT group for insomnia
  - ▶ Coaching
  - ▶ Self compassion skills
  - ▶ VCSE partners for physical activity
  - ▶ Suicide prevention

A pairwise correlation analysis between the diary questions was also conducted. This revealed some interesting relationships between questions. For example,

- ▶ Drug/alcohol use, fear others, impulse harm seems to be highly correlated with each other
- ▶ Dissociation, avoidance, perception, intrusive thoughts, flashbacks, and bodily symptoms are highly correlated
- ▶ Emotional and mental states were highly correlated
- ▶ Meaning, purpose and value of life showed correlations
- ▶ Feelings of anxiety, worry and fear for safety show one of the highest correlations observed.

# Suicide in staff

**Suicide research tends to focus on aetiology and risk factors**

**Quantitative studies focus on relapse and substance-use**

**Very little about positive life trajectory following an attempt**



**Healthcare workers are at an increased risk of suicide (e.g. Dutheil et al., 2019)**

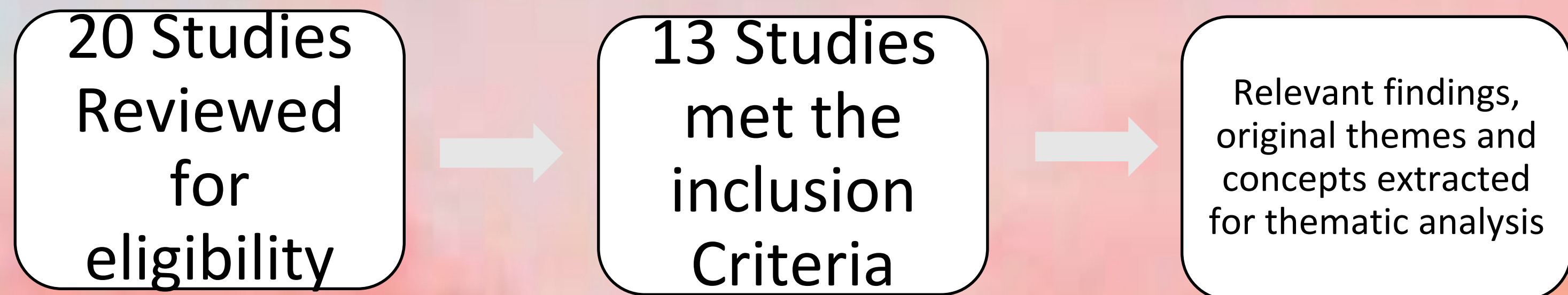
**Professionals in direct contact with suicidality show higher levels of stigmatisation than the general population. (Eilers et al., 2021)**

**A qualitative approach to experiences of recovery from suicide attempt may identify ways to improve healthcare services and encourage healthcare professionals (and the wider population) to reach out for help.**

# Method



- Comprehensive search of online databases (NCBI, Google Scholar, ScienceDirect, Taylor & Francis)
- **Inclusion Criteria** = Qualitative Studies, any geographical location, reported in English, regarding first hand experience of recovery from suicide attempt(s)
- **Exclusion Criteria** = Studies relating to family/friend experiences, use of participants under the age of 18



**Key Search Terms:**  
Recovery  
Suicidology  
Survivors  
Suicide Attempt Survivors  
Suicidal Ideation  
Overcoming Suicide  
Attempt  
Life After Attempting  
Suicide  
Health Care Services  
First-hand Experiences  
Follow-up Studies

# Results: Theme 1

## Rediscovering a Life of Meaning

### Social Connectedness

- Meaningful connections with professionals and peers = self-acceptance
- Support groups decreased loneliness
- Relatability found in a  e.g. Music lyrics
- Religion = sense of community

### Value

- Realisation of choice to live = belongingness and purpose
- Thoughts about consequences of suicide e.g. impact on children/family, health and wellbeing
- New perception of life – found value in hobbies, pets etc.

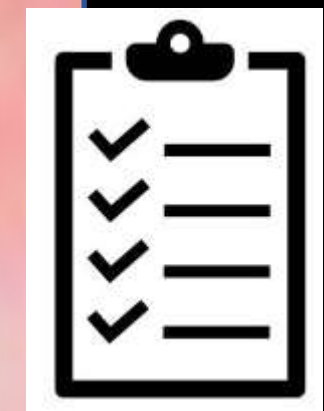


# Results: Theme 2

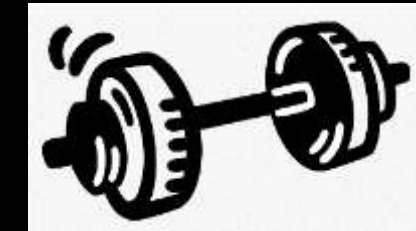
## Contextual Factors that Facilitate a Life Worth Living

### Things Other People Can do to Help

- Kindness and Respect
- Social support without stigma or judgement
- Regular contact with professionals and distant family = preferred in recovery stage
- Setting small achievable goals



### Lifestyle Changes



- Make changes to location, friends, jobs, relationships etc.
- New hobbies e.g. exercise
- Jobs in social sciences provide purpose and meaning

# Results: Theme 3

## Internal Changes



### Understanding Thoughts, Feelings and Behaviours

- Learn about human emotion and behaviours during recovery
- Symptom management and personal boundary setting
- Early warning signs, distraction techniques, recognition of emotions

### A New Sense of Identity

- Positive self-regard and acceptance
- Less critical of selves
- Religion provoked self-love



# Research: call for staff with lived experience

## Health Care Staff Experience of Attempting Suicide.

We know that attempted suicides are rare but significant. We think that staff who have attempted to take their own life have much potential wisdom to help us understand the significance of this and how to support others.

- Do you (or did you) work in Health care?
- Have you previously attempted to take your own life (5 years ago or longer)?
  - Do you want to share your wisdom of this in our research?

We are recruiting participants for a confidential study focused on the impact of attempting suicide in health care staff population. The anonymous online survey (15-40 minutes) may be followed up by an optional Interview (40 – 60 minutes).

You can take part in the online survey only or offer to participate in a follow up interview too.

[Link to online survey](#)

# Thematic analysis of interviews

## impact of stigma

- hidden history from others
- openness when trusted

## view of others in distress

- empathy
- judgement

## others' view of them

- seen as fragile
- seen as resilient

## view of life

- precious
- essentially meaningless

## a point of change

- diminished by struggle for survival
- opportunity for growth

## the point to life

- live through/for others
- inherent meaning

## locus of control

- only self to rely on
- others there when needed



# Notes from the Frontline – YouTube

2.30 mins



## NOTES FROM THE FRONTLINE

SUNDAY 20TH JUNE 2021 2PM (BST)

A celebratory musical journey through the lives of healthcare staff

This free online event is a collaboration between NHS staff and professional composers and musicians brought together by the Connection Through Music volunteers. Experience the power of musical creativity as an act of collective resistance against the challenges of the pandemic. The NHS staff will be joined by well known UK Musicians.

# Staff Wellbeing Hub

## #HubsTheWord



Thank you

[www.northeastandnorthcumbriaics.nhs.uk/staff-wellbeing-hub](http://www.northeastandnorthcumbriaics.nhs.uk/staff-wellbeing-hub)

Website for hcv

Website for wy