

AGENDA

- Introduction to OSMHP - JO
- Framing – EH
- Island experience – GT, SQ, JO
- System story – EH
- Panel discussion - Akuila

OSMHP
Oceania Society for Mental
Health Professionals

COVID- related professional anxieties

- Infection
 - Personal
 - Family
 - Community impact
 - Workload
 - Personal issues
 - System issues
 - Performance
 - Resources (\$, staff, stuff, PPE...)
 - Practice options
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ANTICIPATION

UNCERTAINTY

POLICY

- Elimination
- Suppression
- Mitigation
- Natural herd immunity

Intensive Care Society: Wellbeing and Psychological Resource Library

How to use these posters

Ideally the posters should not be used in isolation, but alongside other initiatives.

Put them up on a staff wellbeing board, where all the posters are available together for staff to view, or you could place copies of the posters around the unit in staff areas, where staff can read them freely.

Intensive Care Society:

Wellbeing and Psychological Resource Library

- Psychology of COVID-19 critical care patients
- Psychological care of COVID-19 critical care patients
- Advice for sustaining staff wellbeing in critical care during COVID-19
- Self-care during COVID-19
- Am I OK?
- Understanding psychological wellbeing at work
- Impact of reduced wellbeing
- How to approach self-care
- Improving our workplace
- Managing your wellbeing

ADVICE FOR SUSTAINING STAFF WELLBEING IN CRITICAL CARE DURING AND BEYOND COVID-19

The anticipated needs of staff will vary across each of the phases, consider the following support mechanisms:

Phases	Issues and likely impact	Needs and recommended approach
Pre-phase: No cases on unit	Anticipatory anxiety about what's on its way. Inability to think clearly, feeling overwhelmed, planning. Communication errors. Tension in working relationships. "Readiness" burnout.	Increase a sense of control - the team are in a safe pair of hands. Reassurance and planning. Communication updates are key (you may be thinking ahead, they are thinking now). Escalation plan. Support to managers who are making plans and holding the stresses.
Initial phase: Case 1	Starting to get going, lots of trying out, lost time, repetition and frustration. Further anticipatory anxiety	War room - planning central to allow centralised communication. Management are visible and available. Regular communication bulletins and open forums.
Core Phase: Full scale -Multiple cases	Biggest risk period. Fear infection and implications for families. Overwhelming workload. Full go mode- adrenalin and automatic pilot. Exhaustion. Moral distress as healthcare rationed. Distress linked to personal or family experience of COVID-19. Experience fear or stigma when out in public.	Have runners in PPE areas. Promote peer support. It's okay to say you are not okay - Senior staff to model this. Rotate workers from high-stress to lower-stress functions. Small pre-brief and debrief the day. Partner inexperienced workers with their more experienced colleagues. Psychological first aid - drop in sessions for staff with employee wellbeing if you have it. Ensure the basics: Breaks, Facilities (food trolley in staff room), Sleep, Days off. Manage visitors
End Phase: Immediate aftermath	Exhaustion and post trauma recovery / stress	Debriefing. Staff 1-1 and group sessions. Learning and preparation for the future. Organise thanks and reward. Look out for signs of PTSD in staff: <ul style="list-style-type: none"> • on edge and hyper arousal, poor sleep • flashbacks or re-experiencing • avoidance of reminders.
Long term	Some ongoing PTSD Reflection and learning	

SELF-CARE DURING COVID-19

Most importantly this is unprecedented: It is okay to not be okay

- Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports can cause anyone to feel worried. Get the facts. www.gov.uk
- Feeling stressed is an experience that you and many of your colleagues are likely going through. It is normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
- Managing your stress/psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.
- This is an unprecedented scenario, don't try to learn new strategies, use the ones that you have used in the past to manage times of stress.
- This is likely to be a marathon - pace yourself
- Consider your psychological energy levels - you will need to "fill up" after "emptying the tank"
- Be aware of your "bandwidth"- it might take longer to think things through and make sense of things if you are feeling overwhelmed
- Beware dramatic language that might panic your colleagues.
- Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs.
- Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues or team leader for social support - your colleagues may be having similar experiences to you.

STOP, BREATHE, then THINK- slowing your breathing slows the stress cycle and re-engages your frontal lobes - then you can think.

STRESS MANAGEMENT 101

INDIVIDUAL

Social connections

Exercise

Avoid substance use

Relaxation practice

Routine (meals, sleep...)

Meaning

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SYSTEM CHARACTERISTICS

FAMILY

Nurturance

Authority

Expertise

Predictability

Protection

Sharing

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ORGANISATION

Valued human assets

Effective leadership

Rational, transparent plan

Consistent implementation

Time, PPE, Task shifting, PFA...

Communication

ISLAND EXPERIENCE

SYSTEM STORY

BACKGROUND

- Ongoing project with schools in Indigenous communities of Far North Queensland
- COVID-19 Pandemic
- Schools closed – online learning
- Panic but no cases
- Teachers unclear about roles & responsibilities
- Teachers in information overload status

OBJECTIVES

- Increase teacher knowledge/understanding
 - Informed but not alarmed
 - Prepared but not panicked
- Clarify opportunities
 - COVID-informed teaching not COVID experts
- Simplify information/resource access
- Facilitate communication/discussion
- Increase agency
 - Watch one, do one, teach one

PROCESS

COVID-19 Resources: Oceania Society for Mental Health Professionals <https://www.facebook.com/groups/OSMHP/>

COVID-19 resource database (googledrive)

https://drive.google.com/drive/folders/1K3gKjOEv9k2KsUNrRGDNGdW5Dfg-9QRP?fbclid=IwAR2FN39xaIH-J_vfAr7r0DYPHA7FvANnvmI5MBCYr_hLUbjZAUKG2zIImNg

SUN Schools COVID-19 Resource Group

<https://www.facebook.com/groups/2270510499912272/>

PROCESS

WATCH ONE: Online workshop 1 – 4 examples

Different target audiences (usually more than one)

- Children (age specific)
- Parents
- Community
- Practitioners

Different media

- Animated graphic
- Cartoon
- **Children's book** <https://interagencystandingcommittee.org/system/files/2020-04/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19.pdf>
- Videoclip

DO ONE: Teachers find one resource each and post identifying why chosen, who for, how to adapt and use. Post the resource on the Facebook group.

TEACH ONE: Online workshop 2 – each teacher presents and discusses the chosen resource, including who for, how to contextualise, how to use.

MECHANISM

- Normalise anxiety (and give some basic self-care tips)
- Reframe crisis (understand where we are and what opportunities this provides) – time to prepare
- Cut through the information overload
- Challenge disinformation
- Clarify mechanisms to help – more than the message
- Reassure about performance (you can be professional without being an expert in everything)
- Provide agency – turn passive into active
- **Communicate and share**

ADAPTATION

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