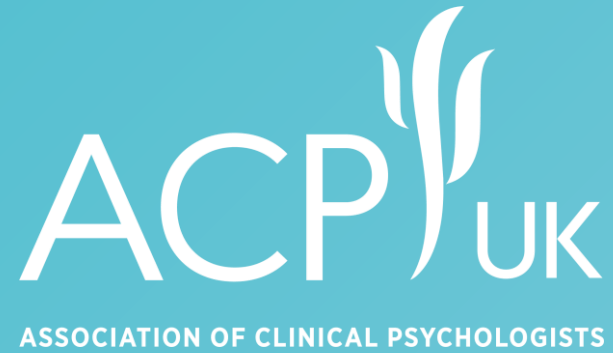




Making a Difference

Effective Psychological Support for Staff Using Limited Resources



Using Technology to Promote Healthy Working Cultures



**Change
Grow
Live**

Psychology directorate

Just to introduce ourselves...

Dr Rachel Chin

Consultant Clinical Psychologist

Inspire Rough Sleepers Team Preston
Lancashire Wide
Rachel.Chin@cgl.org.uk

Dr Nicola Gawn

Consultant Clinical Psychologist

Brighton & Hove Substance Misuse Service
Nicola.Gawn@cgl.org.uk

Rhian Mason

Assistant Psychologist

Inspire Rough Sleepers Team Preston
Rhian.Mason@cgl.org.uk

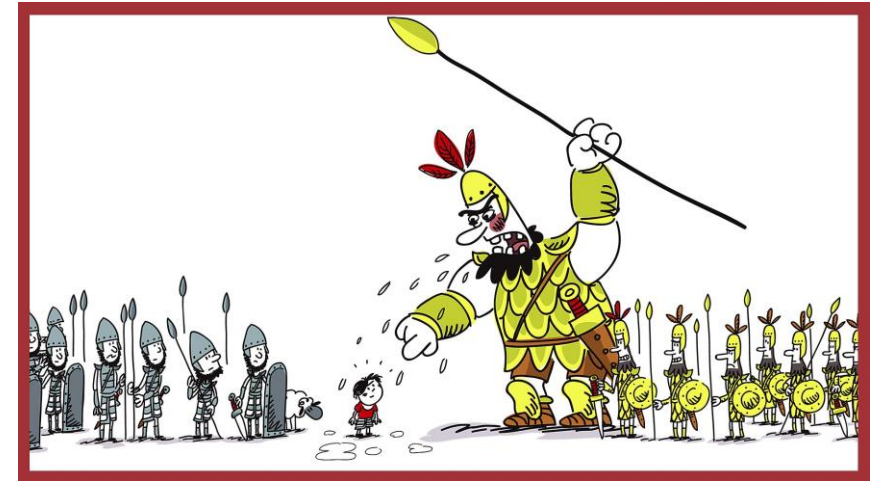
Christian Bujia Muinos

Assistant Psychologist

Change, Grow, Live - Sefton
Christian.BujiaMuinos@cgl.org.uk

Overview

- Systemic challenges to maintaining healthy cultures
- Two examples of nudging the culture
 - Daily wellbeing exercises
 - Book of appreciation
- Being brave and leading from the heart



Who we are



**Change
Grow
Live**

Change Grow Live has grown from a tiny volunteer-led Sussex based organisation, to a nationwide charity that helps tens of thousands of people each day across 561 services...

Alcohol and drugs

Peer Mentoring

Children's rights

Domestic abuse

Work, training & education

Families

Health and wellbeing

Housing

Justice and health

Residential rehab

Street outreach

Young people

**Our mission is to help people
change the direction of their
lives, grow as individuals,
and live life to its full potential.**

Our whole person approach addresses all the factors that impact on individual health and wellbeing and contribute to strong and cohesive communities.



**Believe
in people**

Our values:

**Be open, be
compassionate,
be bold.**



Why focus on healthy working cultures?

Underfunded specialty

High exposure to trauma

Exposure to the worst of social injustice

Strong values base amongst staff

High workloads

High death rates

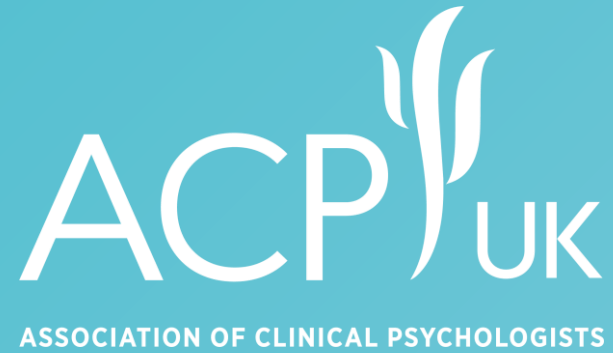
High levels of lived experience

Staff wellbeing hour

- All our staff and volunteers can take an hour each week to do something positive for their wellbeing.

What kinds of things can staff do?

- Some people take a walk; others use the time to read a book, practise mindfulness or go to the gym.
- Some teams choose to take their wellbeing hour together, so they can spend time doing something they are passionate about.
- If something improves your health or wellbeing, then you can do it during your wellbeing hour.



Daily Wellbeing Exercises

A pilot exercise conducted in Change, Grow, Live.

Wellbeing in practice

From April 2022, Rachel Chin has shared daily wellbeing exercises every morning via email or MS Teams with several staff teams.

The exercises draw on interventions from a range of therapies and practices, including:

- Acceptance and Commitment Therapy (ACT)
- Compassion Focused Therapy (CFT)
- Dialectical Behaviour Therapy (DBT)
- Mindfulness.

Example daily wellbeing exercise

Today's exercise is all about expressing gratitude to another person we work with.

“Feeling positive thoughts about someone and not expressing them, is like wrapping a present and not giving it” – William Arthur Ward

I'd like you to send an email or MS teams message to another person at work and thank/praise them. This might include praising them for something they have done or acknowledging a quality in them you appreciate, or an act of kindness or thoughtfulness.

I'd like you to notice how you feel when you do this. Think about how the other person may feel receiving this.

Example daily wellbeing exercise

I thought I'd share an image and a reflection with a question for us to reflect on.

*I love how trees **'let go'** of leaves to make room for new growth and beauty. We can learn so much from nature.*

Questions

As we head into the weekend, let's ask ourselves what can we let go of?

What will still be here on Monday for us to prioritise or work on?



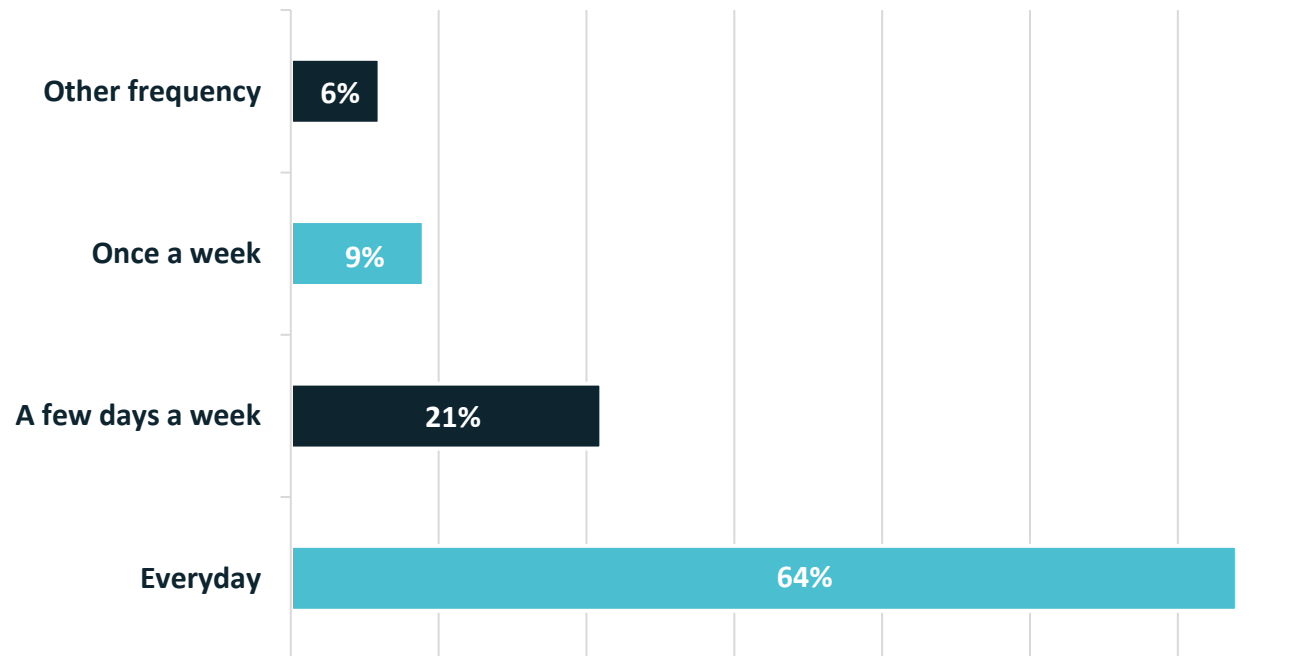
Gaining feedback from staff

Over a two-week period in September 2022 staff were asked to share their views about the daily wellbeing exercises by completing a short survey.

33 staff responded to this survey.

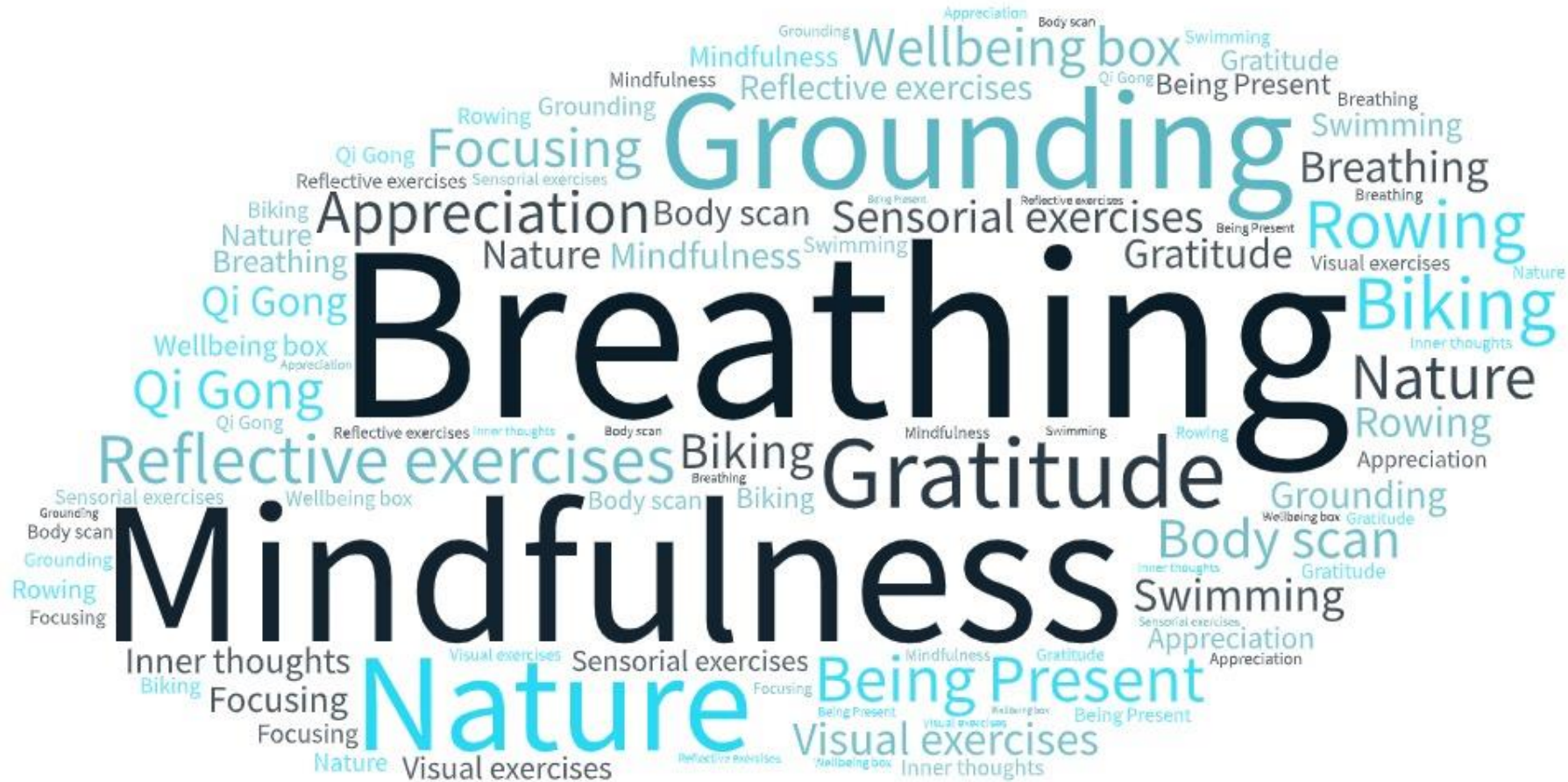
Since commencing the daily wellbeing exercises staff have voluntarily shared their views via email and in MS teams chat with Rachel Chin. This data has not been used in the analysis as we did not obtain consent to share. However, the ongoing feedback has continued to shape this work.

Do staff read the wellbeing exercises?

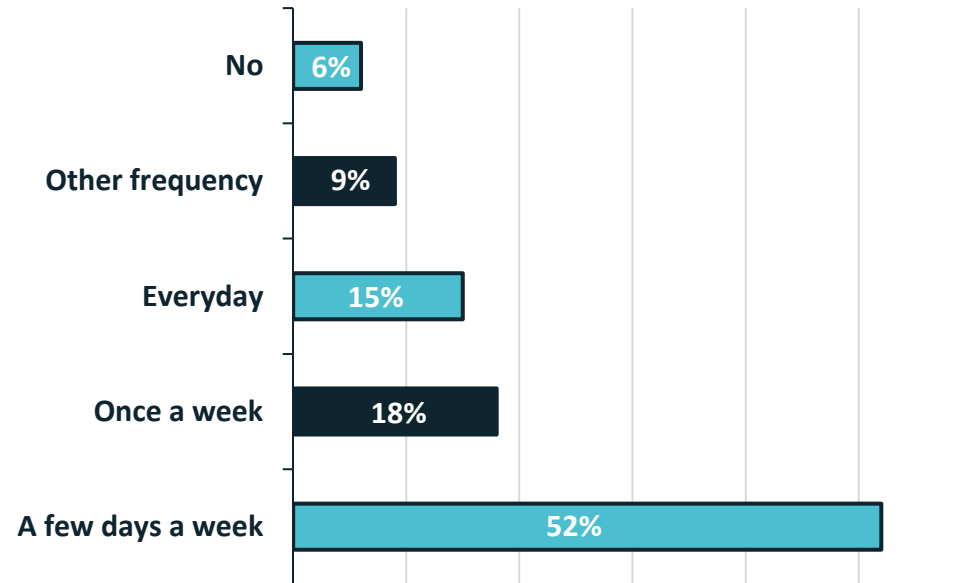


All respondents said they read the daily wellbeing exercises, but the frequency varied.

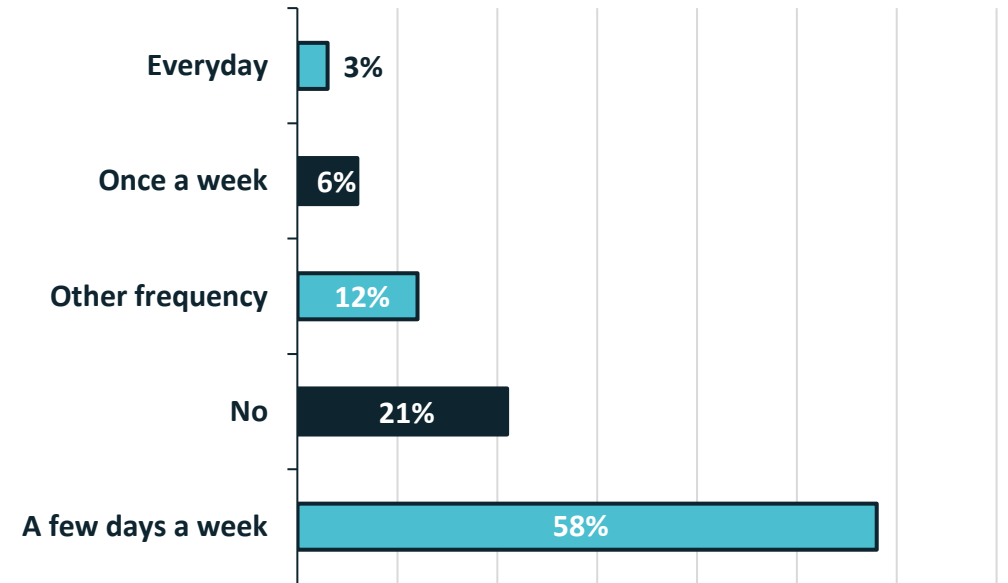
What exercises do staff like doing or connect with more?



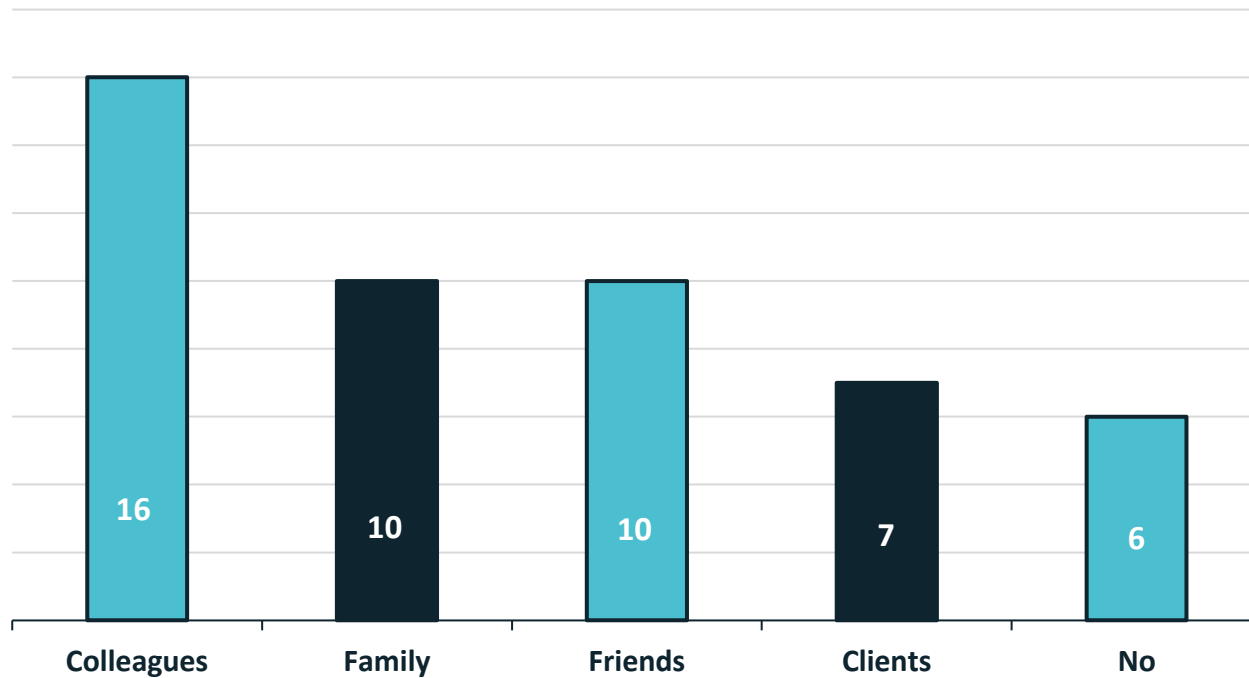
Do staff practice the wellbeing exercises at work?



Do staff practice the wellbeing exercises outside of work?



Some staff report they share the wellbeing exercises with other people. For example, with:



NOTE. Respondents could click on multiple options, hence why there are more responses than the 33 people who took part.

The daily wellbeing exercises have been well received by staff, with several positive comments from the respondents:

“They have helped me to ground myself at work in times when there is lots of chaos, and they have also allowed me to share the techniques with my clients/in groups”

“I really like the time of day that they are sent, it means that I can turn my emails on in the morning and 'ping' it's there. I think it would get lost in my email box if it was sent at a different time. It also sets you up for the day :)”

“It is a reminder to take time during the day to reflect, breathe and reduce stress”

“I enjoy them so it would be nice for them to continue”

“I think it's really positive and we appreciate the time put into to trying to uplift the team”

However, there were a few exercises that some respondents did not like doing or did not connect with. For example:

Comfort box

I struggle with
visualisation

Actively having to
do something

Virtual exercises
becoming less
powerful and tiring

Those which take
a lot of time

Staff commented on the time needed to complete these exercises and identified their workload or work culture as a barrier:

“It may be more helpful just to get them once a week”

“I think they play an important role in our work. I wish we had more time to focus on health and wellbeing in work rather than just in an email”

“Maybe having the opportunity set aside to do the exercises as some people are very busy and may not have the “time”, maybe having the culture that embraces these exercises is required to be promoted a bit more”

Staff shared ideas on what we could try next and experiences of implementing a wellbeing exercise:

“Would be good to have managers’ reflective practice”

“Introduce some in the Integrated Governance Team meetings for all team to participate”

“I have made an 'Appreciation Station' for the office, hoping it makes staff feel valued”

“A regional wellbeing festival would be interesting, especially if we included people from services who are facilitating similar exercises themselves (e.g., mindfulness, Qi gung...)”



Book of Appreciation

Appreciative work cultures

“When we embrace and practice gratitude regularly, it has the power to measurably improve our overall happiness and well-being all while benefiting those on the receiving end.”

Jen Fisher (2021) mindful.org

Feeling appreciated

Edmonson (2019) Hearing expressions of appreciation is a core element in psychological safety at work.

APA (2012) Feeling valued at work is linked to increased wellbeing, performance, and staff retention.

Cameron (2008) Frequent positive comments contribute to positive feelings, which enhance connectivity, social capital, synchronism, and ultimately performance.

More challenging for virtual teams ...

Expressing gratitude

- Both an emotional state and a trait
- Seligman (2011) Gratitude as a positive emotion (one of the five fundamental pillars of wellbeing)
- Portocarrero, Gonzalez & Ekema-Agbaw (2020) Meta-analysis found dispositional gratitude correlated with wellbeing
- Jans-Beken et al. (2020) Literature review found gratitude interventions linked with social wellbeing, emotional wellbeing and psychological wellbeing.

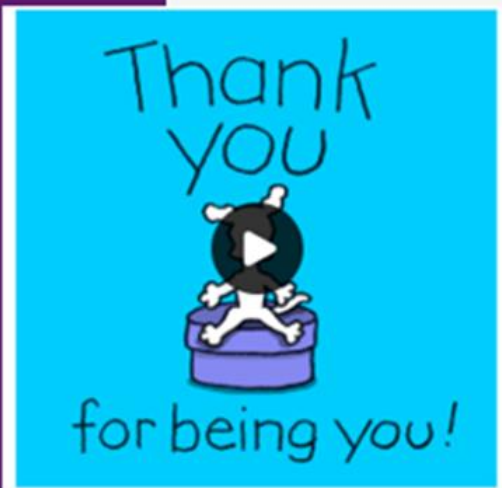
The book of appreciation

- Shared Microsoft Teams chat
- All staff members in the wider service are invited (currently 122 participants)
- Staff comment with thanks, acknowledgement, compliments, and stories
- An average of six entries a day
- Often warm, affectionate and humorous
- Prize given monthly to the person who gives the most appreciations

“Not all staff get the chance to notice and validate each other’s work, particularly due to home working and the current rota system. We are therefore inviting you to add to the book of appreciation on Teams to thank a colleague for anything you have noticed or appreciated. We hope that by recording these appreciations, people will know they are being noticed and valued at work 🖋️.”

SK
Suzy Knott 09/06/2021 11:01
Not all staff get the chance to notice and validate each other's work, particularly due to home working and the current rota system. We are therefore inviting you to add to the book of appreciation on Teams to thank a colleague for anything you have noticed or appreciated.

09/06/2021 11:01 ❤️ 4
We hope that by recording these appreciations, people will know they are being noticed and valued at work 🙏.



I'm going to be a bit cheesy and thank everyone in the service. It's a fantastic and supportive team, and I wouldn't have wanted to be working anywhere else over the last year!

Will Docherty 24/09/2021 14:08 ❤️ 10 👍 1
A long overdue and daily considered appreciation entry for [Sue Cattanach](#) . **MASSIVE** thanks for this last year, the guidance, the encouragement, the passion & mostly for the drum & bass lessons in the group room!! I appreciate working with you immensely!!! ❤️

Morning all. Just a bit of appreciation for the whole team, when I returned in March I was made to feel so welcomed and it was as though I had never left! Big up Brighton CGL!

16/02/2022 14:48 ❤️ 7
[Catherine Butterfield](#) and [Karen O'Reilly](#) We are so lucky to have such amazing trainees. You are both working so incredibly hard, and making such a big difference already in the short time you have been here. Thank you!!

I would like to thank Nicola Gawn and Steven Ford for an amazingly thorough assessment they have done with my service user when being assessed for talking therapies- the detail in the report is so helpful to read and help me to understand, and i feel he is going to be offered an amazing service with you all. Thanks!
www.acpuk.org.uk



Feedback from staff

76% of staff said that they read the entries

80% of staff said that they have made an entry



“It is really nice to know when people have appreciated things that you have done- especially when perhaps you might have thought they were taken for granted. It also encourages a culture of noticing and thanking, which I think has really helped shape the culture at work.”

“Recognition of the work being undertaken by staff; the support offered between and to colleagues; a 'shared space' in what otherwise can feel a fragmented and disparate work environment; insight into the world of colleagues”

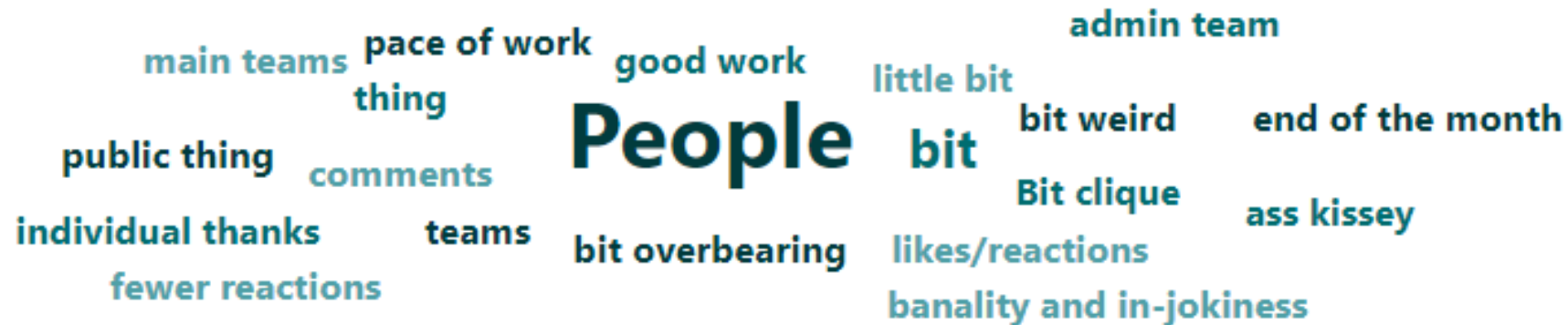
“I find it helpful knowing about different peoples’ jobs and some of the challenges they face day to day”

“I should show my appreciation for the work my colleagues do more.”

Potential pitfalls

- Buy in from management
- Scepticism
- Not all will engage
- No panacea
- Equal weighting to voices
- Needs momentum/monthly nudges
- Culture change is slow

16 % of respondents said that they saw no value in the book



Our challenge to you

1. Be brave

2. Look for small opportunities

3. Lead from the heart



Thank you!

Does anybody have any questions?



ASSOCIATION OF CLINICAL PSYCHOLOGISTS

Small Changes to Foster Team Cohesion: Rolling out wellbeing huddles in an acute healthcare trust



Dr Kelly Archer and Dr Sadie Thomas-Unsworth, University Hospitals Bristol & Weston

Content

- 01 Background and Evidence
- 02 What are Huddles?
- 03 Implementation
- 04 Impact
- 05 Looking Forward



UHBW Staff Support Team



Trust Wide

0.3 8c
0.8 8b
0.4 8a
(0.6 AP)

Total 1.5 WTE

PLUS

0.2 8a SS (permanent)
0.3 8b SS (fixed 2 yrs)
0.4 8b Med (permanent)
0.05 8c Med (permanent)

Total 0.95 WTE



UHBW Trust

14,000 Staff
8 Divisions

The proactive interventions and services that empower our NHS people to manage their own health and wellbeing. Sections cover:

- mental and emotional wellbeing
- physical wellbeing
- healthy lifestyle

The ways our teams work together with care and compassion. Sections cover:

- supporting each other
- working together

How our work at the NHS inspires our NHS people, and how we support their growth and passion. Sections cover:

- purpose, potential and recognition
- life balance
- bringing 'yourself' to work



The teams and services, like occupational health, available to support organisation and people in their health and wellbeing. Sections cover:

- support services and partners
- organisation design and policy
- interventions overview

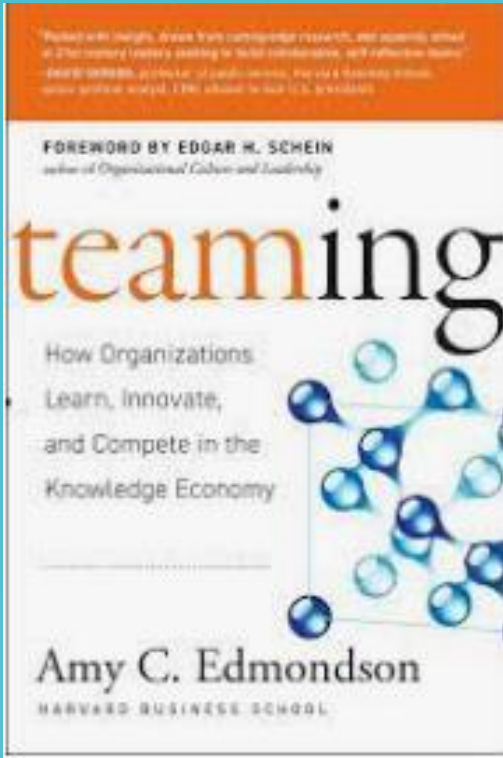
Our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them

Physical work spaces and the facilities available to our people to rest, recover and succeed

How our leaders and managers across all levels of the NHS provide health and wellbeing support as part of their role. Sections cover:

- senior manager responsibilities
- healthy leadership behaviours
- skilled managers





MODEL OF WELLBEING AND PSYCHOLOGICAL CARE FOR FRONTLINE DOCTORS



University Hospitals
Bristol and Weston
NHS Foundation Trust



Our Core Offer



1:1 Wellbeing & Consultation Slots



**Wellbeing Debriefs
(Post Incident Support)**



Team Check-Ins



Supporting Peers

Huddle Training

Hot Huddle / Debrief Training



Wellbeing Training

Huddle Training – Why?



One of the strongest predictors of workplace wellbeing is relationships with managers



A number of studies have indicated that peer support programs can have a positive impact on workplace wellbeing



However, the importance of ensuring peer supporters have access to appropriate support and supervision has been emphasized in recent guidance



Huddle Training

Training for senior staff in holding a reflective space



2 hour training session that provides structure for managers to bring team together and check in



Designed to be a tool that can be used flexibly, with clinical and non-clinical teams



Practice-based training with FU and troubleshooting an integral part of training

- Wellbeing nurse support

Psychological Health Services

Huddle

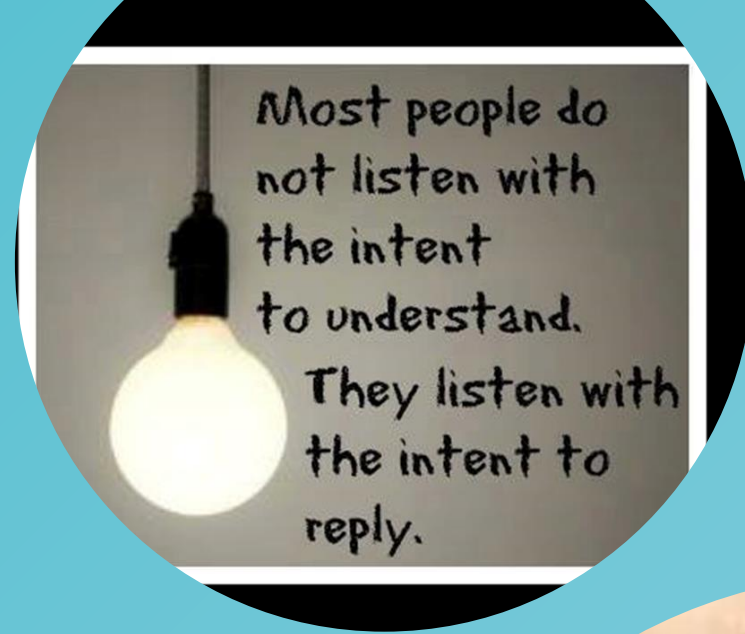
Start of shift 5-10 min check-in

<p>Briefly, how is everyone doing today?</p> <p>Open question to everyone</p>	<p>Learning from last shift?</p> <p>Are there any specific things we need to learn from yesterday? Or something positive from a previous shift we can use today?</p>
<p>Making today better</p> <p>How can we make today's shift ok for everyone?</p>	<p>Getting the help you need</p> <p>If you need help today, how will you let me know?</p>

Adapted from the work of Dr Sula Thomas-Urwin, Clinical Psychologist (UHBW), Dr Julie Highfield, Clinical Psychologist (Cardiff and Vale University Health Board), and Dr Dan McGrath, Consultant in Paediatric Emergency Medicine (UHBW)
Start of Shift Huddle Tip Sheet © 2020 generalpsychologicalhealthservices@nhs.uk; 0117 342055

What training involves...

- Implementation Planning
- A Different *Type* of Listening
- Role Play
- Trouble shoot and next steps



ACTIVITY

• **328** Staff Trained Since July 2021

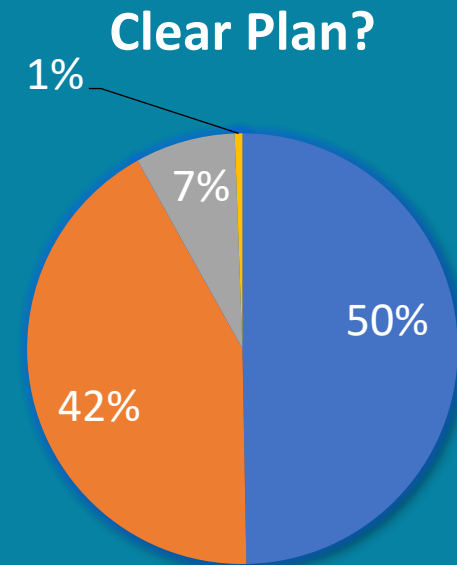
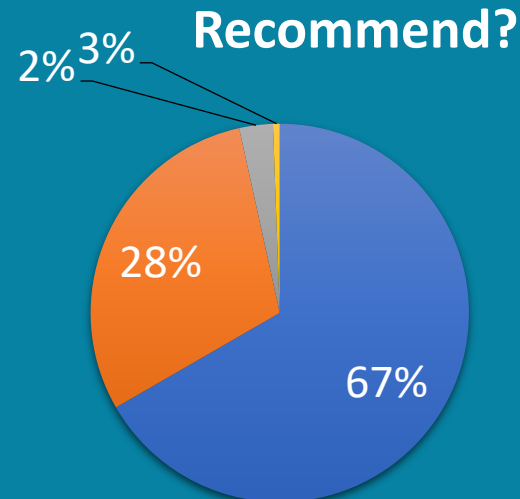
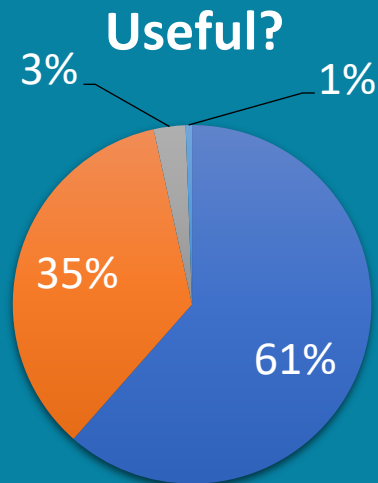
- 29 Team Huddle Trainings
- 11 Trust Huddle Trainings
- Average 8 per workshop

DEMOGRAPHICS

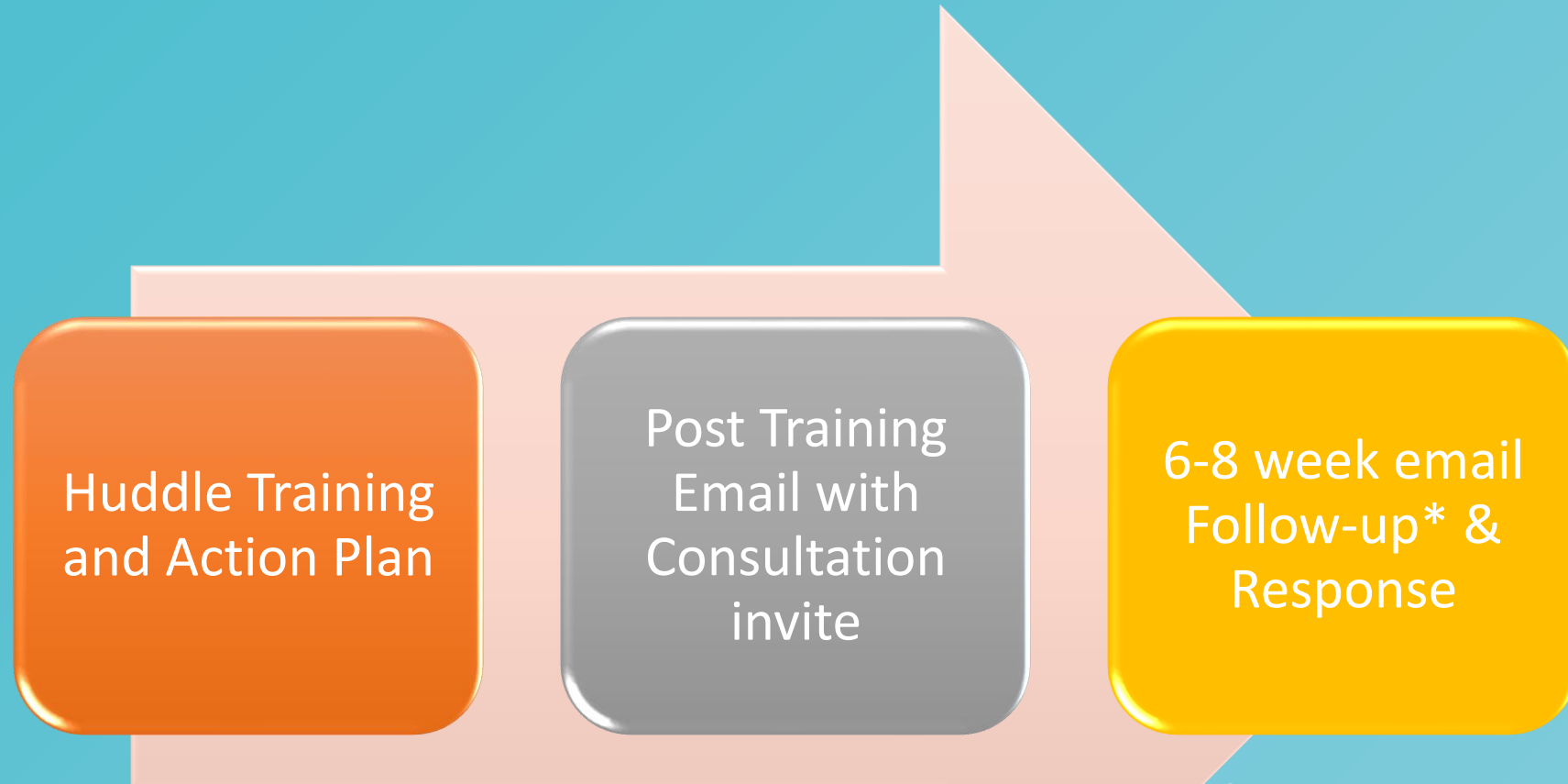
- Across 7 Divisions
- Majority F2F
- Less than 10% virtual

FEEDBACK

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree



Huddle Training – Implementation



*2% - 20% response rate

Huddle Training Feedback – Implementation & Impact

- 75% of those who responded said they were able to start huddles in their teams
- Content Analysis of Benefits / Drawbacks to Huddles

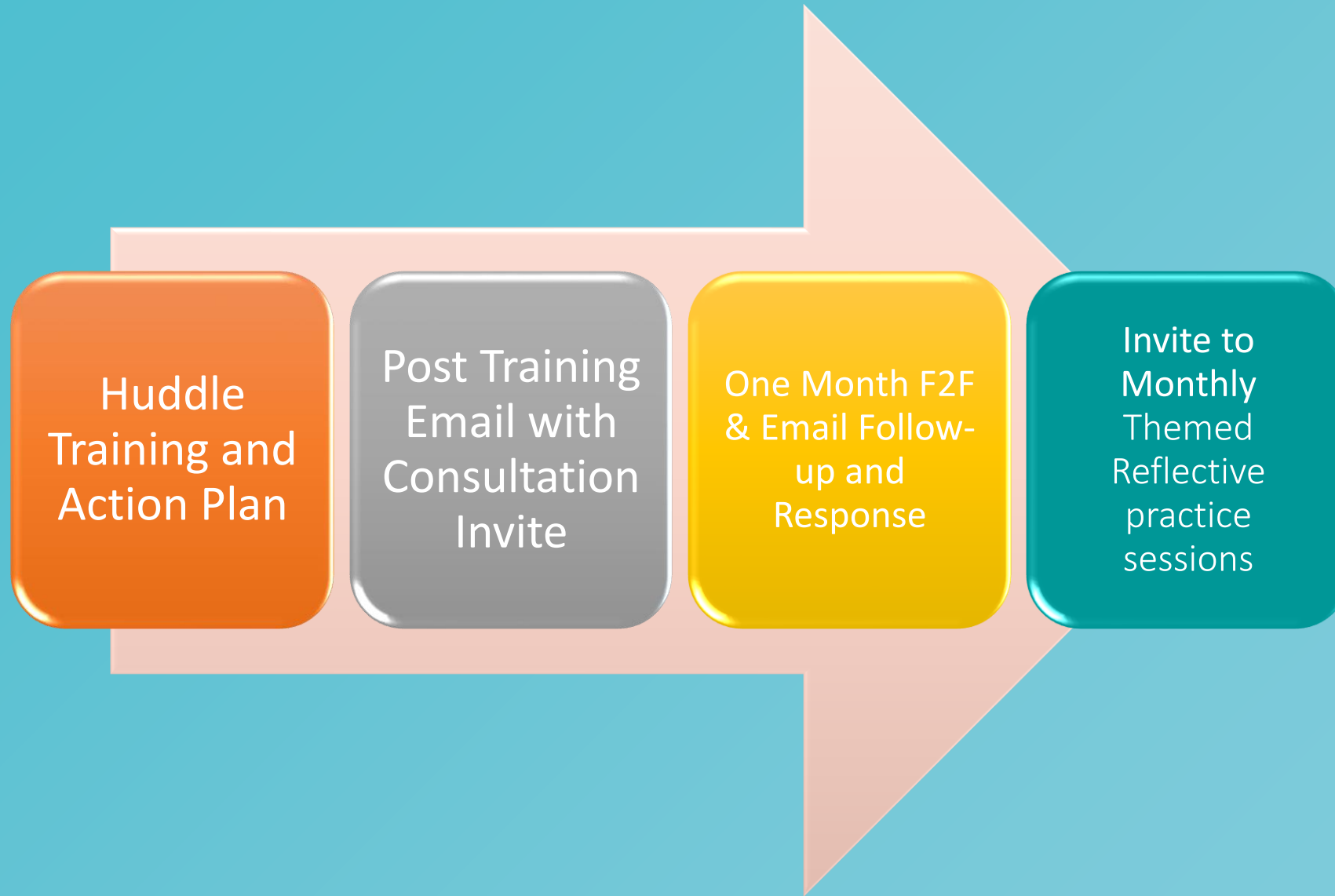
Benefits		
Interpretative Category	Number of Comments	Percentage
Emotional Support	14	21%
Team Connection	14	21%
Learning / Problem Solving	12	18%
Acknowledging Others	9	13%
Acknowledging System	9	13%
Communication	7	10%
Wellbeing	3	4%

Huddle Training Feedback – Implementation & Impact

- 75% of those who responded said they were able to start huddles in their teams
- Content Analysis of Benefits / Drawbacks to Huddles

Drawbacks		
Interpretative Category	Number of Comments	Percentage
Busy	24	42%
Huddle Content	14	24%
Buy-In	8	14%
Gather	6	11%
Timing Wrong	5	9%

Huddle Training – Implementation



Looking Forward



One element of a wider package focused on the development of a trained and supported peer support workforce



Next challenge to think about how we wrap "support" around the peer support workforce at scale

Supporting our peer support workforce at UHBW



Online events

Supporting colleagues in high states of distress, with Dr Sadie Thomas-Unsworth, Consultant Clinical Psychologist

1pm to 2pm on 16 May 2023

MS Teams
Closing date for bookings is 11 May

When there's no easy fix, with Dr Kelly Archer, Principal Clinical Psychologist, Staff Support Team Lead

1pm to 2 pm on 21 June 2023

MS Teams
Closing date for bookings – 15 June 2023

An introduction to Moral Distress, with Dr Roz Cooper, Clinical Psychologist

1pm to 2pm on 27 July 2023

MS Teams
Closing date for bookings is 24 July

Key audience

- Workplace wellbeing advocates
- Equality, Diversity and Inclusion advocates
- Staff Network Chair
- Huddle facilitators
- Professional Nurse Advocates
- TRiM practitioners
- Freedom to speak up champions

Reflections

- Feedback loop
- Using link person key
- Complex and Skilled Training
- Evaluating Pre and Post Impact





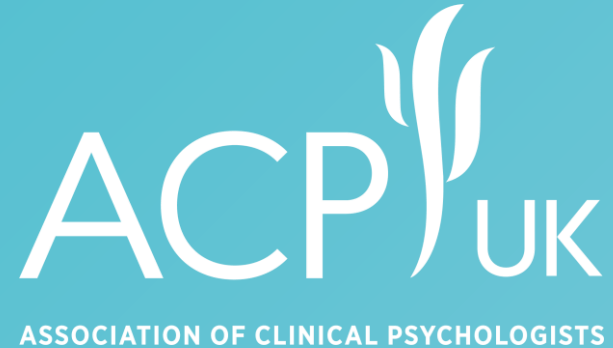
Thank you
for listening today

UHBW Staff Support Team
Dr Kelly Archer and Dr Sadie Thomas-Unsworth

StaffSupportPHS@uhbw.nhs.uk

on behalf of

Dr Sangeeta Sawlani Ramos, Dr Maria Clare and Dr Rosalind Cooper



***"Time Outs: a model of peer support
following traumatic events at work"***

***Dr Joanna Farrington-Exley
Principal Clinical Psychologist***

Staff Psychological Support Service

Lead for Staff Health & Wellbeing in LCH

Offer individual, group and team level interventions,
develop strategy, working with leaders across the system

Before I arrived in Leeds in 2017.....

What are Time Outs?

- Developed by Paediatric Intensive Care, Leeds, 2016
- A way of supporting staff after events that had the potential to cause distress
- Meeting, around 20 mins
- Facilitated by trained clinical staff (not psychologist)
- Anyone can request it
- Attendance is voluntary
- Delivered 24/7
- Ideally on the same shift before everyone goes home



Triggers

BE A HERO



SIGN UP TO THE ORGAN DONOR REGISTER AND BE SOMEONE'S HERO

 @BeAHeroYorks  @BeAHeroYorks  Be A Hero

www.leedsth.nhs.uk/be-a-hero





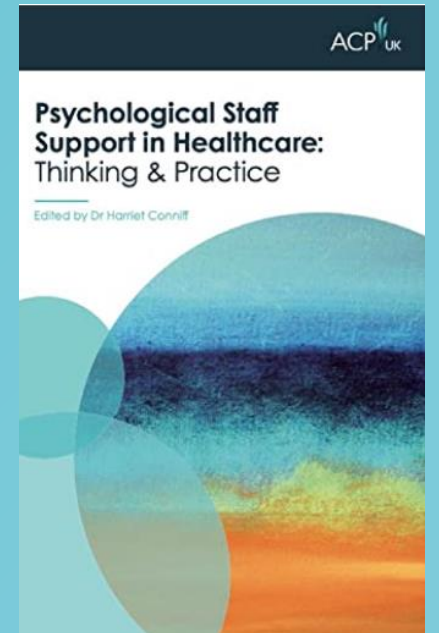
How Leeds Paediatric Intensive Care developed the Time Out model

- Core multidisciplinary working group 2016
- Collaboration with Mental Health Nurse Lecturer, Nicola Lester, Leeds Beckett University
- Adaptation of a Small Crisis Management Brief from Mitchell's Critical Incident Stress Management Framework



How was it developed?

- Influenced by evidence and research
- Focus is on peer support, been through same event
- My role –
 - Helped to design training, train facilitators
 - Added some elements to the model
 - Available to support facilitators, come to me for signposting advice, what to do if something came up that needs more.



One part of a staff support structure

Aims of the Time Out meeting

- Identification of good practice and lessons learnt
- Staff can ask questions
- Share staff members' experience, thoughts and feelings if want to
- Safe and supportive environment
- Promoting peer support networks
- Provision of information about staff support services and signposting to sources of support locally.



During the Time Out

Ground rules, Confidentiality, not about blame or investigation, ethos, safe space

Start: **“What would you like to talk about?”**
(no agenda)

Give an opportunity for questions, review events. Discuss learning.

Allow the group to name thoughts & feelings.
Can inc. reassurance, thank colleagues

Summarise the discussion

After the Time Out

Give out
information
sheet inc.
common
reactions to a
stressful event

Evaluation
forms

Brief notes
emailed round
to all invited –
no names,
themes

Advise staff
about further
sources of
support e.g.
debriefs,
psychology

Disseminate
learning points
to wider team
/ clinical
governance as
appropriate

Feedback from staff: Themes

(Time Out
evaluation forms)

Supportive, safe and
informal environment

Openness and honesty
from colleagues

Educational value

Ideas to improve future
practice

What would people change?

(Time Out evaluation forms)

Inclusion

- All staff involved should have the opportunity to attend whenever possible

Timing

- Different views – when is best time

Environment

- Finding an appropriate space is important

Time Out Facilitator Training

Providing peer support for staff following
traumatic events



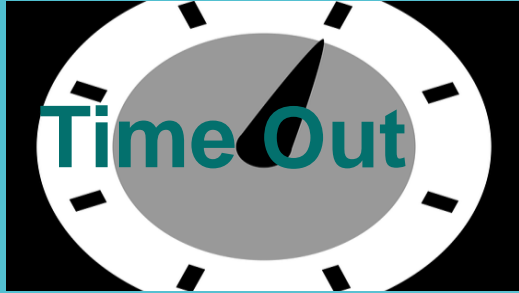
Sian Cooper,
Consultant Paediatric
Intensivist

Emor Miller, PICU Nurse
B7

Mark Winton,
Consultant Embrace

2018 – 2023 Trained:
214 staff @ LTHT
83 @ other Trusts

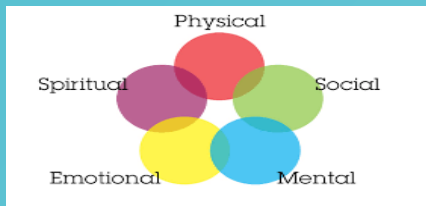
Time Out facilitators training (4 hours)



Background to Time Outs & How to run them & keep them safe

Psychological principles - psychological first aid, debriefs, what can be harmful

Delivered by PICU clinicians & Psychologist



Promoting staff health and wellbeing & Recognising signs of burnout & PTSD



Tips for facilitators – active listening, empathy, boundaries

Challenges

- Missed opportunities
- Having enough trained facilitators on shift
- Variable whether it's delivered after training
- First 2 years - raising awareness, threatening

Ripple Effect

- Culture change – staff asking for TO, reaching out, senior staff thinking of colleagues, what they need, signposting, staff being released to attend
- How we feel about the work and its impact is important
- Staff moving into other areas – take it with them or when get more senior
- Individual connections, team cohesion (vulnerability, thanking)
- Staff use skills on a 1:1
- It's another vehicle for sharing key messages and skills – normalising, sharing, not rushing to fix, silences!

Suggestions if you want to do something like this

- Start small
- Have a small group of facilitators so staff can support each other to get it going. Staff across areas offer to co-facilitate first time and learn from each other
- Need senior buy in and ideally senior leaders to attend the training, they know the model and its value
- Identify resources – need trainers and facilitators - time

Fifteen-minute consultation: Time Out as an alternative to toxic debrief

Sian Cooper ¹, Mark Winton ¹, Joanna Farrington-Exley²

¹Paediatric Intensive Care Unit, Leeds Teaching Hospitals NHS Trust, Leeds, UK
²Paediatric Psychology Department, Leeds Teaching Hospitals NHS Trust, Leeds, UK
cooper2@nhs.net

Correspondence to Dr Sian Cooper, Paediatric Intensive Care Unit, Leeds Teaching Hospitals NHS Trust, Leeds LS2 9NS, UK; sian.cooper2@nhs.net

Received 25 April 2019
Revised 4 December 2019
Accepted 17 January 2020

ABSTRACT

Debriefing is well established in healthcare teams after acute events, with a focus on clinical learning, improving practice and performance; however, the term is perceived by psychologists as something quite different. This article describes the Time Out model as a standardised method of providing support to staff after events that may cause distress. In addition to exploring clinical issues, the model aims to promote peer support networks, educate staff regarding common reactions to traumatic events and signpost to other sources of support.

distress and burnout (box 2),^{7 8 11 12} and Health Education England emphasises the importance of supporting mental well-being in our staff.¹³ Cognitive behavioural therapy describes how thoughts, feelings, physical sensation and behaviours are all interconnected and each influences the other (figure 1). Time Out aims to support staff's understanding of events and their reaction (including their cognitions, emotion: physical responses and behaviours) in way that is not harmful.

INTRODUCTION

Debriefing was developed for clinical learning in medical simulation and this practice has been applied in healthcare by clinical teams aiming to identify good practice, improve patient safety and team performance.¹ Methods of debriefing have been described,²⁻⁵ but senior clinical staff often receive no training in how to deliver it effectively and there is little known about the impact on staff.⁶ A survey on the impact of child death on paediatricians in training in the UK found that feelings of guilt and attending a debrief may be associated with symptoms of acute stress reactions (ASR) or post-traumatic stress disorder (PTSD),⁷ while another study of intensive care staff found attending a debrief was associated with reduced risk of burnout.⁸

In contrast, the impact of psychological debriefing has been more extensively studied. Single session debriefing may increase the risk of PTSD and depression,⁹ and the National Institute for Health and Care Excellence in the UK advises against psychologically-focused debriefing for prevention of PTSD.¹⁰

Debrief is defined in box 1 and perhaps does not best describe what we hope to achieve in the healthcare setting. Staff in acute specialities are at risk of experiencing ASR, PTSD, moral

HOW TO DEBRIEF WITHOUT CAUSING HARM?

This is a crucial question. Enforce debriefs can interfere with natural coping mechanisms,¹⁴ and a single session without follow-up can be detrimental. Yet we must provide support to our staff who increasingly expect feedback, mentorship and reassurance.¹⁵

Speaking with colleagues is perceived to be a useful coping strategy^{8 16} and giving the participant control over how much to engage and disclose is thought to be important.¹⁶

With this in mind, Time Out has been developed in Leeds. Time Out is an adaptation of the Small Crisis Management Brief taken from Mitchell's Critical Incident Stress Management framework.¹ The model has also been influenced by the Psychological First Aid approach.¹⁸

TIME OUT PHILOSOPHY

Time Out is a standardised method of providing support after any event that has the potential to cause distress. It can be requested by anyone. It is delivered by a clinical member of the team who has received facilitator training and is achievable in a busy unit, day or night. It works best delivered after an acute event and before the shift has ended. The meeting should last around 20 min.



Time Out
demonstration
video

<https://youtu.be/rd7WLMKJY7U>



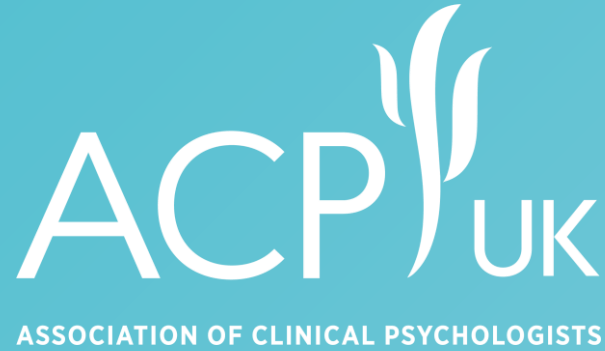
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To cite: Cooper S, Winton M, Farrington-Exley J, Arch D, Child Educ Pract Ed Epub ahead of print: [please include Day Month Year]. doi:10.1136/edpract-2019-317180

Thanks for listening

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Cooper, S., Winton, M. & Farrington-Exley J. (2019). Fifteen-minute consultation: Time Out as an alternative to toxic debrief. *Archives of Disease in Childhood Education & Practice Edition*, 1-6.



The lived experience of providing healthcare: the value of peer support

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What is Peer Support?

- Peer support is where colleagues who are in the same situation offer supportive conversations within the context of work.
- a supportive relationship
- between people who have experiences in common: a common work experience
- provide emotional and social support for colleagues
- can be provided in both group and one-to-one relationships
- can take place in community groups, clinical settings, and workplaces.

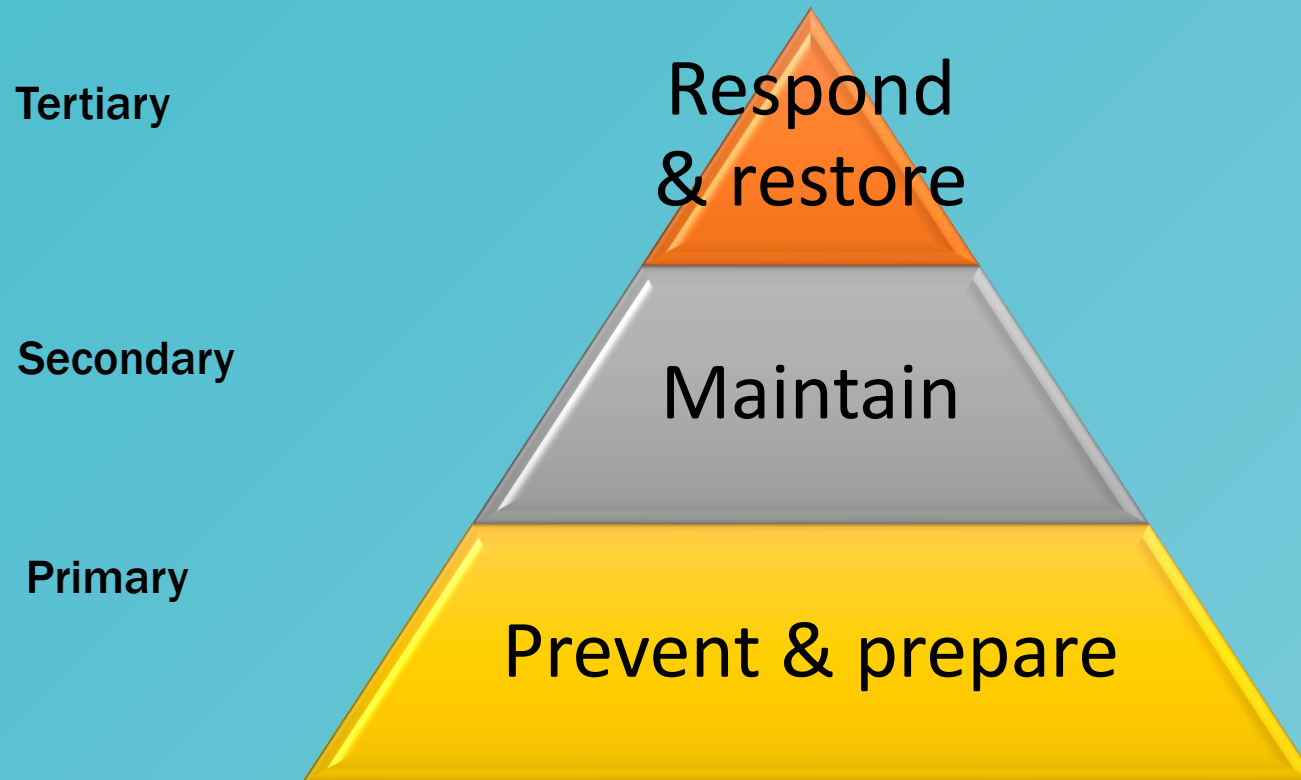
Example Peer Support Models

- **Mental health peer supporters:** where the shared experience is the experience of mental health
- **TRiM:** referred to as a peer support model- assessment & watchful waiting post incident
- **Intensive Care Society:** derived from Prof Richard Williams and Verity Kemps model developed for pre-hospital emergency medicine

Core strategy

Mental wellbeing at work

NICE guideline [NG212] Published: 02 March 2022



Peer Supporters should:	
1	<p>Have clear goals</p> <p>The goals of peer support should be to:</p> <ul style="list-style-type: none"> • Provide an empathic listening ear • Identify colleagues who may be at risk to themselves or to others and • Facilitate pathways to professional help
2	<p>Have definite roles</p> <p>Peer supporters should:</p> <ul style="list-style-type: none"> • Not limit their activities to high-risk incidents • Maintain confidentiality
3	<p>Be selected</p> <p>Peer supporters should be selected to be:</p> <ul style="list-style-type: none"> • Members of the target population • People who have considerable experience in the field of work • Respected by their peers
4	Be trained
5	Be looked after and have access to support
6	Have their work evaluated

Varker T, Creamer M (2011) Development of Guidelines on Peer Support Using the Delphi Methodology. Australian Centre for Posttraumatic Mental Health, University of Melbourne.

What we do?

- One day training
- 15-25 people
- Led by Julie
- Plus 3 master trainers

- Expectation to sign up as a unit/region
- Expectation to have clinical supervision in place



A screenshot of a webpage titled 'Peer Support' dated 27 Nov 2020. The page includes a definition of peer support, a section for resources, and a 'Related documents' section featuring a 'Background Knowledge' document. The 'Background Knowledge' document cover shows a group of hands holding up a colorful paper chain. The text on the page reads: 'Peer support is where colleagues who are in the same situation offer supportive conversations within the context of work.' Under 'Our resources', it states: 'We recognise the potential and actual effects of working in intensive care, on the welfare and mental health of staff and the value of supporting staff of intensive care units in mitigating these impacts. Our vision is to provide an evidence-based framework for supporting all members of staff who work in critical care, and a training programme to support its implementation. Peer support is one element of supporting staff in intensive care. Peer support offers a systematic, strategic approach to intervening to sustain staff who are coping well and to provide initial support those who are struggling.'

- The Theoretical framework & context
- Listening skills
- Stressors of work
- Trauma awareness
- Psychological first aid
- PIES approach
- signposting

Outcomes

- Female 85:15 Male accessing peer support sessions
- 83% nurses
- 40% with 5years + experience

Feeling heard	94%
Relevant discussion	94%
Good fit	89%
Helped me overall	89%

Experience of the approach

Positive quotes

- It's nice to have someone ask you how you are feeling
- Feel very supported
- Listen to my concerns and helped me greatly
- Was great to talk to someone who has been through the same experiences as me

Food for thought

- ACCESS
 - Good but not really time to do it during shift time whilst caring for patients
 - Better to have more support during stressful working hours
 - When you are busy on the unit it's not helpful really because you can't take the time out to talk
 - Teams should grow as units are much bigger and the demand is probably bigger than the teams that support us.

- Because the staff are my peers, it can be a barrier that we know them so well. For more personal matters I have preferred to access external sources of support.

What are the costs?

- 30 bedded unit
- 10 peer supporters (bands 5 and 6).
 - Estimating a unit of this size would have 250 staff, and approximately 20% of the staff might benefit from a peer support conversation.
 - Which approximates to 1 peer support conversation a week or approximately 50 hours with planning and coordination.
 - In addition, those staff attend 1 hour of supervision every 8 weeks (6-7 hours per year).
 - Training to become a Peer supporter is one day 7 hours).

So that is approximately 19 hours per peer supporter- or 1.6 shifts- per year.

16 shifts in total for a service

training costs- one off	£1500
running costs	£4400
external supervision	£1200

What next?

- 267 trained
- 120 further staff lined up for training
- 36 ICUs of 230
- Taking a regional approach to support smaller ICUs
- Open to PHEM and EM

Thank you