

We know that staff involved in the response to COVID-19 will be subject to unprecedented demands over the coming weeks and months. They may be exposed to situations they are familiar with but at a volume that is likely to be distressing, or may be working in unfamiliar roles and situations. There are also many circumstances related to COVID-19 that make caring for patients particularly difficult.

We want to clarify the recommended advice in Scotland based on the approaches that we know are effective. We are recommending that support for staff (and the public) is based on the principles of Psychological First Aid. This is an evidence-based intervention and is described below.

The concepts of ‘Debriefing’ and ‘Psychological Debriefing’ can be potentially confusing in terms of what they refer to. Below is a summary of the definitions of the different approaches which are important when thinking about how best to respond to staff distress.

MEDICAL OR ‘HOT’ DEBRIEFING¹

- + This refers to gathering people involved in difficult situations (e.g. patient death) immediately after they have occurred in order to discuss the professional and practical needs of a team at that point. E.g. what went well, what didn’t go well and how best the team can be supported.

‘COLD’ DEBRIEFING

- + This refers to a more in-depth discussion with the staff involved in a difficult situation days or weeks after it. The purpose is usually an opportunity for professional reflection and learning rather than the sharing of emotional responses.

‘PSYCHOLOGICAL DEBRIEFING’ OR ‘CRITICAL INCIDENT STRESS DEBRIEFING’²

- + These approaches were developed in the 1980s and 90s. They encouraged the processing of a single incident traumatic event through a series of stages in one session. The intent behind this was to reduce future symptoms of Post Traumatic Stress Disorder (PTSD).

N.B. The evidence for this type of debriefing is that it is not effective, can be harmful to some people and should not be used.

¹ <https://edinburghemergencymedicine.squarespace.com/blog/2018/11/1/stop-5-stop-for-5-minutes-our-bespoke-hot-debrief-model>

² Rose, S., Bisson, J., Churchill, R. and Wessely, S., 2002. Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*.

TRAUMA RISK MANAGEMENT (TRIM)³

- + TRiM is a trauma focused peer support system designed to help people who have experienced a traumatic or potentially traumatic event.
- + There is some evidence for this approach, however, specific training is required to use it which means it isn't available in all board areas.

PSYCHOLOGICAL FIRST AID (PFA)

- + PFA is an evidence-informed modular approach to help people in the immediate aftermath of a major incident. It is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.
- + PFA is **not** 'counselling', asking the person to 'analyse' their situation or pressuring them to talk.
- + Instead, PFA is based on a set of principles that we know help people to cope with and recover from ongoing situations like those arising from COVID-19. These principles are:
 - 1 | **CARE** for immediate needs
 - 2 | **PROTECT** from risk of infection and any other threats
 - 3 | **COMFORT** and console
 - 4 | **SUPPORT** for practical tasks
 - 5 | **PROVIDE** information on coping
 - 6 | **CONNECT** with social support
 - 7 | **EDUCATE** about normal responses
- + This approach includes elements such as compassionate listening, psychoeducation and normalising as well as signposting and linking people to resources/ community supports. When delivered by mental health trained individuals this model can also facilitate the identification of exacerbation of previous mental health difficulties, risk and those who require more intense psychosocial interventions.
- + Please click [this link](#) to access an e-module on PFA which will equip you with further information on the PFA approach.
- + PFA can be applied more formally e.g. suggesting scheduling a chat with a team member during their shift if they indicate they are struggling.
- + Or it can be applied in a more informal context. Examples of this are:
 - + Making sure basic needs are met whilst on shift (e.g. break times)
 - + Holding in mind staff who may be more vulnerable to distress due to pre-existing difficulties with their own mental health or mounting pressures of home and work life.
 - + Encouraging staff to use social support systems at work as they may not feel able to do this at home, having a sense of common purpose and camaraderie at work has been shown to reduce long term impacts of difficult situations.

³ <http://www.marchonstress.com/page/p/trim>