

COVID-19: working through ^{the} *CRISIS*



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Fiona Dunkley and Felicity Runchman share their experience of supporting organisations in responding to the pandemic

Coronavirus (COVID-19) has exposed so much about how our organisations work, for better or worse. Whatever crisis management plans may have been in place before COVID-19, the pandemic is demanding the highest level of response from organisations, and this impacts on staff in many ways. 'Planning and preparation', 'structure and systems', 'working together', and 'culture' are all words used to define 'organisational', and it's here that the focus needs to be during a crisis response.

FD Consultants specialise in supporting organisations during a crisis and, this year, we have assisted a range of organisations through different aspects of the outbreak. We have engaged with humanitarian aid workers deployed to share their expertise in managing pandemics and setting up large medical centres, helped frontline services including the police, ambulance services and NHS staff to maintain their resilience and manage anxiety through the crisis, and worked with mental health charities dealing with an increased demand for their services.

With the crisis ongoing, we share our recent learning and how we developed our work supporting organisations through COVID-19.

A crucial question is, how can organisations best look after their staff during this time and activate their crisis response to cover all aspects of crisis management? This will be addressed while focusing on the four aspects of the word 'organisational': planning and preparation; structure and systems; working together; and culture.

Trauma and impact on staff

The Diagnostic and Statistical Manual of Mental Disorders' (DSM-5) definition of trauma describes directly experiencing or witnessing actual or threatened death. We are all affected, whether we are exposed to this type of trauma through our work, as frontline workers are, have lost a loved one to COVID-19, or are impacted by the change in our lives and the traumatic material we absorb through the media. Traumatic events activate our survival response, which triggers the emotional and survival parts of the brain and can leave us feeling much more irrational, emotional and reactive.

Practical measures to prevent the spread of the virus will also impact on people's mental health. Social distancing and 'lockdown' mean we aren't able to meet and socialise in the ways we are used to, and some frontline staff are choosing not to

return home to their families at present to protect them from contracting COVID-19. Familiar support networks and activities outside of work aren't available in the same way as before, which brings an increased risk of isolation, boredom, 'panic working' and burnout.

The following extracts reveal the different ways in which staff are impacted and the implications for their mental health:

'I have days where I am highly emotional and find myself crying; other days, I am just very matter of fact, and focused on the job at hand. I've experienced feeling numb and disconnected. I have witnessed patients dying and had to contact family members with this devastating news. Every day we are just surviving, whether physically or psychologically.' (NHS doctor)

'I lost my brother suddenly one year ago, and it has brought all these panicked feelings to the surface. I can't sleep and feel anxious all the time. My mind is consumed with images and thoughts about my beloved brother.' (Mental health worker)

'I have OCD and I am finding my anxiety has risen tenfold. I always did wash my hands regularly, but now I feel dirty all the time, I can't get clean, I have nightmares and just feel a sense of dread all the time.' (Journalist)

'Staff can feel increasingly disconnected and as if they are losing a sense of influence in their work, and of being part of a "bigger picture"'

1 Planning and preparation

These personal accounts highlight why organisations need a clear plan in place to support staff through the COVID-19 period. Yet, too many will not have had the opportunity to fully anticipate the challenges this crisis presents and create relevant policies in advance. Those that are most responsive will be doing so as it unfolds and will implement new strategies as soon as it is reasonably possible. This will create a sense of structure and security for staff, and is of course preferable to doing nothing. Whether we will go through various phases of imposed restrictions remains unclear, but it seems likely that COVID-19 will have a lasting impact on how organisations manage staff working from home in the future – and therefore thinking ahead is still crucial.

Psychological support

A range of different services may need to be available to staff, including in-house counselling services and EAPs, which can offer up to six sessions of counselling, and welfare and legal support. These are likely to be delivered remotely, aimed at offering individual support to those staff facing difficulties or personal issues.

Group support: COVID-19 will be affecting staff in similar ways, and so bringing staff together for group psychoeducation and support sessions can be particularly helpful. At FD Consultants, we have been working with organisations, helping them to create staff wellbeing plans and running half-day stress management and resilience-building workshops for staff to jointly share concerns, identify triggers and build on coping strategies, to manage stress and remain resilient.

Supervision: Providing group supervision for teams, can give a space to check in every four to six weeks to share personal and organisational challenges and to process any work-related issues.

Communication

Managers are crucial to the planning and preparation elements of crisis response and providing support to staff, particularly around the impact of prolonged periods of remote working. Staff can feel increasingly disconnected and as if they are losing a sense of influence in their work, and of being part of a 'bigger picture'. Unconstructive 'panic working' is also something to watch out for and can crop up in sessions:

'I feel helpless having had to move back home, away from the project I was working on overseas. Now I'm in lockdown, I tend to log on early and stay up late, communicating with colleagues in different time zones, even though I feel the impact of my

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work is less and it's frustrating that I can't contribute in the way I used to. I'm exhausted but I don't know how else to use my time.' (International aid worker)

This aid worker was helped to recognise and understand her reactive way of working as a response to feelings of guilt that she held around leaving her project – even though she had little choice in the matter. She started to question the validity of this 'guilt' and sought clearer guidance from her manager about what was realistic and necessary in terms of her remote working. Her stress levels and anxiety decreased substantially.

Feedback: Direction, validation and words of appreciation may be needed more than ever from managers and, where constructive criticism needs to be given, extra thought should be given to how this is delivered. A phone or video-call might avoid the tone of an email being misconstrued, and give the recipient a fuller opportunity to respond.

Check-in: We advise managers to check in regularly with their team members individually and get to know their personal circumstances during this period. Someone living alone may be facing different challenges from someone with a young family who is juggling home schooling with work responsibilities. Other things to enquire about might be a staff member's living conditions, whether they have access to outside space, if they feel supported by the key people in their life, and if anyone close to them has COVID-19. All these factors could potentially add to their stress levels. Managers would do well to ask, 'how does this individual deal with change and uncertainty?' and 'what are their coping strategies at this time?'

Connection: Isolation is currently a real psychological health risk, and when running online workshops, we are curious about who shows up on video and who wants the camera to be switched off. If you are managing online team meetings, be aware if a team member is increasingly disconnected, because it could be a warning sign that their mental health is deteriorating. Introducing more informal social networks as

well as work-related networks can help boost morale and reintroduce a sense of human connection. Some organisations have introduced 'tea break' online check-ins, where work is not discussed, quiz nights or peer support groups for those living alone or managing home schooling. Offering a range of options can mean a lot.

However, video-calls can be exhausting as technological issues can get in the way, we have to wait in turn to speak, and our senses have to work much harder to pick up non-verbal communication cues in 2D rather than 3D. Therefore, participation in such events and activities should be presented as optional, particularly for staff whose work already involves video-call meetings.

Death at work

The pandemic means that more senior management and leadership teams are having to break bad news. We offer a 'Crisis Response – COVID-19' half-day workshop aimed at supporting leaders to feel confident when managing an organisational approach to more sensitive or critical aspects of the crisis. This may involve informing staff if an individual staff member dies from coronavirus, and providing support. When staff are grieving, it is important to promote and model psychologically healthy practices in the workplace, and to be open to referring certain people on for more specialised support. We recommend the following:

Breaking the news: This is best done in the most personal way possible. Under the new norms of social distancing and remote working, calling close colleagues of the deceased to inform them individually of the death may be a preferable first step, before sending out an organisation-wide email or notifying colleagues on the company website. Arranging follow-up calls or inviting staff to contact you, should they wish to talk further, is also helpful. We recommend liaising with the family of the deceased to respectfully ask what information they would like to be disclosed.

Creating opportunities to grieve: As we write, only close family members or next-of-kin are permitted to physically attend funerals and commemorative events, so colleagues who may ordinarily have attended such occasions will not be able to. Funeral directors and celebrants are helping families to live-stream funerals and similar services online so it could be worth asking the family of the deceased if they are planning this. Staff may prefer to find their own ways to remember the deceased. This can be healthy for individuals or colleagues to do together, such as setting a time to remember the person who died, or doing something symbolic in

their memory. We won't be living under the current restrictions forever, so do stress that there will be an opportunity for staff to come together and make a more traditional gesture in memory of a deceased colleague in the future.

Who is vulnerable?: Individuals with pre-existing experience of trauma, other mental health issues, or significant bereavements and loss may be particularly impacted by the death of a colleague to coronavirus. If you believe someone may be especially affected, check in with them in a private context, and ask if they need additional support.

Language, misinformation and stereotypes: The language leaders use and how they present information counts for a lot in a crisis. Remain sensitive, and try to be as factual as possible – for example, stating that someone has 'sadly died as a result of coronavirus' as opposed to, 'they have become a victim' or 'lost their battle' with it. Remain aware that much misinformation about COVID-19 remains in circulation and, with feelings running high, people may want to blame certain 'others' for bringing the virus into existence or allowing its spread. Anger and the desire to blame can be a natural part of the grieving process, but it is important to challenge anything that may seem like casual racism or prejudice.

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2 Structure and systems

Next, it's important to look at the underlying structure and systems in place within an organisation to help negotiate a crisis. There are important questions to ask, including:

- Do you have a clear crisis management plan in your organisation?
- Are there named individuals who make up the Crisis Management Team (CMT)?
- Do each of these named individuals have a deputy to stand in for them if they become incapacitated?
- Is there someone who is specifically responsible for the practical, physical and psychological needs of the CMT members?

- Who within your organisation has Psychological First Aid (PFA) training?
 - Are there trained individuals able to offer PFA peer support?
 - Does your organisation have trained family liaison officers, and how will the organisation support a staff member's family if a member of staff dies?
- Training members of staff to support their peers, and the families of other employees, is not only a good use of staff resources but it also helps promote cohesion and trust within organisations. It is valuable because, in the event of a crisis, most people prefer to be supported, at least initially, by someone familiar and acquainted with their organisational culture, as opposed to an external professional. We have observed that CMT members may themselves become burnt out if no one is monitoring their wellbeing, so it's important to consider their needs.

Be aware that both peer supporters and family liaison officers need regular refresher training, to be confident in supporting someone who is struggling psychologically. It is a demanding role to take on, and so it's important to consider what additional support is in place should these individuals themselves become triggered or depleted while supporting others.

3 Working together

Organisations benefit from sharing their crisis management learning with each other. Setting up a network to disseminate thinking about how best to manage the crisis and support staff will help organisations working within similar sectors. This also applies to the field of counselling and psychosocial support, and our associates have worked in crisis incidents including the 7/7 terrorist attacks and the Grenfell Tower fire. We know that there is much learning to be shared from this and we hope that organisations and accrediting bodies in our field will continue to work collaboratively and reflect on our experiences together.

Yet, after each major traumatic event, we saw mistakes repeated, where counselling services were set up haphazardly offering pro bono counselling, which can inadvertently devalue our profession and lead to inconsistencies in the quality of care being offered. During COVID-19, we have observed a great deal of rescuing from our profession, and with reference to the psychiatrist Stephen Karpman's drama triangle,² we know this is unhelpful because it can entrench power imbalances and result in the very recipients of well-intentioned support losing touch with their autonomy.

It can also confuse those seeking specialist trauma counselling, as some volunteers within such

groups may not be experienced in evidence-based trauma interventions. We believe that a system needs to be in place, listing reputable counselling agencies with substantial experience and evidence-based trauma skills to be available to organisations and individuals in a crisis.

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4 Culture

Organisations need to promote a culture of offering high-quality best practice psychosocial care to their staff, and in a time of COVID-19, it is needed more than ever. Incorporating clear mental health practices, signposting to specialist services (such as trauma specialist counselling or psychological processing groups) and implementing peer support programmes, will challenge stigma around mental health issues within the workplace. During a time of crisis, or after a critical incident, providing information on how staff may be impacted psychologically can also help to normalise people's reactions.

A psychologically healthy culture, and the offerings within it, need to be communicated across different areas of a business, such as on the intranet site, in one-to-one management sessions, on social media sites and within peer-support programmes. Often, those who are highly stressed struggle with concentration and memory. Therefore, the simpler and more accessible the pathways to referring staff to psychological support services, the better.

Closing thoughts

At FD Consultants, we have much expertise to draw on from previous crises to bring to supporting organisational responses to COVID-19. We know that when we are highly stressed, our immune system depletes and there can be long-term consequences for our physical and psychological wellbeing. Our work is aimed at giving everyone the best chance of coming out of this period well and healthy, as this is in the best interests of organisations, their employees, and wider society. While many elements of the coronavirus pandemic lie beyond the realms of our control, our response to the continued crisis is something that can be thoughtfully managed with appropriate psychoeducation and structured interventions. ●

For further information

FD Consultants has created a range of guidance sheets that we will share with practitioners and those interested. We can provide further details of workshops and services aimed at helping staff increase their resources to improve their resilience throughout this challenging time.

REFERENCES

¹ This term, coined by Dr Ali Fenwick, Professor of Organisational Behaviour at Hult International Business School in Dubai, describes how remote working staff may work excessively during the crisis as a means of avoiding reality, appearing busy, managing anxiety, and seeking to regain control. See Percy S. Has Covid-19 caused your team to start panic working? Forbes [Online.] <https://www.forbes.com/sites/sallypercy/2020/04/01/has-covid-19-caused-your-team-to-start-panic-working/#23c89f4d4884> (accessed 10 May 2020).

² Karpman S. Fairy tales and script drama analysis. *Transactional Analysis Bulletin* 1968; 7(26): 39–43.

