

## Supporting mental health staff working with children and young people through the COVID-19 pandemic: Guidance for services

The following guidance is aimed at mental health professionals working with children and young people. This document synthesises key research, best practice guidance and expert consensus. It is not intended to be prescriptive; individuals' circumstances need to be taken into consideration when applying these guidelines and judgements should be exercised about what approach is likely to suit a particular set of circumstances.

Working with children, young people, and families during the COVID-19 pandemic is a unique challenge. During the ongoing crisis, professionals are often supporting others whilst potentially experiencing their own distress and grief simultaneously. At this time, it is especially important to consider contextual factors which may deplete or bolster an individual's physical and psychological resources and consider how to strengthen these. There is no 'one-size fits all' way for this to happen, as each person will have different concerns, coping styles, family cultures and traditions, and social support networks to draw on. Support for staff should adjust to the evolving needs of staff as practice evolves.

This guidance adopts a trauma-informed and contextual approach, acknowledging that support needs to be 'bottom-up' (e.g. efforts to meet basic needs and to maintain team unity) and 'top-down' (e.g. from service-wide and managerial decisions).

### DOs

**Do be aware of the different individual personal circumstances that team members are experiencing** and the impact this will have on their ability to work. Many staff will have their own children, family members, or loved ones that they are caring for and may, therefore, be working flexibly and potentially more unsociable hours. If working from home, there may be little separation between their professional and personal lives. This tension should be openly acknowledged, and flexible working, with clear and compassionate work expectations, should be implemented and reviewed regularly to ensure that a workable balance is achieved. Support staff to realise that they don't need to be perfect in all their different, and at times competing, roles as a parent, family member, friend, and team member. Increased flexibility in working arrangements should be supported and accepted by teams.

**Do regularly and proactively check in with members of staff and ensure opportunities for reflection.** The change in ways of working (e.g. not being able to see a child in person, both client and therapist working from home with potential distractions) may create a sense of uncertainty about being able to assess a child or young person's well-being. An increased element of reflection may be useful within supervision, with managerial support to share this worry and sense of responsibility across the team.

**Do ensure that staff workload is paced.** Rates of referrals may fluctuate. Make sure that workloads are consistent and realistic, and sensitive to individual circumstances to minimise feelings of hopelessness or emotional fatigue. For many, concentration and efficacy may be affected due to ongoing stress. Empower staff to manage their caseloads and encourage them to take breaks in between remote meetings and breaks away from their desk. There may need to be regular review points to assess workload.

**Do ensure that staff have information about different psychological responses to stress and that they have the opportunity to think about these in relation to themselves as well as those they are helping.** Promote normalising and destigmatising messages about the range of ways people respond to extraordinarily stressful situations, and that the way people respond may fluctuate. Support staff to reflect on helpful psychological coping strategies, to increase physical and emotional resources, and support safe social support.

**Do provide staff with clear guidance and age appropriate materials.** Many staff will be trying to answer questions from children, young people, and their families about what kind of support can be offered. Clear and honest information about how services will work during the period of response to COVID-19 will help maintain transparency and service engagement.

**Do ensure that staff have the basic resources and training they need to work remotely,** if necessary. This includes supporting staff to use any new technologies and giving information about how to work remotely with children and young people. Encourage staff teams to think through any potential dilemmas which could arise and how these will be resolved e.g. how to contact other services or family members if a risk issue is disclosed remotely.

**Do encourage staff to be honest and open about any challenges or worries during uncertain times and experiences of bereavement.** Many staff may worry about children they have at home and/or that they may infect them. Conversely, some staff may be living on their own, lack support in their home environment, or be physically distanced from their normal social support. It may be helpful to use techniques to manage these worries including distraction or writing worries down. Uncertainty and worries may be helped if staff are given as much control as possible over what happens to them, and if their concerns are taken seriously. Staff should be informed and given opportunities to ask questions or 'just to talk'. Measures should be taken to ensure teams feel connected and that staff don't feel they are facing challenges alone, particularly if there has been a shift towards remote working or if work patterns have made it harder to have more informal support from colleagues.

**Do be particularly supportive to staff starting new roles or moving within organisations.** Many staff have been redeployed and may need additional support managing their own anxiety and uncertainties about their new positions. Try also to ensure that any staff members who have been redeployed have opportunities to keep in touch with their regular team in order to transition them back to their original role, if that is what they choose to do.

**Do acknowledge that particular aspects of staff's roles may become even more challenging, particularly issues around safeguarding (especially abuse and neglect), which can increase stress and anxiety.** It is important that staff are clear how safeguarding protocols can be practically implemented in the current circumstances. Ensure a team approach is taken when considering issues of risk and safeguarding, and external support should be sought, if needed. Staff will also be aware of increased risk within the home during the 'lockdown', but may be faced with conflicting information about how best to support children and families in these risky situations (e.g. are they allowed to leave the house or not). Thinking together with colleagues about risk and safeguarding concerns can support shared decision-making and a shared sense of responsibility. If the usual safeguarding leads are unavailable, clearly communicate the alternative arrangements.

## Don'ts

**Don't make assumptions** about how staff should or should not be feeling or acting.

**Don't reduce supervision time.** If a member of staff's supervisor is not available, then alternative supervision arrangements must be made, ideally with someone else that the individual knows and trusts. Protected time is vital for self-reflection to maintain psychological resources and to ensure safe practice. If needed, consider increasing the frequency of supervision. Also, for many, providing professional input remotely is a new skill. Many online resources are helpful, but do not adequately account for developmental or systemic issues. Supervision should be used to reflect on the use and adaptation of these resources.

**Don't forget the importance of more 'informal' support.** Aside from new professional challenges that may arise from this pandemic, staff may end up experiencing their own loss and grief, or other distressing events. Safe social support and connectedness may be as important, if not more so, than more formalised support, particularly in the immediate aftermath of any adversity.

## Key References

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## Guidance Authors

This guidance has been produced by clinicians, academics, and researchers specialising in work with childhood adversity and trauma across Health and Social Care settings and was produced in collaboration with the COVID Trauma Response Working Group.

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## **About the COVID trauma response working group**

The COVID Trauma Response Working Group has been formed to help coordinate trauma-informed responses to the COVID outbreak. We are made of psychological trauma specialists, coordinators of the psychosocial response to trauma and wellbeing leads at NHS Trusts. The working group is coordinated by staff in the Institute of Mental Health at University College London. We are very grateful to our clinical, academic and social care colleagues who are contributing to this work.