

SHAPE WELLBEING COACHING FOR HEALTHCARE STAFF

Prof Jennifer Wild
University of Oxford

NIHR | Applied Research Collaboration
Oxford and Thames Valley

SHAPE | Supporting Hospital
and Paramedic Employees
during and after COVID

NHS England and NHS Improvement

The NHS logo consists of a horizontal blue line with a white interlocking chain link in the center.

'Patient dying in my ambulance triggered PTSD'

By Kate Berry and Sam Clack
Radio 5 Live

🕒 28 October 2021



Coronavirus pandemic



WE WANT TO HEAR ABOUT YOUR EXPERIENCES

SUPPORT FOR FRONTLINE NHS STAFF



SHAPE Recovery offers confidential, personalised 1-to-1 coaching accessed via your mobile. You will get weekly opportunities over a six-week period to speak with a trained coach, who is completely independent to your employer. You'll also have direct access to evidence-based treatment for traumatic stress or depression, should you need it.

What Others Say About Us

"Work-related stress has been at an all time high for me and my peers due to the current COVID-19 pandemic. Fortunately, though, my weekly calls with my well-being coach have mitigated that stress significantly. For this I am eternally grateful. I feel very lucky to have had all of this support." **ZM**

**SUPPORTING HOSPITAL AND
PARAMEDIC STAFF DURING &
AFTER COVID**

GET MORE INFO AT
WWW.SHAPERECOVERY.COM

SHAPE Supporting Hospital and Paramedic Employees during & after COVID



Who we are

Our team works with the Oxford Centre for Anxiety Disorders and Trauma at the University of Oxford.

Jennifer Wild

Consultant Clinical Psychologist

Anke Ehlers

Professor of Experimental Psychopathology

Apostolos Tsiachristas

Associate Professor of Health Economics

Aimee McKinnon

Research Clinical Psychologist

Haddi Browne

Research Assistant

Abbie Wilkins

Research Assistant

SHAPE: The Programme

- **SHAPE:** Supporting Hospital and Paramedic Employees during & after COVID
- Evidence-based tools developed for paramedics were tailored for healthcare workers following PPI input



SHAPE – Who is suitable?

- Healthcare workers
- PTSD and depression (MDD)
- Personal or occupational trauma
- Rumination, unwanted memories, self-critical/lack of compassion, guilt, avoidance of activities, low resilience appraisals
- PTSD – Re-experiencing symptoms to one trauma, can have multiple trauma
- Childhood trauma is NOT an exclusion



SHAPE – Who is unsuitable?

- Other presenting problems (eating disorder etc.)
- Preference for face-to-face therapy
- Risk – if this would not be manageable during call time



Frontline healthcare workers accessing SHAPE

- 44% met criteria for PTSD; 39% met criteria for major depression (Wild et al., 2021)
- Earlier trauma has come to mind with associated PTSD symptoms i.e. delayed onset PTSD
- 76% index trauma occurred *before* the pandemic
- 24% COVID trauma



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Brief Report

Post-traumatic stress disorder and major depression among frontline healthcare staff working during the COVID-19 pandemic

Jennifer Wild* , Aimee McKinnon, Abbie Wilkins and Haddi Browne

Department of Experimental Psychology, University of Oxford, UK

Objectives. High rates of probable post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) have been reported for frontline healthcare staff during the COVID-19 pandemic. However, rates determined by diagnostic assessment are unknown, as are the onset of symptoms and associated index events.

Methods. We assessed frontline healthcare staff with the Structured Clinical Interview for DSM-5.

Results. Forty-four percent met criteria for PTSD and 39% met criteria for MDD. Twenty-four percent reported COVID-19 trauma as their index event, with the majority of staff reporting trauma that pre-dated the pandemic. While PTSD was likely to be pre-existing, MDD was more likely to develop during pandemic working.

Conclusion. These findings indicate the propensity of healthcare staff to experience a range of occupational and personal trauma associated with PTSD and the need to assess index trauma when diagnosing psychopathology in order to best understand the needs of this workforce.

What was it like on an ICU ward?

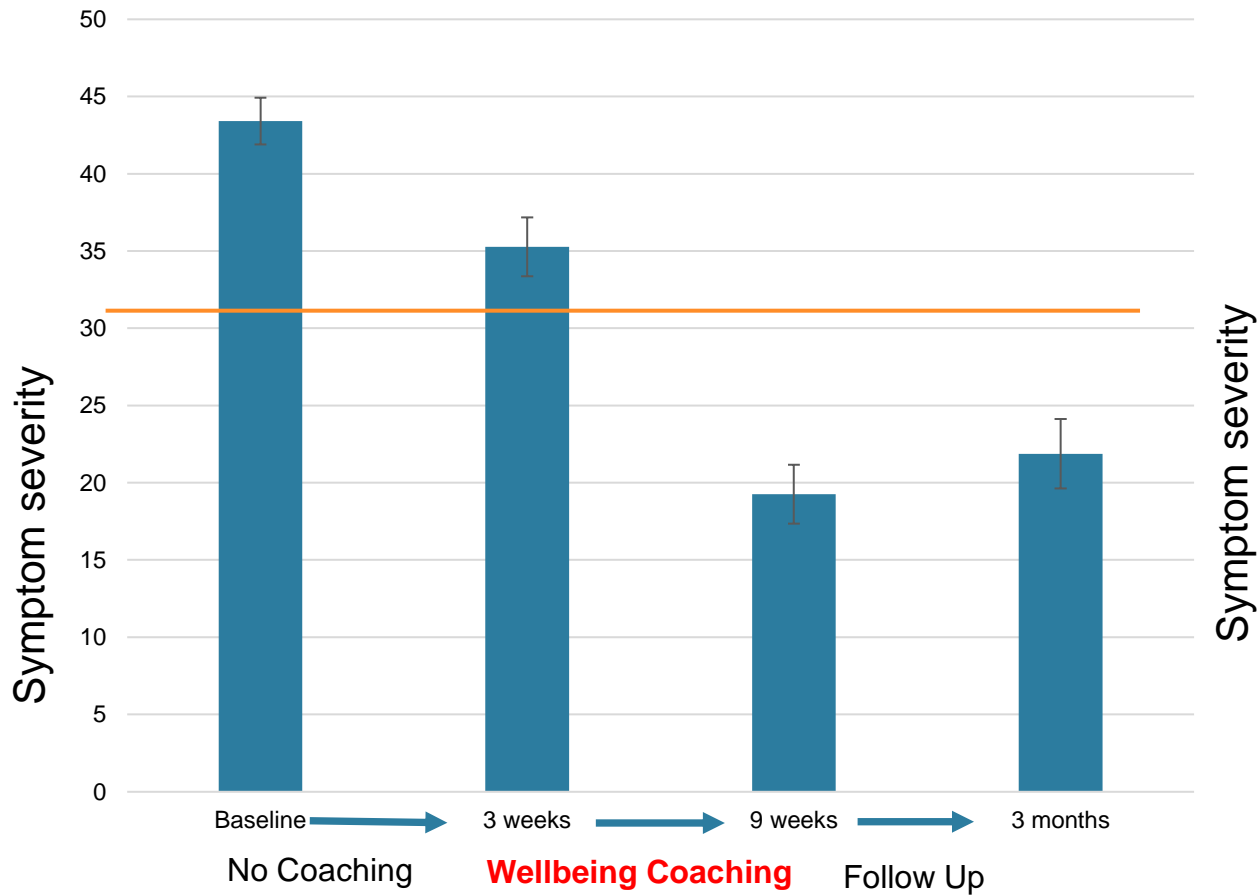


Evidence-based tools

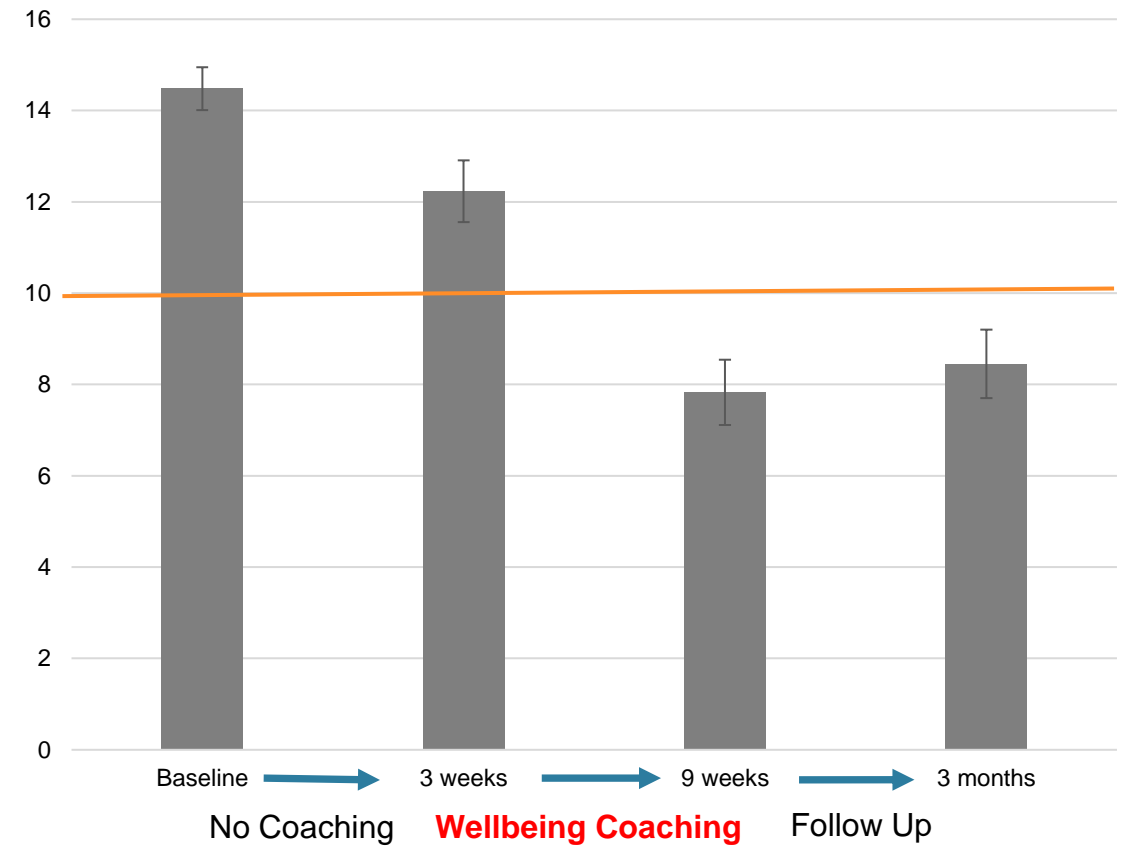
- **Target modifiable risk factors: Rumination, unhelpful resilience appraisals, unwanted memories**
- Previously evaluated in our RCTs of resilience tools to prevent the development of PTSD and depression in at risk populations (i.e., paramedics, police, firefighters)
- Also drawn from our PTSD treatment (Cognitive therapy for PTSD) recommended by the NICE guidelines as firstline treatment for PTSD
- The calls are: Active, experiential, evidence-based

Results

PTSD symptoms ($d=1.52$)



Depression symptoms ($d=1.22$)



Next Steps

Supporting Hospital and Paramedic Employees with Cognitive & Behavioural Coaching: A Randomised Controlled Trial



Eligibility Criteria:

1. **Patient-facing Healthcare Worker** – including: Nurse, doctor, ambulance service team member, midwife, allied health professional, mental health professional, healthcare support worker, medical associate, pharmacist, and nursing or medical student working in a hospital setting.
2. **Over the age of 18**
3. **Think you are suffering from trauma or low mood**

We are running a study of SHAPE Recovery, a programme of evidence-based, confidential, 1-to-1 **coaching for traumatic stress and depression**. You will have the opportunity over an eight-week period to work with a trained coach who is completely independent to your employer.

Participation in the study gives you access to the coaching immediately or after 8 weeks and you will be **paid for your participation**.

SHAPE | SUPPORTING HOSPITAL AND PARAMEDIC EMPLOYEES



shaperecovery.com



THANK YOU

Prof Anke Ehlers, Dr Aimee McKinnon, Abbie Wilkins, Haddi Browne, Ceri Morgan,
Jasmine Laing
University of Oxford

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