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psychological society
promoting excellence in psychology

GUIDANCE

The impact of Covid-19 on the wellbeing of psychologists

FOREWORD

Whilst BPS wasn't the first organisation to respond to the Covid-19 pandemic, once we got going, things moved incredibly quickly and by the end of March we had established an Society-wide expert group and published the BPS guidance on staff wellbeing during the crisis.
This was one of the first of what is now about 85, and still growing, resources that have been produced by the BPS Covid-19 Coordinating group, its eight work streams, and associated subgroups. It really has been an incredible effort that I have been humbled to be a part of. However, one thing that has struck me through contacts with other organisations during the pandemic has been that, as psychologists, we have been very active in offering advice to other groups, but perhaps not so active in considering and addressing our own needs. I'm therefore really pleased and grateful that the wellbeing workgroup have produced such a comprehensive resource that is relevant for psychologists across all of the domains of practice, and academia. I really hope that you, and by extension, the people you work with, will find it beneficial.

David Murphy
2019–2020 President, British Psychological Society
Chair – BPS Covid-19 Coordinating Group

INTRODUCTION

In the context of the Covid-19 pandemic the media have repeatedly described the past six months as unprecedented. As members of the public we have collectively witnessed many changes to our social world, our economy, our families, our personal lives, and also to our experience of work. Who would have thought in March that our freedom to move and socialise would be legally limited, that we would need to wear masks – something culturally alien to many of us – in public, and for some of us at work. No one could have foreseen that many of the activities we take for granted (shopping, socialising with friends, going out for a meal with friends or family, attending children's parties, getting in a lift with others) might either not be possible or have changed beyond recognition for the foreseeable future. We are truly living through a time of monumental personal, social and professional change and challenge which at times feel worthy of dystopian fiction – no one could have foreseen, and which are by no means over. Sadly, these challenges have been exacerbated for many due to pre-existing contextual, social, racial and economic inequities and conflicts.

From a professional perspective, there has been much focus on the impact Covid-19 has had on different occupational groups. Many professional bodies and unions have rightly been vocal in highlighting the experiences of their members. This document is a formal acknowledgment from the BPS of the impact on the wellbeing of psychologists working within the UK, each of whom are at their own frontline of this pandemic. The document aims to build on the valuable resources developed and shared by psychologists over the past six months, as well as sharing the experiences of psychologists from a range of settings across the family of psychology.

The wellbeing of psychologists and the Covid-19 pandemic project is comprised of three parts; the first focuses on capturing and understanding the impact on our biopsychosocial wellbeing and has been organised into 10 distinct themes. The second is a synthesis of helpful and accessible resources that psychologists have either developed or used over the past six months. The third is a series of virtual offerings including a live launch webinar, a series of powerful individual video stories from psychologists sharing their experiences during the pandemic, and finally a concluding virtual event which looks forward to the future. All virtual resources will be hosted on the BPS website and will remain accessible to members.

Whilst this is by no means a prescriptive or exhaustive collection of resources, we hope colleagues and other allied professionals will find it useful for understanding and contextualising the wellbeing related impact of Covid-19.

Part 1: The Covid-19 pandemic: The impact on psychologists

Psychologists have made a significant contribution to the UK's response to the Covid-19 pandemic, influencing Government policy, the media and public health messages. In doing so this has brought new opportunities to the profession. The pandemic has, in addition, resulted in personal and professional challenges to psychologists that may impact upon the wellbeing of our profession and on us as individuals.

This part of the document summarises the impacts of the pandemic on psychologists' wellbeing based on personal reflections shared in response to a survey completed by a sample over 200 UK academic and practitioner psychologists, and trainees working across various disciplines, and from diverse backgrounds. Participants were self-selecting, recruited directly by the contributors of the working group, with efforts made to ensure balanced representation from psychologists from various divisions, and from diverse backgrounds. Whilst we recognise fully the limitations of generalising from these data, our intention was to capture the most common themes identified in order to provide a practical, accessible document that may be used to encourage conversations about wellbeing between individual psychologists and their managers or supervisors, or in peer groups and teams, rather to carry out a formal research study. We have tried to focus on both potential risks to wellbeing as well as positive benefits that were identified, with the aim of creating a discussion document rather than a prescriptive checklist. We have focused on qualified psychologists and trainees rather than students, as a separate survey of the impact of the pandemic on students is being carried out by the BPS at this time.

We anticipate that those using the document may find it helpful to read this in conjunction with the resources detailed in Part 2.

Finally, whilst the focus of this document is on the experience of psychologists, we recognise that there will be similarities with the experiences of other professional groups, in particular the experience of academics in health or social care professions, and other practitioners including psychological therapists, counsellors and coaches. We hope that other related professional groups will therefore also find this document and the resource guidance/links useful.

TEN KEY IMPACTS OF THE PANDEMIC ON PSYCHOLOGISTS' WELLBEING

1. PERSONAL ANXIETY AND UNCERTAINTY

The Covid-19 pandemic has resulted in anxiety and uncertainty for many people. Psychologists may feel that it has been difficult to acknowledge the personal impact on them, due to the perception that 'psychologists should know how to cope with this', making it harder to speak up about their own difficulties or to ask for help.

Many psychologists spoke about their fears for their own physical health and wellbeing or that of close family members during the pandemic, especially those who were shielded or who are known to be more vulnerable (e.g. those with health problems, psychologists from Black, Asian and minority ethnic groups). Psychologists are as likely as other members of the population to have direct experience of either themselves, or close family members, friends or colleagues becoming unwell due to the virus. They may be personally aware of the sequelae of the illness in terms of short and long-term physical effects such as fatigue or weakness, cognitive problems such as impaired memory and concentration, and psychological reactions including anxiety,

depression or Post Traumatic Stress Disorder (PTSD). In some case psychologists may also have experienced difficult or traumatic bereavements linked to the deaths of family members, friends and colleagues where the usual grieving processes and rituals can't happen (e.g. funerals with restricted numbers).

Some psychologists described struggling to focus on work whilst dealing with personal sickness, bereavement, or stress and worry caused by the pandemic, as well as more general frustrations caused by uncertainty affecting their current day to day lives and work including carer responsibilities and even home schooling.

Financial worries were a source of stress for some psychologists, for example, academic psychologists concerned about job security potentially resulting from reduced funding for universities from student fees or resources. Psychologists in independent practice expressed some positive benefits of being able to work more flexibly remotely (reduced travel time and costs for travel and rooms) and greater control over workload. This was, however, balanced against stress about staying afloat financially amongst those who are self-employed or run their own business.

Many psychologists described feeling 'overwhelmed' at times by the 'emotional rollercoaster' they experienced. Despite some of these struggles, many psychologists described very good support from colleagues or managers, who listened to and validated worries and feelings, encouraged a compassionate stance to self and others, offered support to address practical concerns where possible (e.g. flexible working hours) and promoted sharing of self-care advice and tips.

Many psychologists commented that being able to focus on the needs of others (patients, clients, colleagues, trainees or students) gave them a sense of purpose and helped 'offset' some of their own personal worries. Although this was often a helpful coping strategy, psychologists expressed concerns about the wellbeing of colleagues who did not recognise their own needs where this could tip into 'unhelpful denial' or avoidance, recognising that the basis of compassion for others is self-compassion and self-care.

> There is a pressure as others view psychologists as people who should be able to cope, but psychologists are vulnerable to stress too.

2. LACK OF PREPARATION

Almost all psychologists raised concerns about lack of preparation by organisations and employers for the level of emergency response needed. Perceived lack of leadership, poor coordination, ambiguous and unclear communication were common themes, especially in the initial phase of the pandemic. This resulted in stress due to unclear expectations of roles and responsibilities, and ineffective use of time and resources. As a profession accustomed to evidence-based working, operating with so little precedent was challenging for many.

Psychologists, like many other professionals, also felt overwhelmed by 'information overload', and under pressure to rapidly absorb and act on rapidly changing guidance without structures and processes in place to do so.

Whilst recognising that this was an unprecedented situation, psychologists were concerned about how 'lessons learned' will be applied to planning for any second waves or future pandemic or emergencies. Many recognised gaps in their own training in relation to this.

> There were a lot of knee-jerk reactions, mixed message and guidance being sent out that quickly changed. Lack of preparedness increased anxiety due to lack of 'containment'.

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3. ADJUSTMENT TO REMOTE WORKING AND CHANGES IN THE WAY WE WORK FACE-TO-FACE

One of the biggest challenges for many psychologists has been adjustment to remote working. Many psychologists described stress and frustration due to this including practical issues such as inadequate work environments (e.g. lack of access to quiet space to work or for sensitive or confidential discussions, having to buy or borrow their own equipment and office furniture, inadequate IT support or guidance on using new systems and software, lack of access to shared drives and data).

Bringing sensitive or traumatic material, and clients, into the home, has created a number of specific challenges for applied psychologists working remotely, especially those working with potentially high-risk populations, such as forensic psychologists and clinical/counselling psychologists. These included concerns about client confidentiality with other household members present, and worries about boundary breaches, for example, additional demands on psychologists to remember to withhold phone numbers when calling clients from their own phones. There are also increased risks of secondary traumatisation for psychologists due to lack of boundaries between home and work environments when dealing with highly distressing clients or material in their own home. For others, delivering work such as education, teaching, and group discussions using remote/video methods has been challenging.

Lack of informal contact with colleagues and lack of physical separation between work and home at the end of the working day made maintaining boundaries between work and home difficult. The loss of informal support and face-to-face contact with colleagues resulted in feelings of isolation and loss of confidence and motivation. Many psychologists described creative ways they had found to address this, through daily remote 'check ins' with peers, or team 'huddles'. The importance of balancing this against general 'screen time fatigue' and ensuring that colleagues were not excluded or were contacted if they did not 'turn up' was emphasised. Discussion of the increased emotional demands of working from home in these circumstances in supervision, and establishing regular informal peer support was helpful, but a number of psychologists expressed a strong desire to return to face-to-face work in their usual setting when safe to do so for clients and staff.

> I used to mentally 'leave' my patients at work at the end of the day. I value my privacy outside work and feel that the line between home and work has been blurred.

Demands of fitting work around other caring responsibilities meant that some psychologists had to adjust their working pattern meaning they were now working evenings and weekends, reducing time with family or friends or on other chosen activities. Many psychologists reported that managers or supervisors were very understanding of their situation and flexible in allowing them to alter their working patterns to fit with their personal circumstances, and to reduce workloads or expectations of productivity to give them time to adapt. However, some psychologists reported feeling under more pressure and feeling unable to say they were struggling when other colleagues appeared to be coping better. Given one of the main risks of remote working is the blurring of boundaries between home and work, when supervisors or managers encouraged working regular hours, taking breaks and leave as usual this was helpful.

> We are not working from home, we are at home during a pandemic trying to work.

Some practitioner psychologists have continued to provide face-to-face work. They described changes in the way they work due to wearing personal protective equipment (PPE) that they felt affected their communication and interactions with patients or clients in the same way as for medical and nursing colleagues and other keyworkers, for example, being less able to use non-verbal communication and challenges for people with speech or hearing impairments, or cognitive difficulties that affect understanding. Many psychologists were concerned about the return to face-to-face work in some services due to lack of space to maintain social distancing in offices or in areas where patients or clients are seen and in classrooms with large numbers of students and greater risk. Psychologists who were shielding or caring for vulnerable people at home felt especially anxious about safety at work.

4. INCREASED WORKLOAD DEMANDS

Some psychologists reported unrealistic demands from employers about their availability outside of contracted working hours and the degree of flexibility they could offer. These concerns were particularly raised by psychologists working in academic institutions, where it was felt that the concerns about maintaining income from fees by meeting expectations of university departments and a perception that students sometimes took precedence over wellbeing of staff working long hours to deliver courses online and to support students remotely. Many reflected on the additional demands of supporting others (patients/clients, colleagues, trainees, students) whilst at the same time trying to adjust themselves to 'the new abnormal'.

Academic and practitioner psychologists described challenges due to the expectation that they would be able to quickly adapt the way in which they work with very limited support with IT systems. For academic psychologists this included the expectation to be able to quickly deliver online teaching and collect research data 'almost overnight'. Practitioner psychologists reported challenges to carrying out their role effectively and efficiently (e.g. being able to access patient or client notes), and some felt there was insufficient consideration of concerns about the validity of carrying out some aspects of their work remotely (e.g. neuropsychological testing). It was acknowledged that recent guidance on this has been very helpful. Concerns were, however, expressed about carrying out risk assessments remotely both in terms of validity and safety.

Some psychologists undertook significant additional responsibilities during the pandemic, including both paid and voluntary roles. Many were motivated to do so as they wanted to 'do their bit' in contributing to the response of psychology. This did, however, lead to doubling of some workloads, meaning less 'downtime' for individuals to rest and recharge affecting their own wellbeing and potentially their effectiveness over time. This may also have impacted on colleagues due to them being less 'available'. Trainees in particular found this very challenging when supervisors were less able to offer support due to managing other demands.

Most psychologists were unprepared for the prolonged impact of the pandemic on their usual ways of working, with common reports of physical fatigue, and feeling emotionally drained and exhausted.

The unsustainable demands on staff are bringing them close to breaking point (mentally and physically) – we are anxious that it cannot continue like this and there are fears that colleagues' mental health will collapse next year, exacerbating the situation of workload, uncertainty and constantly changing environment.

5. ETHICAL, MORAL, AND PROFESSIONAL DILEMMAS

Many practitioner psychologists expressed a degree of moral conflict or distress resulting from changes to the way in which they were able to provide psychological care.

During the peak of the pandemic, the experience of patients admitted to hospital, and for those in care homes who became unwell, was especially frightening due to high levels of public anxiety and fear of dying. Relatives were extremely distressed by being unable to visit patients isolated in hospital due to strict visitor restrictions, even when patients were dying. Psychologists working in acute hospitals felt unable to adequately address the psychological needs of patients and relatives during this time. Although many felt their role in supporting patients and relatives during this time was valued, and that attending team meetings was 'containing' and helped improve communication and reduce direct burden on their colleagues, these services were not available in all hospitals. Far greater numbers of Covid-19 patients were also admitted to general wards or treated in care homes where there was no or very limited access to psychologists to offer direct support.

Psychologists in acute hospitals were also very aware of, and distressed by, the impact on frontline colleagues and all hospital staff and volunteers. Frontline staff working during these times did so under extraordinary conditions, in many cases with concerns for their own safety and wellbeing and that of their families, often working long hours wearing restrictive personal protective equipment (PPE) such as masks that limited communication with patients and colleagues, and within resource constraints that affected their ability to carry out their duties or perform the level of care to their usual high standard. Staff in various hospital roles (e.g. mortuary staff, managers, admin staff, caretakers) were exposed to much higher numbers of very sick and dying patients and distressed and bereaved relatives to care for. Many psychologists expressed a wish to 'do their bit' to support their colleagues.

Applied psychologists in some services felt frustrated that they were redeployed away from their usual roles to supporting frontline staff or keyworkers. Many were concerned about the impact of redeploying psychologists from supporting vulnerable and disadvantaged people were coping with the pandemic and felt that taking away their support at this time was unhelpful.

> It became increasingly frustrating and demoralising to see the waiting list grow and to not know when we could return to face-to-face work. Once we were able to start contacting patients remotely it helped me feel I was providing a valuable role again.

There were mixed feelings about the role of psychologists involved in supporting 'frontline' staff during the pandemic. Many of those already working in acute hospitals or care homes felt a moral and ethical obligation to offer to support their colleagues. Most recognised that the needs of staff in frontline roles during the peak of the pandemic related more to safety concerns and practical wellbeing needs as well as basic listening and emotional support, or 'psychological first aid' rather than formal psychological therapy with the need for more formal psychological interventions coming later. Whilst some psychologists felt that they were able to contribute their knowledge and skills to inform support for staff, others were frustrated by barriers to achieving this locally, for example, due to lack of existing relationships with HR and occupational health departments, or existing emergency planning measures being overwhelmed.

Many psychologists felt that either they or their colleagues may be at increased risks of burnout due to 'compassion or empathy fatigue' amongst those working with people who have experienced very high levels of psychological distress, bereavement or losses in the context of the pandemic.

Psychologists working with people who had experienced potentially traumatic events during the pandemic were concerned about increased risk of secondary or vicarious traumatisation (post-traumatic stress symptoms that can occur following indirect exposure to traumatic events such as witnessing or being exposed to detailed accounts of events).

Psychologists' own capacity to support others and to 'buffer' emotionally challenging aspects of their role and to empathise with others may also be affected by their own personal experiences. Many applied psychologists emphasised the importance of regular formal and informal supervision that focused on both supervision of clinical work as well as space for personal reflection of the emotional impact of the work.

Researchers interviewing patients, relatives and staff about these experiences should also be aware of the potential for secondary traumatisation. Many academics are not able to access personal supervision to help process emotional aspects of their experiences in the same ways as applied psychologists are able to.

6. IMPACTS ON EDUCATION, TRAINING, AND RESEARCH

As well as immediate worries, some psychologists expressed worries about the impact of the pandemic on the future of psychology education, training and research. T his includes changes in students' experience of university life on campus due to remote teaching and potentially more limited opportunities to gain wider experience, or access to sports or social activities.

Some trainee psychologists felt positively about the experience gained during the pandemic, feeling inspired by the leadership that they saw within the profession widely as well as the response of supervisors and managers. For many trainee practitioner psychologists though, placement experiences will inevitably differ if this is largely undertaken remotely, with some expressing concern about the negative impact on quality and enjoyment of training, in particular the value attached to direct observation of and by supervisors, seeing patients or clients in different settings and contexts, and informal relationships established on placement with colleagues in other disciplines. Many were concerned about reduced opportunities to develop competencies on placements, and impact on research projects. The experience of those training during the pandemic has been that when placements ended there were fewer opportunities to mark this or to say goodbye properly to colleagues. There are also concerns about starting new placements with colleagues and supervisors that trainees have not yet met in person, which may be more difficult than when placements had already begun.

Academic psychologists also expressed concerns about having to 'pause' research projects, and the lack of new funding for non-Covid related research. The expectation to provide additional support to students who were struggling with anxiety was a contributing stress factor amongst academic staff due to the increased demands on time and as they did not necessarily feel equipped or supported to do so. Relationships with trainees and students were at risk, without usual processes, for instance many had to leave abruptly. Fortunately this was not the case for clinical psychology trainees where placements although disrupted were completed on time.

7. IMPACT ON MINORITIES

Many psychologists expressed strong feelings of anger and sadness about the way in which the pandemic has disproportionately affected people from Black, Asian and Minority Ethnic (BAME) groups and other socially and economically disadvantaged groups, exacerbated by race-related incidents and protests across the globe. Some Black and Asian psychologists described feeling unable to share how they were feeling or to be able to support others affected by these issues and felt more isolated from supports and opportunities to support others if they were working away from their base.

Psychologists reported being very aware of the effects of poverty, including 'digital poverty' that created a barrier for some of those most vulnerable and disadvantaged to accessing information, education and practical support.

8. A POSITIVE ROLE FOR PSYCHOLOGISTS IN RESPONSE TO THE PANDEMIC

The Covid-19 pandemic has, in many ways, put psychology and psychologists in the 'spotlight', increasing public understanding of the role of psychology and of psychologists working in various disciplines. Many heads of psychology services in NHS Trusts and health boards seem to have had raised profiles as they have been asked to provide support to staff and psychologically sophisticated systems thinking.

Many academic and practitioner psychologists told us that they felt proud to be part of a profession that has contributed positively to the UK and global response to the pandemic. Psychological theory and research has helped to influence Government policy, public health messaging, promoting collective responsibility and a welcome shift in the focus from individuals to communities ('we're all in this together'). Academic and practitioner psychologists have created practical guidance and resources that are freely accessible to the public and employers.

This was felt to have a positive impact on psychologists' wellbeing due to feeling there were opportunities to share our knowledge and skills more widely to make a real difference. Psychologists also described feeling that their roles were better valued and understood. However, some psychologists highlighted challenges to wellbeing, due to the 'collective surge to respond' and feeling unable to switch of from social media or take time away from work due to fear of missing out.

9. CHANGING CONVERSATIONS ABOUT MENTAL HEALTH, PHYSICAL HEALTH, AND WELLBEING

Psychologists have helped raise awareness of the impact of stress on physical health and psychological wellbeing both in the general population and in the workplace. The focus on normalising experiences ('ok not to be ok'), creating environments that promote resilience and growth of individuals or groups, and highlighting the need for access to evidence-based psychological support when needed, has been welcomed by many psychologists. Being isolated from others during the pandemic emphasised for many psychologists the importance of personal relationships and 'connectedness' to others in maintaining their mental health and wellbeing.

Humans beings are social animals. Our attachments to others are central to our wellbeing. This pandemic was hard on many people who felt isolated from supports when they needed it most. Feeling that we are 'all in this together' and community spirit is protective for our mental health.

10. PROFESSIONAL AND PERSONAL GROWTH

Psychologists felt that the pandemic created opportunities to collaborate with colleagues to find creative solutions to challenges that was energising. Many valued direct and honest communication from professional leaders about the challenges, as well as encouragement and practical support to collectively contribute to solutions with fewer barriers due organisational hierarchies. Many commented that they appreciated being able to get to know colleagues and senior leaders in their own and other fields or specialties better at a personal level.

Some psychologists welcomed the potential improved flexibility that options for increased home-working may present for the future. Many felt that changes brought about from necessity during the pandemic have also help demonstrated the possibilities of change to the way in which education, training and services will be delivered that will last beyond the pandemic. For example, many felt that the option of attending online training and conferences made these more accessible due to reduced time and costs for travel.

Psychologists felt that aspects of the pandemic pushed them to review their values and consider what was important to them, especially their relationships with family, friends and colleagues. Many reported feeling grateful that they were able to continue to be able to work during the pandemic, despite some of the challenges in adapting roles.

> Psychologists are problem-solvers, doing something I was uniquely skilled and confident in helped me feel I was providing a valuable role

THE RISKS TO OUR PSYCHOLOGICAL WELLBEING

Although many aspects of the pandemic have offered positive opportunities, some of the challenges listed above have led to potential risks to psychologist wellbeing, now and in the future. Psychologists have described an 'emotional rollercoaster', at times feeling energised but also experiencing sadness, frustration, boredom, anger, shame, and anxiety. Many are reporting a depletion of energy and 'emotional reserves' placing them at risk of presenteeism and potential for burnout. Some staff have direct experiences of the traumatic impact of the virus or have witnessed the impact on others, and some have not yet had the time or space to process these experiences and as such a primary or secondary vicarious traumatic response is possible. With psychologists focusing on the same topic the resulting potential competition has led to some relationship breakdown, for others a feeling of imposter syndrome where they have questioned their own abilities. Many psychologists have reported feeling they were unable to do their job to the best of their abilities, or feeling unable to help, and as such there may be some risk of moral distress and injury. The shifting expectations of psychologists during this time may have afforded some opportunities, but others are at risk of changing their relationship with the work and a feeling that their psychological (unwritten) contract with work has been compromised.

KEY SUPPORTS

The following are a list of mechanisms that psychologists responding to the survey reported as supporting wellbeing:

Support from managers and supervisors – acknowledgement of personal and work-related stressors, and flexibility to allow time to adapt to these and regular 'check ins' on own wellbeing.

Regular one-to-one case supervision and opportunities to reflect on emotional impact of work (clinical, counselling, health, forensic and educational psychologists and trainees).

Guidance documents that helped normalise responses and links to resources to help with workplace adaptation.

Colleagues in leadership positions empowering individuals and teams to problem-solve to find solutions and to escalate concerns if needed.

Clear communication, and acceptance of not knowing all the answers.

Practical support to facilitate remote working.

Assessment of suitability of home/work environment.

Setting and maintaining boundaries between work and home (hours, breaks, leave etc).

Self-compassion, recognising and normalising emotional reactions (psychologists just as vulnerable to stress as anyone else).

Self-care (physical activity, breaking up sitting, healthy eating, reducing alcohol intake, sleep, engaging with health services, continuing to take medication as prescribed, and seeking support when needed).

Professional guidance/resources that have been developed on many topics as well as access to webinars.

Support from colleagues.

Training (webinars) that has helped to increase understanding of adaptions to work, impacts of pandemic, how to support others.

Group reflective spaces.

Learning (through webinars, emerging guidance, and peer networks).

Having a voice and able to escalate concerns.

CONCLUSION

At time of writing we have not yet emerged from the pandemic, but instead find ourselves in a situation of 'co-existence'. Many have learned to adapt and have shown great flexibility and resilience in the face of such adversity. It has, in many ways, been a time for psychologists to offer a positive contribution to society. However, we must acknowledge that although psychologists from all fields specialise in the many different approaches to understanding the human mind and behaviour, we are but human ourselves. We have not been invulnerable to the significant impacts of the Covid-19 pandemic, and we must endeavour to promote systemic and individual wellbeing for psychologists in order to ensure we protect and sustain our wellbeing in the longer term.

Covid-related anxiety and distress in the workplace: A guide for employers and employees

Part 2: Resources to support the wellbeing of psychologists during the Covid-19 pandemic

This guidance is not intended as an exhaustive list, rather it is a collection of resources divided into two sections, although there will likely be a lot of overlap in each. Section 1 focuses on psychologists and Section 2 on those we work with. We have tried to quality check each resource, though given the breadth and heterogeneity of the resources this should not be considered an academic level review nor as an endorsement from the BPS, but rather a guide as to what we have observed as being of help.

1. GUIDANCE FOR PSYCHOLOGISTS

BPS COVID-19 TASKFORCE AND HEALTH IMPROVEMENT GUIDES

BPS Covid-19 Coordinating group

Physical activity

Eating behaviour

Stopping smoking

Sedentary behaviour

Sleep hygiene

Alcohol Consumption

COVID-19 NHS STAFF SUPPORT – YOUTUBE CHANNEL

Covid-19 NHS Staff Support

UCLH Staff Psychology and Welfare Service staff have combined to produce the YouTube channel full of self-help resources to improve both physical and mental health (May not be accessible from NHS computers).

ADVICE GUIDES ON RETURNING TO WORK POST-COVID-19

Research briefings

Supporting staff to return to the workplace

Return to work guidelines for the Covid-19 pandemic

LIKELY MENTAL HEALTH CONSEQUENCES OF COVID-19

Covid-19 and the nation's mental health

Covid-related anxiety and distress in the workplace: A guide for employers and employees

GUIDANCE ON WORKING FROM HOME

Healthy sustainable working during the Covid-19 pandemic and beyond

Coronavirus (Covid-19): Guidance on working from home

Taking trauma home

HEALTHCARE WORKERS' EXPERIENCES OF WORKING ON THE FRONTLINE

Healthcare workers' experiences of working on the frontline and views about support during Covid-19 and comparable pandemics: A rapid review and meta-synthesis

A rapid review which identified 40 qualitative studies which have explored healthcare workers' experiences and views from previous pandemics, including and comparable to Covid-19.

PROMOTING WELLBEING AND RESILIENCE

Every mind matters

We thought the section on dealing with feeling anxious about Coronavirus, although it summarises a lot of the information already out there, was clear and well laid out.

Public Health Wales have developed a wellbeing campaign called 'How are you doing?' to support people of Wales look after their wellbeing. The campaign includes TV and radio adverts as well as information on social media. There is information on:

• Why is my mental wellbeing important?

• How to look after your wellbeing

• How to access support

GUIDANCE FOR PSYCHOLOGICAL THERAPISTS ON INPATIENT WARDS DURING COVID-19

The guide covers three core areas: Defining the role of psychological professionals during the Covid-19 outbreak, the role of CP's in support provision (employee wellbeing), and the rapid need for access to digital technology. (To access the full paper request a 'full text version').

PSYCHOSOCIAL WELLBEING TOOLKIT

A range of useful tools to support individual and system based wellbeing during the pandemic and beyond.

Support The Workers

INFORMATION ABOUT WELLBEING DURING PREGNANCY

Here is an information leaflet produced by our colleagues in the specialist perinatal mental health service.

COVID PERINATAL TOOLKIT

Here is another resource prepared by the specialist perinatal mental health service with information and tools to help a range of issues including anxiety and sleep.

MEN'S MENTAL HEALTH WEEK RELATED INFO

From Men's Minds Matter there is a handy 14 page guide to coping in crisis tailored to Covid which we could easily refer people to, it's an openly available downloadable PDF

WORK WITH CARERS: CARING FOR THOSE WITH AN INTELLECTUAL DISABILITY

This site provides information for those caring for someone with a intellectual disability.

This guidance is for anyone providing regular care and support to a vulnerable friend or relative. It applies to carers of all ages. There is also a specific section on the help available for young carers.

SUICIDE PREVENTION

It is possible that the pandemic may lead to an increase in risk of suicide, given that the prevalence of some key risk factors has increased (loneliness, alcohol abuse, bereavement and domestic abuse).

Here is some advice about how to respond, and a list of resources to help.

National academic response to Covid-19-related suicide prevention

Advice from NHS

SUPPORT FOLLOWING BEREAVEMENT

Coping with death and grief during the Covid-19 pandemic

Supporting each other after the death of a colleague

Continuing bonds following a bereavement during the Covid-19 pandemic

Part 3: Virtual resources

1. WEBINAR 1
DOCUMENT LAUNCH – 10 NOVEMBER (18:00–19:30)

A webinar chaired by Professor David Murphy. Dr Adrian Neal (Co-chair of the wellbeing working group) will introduce the wellbeing of psychologists during Covid-19 document, followed by a panel discussion with Professor Geraldine Ackerman, Dr Elaine Johnston (Deputy Chair), Dr Lisa Monaghan, Dr Julie Highfield, Dr Yetunde Ade-Serrano, Dr Linda Kaye, and Dr Adrian Neal. The panel will discuss the impact of Covid-19 on psychologists' wellbeing and also what we have learnt that might help during the past six months. A Q&A session to form the final 30 minutes.

2. DIGITAL STORIES

A number of personal stories from psychologists reflecting on their Covid-19 related wellbeing experiences.

3. WEBINAR 2
WELLBEING FOR PSYCHOLOGISTS: WHERE ARE WE HEADING? – 12 NOVEMBER (18:00–19:30)

A panel based webinar chaired by Dr Adrian Neal (Co-chair of the wellbeing working group) which will discuss the wider psychological impact of Covid-19 on psychologists, and also look to the future and how psychologists might try and protect our wellbeing both individually and within the systems in which we work. Panel members will include: Dr Noreen Tehrani, Professor Kevin Daniels, Dr Sandra Mtandabari, and Dr Ashley Weinberg.

All output from this working group, including the main document, video stores and webinars will be hosted and stored on the BPS website.

CONTRIBUTORS

This piece of work was commissioned by David Murphy and the BPS Presidential Covid-19 task group. The work was carried out by a working group and associated sub-groups with representation from all the BPS Practitioner and Academic sections. Contributions have been made by:

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Also we would like to thank all those psychologists who have shared their Covid-19 related wellbeing stories in our surveys and also on video.

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