Summary of the HSE Psychosocial Response to the Covid-19 pandemic

Background to the framework

Responding to the Covid-19 pandemic, key stakeholders from across the Health Service Executive (HSE) came together to develop a detailed framework, focused on the psychosocial impact of the public health emergency. A report was subsequently published entitled the *"HSE Psychosocial Response to the Covid-19 Pandemic"*. The report provides detailed guidance and direction for HSE leadership, staff and partners on implementing a psychosocial response, based on a layered care framework of support. The support outlined is accessible to everybody, including the general public, healthcare workers and other priority groups within the population, based on levels of need at any given time.

This framework ensures that the critical psychosocial part of Ireland's response is promoted, supported and embedded within all Covid-19 responses. It is recommended that the framework should be regularly reviewed to ensure a flexible response to tackling new challenges in a robust and timely manner – with agility, effectiveness and efficiency.

What does psychosocial mean?

Psychosocial refers to the full spectrum of psychological, emotional, relationship, behavioural and cognitive experiences of people. A psychosocial approach demonstrates our ability to provide health and social care responses based on our capability to fully understand all the issues and threats to our health and wellbeing at this time of national emergency.

Why a psychosocial framework was needed

The framework aims to provide direction on how to protect and support the entire population – including the public, patients, service users and healthcare workers – from the potentially significant psychological and social impacts of Covid-19. It recognises the various psychosocial challenges the pandemic presents to the overall wellbeing of the people of Ireland and details the planning and delivery of a coordinated range of health and social care supports across the health sector. The plan is for the general public and the full spectrum of Ireland's health and social care workers. It recognises that the plan needs to also serve the special needs of priority groups.

Applying an evidence-based approach

The report includes input from a range of disciplinary perspectives, using operational and subject-matter expertise from across the health sector and beyond, while also drawing on input from two health sector working groups and an expert advisory group. It builds on the recommendations of the 2014 report by the HSE entitled *"Psychosocial and Mental Health Needs Following Major Emergencies: a Guidance Document"*. It uses detailed literature reviews based on prior research on epidemic-like situations and on recent Covid-19 research. The report was produced in consultation with existing community and acute hospital psychosocial services and supports to gauge their current resources and future needs. The framework incorporates an extensive mapping of psychosocial services and supports responding to Covid-19 from across the HSE and other national and voluntary service providers, to identify existing supports and any gaps in our response.

Impact on the population

The effects of the pandemic have been felt right across Irish society, touching every part of the human lifespan, from pregnancy to death and bereavement. Schoolchildren and students have been severely disrupted. Older people have had to deal with an increased level of isolation and loneliness. Some relationships, jobs, holidays, sporting and cultural events have been greatly affected. At the same time however, most people have strengthened their resilience in dealing with the pandemic's impacts and will recover from any distress they may have felt. The psychosocial framework takes the widest possible range of need into account, from the need to provide reassurance, promote positive messaging and signpost people to support at a population-wide level, through to ensuring access to specialist mental health services for those who may need them.
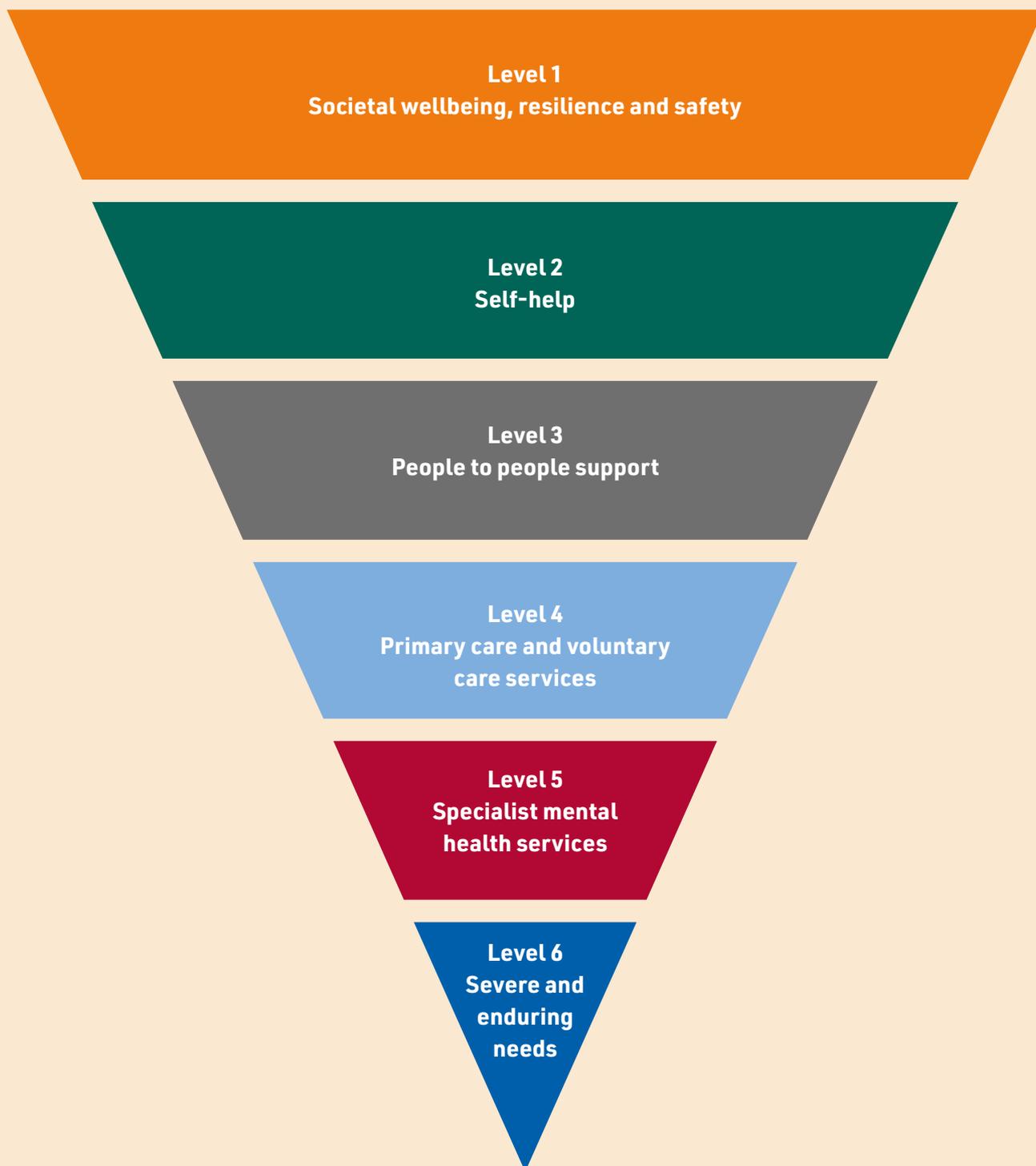
Responding to the needs of healthcare workers

The mental health and psychosocial wellbeing of healthcare workers is a particular focus of the framework, given the increased risk of burnout due to workloads, anxiety related to work stresses and potential for exposure to the virus. Nationally, there is a highly significant dependence on the health sector during a pandemic for obvious reasons. In order to support the sector, healthcare workers need to have access to a range of psychosocial and practical supports throughout the different phases of the pandemic. It is anticipated that demands for more intense supports by HSE staff will increase and this underlines the importance of ensuring sustainable and responsive psychosocial support structures into the future.

Putting the psychosocial response framework into action

Integrating the different sources of evidence and expertise, a framework was produced (see **Figure 1**) to coordinate the responses used to address the psychosocial consequences of Covid-19. The overall response recognises that most people will cope well with the personal, family, work and societal stresses, but that some people will require different levels of support.

The overall approach is represented in the form of an inverted pyramid, with the largest number of people being supported at Level 1 (at the top) and the smallest number at Level 6 (at the bottom). It is designed to deliver a meaningful, accessible, compassionate and effective response. The framework facilitates a response to the needs of the public and healthcare workers in real time, delivering robust and carefully targeted forms of psychosocial supports to the entire population, or to specific groups, to ensure that peoples' needs do not escalate. Most needs can be met at Level 1, with the intensity of support and care increasing as one moves down the pyramid – with the flexibility that a given individual or group can access several levels at once, if needs be. Specific supports for healthcare workers are mainly concentrated on Levels 1 to 4. People are provided with choice, based on the range of supports delivered by the HSE and by the voluntary and community sector.

Level 1
Societal wellbeing, resilience and safety

Level 2
Self-help

Level 3
People to people support

Level 4
Primary care and voluntary care services

Level 5
Specialist mental health services

Level 6
Severe and enduring needs

Figure 1. *Covid-19 Psychosocial Response Layered Care Framework*

Levels of Psychosocial Response

Level 1: Societal wellbeing, resilience and safety

This level provides: Accurate and helpful information from governmental sources, community supports and through a range of media communications promoting wellbeing, resilience and safety. Additionally, this level provides clear direction to further services, including basic supports to help in everyday living, for example, www.hse.ie and HSE Live helpline.

Level 2: Self-help

This level provides: The tools and information that will encourage and facilitate self-help for people who are willing and able to avail of it, such as psycho-education and mobile apps.

Level 3: People-to-people support

This level provides: Both formal and informal one-to-one or group support. This can take many forms, such as confidential one-to-one or in peer support groups, psychological first aid and targeted psychosocial supports such as 'buddy' systems. They can be provided personally or through a range of virtual and digital modes – this being a particular feature of the response to Covid-19. Many of these supports have been provided outside of conventional health services.

Level 4: Primary care and voluntary care services

This level provides: More conventional and structured one-to-one or group support services with qualified community-based professionals such as GPs, psychologists and social workers, as well as HSE supports for staff, such as Employee Assistance Programme.

Level 5: HSE specialist mental health services in community settings

This level provides: Mental health services in community settings, e.g. through General Adult Community Mental Health services, CAMHS and other specialist mental health services.

Level 6: Severe and enduring needs

This level provides: Mental health care which may include residential settings. Levels 5 and 6, while relevant to a small minority, include services for people who had pre-existing mental health problems prior to the pandemic, or who developed significant mental health problems during the course of the pandemic.

Report overview

Origins and development of Ireland's response to the pandemic

When the extent of the Covid-19 public health emergency was becoming apparent, the HSE's Covid-19 Integrated National Operations Hub (INOH) set up the National Health Sector Psychosocial Response Steering Group. The task of the steering group was to bring together different strands of existing services already engaged in responding to psychosocial aspects of Covid-19, to develop a national health sector psychosocial response plan and put in place an integrated strategic framework. The final report provides guidance on how the HSE will implement a sustainable long-term and co-ordinated healthcare response for the general public, healthcare workers and priority groups. The report also details implementation processes highlighting the importance of building on existing services and

working in partnership with other service sectors, community organisations, volunteers, private and independent organisations.

Understanding the psychosocial impacts of Covid-19

As a starting point, the framework considers the full range of threats and stresses the pandemic can impose on the health of the Irish population, both physical and mental. Such threats can be very wide-ranging, going right to the heart of how people live and cope with their life challenges in unprecedented times. While most people will cope reasonably well with the many personal and practical challenges brought on by the pandemic, others will need high levels of support. For healthcare workers, certain vulnerable population groups and those infected by the virus, these are very specific challenges.

The role of research during the pandemic

From the onset of the pandemic the HSE's National Health Knowledge and Library Service prepared an extensive series of literature reviews about the treatment, management and response to the physical and psychosocial impacts of the virus. Impacts from both a psychological and social point of view were studied, including workplace stress in healthcare, and in the case of the general population in areas such as anxiety and depression, loneliness, domestic violence, the experiences of older people and the many worries and negative effects of unemployment. National and international academic research into both the psychological and social impacts of the pandemic were also reviewed in the preparation of the report. Available research has helped to determine the priority groups within the population who may need additional support, while also helping to shape the framework model across six levels of need.

Planning for the future

Although psychosocial support structures and policies were in place prior to Covid-19, the framework report highlights a clear need to develop a consistent population-based approach to planning future responses across Ireland. Variations in regional responses need to be addressed, investment needs to be broadened and greater supports need to be implemented for healthcare workers, other priority groups and in settings where the impact of Covid-19 has been particularly significant, such as nursing homes. Much has been learned from this pandemic, including the importance of the psychosocial impact, and planning for future pandemics must begin now to ensure sustainable structures are in place to meet any future needs that may arise.

Framework recommendations

Recommendations have been made across eight action areas, as summarised below.

Oversight and governance structures

1. Maintain the current national psychosocial response project structures until the new National Health Sector Psychosocial Programme Board (NHSPPB) is established.

2. Establish the NHSPPB, with responsibility to oversee the effective implementation of the health sector psychosocial plan.

3. Establish the role of the regional psychosocial lead as a full-time post.

4. Identify a group psychosocial co-ordinator for each hospital group.

5. Maintain and or establish Health Service Psychosocial Management Teams (HSPMTs) as required.

Re-alignment of existing services towards the implementation of the proposed psychosocial framework

6. The framework is based on a layered care approach to form the basis for strategic and operational planning.

7. Re-configure and ring-fence funding for a psychosocial response based on the proposed psychosocial framework and fund elevated, robust psychosocial responses to Covid-19.

Priority groups

8. Planning processes to remain informed and aware of the needs arising within particular settings and population groups, in line with national and international evidence about the impact of COVID-19 for priority groups, as follows: 1) older adults, 2) family carers, 3) bereavement care, 4) people with disabilities, 5) people using mental health services, 6) children and young people, 7) marginalised groups.

9. Planned responses for the public under the framework to reflect best practice, quality and align to existing strategy and policy as appropriate.

Healthcare workers

10. Develop and agree regional and national partnerships between the regional psychosocial leads and Employee Assistance Programme (EAP) and or Workplace Health and Wellbeing Units (WHWUs) for the duration of the epidemic and future public health emergencies.

11. Develop an employee recognition programme framework to recognise the efforts of healthcare workers during a national public health emergency.

12. Establish consultation fora to inform and guide best practice for staff, psychosocial resources and processes for all health sector organisations.

13. Investment recommended by the national board should focus on longer-term staff health and psychosocial support.

14. Sustain and develop psychosocial awareness and expertise and build on existing psychosocial materials and initiatives regarding the needs of healthcare staff.

15. Health sector organisations should provide interventions and support in line with the changing psychosocial needs of healthcare workers, informed by solid research evidence.

Technology and innovation

16. Psychosocial service delivery models should incorporate online and phone-based supports and services.

17. Delivery should support, interact with and promote the HSE National Health Library and Knowledge Service.

Research, evaluation and monitoring

18. The national board to establish and maintain an evaluation and monitoring system, contributing to and informing the national board and regional HSPMTs to ensure the psychosocial response is evidence-informed and needs-based.

19. Commission and prioritise psychosocial research into learning from Covid-19 and continue to review and disseminate clinical and non-clinical based national and international evidence.

Communications and engagement

20. National communications initiatives to update and resource the national psychosocial communications plan, supporting the implementation of both local and national communications.

Future preparedness for national public health emergencies

21. The Covid-19 psychosocial response should form the basis of preparedness for and the response to future national public health emergencies.

Planning for the future, based on past experience

This report recognises the commitment and work undertaken by a range of health and social care workers, from within the HSE and other community organisations, volunteers, private and independent organisations, as they rose to the unique psychosocial challenges of the Covid-19 pandemic.

It also recognises the importance of continuing this work and ensuring a strong universal response, both within health and across related sectors, to enhance our ability to succeed in preventing, mitigating and addressing the challenges that the Covid-19 pandemic has and will continue to present over the longer term.

While much has been achieved to date, the continuing challenges presented by Covid-19 also present opportunities to learn from delivering services in new ways that will augment conventional services in the longer-term, especially in community settings. As we continue to meet those challenges, the psychosocial framework provides a structure that will ensure supports are in place to meet the needs of the whole population, while also responding to the needs of those who have been impacted the most.