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Resilience Hub

Responding to large scale psychological trauma; Building community resilience - Greater Manchester Resilience Hub

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Looking after your mental health and emotional wellbeing

Greater Manchester Resilience Hub's support for essential frontline workers during Covid-19 is supported and funded by Greater Manchester Health and Social Care Partnership.

Manchester Arena Attack

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Outreach & screening

Email invitation to take part in screening.

Complete self-report measures online.

Receive email back with self-help links.

Clinical triage & facilitate access to therapy

Repeat at 3m following the attack for year 1

6m screening for following years

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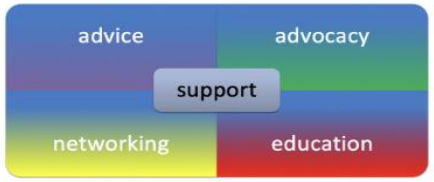
Responsive Clinical activity

Education conferences



www.thejourneyofrecovery.co.uk
supporting young people overcome trauma

Peer support Recovery workshops

Visits & 360 degree video

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Large scale psychological distress

More than 1000 under 18yrs

560 families

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Ongoing

- Supporting the ongoing public Inquiry
- Still supporting many victims
- New referrals 4years later
- Expanded to deliver on other workstreams
- Resilience Hub model mobilized x 40 across England to respond to psychological impact of COVID-19 (supporting the healthcare workforce)

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Some MAA outcome data (18m)

Number of people completed PHQ9	Number of people in clinical range for PHQ9	Mild Depression	Moderate Depression	Moderately severe depression	Severe Depression
2497	1576	602	434	282	258

Number of people completed GAD7	Number of people in clinical range for GAD7	Mild Anxiety	Moderate Anxiety	Severe Anxiety
2497	1690	666	432	592

Number of people completed TSQ	Number of people in clinical range for TSQ
2478	1365

Number of CYP completed IES	Number of CYP in clinical range for IES
619	522

Psychological value

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£21.3m

GMCA

NHS
England

Public Health
England

MHP
Manchester
Institute of
Health &
Performance
Operated by HCA Healthcare

Other trauma responsive work

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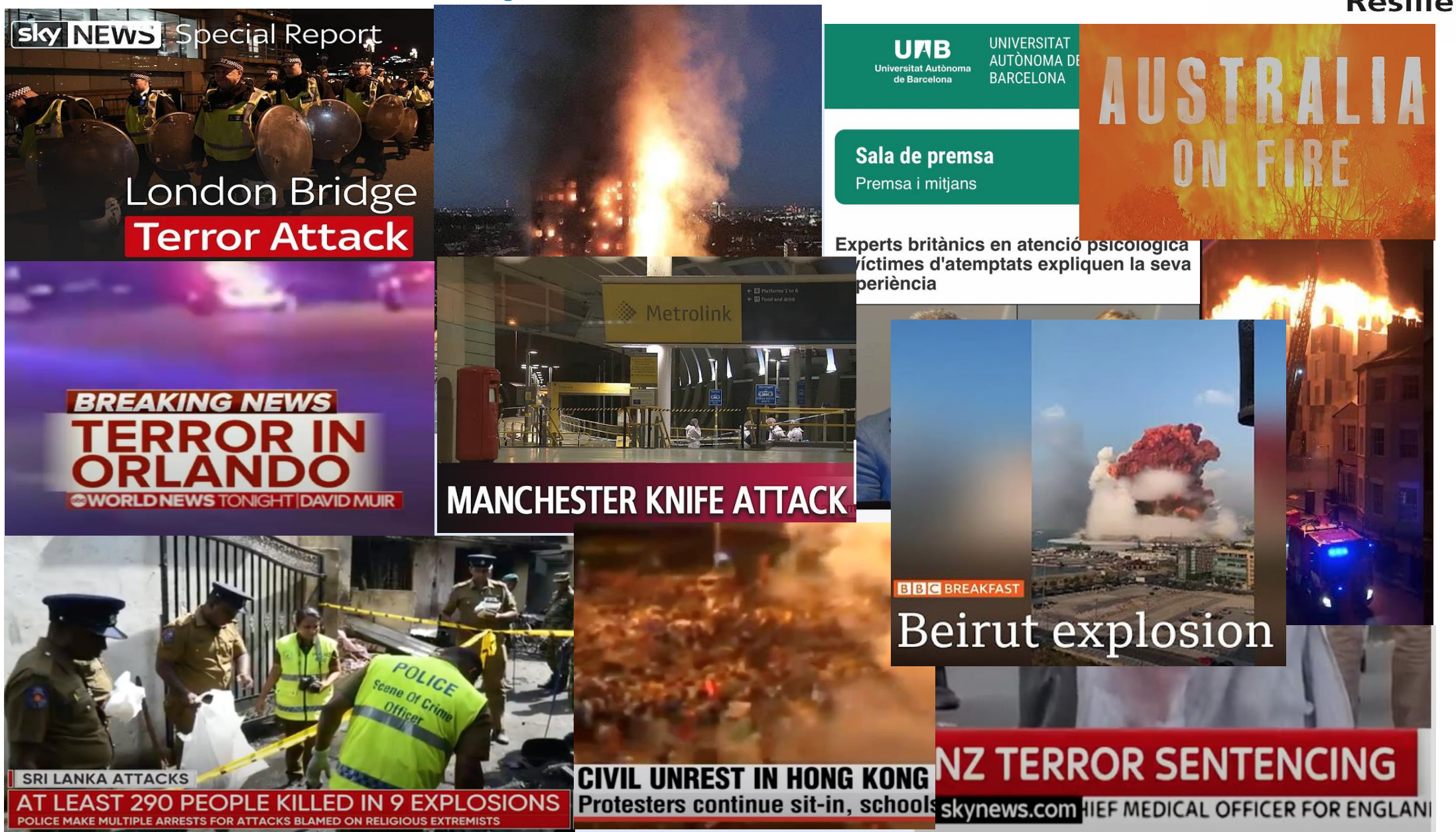

Learning from critical incidents

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- ❑ Psychological impact is far larger than physical impact
- ❑ Psycho-social tail is much longer and greater
- ❑ Professionals seek help later than public
- ❑ Outreach is important and valued
- ❑ Psychological expertise benefits systems as well as individuals
- ❑ Great variability in standardised care
- ❑ Clinical advocacy (from skilled clinicians) is important
- ❑ Be prepared to be flexible and innovative to meet needs

COVID support GM

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At point of mobilisation more deaths in care homes in GM than hospital

Initially commissioned by GMHSCP to provide targeted support to high covid exposure frontline workers

More, and longer, lockdowns here in NW and 25% higher mortality

Contributed to development of national staff wellbeing Hubs

Recognition locally and nationally that staff need enhanced support

Nightingale NW, here in GM longest running

Hub offer to health & care staff

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Building on experience of bringing people together to share support strategies and have experience validated

Health and care staff (and their families) who live or work in GM

Includes all staff from: domestic/admin/student/clinical to senior leaders

Also Connects people to workplace, local and national offers

Offering additionality to the system – to compliment and coordinate existing offers

What is “wellbeing”?

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- **Wellness:** a set of behaviours and habits that predominantly keep us physically well; think diet & exercise, and following a healthy lifestyle. Wellness is one element of wellbeing.

- **Wellbeing:** WHO defines wellbeing as “a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity.”

- **Psychological health & safety:** ISO45003 defines a psychologically healthy and safe workplace: “promotes workers’ psychological wellbeing and actively works to prevent harm to psychological health, including in negligent, reckless or intentional ways”.

Understand context

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Chronic stressors

Ongoing, ever-changing, challenging, exhausting

Polarised experiences (redeployment, shielding etc)

Work/life impact

Diffuse anger

Constant threat

Multiple traumas

Usual coping mechanisms taken away

Looking after your mental health and emotional wellbeing

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What word would you use to describe the impact of the current situation?

Looking after yourself

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- If you don’t look after yourself you can’t support others
- Apply the same values to yourself you would to them

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Self referral / wellbeing screening

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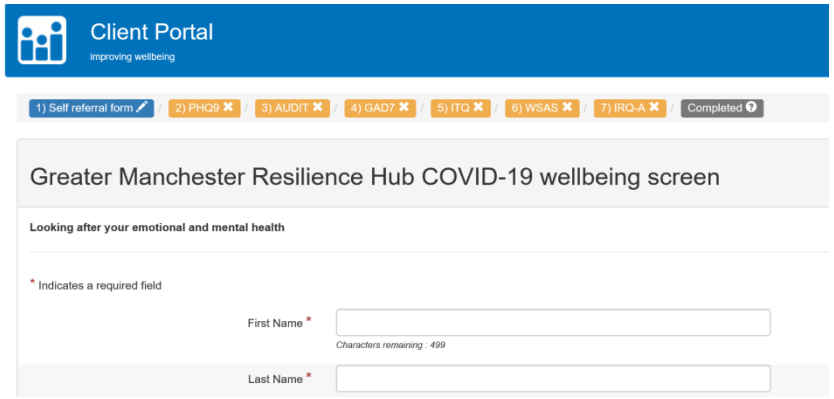
Self referral / wellbeing screening via web portal

- Approx 10 minutes
- Managers' referral form

Automated response - links to self help information, national/local offers

Outreach and triage for those displaying concerning symptoms



- However all can contact hub directly for support

Some outputs to date

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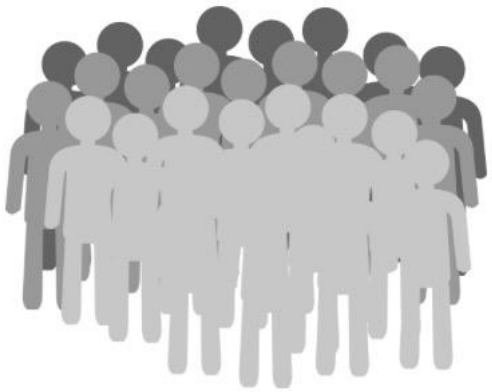

17,000+
Interactions with online content

1:1 support for 750+ individuals

Webinars & workshops reaching 3500+ staff

2000+
Via consultations with managers, leaders, & teams

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Current challenges

- Early data suggesting levels of PTSD, anxiety, low mood etc **higher than general population**

Top themes have been:

- **financial concerns** 23%
- **anxiety, worries, low mood, poor sleep, suicidal thoughts** 18.7%
- **work stress** 18.3% (including: difficult working conditions and experiences)
- **personal bereavement** 5.5%
- **trauma** 3.75% (acute and chronic)

70%+ in clinical range and under reporting

43% severe on at least one measure

33% moderate on at least one measure

Data Comparisons

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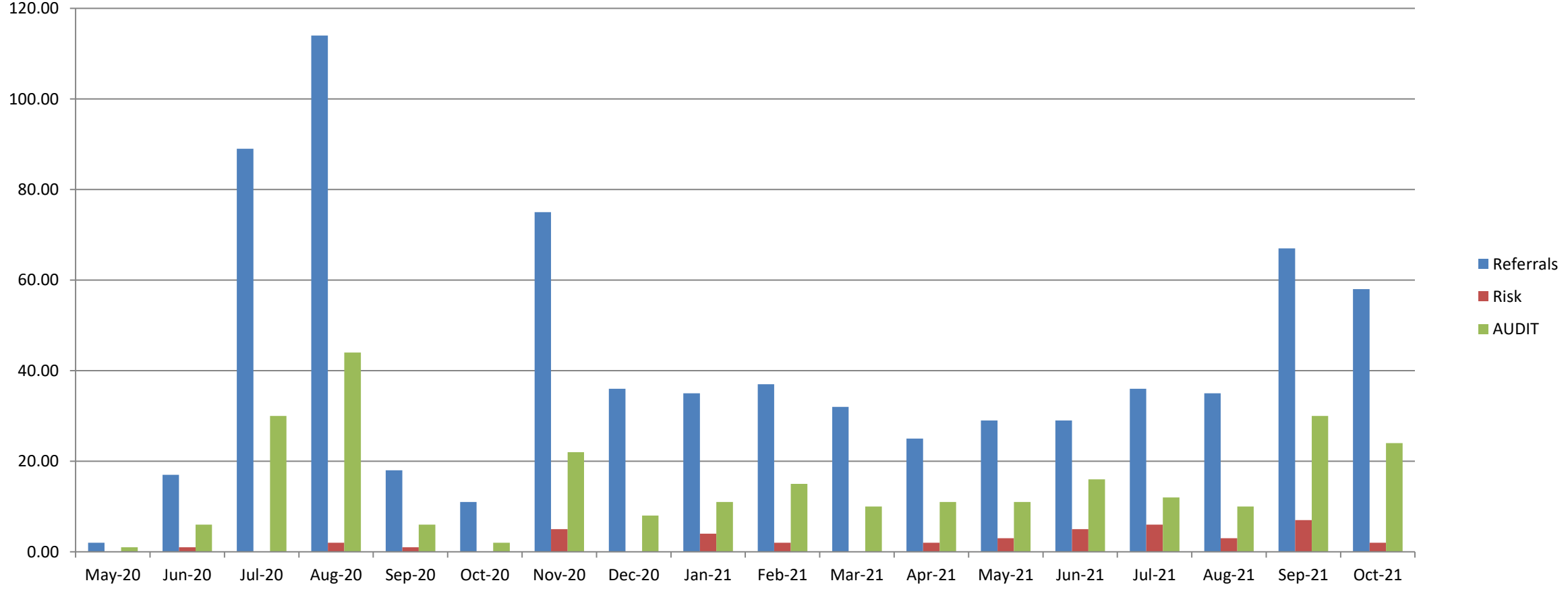
This table shows the total number of referrals each month compared to the number of people who answered 2 or 3 on PHQ Q9 and those people who scored within significant thresholds for AUDIT.

- 5.8% of people referred to the Hub reported 2 or 3 on PHQ9 Q9
- 36.1% of people scored within threshold for alcohol related harm/concerns on AUDIT
- 28.9% of people referred, would warrant further assessment due to alcohol related concerns.
- 27.5% of people scored within the threshold for alcohol related harm.
- 206% of people scored within the threshold suggesting alcohol dependency and potential intervention.



Individual offer

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5% under 25

15% over 55

9% BAME

13.8% identify as male

50 % working in hospital setting
12% within community
8% within GP Practices
8% within adult social care
5% emergency services
17% other

Data Comparisons

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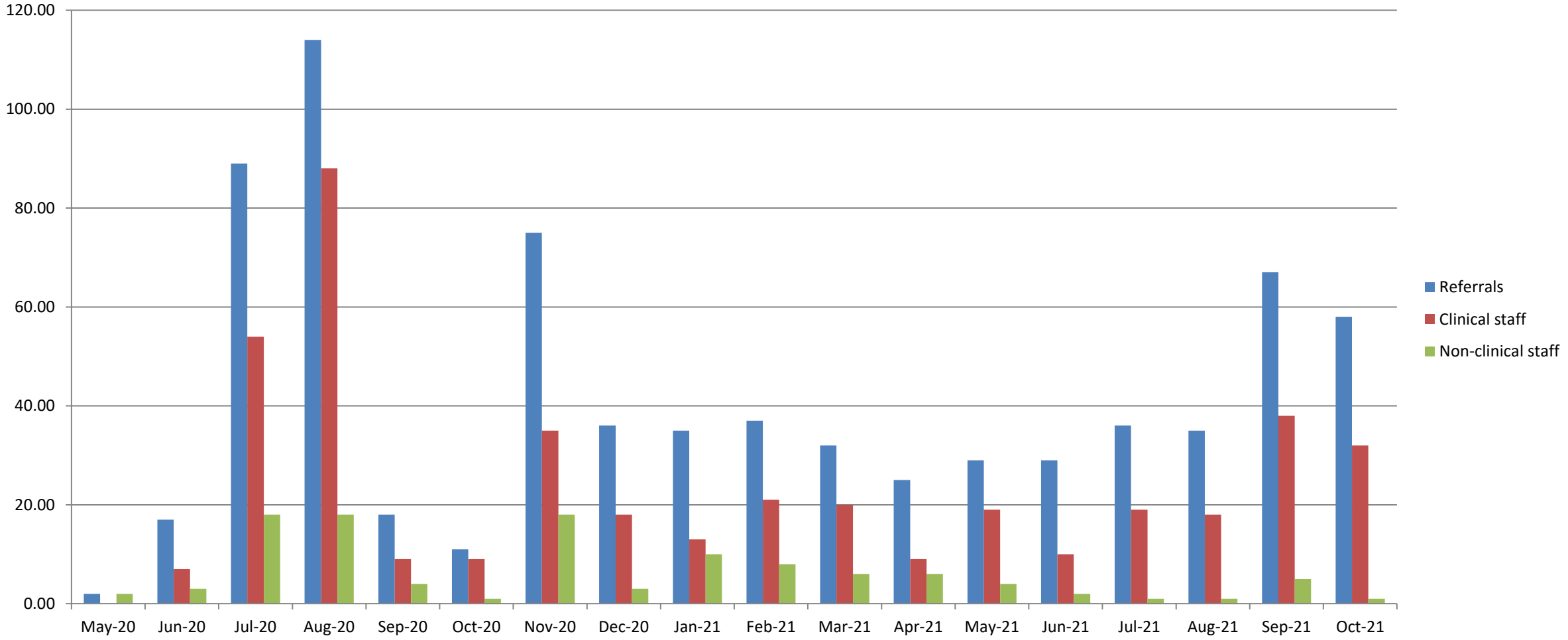
This table shows the total number of referrals each month compared to the number of people who work in clinical vs non-clinical settings.

- 56.2% of people referred to the Hub work in a clinical setting.
- 14.9% of people work in a non-clinical setting.



Learning

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- Not in recovery – staff tired, burnt out, irritable
- Proactive outreach essential and clear comms needed
- Still barriers to accepting help
- Joint work with other wellbeing providers - External offer is helpful to compliment internal offers
- Inequity of in house provision e.g. acute vs primary care
- Whole system approach required

Feedback

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- 100% respondents to feedback survey have reported they would recommend sessions to colleagues.
- 100% respondents found the sessions useful and relevant to work.

"Any space to share stresses and experiences can be useful so you don't feel like your the only one struggling"

Vicarious resilience

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Psychological wellbeing of our own staff

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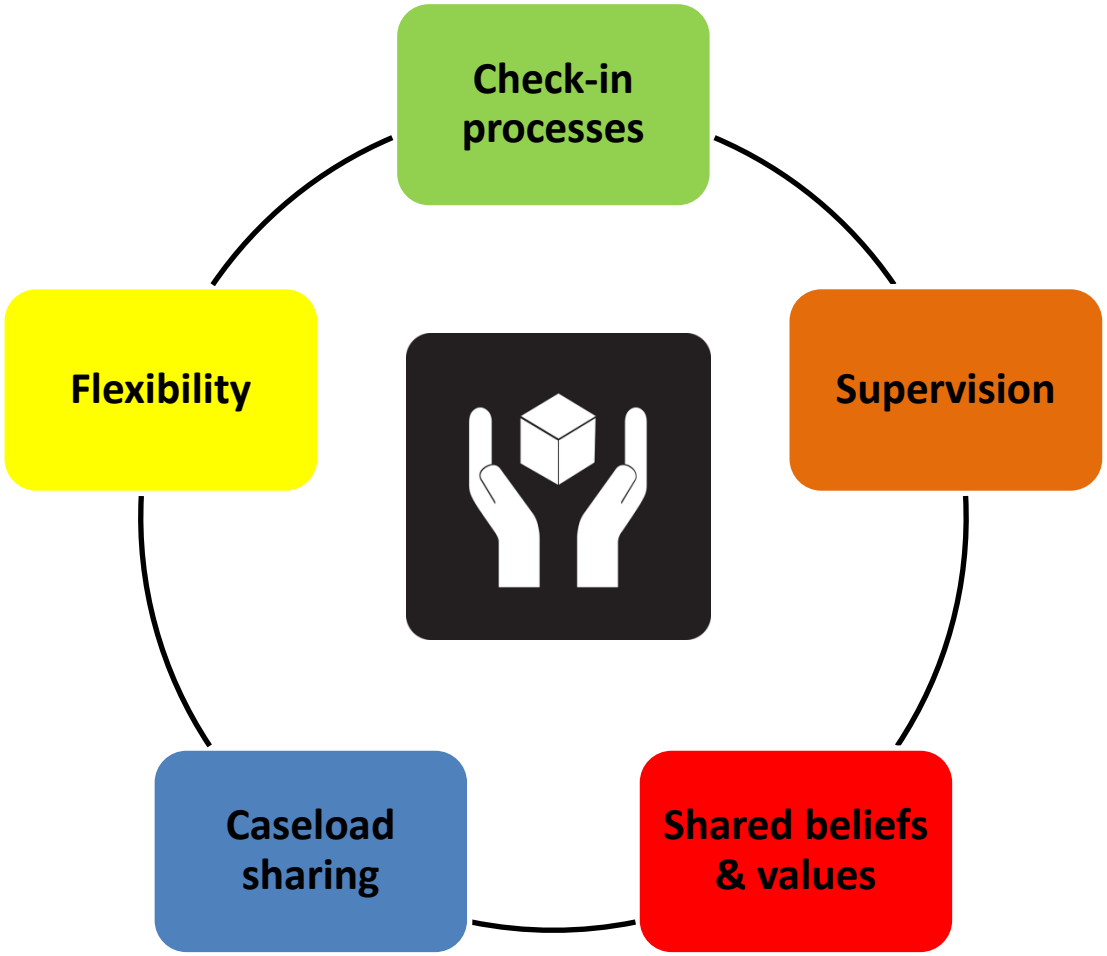

National Hub offer

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National Hubs

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Contact us:
Greater Manchester Resilience Hub

Tel: **0333 009 5071** email: **GM.Help@nhs.net**

www.penninecare.nhs.uk/mcrhub

Todays speakers:

alanbarrett@nhs.net	Strategic Clinical lead (Adults)
jenniferwillbourn@nhs.net	Clinical Lead, Staff Wellbeing

Messages of Hope

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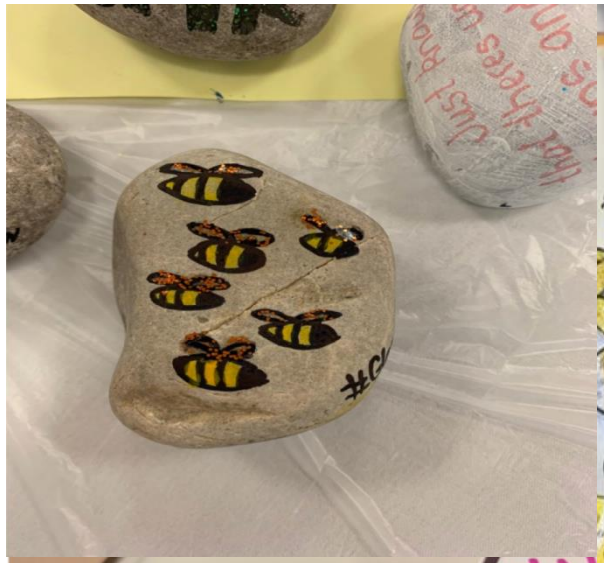

Data Comparisons

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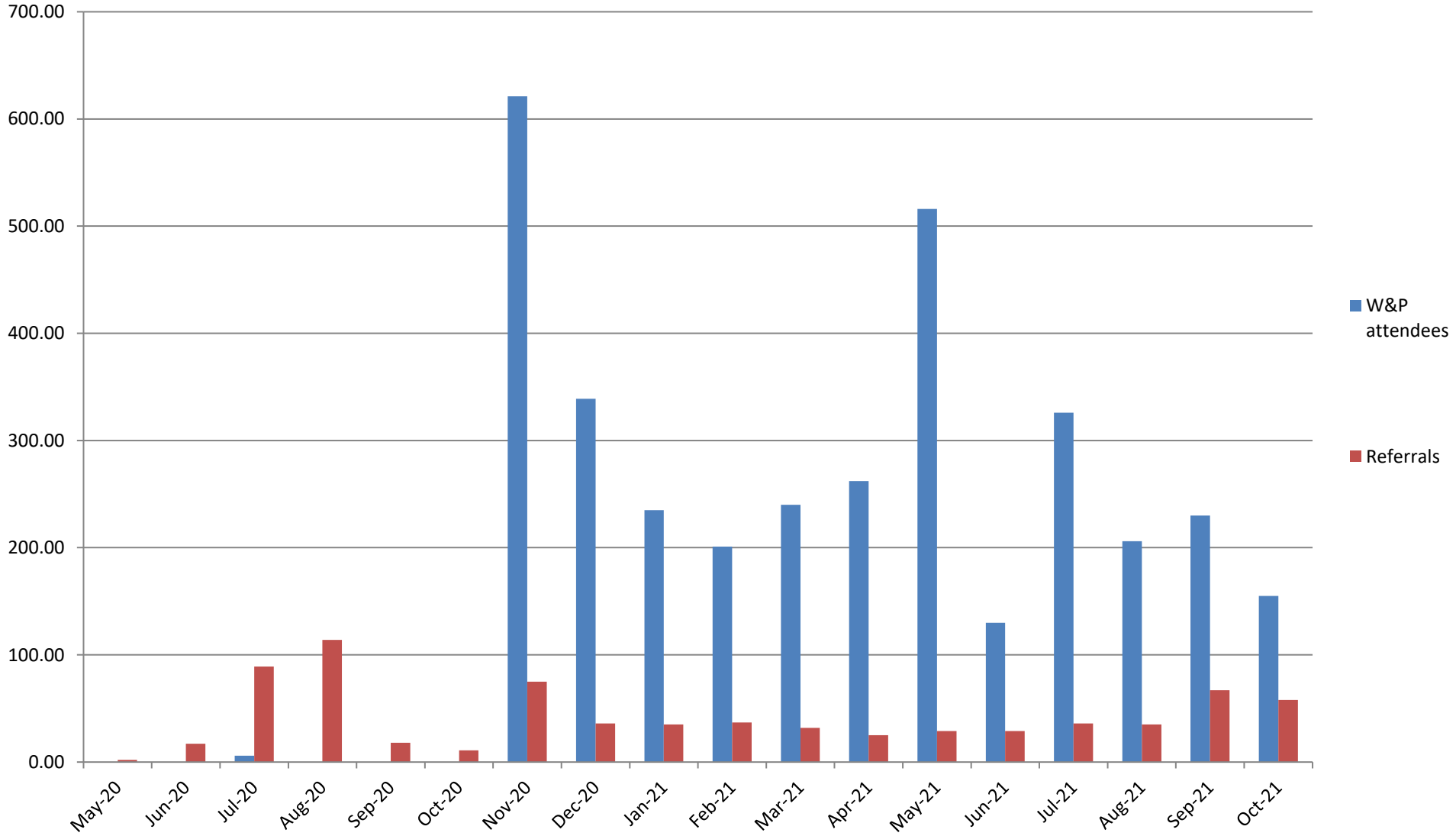
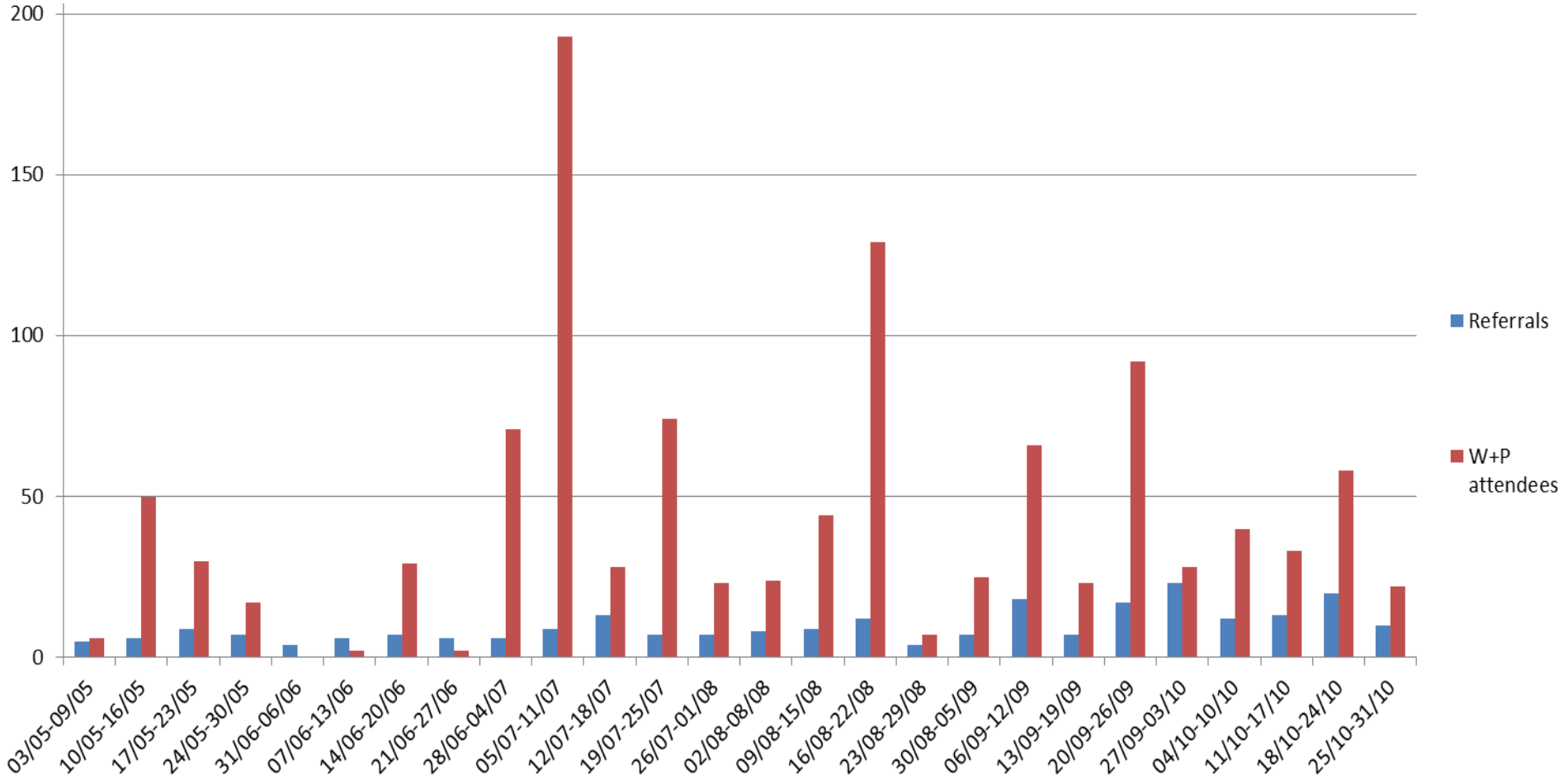
This table shows the total number of referrals each month compared to the number of people who have attended a workshop or presentation.



Data Comparisons

Greater Manchester Resilience Hub

This table shows the total number of referrals and the number of people attending workshops or presentations each week from 3rd May 2021 – 31st October 2021.