Crisis, Stress, and Human Resilience: An International Journal

Vol. 3, No. 3
December 2021

# THE ROLE OF THE PEER SUPPORT AND TRAUMA RESPONSE PROGRAM AT THE TORONTO HOSPITAL FOR SICK CHILDREN IN SUPPORTING STAFF MENTAL HEALTH DURING COVID-19

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***Abstract:*** *The COVID-19 pandemic has disrupted healthcare systems, and healthcare workers (HCWs) have had to adapt rapidly. This has resulted in a higher risk of HCWs experiencing unfavourable mental health outcomes requiring psychological support and/or intervention. Here we present the Peer Support and Trauma Response Program at the Toronto Hospital for Sick Children dedicated to supporting staff mental health during COVID-19. We discuss the development of the response of the Peer Support and Trauma Response (PS&TR) program during the first wave of the pandemic in Canada. We also discuss challenges, learnings, and the dynamic nature of our response as the pandemic continues to unfold. By describing our program development, we hope to act as a resource for other healthcare institutions wishing to implement programs and strategies to support HCWs' mental health during COVID-19 and help inform interventions in potential future healthcare outbreaks or crises.*

***Keywords:*** *Peer support, mental health, intervention, healthcare worker, pediatrics, COVID-19*

## Introduction

In March 2020, the World Health Organization (WHO) announced the coronavirus disease 2019 (COVID-19) outbreak a pandemic. The impact of COVID-19 itself and efforts to mitigate it has disrupted many lives (Shanafelt et al., 2020).

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# THE ROLE OF THE PEER SUPPORT AND TRAUMA RESPONSE PROGRAM AT THE TORONTO HOSPITAL FOR SICK CHILDREN IN SUPPORTING STAFF MENTAL HEALTH DURING COVID-19

Healthcare systems have rapidly adapted to this new disease (Shanafelt et al., 2020). Healthcare workers (HCWs) are experiencing life in a pandemic while also continuing to work in a rapidly changing environment with additional exposure to a new risk (Tracy et al., 2020). They are at high risk of experiencing unfavourable mental health outcomes requiring psychological support and/or intervention (Lai et al., 2020; Shapiro & McDonald, 2020).

The mental health of HCWs, both immediate and long-term, during the COVID-19 pandemic, is a recognized priority within healthcare organizations (Holmes et al., 2020). The Peer Support and Trauma Response (PS&TR) program at the Hospital for Sick Children (SickKids), established in July 2017, is a hospital-wide program designed to improve the psychological health and safety of all staff (n=13,256) by providing support through a network of trained peers.

We outline the significant adaptation undertaken by the program since March 2020 in response to the COVID-19 pandemic. The adaptation included identifying the changed psychological needs of staff and developing initiatives to support such needs, maintaining staff resiliency, and preventing burnout. In sharing our experience to July 2020, we hope to motivate and act as a resource for other healthcare institutions wishing to implement programs and strategies to support healthcare workers' mental health, now and post-pandemic.

## The Peer Support and Trauma Response (PS&TR) Program

The Hospital for Sick Children is a 453-bed academic pediatric tertiary and quaternary hospital facility in Toronto, Ontario, Canada. The hospital is a teaching affiliate of the Faculty of Medicine at the University of Toronto and home to the Peter Gilgan Centre for Research and Learning. The PS&TR program was established in 2017 and operates under the Department of Occupational Health and Safety. The program comprises 76 cross-disciplinary staff (Table 1) and reflects the hospital's diversity and the communities it serves. Equity, diversity, inclusion, and allyship are key pillars that inform program commitment to the staff's psychological health and safety.

**Table 1**

*Breakdown of the Cross-Disciplinary Staff that make up the PS&TR Team.*

| Discipline | Number of Peers |
|---|---|
| Hospital Staff (Managers, Research Institute, Allied Health Professionals, Support Staff, and Corporate Staff) | 30 |
| Nurses (RN, NP, CHS, CNS) | 20 |
| Physicians | 26 |

Peers can support colleagues following distressing events. All have received specialized training, including advanced development of communication skills,

knowledge in the dimensions of mental health, trauma, and psychological first aid, training in an individual crisis intervention model and Critical Incident Stress Management (CISM) (Maxwell, 2020). The training includes the engagement of standardized patients, which is instrumental in supporting practical skill development. The program, through its peers, provides confidential support to employees. Peers who understand workplace culture support colleagues in dealing with a variety of issues including but not limited to, stress, burnout, second victim, assault, domestic violence, harassment, bullying, PTSD, and conflict.

## Methods

The development of the response of the PS&TR program to the COVID-19 pandemic required consideration of psychological challenges encountered by staff. The response involved (1) continued use of existing programs, (2) adaptation of existing initiatives, and (3) the development of novel programs in response to the pandemic.

*Identification of COVID-19 Related Psychological Challenges*

The COVID-19 pandemic is a new experience for everyone, and strategies to support staff required careful, quick consideration and review of relevant literature (Maunder, 2004). A rapid analysis of staff psychological needs was undertaken. This multi-pronged approach included:

1) The lead for the Peer Support Program, the PS&TR Program Manager, was already positioned within the SickKids organizational structure to identify the challenges and needs of healthcare workers from the outset. The program leveraged its peers, collaborated with colleagues in Occupational Health and Safety, applied experience, and acquired knowledge from working during other distressing events.
2) Local and institutional memory regarding the experience of the 2003 severe acute respiratory syndrome (SARS) pandemic was considered. Staff fatigue, the chronicity of the pandemic, and equity issues that emerged at the time were recalled and subsequently considered within our response (Maunder, 2004).
3) Collaboration with other institutions and mental health professionals within the Greater Toronto Area (GTA) allowed for sharing ideas and strategies, and early recognition of challenges and potential solutions. Examples include the PS&TR Program Manager's weekly engagement with the Toronto Academic Health Sciences Network (TAHSN; https://www.tahsn.ca/), a collaboration of teaching hospitals and healthcare institutions tied to the University of Toronto Faculty of Medicine. In addition, a group of psychiatrists and the Program Manager met weekly to consult and support one another with their support group facilitation. Other working groups included psychiatry and nursing colleagues from Mount Sinai, St. Michael's, and the DeSouza Institute to share learnings and consult psychiatry and physician leaders who were previously involved with SARS. Learning about the COVID-19 pandemic-related experiences within other institutions and feedback within our organization highlighted the different experiences of HCWs in pediatrics.

*Program Use, Adaptation, and Development*

Pre-existing PS&TR programs and institutional structures and resources supported staff with the challenges posed by the COVID-19 pandemic. In some cases, the adaptation of existing infrastructure facilitated the provision of support to employees. New initiatives were also implemented to support the unprecedented staff psychological needs and challenges. The PS&TR program is an established and valued entity within SickKids, and this allowed for flexibility and financial support to implement COVID-19 related initiatives.

Because of the unprecedented and inconstant nature of COVID-19, the approaches used to address psychological needs and support staff were dynamic and changed as we gained new knowledge and experiences.

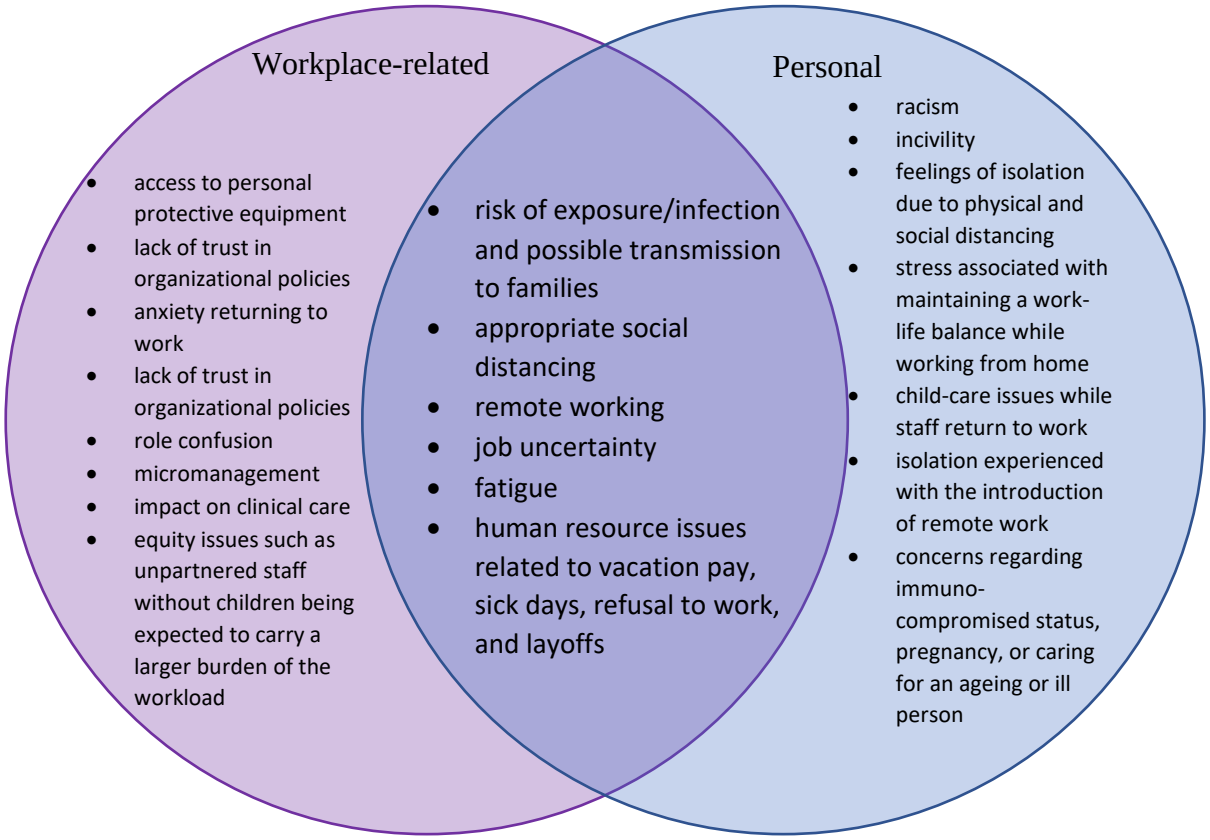
## Results

*Psychological Challenges Experienced by Staff*

From March 30 until May 25, 2020, the peer team supported 6,752 interactions with HCWs. The team typically supports 250 interactions per month. Common concerns and challenges encountered are summarized in Figure 1.

**Figure 1**

*Common Concerns and Challenges Faced by Healthcare Workers at The Hospital for Sick Children During the COVID-19 Pandemic*



Through collaboration with other health professionals, consistent themes were identified across several healthcare institutions in the Greater Toronto Area. However, there were also unique challenges identified at SickKids related to pediatric care. Compared to adult clinics, pediatrics did not experience a significant volume of patients with COVID-19, although care provision was substantially affected. This added a sense of vicarious trauma as staff observed colleagues at other institutions who fell ill, some gravely. Staff reported feeling concern about the potential need to work in other institutions and felt helpless in supporting colleagues on the adult frontline. This perpetuated anxiety with the anticipation of mounting cases. Guilt was a common denominator since there was reduced activity in the hospital, thus diminishing the risk of contagion as compared to adult settings (Diskin et al., 2021).

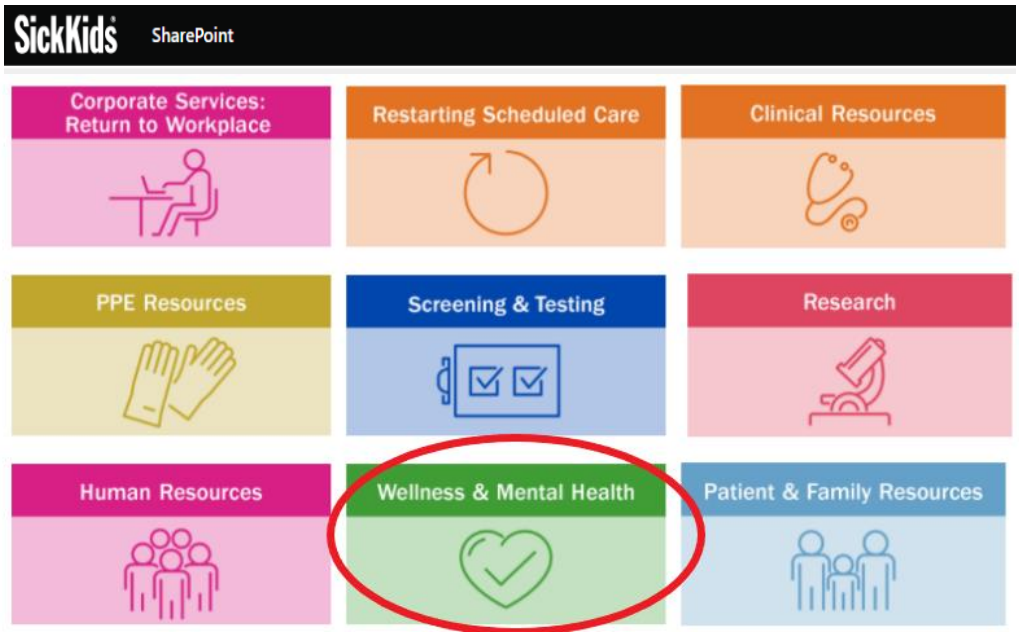
*Implementation of Structure and Resources to Support Staff Psychological Needs*

The existing PS&TR infrastructure was an advantage for providing support to HCWs during COVID-19 despite social distancing limitations and in the face of many staff working from home. The existing infra-structure included established WhatsApp groups for direct and immediate contact with all staff and physician peers, and Microsoft Teams, Zoom, and SharePoint online platforms for streamlined communication and information sharing between leadership and staff.

The use and adaptation of current programs and SickKids' resources, and the development of new programs, were supported by executive and senior management, giving credibility to the program. Initiatives were included in daily communication emails to staff from the CEO and hospital-wide Town Hall meetings, which gave the program strong visibility within the hospital. Visibility about initiatives was a key factor in promoting our services. A hospital-wide webpage with information on COVID-19 was created and shared with staff, including internal and external mental health and wellness resources (Figure 2). Funding was readily available to purchase a business license for ZOOM and any other extraneous expenses as they arose.

**Figure 2**

*The SickKids Hospital-Wide Webpage with Information on COVID-19*




*Including Internal and External Mental Health and Wellness Resources (Red Circle). The webpage is accessible to all staff via Sharepoint.*

Peer program initiatives were well-supported by the community. Numerous private and corporate donors and church organizations donated food items to facilitate care, inspire breaks, and assure that staff had ready access to refreshments and healthy foods.

The adaptation of existing infrastructure included shifting the once more standard and direct in-person approach, assumed by PS&TR in delivering one-to-one support and critical incident debriefings and defusing, to predominantly phone and video-call modalities.

New initiatives developed in response to the COVID-19 pandemic reflected the identification of areas where more psychological support was needed. This was based on an existing appreciation of the daily routine factors which encouraged or opposed favourable mental health outcomes, such as a unit manager's openness and ability to support staff by connecting them with individual resources or arranging a Critical Incident Stress Debriefing (CISD) following traumatic events. It was important to consider how our new and existing programs could be adapted to best support staff mental health while still abiding by COVID-19 social distancing measures and how community partners and companies could help support our initiatives.

*Initiatives Developed by the Peer Support Program*

The following programs were implemented to help support the psychological needs of staff:

*a) People leader conversation tools*

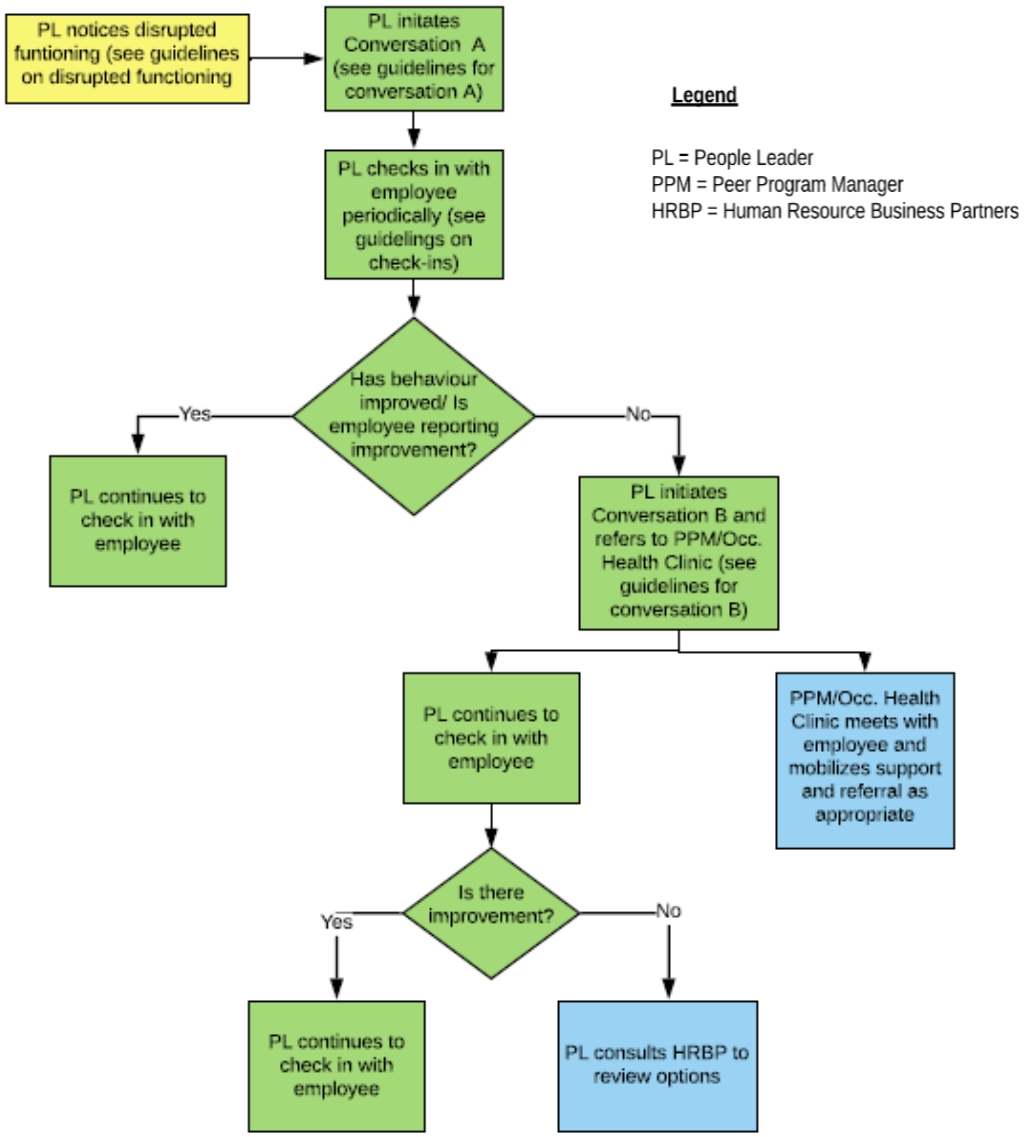
Communication process flow charts and guidelines were created in conjunction with Human Resources to help guide people

leaders (PLs) in starting conversations with staff around mental health, coping with COVID-19 stress, and to help them respond sensitively to employee concerns regarding immuno-compromised status, pregnancy, or caring for an ageing or ill person (Figure 3, Appendices 1 & 2). These guidance documents were designed to ease staff anxiety and concerns about returning to work and provided a framework for managers and staff to address employee concerns. Guidance was developed for both situations where staff directly expressed their concerns to PLs and situations where PLs notice disrupted staff functioning.

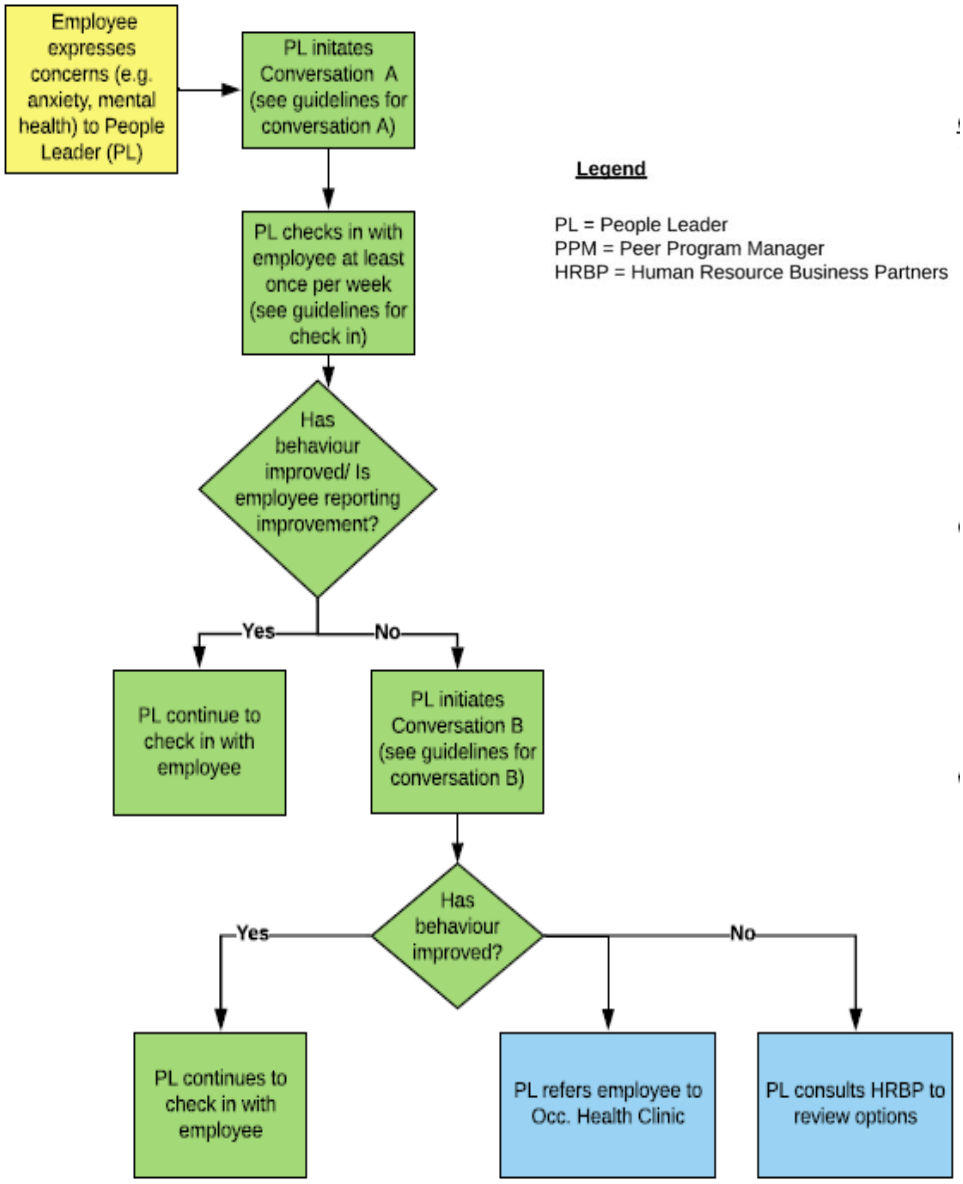
**Figure 3**.

*Communication Process Flow Charts and Guidelines*

**A**



**B**




Note. These charts and guidelines were designed to help guide PLs in starting conversations with staff when they notice disrupted functioning (**A**) and when employees express concerns to PLs (**B**). For conversation guidelines, see Appendices 1 & 2.

*b) Drop-in staff resting station*

In late March, during the pandemic's active phase, the PS&TR program established a drop-in staff resting area. The CISM Model of Rest, Information, and Transition Services (RITS) was adapted and applied to create a dedicated space where staff could retreat and decompress (Maxwell, 2020). This space was called the "Staff In 'N Out," and was initially located in a large area central to staff traffic in the hospital. However, as there was increased acuity and

demand for screening, we moved our location to facilitate screening and the creation of additional waiting areas for patients and their families. We moved to a quieter corner of the hospital, which was still large enough to accommodate social distancing. Both areas were equipped with electronic signage and posters created by our in-house creative team and kept with hospital branding requirements. Signage directed staff to the "Staff In 'N Out" and information was posted at the entrance outlining safe use of the space. There were hand sanitizer stations at the entry and various locations inside.

The goal of creating this space was to provide an opportunity and appeal for staff to take a break and step away both physically and mentally from their work and grab a refreshment or snack before, during, or after their shifts. A secondary goal was to enable peers to connect with staff, monitor coping and assess for signs of distress, and extend support as indicated. Staff attended the "In 'N Out" before starting shifts and during breaks; however, there was a demonstrable incidence of staff stopping by after their shift, with a need to talk or decompress before leaving for their journey home.

Initially, scheduling for the "Staff In 'N Out" relied on peers as they were available for shifts of time over 24-hour periods. Utilization was steady when the "Staff In 'N Out" was open; however, there were periods without peers to open the centre due to their work responsibilities and the hospital's changing dynamics and COVID-19. However, within three weeks of opening the retreat, the program was supported by redeployed colleagues from the Psychology Department. This skilled group was instrumental in facilitating consistency of opening hours (7:00 a.m. to 11:30 p.m.) on both weekdays and weekends. Promotion through hospital intranet, interviews with public affairs and articles, hospital screensavers, and an electronic message board communicated operation of hours and its purpose in a lighthearted manner.

*c) Virtual support chat groups*

Virtual support groups provided an online opportunity for peer support. They ran for six weeks during the pandemic's initial active phase in Ontario from April 21, 2020, to June 13, 2020. These groups were open-ended and provided SickKids staff with a safe space to express concerns, anxieties, discuss potential *silver linings*, and develop coping strategies during the pandemic. Separate groups for different staff disciplines within the hospital were created, including physicians, nursing, trainees, corporate staff, research administration and support staff, scientists, research trainees, allied health professionals, and clinical administrative staff, as a way of striking the common ground and minimizing power imbalances among participants. Sessions, co-facilitated by both a peer and a trained mental health provider, provided an opportunity for participant sharing and encouraged discussion to evolve organically. Credibility was leveraged by the trained peer who was drawn from the group discipline and led the sessions. For example, a peer physician led the support group for physicians, a Registered Nursing peer led the group established for nurses. The mental health professional was positioned in the *wingman* role for each group and to alert to any areas of risk or distress or to facilitate where mental health discussion may become more challenging.

Participation varied by group and week-to-week, with the largest attendance at 24 staff and the smallest at 3 individuals. The sessions were provided until group size diminished to two staff at which time individual follow up continued as indicated.

Following an outbreak in one area, a dedicated group was established for those

staff in quarantine. These sessions ran weekly for a period of six weeks, facilitated by a nursing peer and the Peer Program Manager. Positive impact was perceived as reflection in the consistency of participants and their weekly attendance.

*d) Tea Caddy*

Two peer supporters took a trolley with tea and snacks, the "Tea Caddy," around to the various units and offered information about the PS&TR program. One peer used a tray to pass individually wrapped snacks while another offered juice or prepared tea and coffee to interested staff. Hand sanitizer was made available. This interaction provided staff with an opportunity to engage in one-to-one connections and take a mental break from work. The goal was to make staff feel cared for while distracting from the heaviness of work and provide an opportunity to talk about other supports. Hygiene and distancing procedures were observed in all interactions. Infection Prevention and Control (IPAC) was consulted, and our process was vetted before undertaking this initiative.

*e) Counselling*

A graduate student in counselling psychology, along with the Program Coordinator, offered in-person, virtual, or telephonic counselling to staff. Designed to be easily accessible with both drop-in and recurrent appointments available, staff connected with a counsellor familiar with the workplace culture.

## Discussion

The psychological impacts of the COVID-19 pandemic on HCWs are complex. Some psychological stress was perpetuated by concerns over the uncertainty of disease etiology and transmission, lack of proven treatments, unknown duration, and potential shortages of personal protective equipment (PPE). Concerns around appropriate social distancing, conflicting emotions of transmitting the disease to loved ones while also maintaining a professional duty to care for others, and lack of trust in organizational policies, surfaced as themes.

The hospital's response to the pandemic required clear communication, sensitivity to individual responses to stress, a collaboration between disciplines, and provision of relevant support. The emotional and behavioural reactions of staff are understood to be a normal, adaptive response to stress in the face of an overwhelming event. The hospital's existing infrastructure PS&TR program contributed to the swift implementation of interventions to mitigate the mental health impacts of COVID-19 for frontline healthcare workers in this pediatric hospital setting.

Although the COVID-19 pandemic showed more severe disease in older patients, challenges still presented in the pediatric setting with staff experiencing moral distress. Parents and caregivers were restricted access, and only one parent/caregiver was allowed at the bedside even when there were traumatic events. Staff faced distress between following policy and safety protocols, and compassion for caregivers/families. Learning from the strategies used in adult centers experiencing the virus was key to preparing programs to support staff.

It has been well documented that organizations need to support the mental health needs of their healthcare workers (Shapiro & McDonald, 2020). While most staff cope very well in their way and benefit a great deal from relatively small acts of shared concern, useful information, and support, some staff require additional support. From SARS, we learned that it is crucial to feeling that one is not alone when facing a crisis (Tam et al., 2004). All efforts

to overcome interpersonal isolation serve an essential role in times of intense strain and stress (Shapiro & McDonald, 2020). It is understood that support services for staff needed to be flexible, collegial, and unobtrusive (Greenberg et al., 2020). Just the knowledge that support is available may suffice for many staff members.

Some of the main challenges experienced by the PS&TR team while trying to support staff mental health were:

1) encouraging HCWs to prioritize their mental health in a time when it is all about mitigating the spread and effect of the virus,
2) maintaining social distancing and hygiene protocols in shared spaces and group support settings,
3) finding space to carry out activities that were both visible and easily accessible,
4) capturing data in a fast-paced continuously changing environment,
5) staff engagement,
6) drawing attention to the needs of all staff when media and global attention emphasized the risk to frontline providers with the absence of consideration for the impact on those in other positions such as supporting operations and patient/family care, and
7) microaggression, racism, and discrimination directed towards our diverse community of staff.

Creating space for discussion and attention towards mental health can be difficult without a pandemic looming in the background. We hope that continued attention and open conversation will make it easier for HCWs to prioritize their mental well-being, making it easier to adapt in the face of challenges.

Additionally, supporting staff while maintaining social distancing was in some cases challenging. The normative approach of providing in-person support, whether to individuals or a group following a critical incident, required participants to wear masks and keep a six-foot distance from one another. Finding larger spaces to accommodate meetings in this way was sometimes problematic. In some cases, meetings and conversations were held virtually over video or phone calls. This removed some personal aspects of support and introduced technological challenges, which sometimes posed barriers to providing support. For instance, if participants had their video off, it was difficult to determine if family members were perhaps present. Ultimately this could compromise a sense of safety for those participating in the discussion. Additionally, it was difficult to ascertain without visuals if someone was silent because they were crying or if the video had frozen due to an unstable internet connection. As well, the virtual nature of a CISD had staff surrounding one laptop with some individuals out of view and challenging the ability of facilitators in ascertaining who was speaking off-camera or being in a position to identify visual distress. These are significant learnings that have since led to the development of necessary protocols when conducting virtual debriefings. While the virtual support groups were relatively well attended at the outset, attendance decreased substantially as the weeks continued.

Through discussion with the group of psychiatrists with whom the Program Manager met weekly to share learnings, attendance across groups held at SickKids and at other hospitals was comparable and vacillated. Possible reasons include lack of safety, the stigma associated with support groups, competing demands at home limiting attendance, or energy, timing/scheduling conflicts of the group, especially for physicians, and more positively that staff

may have been coping well and support was not required. Additional support and connection with staff were not indicated as work responsibilities shifted, the weather improved, and people were more active outside the home/office.

Despite learning from past experiences and building upon previously established models and knowledge of trauma theory, a great deal of learning was done as the situation progressed and evolved. Initially, the staff retreat area, Staff In 'N Out, was positioned in one room in the hospital, but was shortly moved to another space to accommodate increasing screening demands. Flexibility, centrality, and adaptability were vital in ensuring this initiative was a success.

Future directions for the program include continuing to adapt the program and psychological supports offered to staff as the pandemic continues to unfold. The program will need to be flexible and durable, especially as additional waves and surges of COVID-19 cases are expected. When new challenges are presented, it will be important to establish new supports as needed. Systematic study and longer follow-up are required to understand this pandemic's psychological burden on healthcare staff.

There is an opportunity for leadership and role modelling when leaders advocate and use peer support.

Although there has been an effort to understand the factors associated with worsening HCW mental health and to describe strategies for addressing and supporting HCW mental health during the COVID-19 pandemic, institutional approaches and efforts to support HCW psychological needs have not been well described (Lai et al., 2020; Shanafelt et al., 2020; Shapiro & McDonald, 2020; Tracy et al., 2020; Wu et al., 2020). We hope that our approaches and learnings can help guide other institutions as the COVID-19 pandemic continues to unfold and help inform interventions in potential future viral outbreaks.

## References

Diskin, C., Orkin, J., Agarwal, T., Parmar, A., & Friedman, J. N. (2021). The secondary consequences of the COVID-19 pandemic in hospital pediatrics. (2154-1671) (Electronic)).

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. *BMJ, 368*, m1211. https://doi.org/10.1136/bmj.m1211

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Worthman, C. M., Yardley, L., Cowan, K., Cope, C., Hotopf, M., & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, *7*(6), 547-560. https://doi.org/https://doi.org/10.1016/S2215-0366(20)30168-1

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to Coronavirus disease (2020). *JAMA Netw Open*, *3*(3), e203976. https://doi.org/10.1001/jamanetworkopen.2020.3976

Maunder, R. (2004). The experience of the 2003 SARS outbreak as a traumatic stress among frontline healthcare

workers in Toronto: Lessons learned. *Philos Trans R Soc Lond B Biol Sci*, *359*(1447), 1117-1125. https://doi.org/10.1098/rstb.2004.1483

Maxwell, W. (2020). Critical incident in workplace: Safety, functional and administrative issues. *Crisis, Stress, and Human Resilience: An International Journal*, *1*(4), 233-240. https://www.crisisjournal.org/article/12212-critical-incident-in-workplace-safety-functional-and-administrative-issues

Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA*. 323(21):2133-2134. https://doi.org/10.1001/jama.2020.5893

Shapiro, J., & McDonald, T. B. (2020). Supporting clinicians during Covid-19 and beyond — learning from past failures and envisioning new strategies. *New England Journal of Medicine*, *383:e142* https://doi.org/10.1056/NEJMp2024834

Tam, C. W. C., Pang, E. P. F., Lam, L. C. W., & Chiu, H. F. K. (2004). Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: Stress and psychological impact among frontline healthcare workers. *Psychological Medicine*, *34*(7), 1197-1204. https://doi.org/10.1017/S0033291704002247

Tracy, D. K., Tarn, M., Eldridge, R., Cooke, J., Calder, J. D., & Greenberg, N. (2020). What should be done to support the mental health of healthcare staff treating COVID-19 patients? *The British Journal of Psychiatry*, *217*(4), 537-539.

Wu, A. W., Connors, C., & Everly, G. S., Jr. (2020). COVID-19: Peer support and crisis communication strategies to promote institutional resilience. *Ann Intern Med*, *172*(12), 822-823. https://doi.org/10.7326/M20-1236

# THE ROLE OF THE PEER SUPPORT AND TRAUMA RESPONSE PROGRAM AT THE TORONTO HOSPITAL FOR SICK CHILDREN IN SUPPORTING STAFF MENTAL HEALTH DURING COVID-19

## Appendix 1

Communication guidelines for when a PL notices disrupted staff functioning.

**Guidelines:**

**Disrupted Functioning:**

- Weepiness, absenteeism, irritability, judgment concerns, or disruption in work routine (for example: employee spending lots of time on their phone or more routinely seeking out colleagues for support and to talk during shift)

**Conversation A:**

- This conversation should be an ice-breaker and to normalize. See Manager Tip Sheet.
- Normalize that this is an uncertain time and many people are experiencing reactions with anxiety. Be mindful not to minimize employees experience.
- Consider asking:
  - "I'm wondering how you're doing."
  - "How are things at home?"
  - "How are your children/partner managing under the circumstances?"
  - "I'm concerned as to how you're doing – I noticed that you were teary/quieter than usual/ not seeming like your usual self…"
  - "What has changed for you/ what do you notice in yourself when you start feeling anxious?"
  - "When do you notice feeling this way? (is it day before in anticipation of a shift; coming onto unit/area, etc.)"
  - "What have you tried when you start feeling this way?"
  - "What kind of support do you have around you?"
  - "How am I able to support you?"
  - "What are you doing to take care of yourself?"
- Suggest Peer Support or EAP, which may include assisting with a referral to EAP, identify extended benefits, Staff Mental Health Resources Brochure, Virtual Wellness Program Initiatives

**Check - In:**

- PL needs to check in with employee periodically. Watch for behaviour change, irritability, absenteeism, judgment concerns
- PL initiates conversation:
  - I wanted to check in and see how you are doing
  - What are you doing to take care of yourself?
  - What kind of support do you have (eg at home)?
  - How am I able to support you?
- Make sure they are taking breaks and having their lunch.
- Be Assertive: "Why don't you to take your break" or "Do you need a break"

**Conversation B:**

- Examples of how to start the conversation:
- "I'm noticing that..."
- "I'm concerned about you and noticed that..."
- PL be specific in what you're noticing, For example:
  - "I'm noticing that you seem a bit less engaged with colleagues. I'm wondering if you were aware or if something else might be going on for you?"
  - "I noticed you seemed a bit more quiet/irritable/less engaged and realize that some days can be a bit more difficult especially right now. Do you notice a change in yourself/how you're feeling?"
  - "I'm wondering what it is that you're doing to cope/help yourself when you hit a roadbump?"
  - "Have you followed up with your doctor/ might help to check in with your doctor or therapist (if employee has shared that fact with you)."
- PL informs employee that they will initiate referral to Peer Support/ Occ. Health Clinic.
  - e.g. "I am going to contact peer support and ask for a peer to reach out to you." (Manager will mobilize peer support unless employee specifically says no).
- PL/PPM/Occ. Health Clinic can make assisted referral to EAP
- Recommend that PL schedules regular meetings/debrief with employee

Appendix 2

Communication guidelines for when staff express concern to PLs.

**Guidelines:**

**Conversation A:**

- "What are you doing to take care of yourself?"
- "What kind of support do you have?" (eg. at home)
- "How am I able to support you?"
- Normalize that this is an uncertain time and many people are experiencing very similar reactions with anxiety. Be mindful not to minimize the employee's experience.
- What has changed for you/ what do you notice in yourself when you start feeling anxious?
- When do you notice feeling this way? (is it day before in anticipation of a shift; coming onto unit/areaetc)
- What have you tried when you start feeling this way?
- Suggest Peer Support or EAP, identify extended benefits, Staff Mental Health Resources Brochure, Virtual Wellness Program Initiatives

**Check - In:**

- Make sure they are taking breaks and having their lunch.
- "I'm wondering how you're doing?"
- "What are you doing to take care of yourself at home?"
- Be Assertive: "Why don't you take your break" or "Do you need a break"
- Watch for behaviour change or disrupted functioning**.** This can look like weepiness, absenteeism, disruption in work routine (employee spending lots of time on their phone or more routinely seeking out colleagues for support and to talk to during shift)

**Conversation B:**

- Examples of how to start the conversation:
- "I'm noticing that..."
- "I'm concerned about you and noticed that..."
- "I'm here to support you and thought I'd check in."
- "I saw that you were quiet during the huddle and wonder if you are ok?"
- PL be specific in what you're noticing, For example:
  - "I'm noticing that you seem a bit less engaged with colleagues. I'm wondering if you were aware or if something else might be going on for you?"
  - "I noticed you seemed a bit more quiet/irritable/less engaged and realize that some days can be a bit more difficult especially right now. Do you notice a change in yourself/how you're feeling?"
  - "I'm wondering what it is that you're doing to cope/help yourself when you hit a roadbump?"
  - "Have you followed up with your doctor/ might help to check in with your doctor or therapist (if employee has shared that fact with you)."
- PL or PPM can facilitate an assisted referral to EAP
- PL schedules regular meetings/debrief with employee

**If functioning does not improve, PL to consult HRBP to develop options**