Humber and North Yorkshire
Health and Care Partnership
Resilience Hub

Managing the psychological impact of COVID-19

A Co-produced Long-Covid Support Pathway

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The Humber & North Yorkshire Resilience Hub
www.hnyresiliencehub.nhs.uk

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Brief Background

- The Humber & North Yorkshire (HNY) Resilience Hub was created to provide a psychological led staff well-being service for health and care staff, emergency service workers, voluntary and community sector organisations, in response to the COVID-19 pandemic.

- Within the HNY Resilience hub, a high number of service users were presenting with symptoms associated with Long-COVID. Definition: signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis (NICE, 2022).

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What the research says

- Healthcare staff have a high prevalence of post COVID-19 symptoms (Gaber et al, 2021). Reports suggest they are **7 times more likely** to experience severe Covid symptoms (Mutambudzi et al 2022).

- Recent research indicates that COVID-19 survivors may display **higher levels of psychological distress** due to the **stigma and social isolation** unique to their experiences (Devlin et al, 2020)

- 6 months post-covid, individuals report report symptoms of **PTSD (26.8%), anxiety (34.7%) and depression (40.6%)** (Houben-wilke et al, 2022).

- 28.5% of individuals reported **moderate to severe psychological distress**, **26.05% reported severe to extremely severe depression** and **31.09% severe to extremely severe stress** following the acute phase of covid-19 (Bautista-Rodriguez et al., 2022).

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The psychological impact of a long-term health condition

An individual's psychological experience of an illness (thoughts, feelings, responses) can add to our 'pain':

The 'problem' itself (e.g. pain, fatigue)

"No one understands what I'm going through"

"This is ruining my life, it's not fair"

What has happened to the initial problem?

Illness Representation

Leventhal et al. (2003)

- How we 'make sense' of our experience of illness (long-covid) can have a big impact on how we feel. It is not uncommon for people to struggle to adapt and adjust to a chronic health condition like long-covid, but when this gets in the way of you living your life, using psychology skills and approaches can help.

- Illness perceptions are the cognitive representations of a disease that we all have, whether we are healthy or see ourselves in a patient role because of our physical symptoms.

- Leventhal & colleagues provide a useful way of understanding how our illness representations can be grouped into different but related components...

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Illness Representation

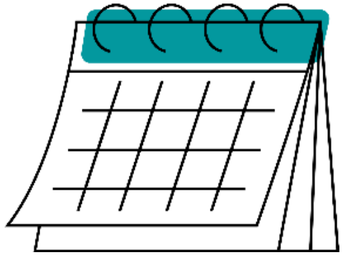
Leventhal et al. (2003)

IDENTITY

The label or name given to the symptoms (e.g. Long Covid). Many people like a label- that is absolutely normal & supports us to feel validated & legitimate.

CAUSE

Underlying cause for your symptoms, Long Covid - sensitive nervous/immune system, post viral. Info gathered from personal experience, opinions & conversations of significant others, (profs, media etc)



TIMELINE

How long the condition might last, i.e. is it acute or is it going to be chronic? Beliefs will be re-evaluated as time progresses. We know little about Long Covid - this is difficult!

CONSEQUENCES

What are the consequences of Long Covid and how will this impact you? These representations may only develop into more realistic beliefs or expectations over time.

CONTROL/CURE

Beliefs about whether Long-Covid can be cured or kept under control.
Also, the degree to which the individual plays a part in managing or achieving this.

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Co-produced Psychological Long Covid Pathway

According to research, the design of long COVID services should take account of patient experience (Macpherson et al., 2022)

Peer Support & Psycho-education

Acceptance & Commitment Therapy for Long COVID

1:1 Psychological Support

Neuropsychology pathway
Assessment and *Cognitive Rehabiliation Group*

Wellness & Recovery Action Plan Long Covid Work Book

Long Covid Key Worker

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LONG-COVID ROADMAP

HUMBER & NORTH YORKSHIRE RESILIENCE HUB

1 APRIL 2021

Focus Groups with initial 15 clients self-referred into hub with long-covid.

2 May 2021

2 Pilot groups n = 8 Weekly sessions (6) sessions. Weekly review & feedback.

3

Concerns around work

Collate course feedback, examine themes, identified topics.

Social Isolation, seeking validation

Lack of understanding around symptoms & management

Developing coping strategies

4

Focus group to co-produce group and on-going plans for provision.

5 July 2021

Shaped 8 week programme, alternate psycho-ed and shared space and create wellness action plan.

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LONG-COVID ROADMAP

HUMBER & NORTH YORKSHIRE RESILIENCE HUB

6

Weekly groups run and adaption through co-production and feedback. SWEMBS, Brief coping, PHQ9 & GAD7 utilised.

7

Publish initial feedback from groups (DCP) and cohorts run every 10 weeks.

8
NOV 21

Cohort 6 & Neuro Psych onboard as cognitive issues predominate, explore evidence and provision.

9
MAY 2022

Cohort 12, n = 120+ clients, review and audit administrative and evaluative procedures.

10
JUNE 2022

Comprehensive neuro-pathway seen first n=30 clients post group.

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LONG-COVID ROADMAP

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11 Aug 22

Cognitive Rehabilitation Group co-created & first cohort completed

12 Aug 22

Mind & Body Group (ACT) formed after feedback from group requesting access to more psychological frameworks

13 Aug 22

Peer Mentoring (L2) offered to all cohorts of LC group to co-create future support

14 Sep/Oct 22

TO DATE

On-going re-evaluation & development of Wellness Plan through focus groups & questionnaire feedback

15 April 23

TO DATE

Quantitative evaluation of cognitive pathway (Hull Uni) & Qualitative evaluation of LC Pathway (Teeside Uni)

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Co-Produced Long Covid Peer Support Group

- Aims: reduce social isolation; provide validation; provide skills for symptom management.
- 8 Sessions
- Sharing experiences
- Psycho-education:
  - Fatigue, pacing and sleep hygiene
  - Mindfulness: practice and theory
  - Illness representation: understanding long-term illness from a psychological perspective
- Key workers
- Wellness Recovery Action Plan

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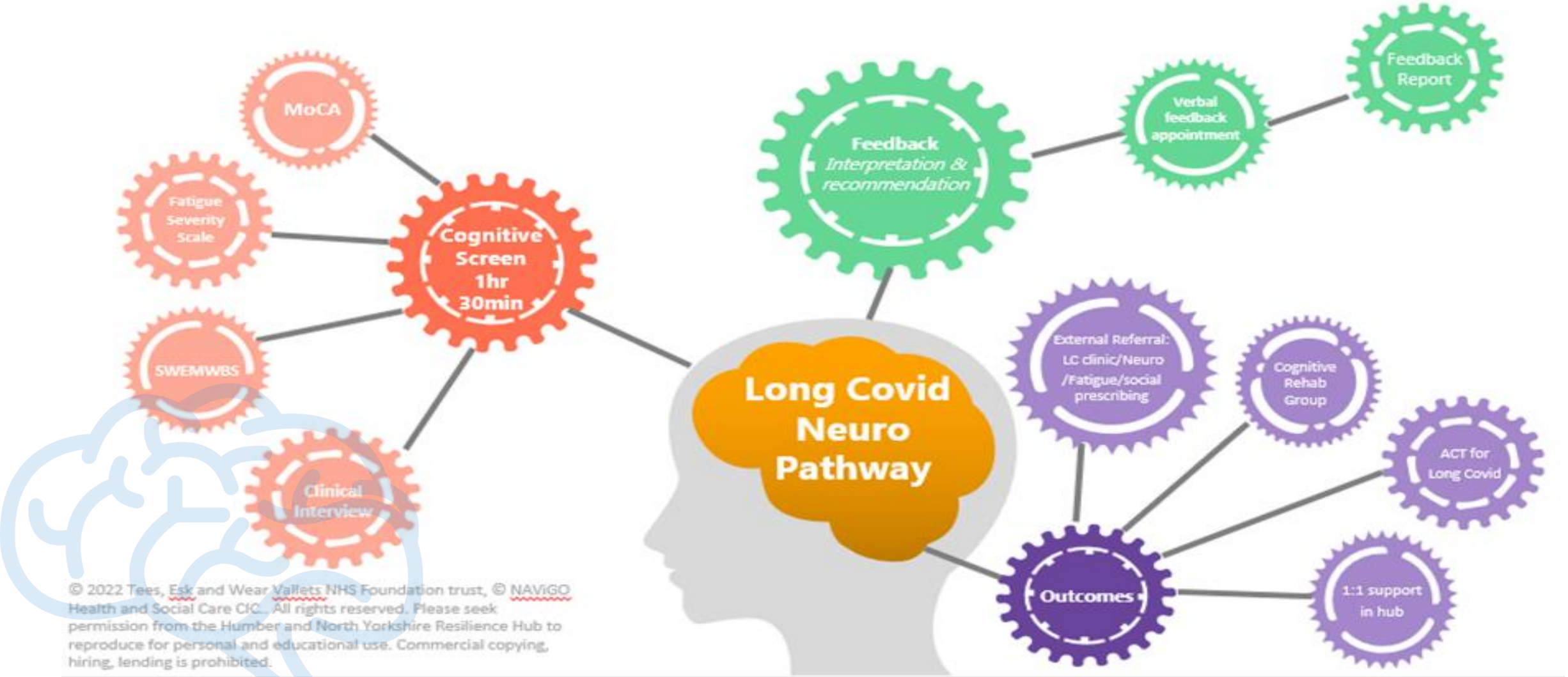
Co-Produced Neuropsychological Pathway



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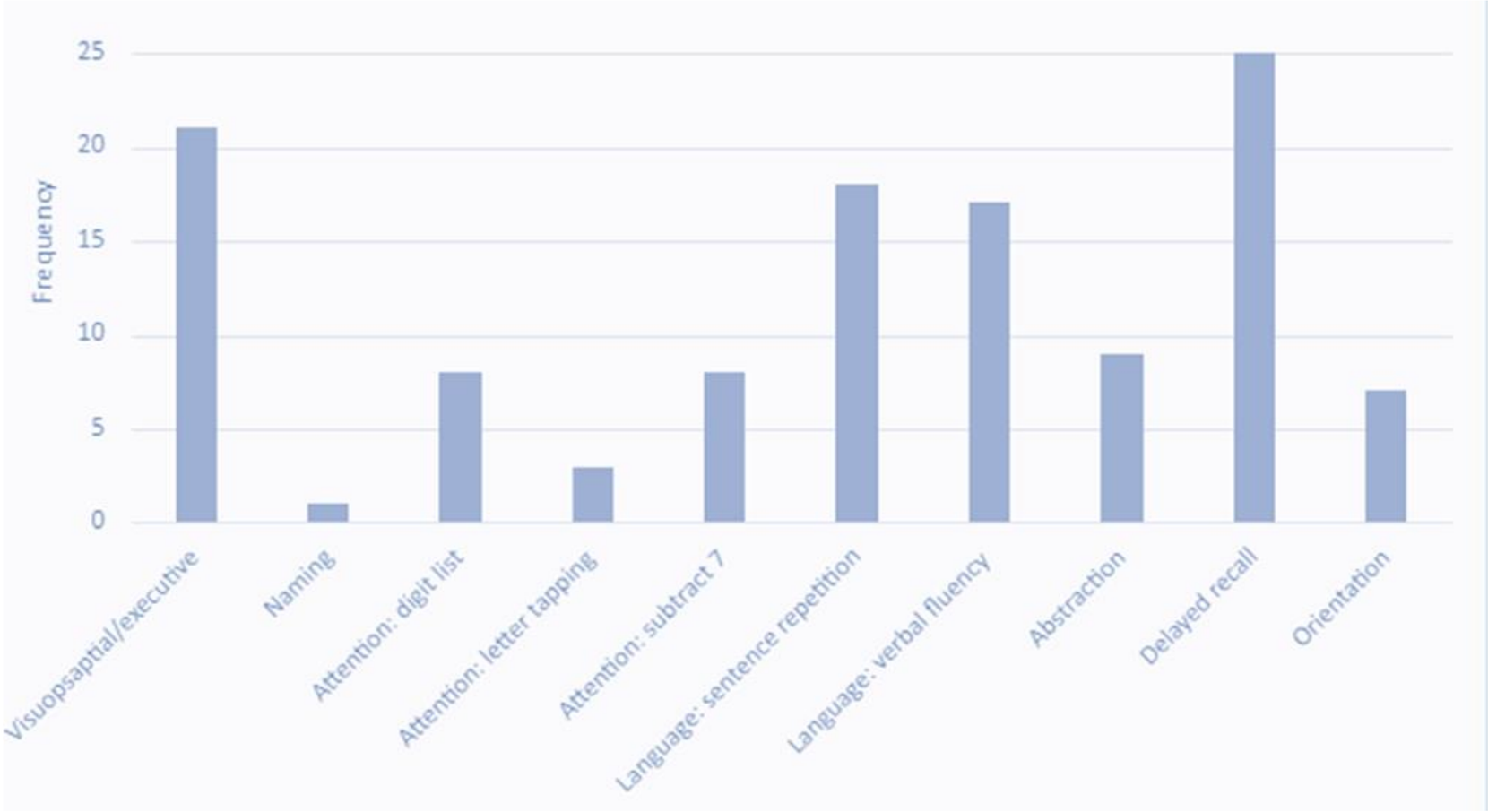
Cognitive screening: trends so far

- **37** sets of results.
- **Average MoCA Score - 25.9/30**. Scores of 25 or below indicate mild cognitive impairment. Scores of 17 below indicate moderate impairment.
- **35%** of people scored for **mild cognitive impairment**. No participants scored for moderate impairment.
- **Average Fatigue Severity Scale Score - 50.7/63**. Scores of **36** or above indicate high levels of fatigue.
- **Average SWEMWBS Score - 19.25** (metric score converted using normative data). Population mean score is 23.6.
- No significant correlation between fatigue and cognitive impairment.

Cognitive screening: trends so far

- Most common areas where points are dropped: **delayed recall** (68%), **visuospatial / executive** (57%), **language: sentence repetition** (49%), **language: verbal fluency** (46%).



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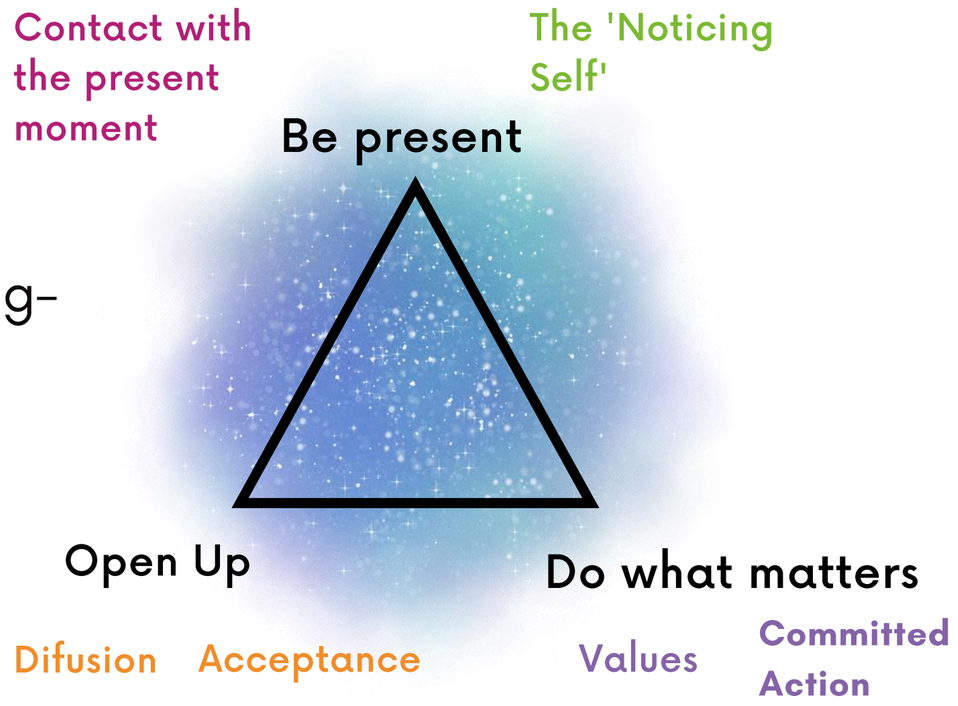
ACT for Long Covid Group

- Accessible after the peer support group for those where there is an identified need around **psychological skills** to support adjustment.
- 5 Sessions
- Utilising principles from Acceptance & Commitment Therapy (ACT) to help people build up a life around long-covid rather than having their lives *ruled* by long-covid.
- Building skills in 3 key areas:
  - Opening up
  - Being Present
  - Doing what matters



The ACT 'Triflex' (Harris, 2009)

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THANK YOU

- All our Resilience Hub Staff
- Our Long-Covid Team
- NHSE – Long covid SIG (Hollie Shearer)
- LC Centre's in HNY
- Our HNY ICB & Partners
- BPS/DCP
- Clinical Leads & Teams in the Resilience Hubs across the UK

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An overview of the Long Covid Peer Support Group

Shahmin Khanum & Amy Somerton

An overview of the Humber, Coast and Vale resilience hub's Long Covid cognitive screening pathway

Amy Somerton, Laura-Jayne Carter & Jo Jordan

Can be accessed via: https://shop.bps.org.uk/

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