

Spotlight on the NHS

by Sue Monckton-Rickett

The end of April 2020 feels a long time ago now, but that was when ACC launched a counselling service in response to Covid-19, so it felt right to mark this second anniversary by providing an update on the service, sharing some of the data that was compiled for an Evaluation Report to the NHS, thanking everyone who has worked on the facility and informing you of the counselling service, going forward.

IN THE BEGINNING

Where it began and how it developed

Incredibly, the original service was launched within a month of the first lockdown, with just over 200 counsellors, some supervisors, two service co-ordinators and seven case managers all volunteering their time, with support from the ACC team giving additional hours. The initial service was for anyone working in the NHS and paramedics who were directly impacted by Covid-19, residential care home staff, and anyone who had been bereaved during the pandemic. This original service ran for nine months and in that time, somewhat amazingly, 259 clients (126 NHS staff, 126 bereaved and 7 care home) were provided with a total of 1,850 sessions of counselling.

ACC felt that after nine months, this totally voluntary service could not continue, but the NHS valued it so much that they offered to provide funding, enabling us to pay those working on the scheme. So, in February 2021, we launched a new scheme just for NHS staff working in hospital settings, and paramedics who were, or had been, working with Covid-19 patients. To date, another 100 clients have been provided with counselling, equating to approximately another 700 counselling sessions.

RECIPIENTS AND BENEFICIARIES

Whom has it served?

At the end of March 2022, the NHS asked ACC to provide an Evaluation Report for both services. Listed below is some of the information that was included in the report regarding the demographics of the clients, their role(s) and the issues they were presenting:

- **Age:** As might be expected with a working population, they were all within the age range 22-65, but the largest group within that demographic was at the younger end, with 46% of clients aged between 22 and 35.
- **Ethnicity:** Clients identified as 52% White British and 16% BAME, whilst 23% did not specify ethnicity and the remainder were split across a range of other groups.
- **Faith:** Unsurprisingly, 65% of clients identified as Christian (with many specifically asking to see a Christian counsellor), 23% did not specify, whilst 9% stated that they had 'no religion'. There were a few Muslim clients and some describing themselves as atheists. These statistics highlighted the value some clients placed on seeing a counsellor who is a Christian, but also indicated that the counsellor being a Christian is not necessarily seen as a barrier for people of other faiths or none.
- **Role:** The criteria narrowed when the second scheme started, going from initially being open to any NHS staff to only staff working in a hospital setting and paramedics, with the caveat that they had to have worked with Covid-19 patients. This meant that the breadth of the roles of the clients also



We are still here!

NHS Covid-19 Staff Counselling Service

narrowed. However, by far the largest group in both schemes was nurses (35%), followed by doctors (16%) and then those working as physiotherapists and occupational therapists. The service was, however, used by people in a wide variety of other roles too, including chaplains, administrative staff, pharmacists, counsellors, radiologists, dieticians, speech therapists, etc., which highlighted that the pressure of the pandemic was felt across the whole spectrum of NHS personnel.

• **Presenting issues:** All clients were asked to briefly describe what issues they wanted to bring into counselling, with many identifying more than one. Not surprisingly, 91% of clients identified work stress/trauma as being an issue, 24% identified personal bereavement, 34% identified family issues, and 14% faith issues. This highlighted the fact that people were either having to deal with the pressure of the pandemic in the middle of other, ongoing, life events and issues, or the pressure of the pandemic was perhaps contributing to other circumstances, i.e. existing family issues. The way in which faith was challenged was also a factor. The fact that some clients specifically

identified faith as something they wished to discuss again highlighted the value of having counsellors who brought a level of understanding to counselling appointments, and who were comfortable working with faith being an intrinsic part of the well-being of a client. The fact that 24% of clients listed personal bereavement as an issue featured as a poignant reminder that there were not two distinct groups of people in the pandemic i.e. 'the bereaved/sick' and 'those that cared', but that groups overlapped, with many people having to care for the sick and the dying whilst also having to deal with or even 'put on hold' their own grief.

MEETING A NEED

What was its value?

The service clearly met a need for easy-to-access counselling for NHS staff throughout the pandemic, and was valued and appreciated by the clients. All clients were invited to provide feedback and to rate the service on a scale of one to ten (ten being the highest score). The average score was 9.8, an amazing achievement. Many clients also provided encouragingly positive feedback about what the service had meant to them. For example:

- *The service was offered in a timely manner and was extremely valuable, helping me to get through the pandemic. It allowed me to process past issues and worries as well as to focus and reflect on how the Covid crisis was affecting me. Having a faith counsellor was also very important and allowed me to discuss issues like belief and trust in God.*
- *My counsellor was spot-on for me – walked me through a difficult journey through these last few months. She was professional, kind, gently challenging, and empathetic. I would totally recommend her and also ACC. It was (and is) an amazing offer and I hope more*

of my NHS colleagues continue to take up this offer!

- *Honestly, I have had the best experience with the scheme. I am so grateful for this service and scheme. Have recommended to many of my friends and colleagues! I am also so glad to have been able to access faith-based counselling, and this has been a really important and valuable aspect of my work. Thank you so much for offering the scheme, it has been a wonderful thing in my life this year!*
- *I was in a dark hole, my counsellor with a lot of kindness led me to the light. She helped me to understand my journey and to look at different paths I could take.*

The service has clearly benefitted many individuals but in doing so has been part of the support that has enabled them to continue to work, or return to work, and so contribute to the vital service of the NHS throughout the pandemic.

Many of those who provided counselling and managed the scheme also felt it a privilege to use their skills, training and experience to actively support the NHS in this way. The service started with ACC asking 'how do we respond?' and 'what can we do?' This service provided a very valuable response.

ACC also acknowledges that it has benefitted from providing this service. As one of the smaller holders of a PSA Accredited Register, we have often felt unknown by the NHS or seen as not being equivalent to other bodies, but we feel that this service has enabled us to show our professionalism and commitment to the provision of safe and quality counselling.

WHAT LESSONS HAVE BEEN LEARNT?

Firstly, what an amazing group of people our members, staff and supporters are – to have stepped in

and volunteered at the start of the pandemic, when personally and professionally they too were facing challenges. Thank you to everyone involved.

Secondly, ACC now has a tried, tested and established system for setting up and running such a scheme, which could be used in other settings in the future.

Thirdly, from the feedback received and the requests made to have a counsellor who was a Christian, clients clearly want to be able to include their faith within the counselling process and to have a counsellor willing to do so, who understands the importance of it to the individual's well-being, and to explore both the positive impact it can have and the potential issues it can create. Faith and spirituality historically have been marginalized experiences in mental health and well-being, but we can see that this is changing. Perhaps this service has been part of the change process.

This last point brings us to the future. In ACC News we have reported that the NHS are intending to continue to support the specialist counselling service for staff in patient-facing roles, with the intention of specifically recognising the importance of faith and spirituality.

A tribute to everyone who has been involved . . .

Finally, as someone who has been a volunteer in the management of the scheme from the start, I would like to say that it has been a privilege to work with everyone, to feel that we have served our community in this way, and to have represented ACC with the NHS. Thank you all.

Sue Monckton-Rickett is Chair of ACC.

A full copy of the report is available on the ACC website.