



Distress Protocol

Exploring school staff mental health and wellbeing during the COVID-19 Pandemic

This protocol has been adapted from an original Distress Protocol developed by Dr Chris Cocking (**© Chris Cocking 2014**). Dr Chris Cocking is a Band 5 qualified RMN registered with the NMC. Chris has worked in Child and Adolescent Mental Health Services with clients with emotional and behavioural difficulties, and has experience of monitoring and managing situations where distress and/or agitation in young people can happen.

Dr Josie Maitland (who has adapted the protocol) is a qualified teacher who has taught for eight years in Primary, Secondary and Special Education settings, specialising in emotional and behavioural difficulties, inclusion and engagement. Josie's PhD is in staff experiences of whole school approaches to wellbeing, and the PhD research involved distance interviews with school staff using Skype or telephone.

The PI is fully DBS checked, has extensive experience of working with school staff and will also discuss use of this protocol with participants, setting out signs to look out for and actions to take, should participants become distressed and/or agitated during research workshops.

Mild distress:

Signs to look out for:

- 1) Tearfulness
- 2) Voice becomes choked with emotion/ difficulty speaking
- 3) Participant becomes distracted/ restless
- 4) Participant appears withdrawn or quiet and is not actively engaging in the interview

Action to take:

- 1) Ask participant if they are happy to continue (at any time – i.e. in response to need and in addition to the three points in the interview this checking is also scheduled)
- 2) Offer them time to pause and compose themselves (they will be given the opportunity to do this with the call still going or to terminate and restart the call)
- 3) Remind them they can stop at any time if they become too distressed and ensure they have an agreed strategy to do so (as covered at the start of the interview schedule)

Severe distress:

Signs to look out for:

- 1) Uncontrolled crying/ wailing, inability to talk coherently
- 2) Panic attack- e.g. hyperventilation, shaking, fear of impending heart attack

Action to take:

- 1) The researcher will immediately halt the interview
- 2) The distressed participant will be debriefed immediately using de-escalation techniques and active listening
- 3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- 4) If any unresolved issues arise, accept and validate participant's distress, but suggest that they discuss with their local GP, appropriate services or confidential support services that will be flagged up in information sheet and in interview. Provide details of how to access the counselling/therapeutic services available, but remind participant that the interview is not intended to be a therapeutic interaction. Report incident to relevant authorities if appropriate (i.e. any perceived risk to the safety of the participant or anyone else they mention).
- 5) Upon resolution of the situation, the participant will be signposted to relevant support services and, if possible engaged in a more relaxed conversation as mood mitigation. The interview will not be re-started, but the PI will seek permission to make contact with the participant in due course to follow up / check they are ok and discuss their right to withdraw any data provided.

Mild agitation:*Signs to look out for:*

- 1) Participant becomes restless / irritable.
- 2) Participant may express boredom/ unwillingness to engage in interview/be anxious about lack of time.

Action to take:

- 1) Ask participant if they are OK, attempt to involve them in discussion in which the PI is actively listening & negotiate whether there is anything the researcher can do that would help ease their agitation and re-engage with the interview.
- 2) Remind the participant that they are free to withdraw from the interview and/or study at any time they choose without giving a reason and that their wellbeing is paramount.

Severe agitation:*Signs to look out for:*

- 1) Participant may show signs of anger/ frustration.
- 2) In extreme cases of agitation the participant may become verbally and/or physically aggressive to the researcher, or display other forms of challenging behaviour.

Action to take:

- 1) Researcher will pause the interview and use recognised verbal de-escalation and techniques and active listening gained from their prior professional experience.
- 2) Participant will be reminded that they are free to leave the session at any time they wish, and the interview might be terminated.
- 3) With the participant's consent, the researcher will make follow up contact.