TABLE 1: Psychological Response Phases - The psychological needs of healthcare staff as a result of the Coronavirus outbreak (BPS 31.03.2020)

Active Phase		Recovery Phase
Heroics and **surge to solution**	**Disillusionment** **and exhaustion**	**Recovery and long term** **psychological impacts**
Increased camaraderie as staff cross boundaries and work together	The period of highest psychological risk	Staff have time to start to reflect
Sense of rising to a challenge	Staff are in 'full go mode' with high levels of adrenaline and on 'automatic pilot'. They may then experience sudden exhaustion	Most staff will feel able to cope successfully using their own preferred style, individual resources and social support. Many may be changed in a positive way, experiencing personal development, and post-traumatic growth
Staff may respond on instinct and are more prone to error. They may lack the headspace to see all options	They may neglect physical and psychological self-care as they feel it is not a priority	
Frustrations and role confusion as people try to adapt quickly within current system design	Moral distress and injury are a risk as healthcare becomes limited and people are unable to act or respond within their own moral or ethical code and death and dying may not be handled in the way it usually is (with family etc.)	Some may experience intrusive thinking about what they 'should' have done differently and shame or guilt. Dissonance with a 'heroes' narrative may make this harder to disclose problems and may exacerbate distress
Staff witnessing things they have never seen		

before and feeling out of control	Staff may begin to feel emotionally disconnected from the work, experience compassion fatigue, and may engage in avoidant or unhelpful coping	Others may feel differently about their job and experience resentment towards individuals and towards the organisation
Disagreement between groups over sense of urgency	Tensions at home and within the wider family may over-run work life	
Staff lose usual boundaries over working hours and breaks and start to over-work	Stress has a cumulative effect and smaller things trigger reactions	Individual difficulties have wider family and social impacts, which may further exacerbate these longer-term impacts
Work-life tensions arise as family life also becomes unsettled	Staff with pre-existing vulnerabilities are at higher risker of crisis and suicidality	Certain staff may be at risk of chronic psychological difficulties (including but not limited to burnout and post-traumatic stress)
Social norms and niceties slip and behavioural responses may causes difficulties for others		
Focus on 'getting things done', which may lead to poor communication and silo working		