

'It's okay to not feel okay'

implications and ideas for supporting staff working with people living with brain injury during the Coronavirus Pandemic

SLIDE 1 – TONY (Title Slide)

Introductions and housekeeping

SLIDE 2 – JENNY (WHO ARE WE)

Hi I'm Jenny

Thank you Tony and a warm welcome to everyone that has joined us for our second ABIL Webinar which this morning is focusing on 'It's okay to not feel okay': implications and ideas for supporting staff working with people living with brain injury during the Coronavirus Pandemic

SLIDE 3 - KEITH (WHO ARE WE)

Hi I'm Keith....

SLIDE 4 – KEITH (Outline)

This morning we will be sharing ideas on managing a range of feelings and situations that we all may be called upon to address in our work with people living with brain injury and their families. This is an extraordinary time in all our lives, and for most of us it is completely unprecedented. The Pandemic has generated a massive presence in all of our lives and enormous uncertainties.

SLIDE 5 – JENNY (QUESTIONS)

Thank you to those of you who have sent in your questions related to issues about living and working through the COVID -19 pandemic. We will read out and answer these towards the end of the webinar.

SLIDE 6 – JENNY

In today's presentation, we will be trying to offer you a useful combination of explanation of psychological reactions potentially triggered by the Pandemic, and ideas about coping and support. There is an enormous amount of information and guidance currently available, especially on the web, but perhaps with little time or opportunity for you to check it out, so we have tried to do so on your behalf.

SLIDE 7 KEITH (Anxiety)

The Pandemic has generated varying levels of anxiety for people as they manage their concerns about becoming infected or infecting others. In the extreme, anxiety about being infected can be debilitating and lead to withdrawal from contact and activity. In some brain injury work settings, it can also lead to conflict with managers if staff feel too unsafe and refuse certain duties or activities with their clients or patients.

Feelings of loss of control, both in personal and work settings can be uncomfortable for some. Restriction and new working practices designed to minimise infection risk can feel 'claustrophobic' or 'imprisoning' for some.

Fear when flowing from our anxieties about health and life itself can trigger instincts that magnify the sense of impending harm and seek to energise 'fight or flight' responses. Seeking to overcome or control these instinctive responses can come at a cost to emotional and physical well-being without having adequate coping strategies or systems in place.

Finally, it is all too easy to worry about whether we are doing it right, and risking harm to self or others. Who has all the answers? With the reply, 'nobody', that can support relief or just increase our anxiety further.

SLIDE 8 – JENNY (Loss)

There is so much potential for loss and grief with this Pandemic. Grief is typically associated with death, but it can follow any type of loss. For example, people often experience grief after a divorce or a job loss. Some of the things that we may be grieving as a result of the COVID-19 pandemic include:

- Job loss
- Financial security loss, worries about how to pay rent, utilities, and other bills
- Loss of safety
- Worry about loved ones
- Social distancing and feelings of isolation and loss of human contact
- Changes in daily habits and routines
- Special plans and events that have been cancelled/lost
- Clashes with family members over how to protect yourself
- Sadness over how the Pandemic will affect and change the world

Not only are people now grappling with the loss of normality, but also with anticipatory grief, or the feeling that greater loss is yet to come. With normal grieving rituals and social supports compromised by the Pandemic, for many there can be issues of 'complicated grief', that is, getting stuck in feelings that then impact upon everyday life activity and behaviour.

Loss of well-being can lead to significant health related anxiety, where risk and personal symptoms are over-estimated and over-experienced, leading to emotional distress and combined with potential physical de-conditioning through avoidance of exercise or other activity judged to be too risky.

SLIDE 9 – KEITH (Loss)

Changes in the workplace have led to virtual meetings, wearing PPE for client/patient encounters, and the need to work from home for many, especially for those required to shield due to being in a high risk group. For some, living with a shielding family member has also led to them in effect shielding, or if not, the need to develop decontamination rituals on returning from work (change outside and go straight to the shower, for example), distancing in the home and an ongoing, nagging fear of bringing the virus home.

Working at home brings challenges of loss of workplace social contact and camaraderie, and the difficulty of having and using adequate technology, and of maintaining work routines.

For some there may be Moral injury, defined as the profound psychological distress which results from actions, or the lack of them, which violate one's moral or ethical code. Morally injurious events can include acts of perpetration, acts of omission or experiences of betrayal from leaders or trusted others. During the Covid-19 Pandemic, moral injury can occur when care cannot be provided in the way or to the standard that one believes it should (e.g. inadequate equipment, 'rationing' of activity or opportunity, restriction of clients/patients), or when self isolation or shielding leaves individuals at home whilst colleagues continue to provide direct care under challenging circumstances.

Potential risk factors for situations that may precipitate moral injury

1. If there is loss of life to a vulnerable person
2. If leaders are perceived to not take responsibility for the event(s) and are unsupportive of staff;
3. if staff feel unaware or unprepared for emotional/psychological consequences of decisions;
4. If the PMIE occurs concurrently with exposure to other traumatic events (e.g. death of loved one);
5. if there is a lack of social support following the PMIE.

Clearly, guilt is a major potential component of moral injury, and it can also exist as a result of struggles to cope with being shielded or home working whilst colleagues are still involved in face to face client/patient work.

SLIDE 10 – JENNY (Stress)

Another major component of the COVID-19 Pandemic likely to be felt by many is the impact of the virus on mental health via stressors, including the effects of social isolation, the fear of the virus, and the pressures on healthcare providers.

On the basis of experience with other pandemics and natural disasters, as many as 50% of people may experience anxiety, depression, and some post-traumatic stress symptoms.

People who have pre-existing mental health conditions, particularly anxiety, mood disorders, substance abuse, and obsessional or phobic disorders, will probably have an exacerbation of symptoms due to the Pandemic.

How far this reasoning fits for staff working in the brain injury field is unclear, as most relevant Pandemic and disaster research is focused upon 'front-line' physical health care staff and first or early responders.

But beyond the effects of the virus itself, there is going to be such economic and social disruption in the aftermath that is going to be enduring, and this is going to take a huge toll on the mental health of the population. If we don't want to be caught unawares, like we perhaps were with the virus, we need to start thinking about that and taking action now. If stress is not managed, it can be debilitating or even provoke anger as the channel to ventilate. Finally, and hopefully very rarely, anger may also emerge if individuals feel 'stigmatised' or 'rejected' by colleagues because they are not or were not present during the worst of times in the workplace (perhaps because of shielding or being unwell themselves)

SLIDE 11 – JENNY (Stress)

Of course, we need 'stress' to energise us to action. However, as can be seen from the slide, too much stress can lead to coping difficulties and manifest as 'compassion fatigue', that sense of having nothing left, or anger, or anxiety. Not enough stress may disengage our drive to do anything, a very unlikely state of affairs with this Pandemic. In addition, chronic stress that is long lasting and at intolerable levels can lead to physical health breakdown as well as mental health crises. Finding our stress balance is the challenge.

SLIDE 12 – KEITH (Growth)

A psychological implication of the Pandemic that is firmly on the positive side is that of personal growth and development. It is also highly likely that at least as many people as experience negative responses will experience these positives, if not more.

In the workplace, the development of team dynamics and camaraderie that comes from shared experience and coming together to address the 'enemy' (Covid-19) should not be underestimated. It is also the case that some team members will show aptitudes and contributions that may not have been manifest before, and the Team will value them more.

On the personal front, insight as to what is *really* important can emerge in the face of adversity and forced change. This can enhance relationships or perhaps enable reappraisal and moving on. Getting through the Pandemic can contribute to a sense of resilience and coping ability beyond what it was before. Some people are saying that Society may even change, that clapping for carers has brought communities together and shown that we do value *society* and those key workers that help it function. We may even no longer take for granted assumptions of good health, long life and permanency, at least for a while.

SLIDE 13– KEITH (Coping strategies)

What we've shared so far hopefully reflects your experience or that of people that you work alongside. There are lots of potential challenges and effects of the Pandemic, and so it's okay to not feel okay, at least for a while. What we want to do now is describe just some ways forwards to support feeling okay and to seek to manage, cope with or fix what the Pandemic may send your way.

SLIDE 14 – JENNY (Psychological First Aid)

In our day to day work settings where the variable impact of the Pandemic is experienced, an effective intervention or way to organise key aspects of working practices that offers support, and may avoid excessive emotional harm to staff is Psychological First Aid (PFA).

PFA describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- »» providing practical care and support, which does not intrude;
- »» assessing needs and concerns;
- »» helping people to address basic needs (for example, food and water, information);
- »» listening to people, but not pressuring them to talk;
- »» comforting people and helping them to feel calm;
- »» helping people connect to information, services and social supports;
- »» protecting people from further harm.

PFA is recommended for use in crisis and disaster situations, well Covid-19 has certainly provided that. However, even as restrictions are eased it can still offer a useful guide to how to be supportive of each other when experiencing feelings and reactions that may have been kept under wraps until the situation eased. Or to support each other if we face a second wave of infection and re-imposition of restriction.

SLIDE 15 – KEITH (Psychological First Aid)

What to do when providing psychological first aid:

Remain *calm* when speaking to your colleague. Show concern but be a confident, reassuring presence. Your colleague will gain confidence from your confidence.

Listen. Encourage your colleague to talk about what happened and their reactions to those events. If they do not want to speak at that time, ask if you can check back with them later.

Get information and provide practical help (e.g. are they eating/drinking? Need a break?) Offer support for what *specifically* is troubling them)

Acknowledge how your colleague is feeling; show this in your body language and things you say (e.g. "I'm sorry you are going through this")

Determine what else, *if anything*, is needed after your initial conversation; seek guidance from colleagues, whilst respecting your distressed colleague's *privacy* and permissions.

Serve as a liaison to connect the person with continued assistance, if necessary and *follow up* a day or so later to see how they are doing.

Advocate for this person in seeking further assistance, if necessary.

Acknowledge your colleague's *strengths* and how they have helped themselves.

What *not* to do when providing psychological first aid:

Don't pressure someone to tell their story.

Don't interrupt or rush someone's story; listen to what they have to say and often, the passage of time alone will help de-escalate the situation

Don't give *your* opinions of the person's situation, just listen.

Don't be dismissive. Don't minimize their concerns or say, "Well at least...", as an attempt to distract, or help the person feel better.

Don't act on some preconceived notion of what you think the person needs. *Ask* what they need

Don't hesitate to ask specific questions about your colleague's ability to currently competently attend to others or perform the duties of their job.

Don't make promises you can't keep.

Don't feel you have to try to *solve* all the person's problems for them.

Don't *take away* your colleague's strength and sense of being able to care for themselves.

There was a lot there, but don't worry as you'll be able to review all of today's content at your leisure as we will make a copy of today's script available to you.

SLIDE 16 – JENNY (General psychological adjustment/coping)

Individual responses to the pandemic will be the result of what has been experienced, what existing psychological resources or difficulties contributed or took away from coping, and what external supports were available.

The familiar stages of grief outlined by Elisabeth Kubler-Ross and David Kessler are not meant to be a linear process. You may go back and forth between these feelings, rather than following a sequential timeline, and for some, perhaps not even experience some stages.

Denial – The first reaction is denial. In this stage, individuals may believe the situation is somehow mistaken/unreal, and cling to a false, preferable reality. Today, denial sounds like: "I'm not (old, immune-compromised, susceptible to lung ailments), so I'll be fine."

Anger – When the individual recognizes that denial cannot continue, they become frustrated. Today, anger sounds like: "I don't care what the government says about social distancing, I'm going to work today OR I'm bored and I'm having some friends over"

Bargaining – The third stage involves the hope that the individual can avoid a cause of grief or loss. Today, bargaining sounds like: "It's OK to spend time with others as long as they wash their hands before they see me OR I will be fine as long as I stay around people who are healthy."

Depression – During the fourth stage, the individual despairs at the recognition. Today, despair sounds like, "I can't go to work, I can't earn money. I won't be able to pay my bills"

Acceptance– Today, acceptance sounds like: I can't control the pandemic, but I can do my part by socially distancing and washing my hands OR The fact that I can't leave my house doesn't mean my life has to stop. I can work from home, and I can still connect with my friends and family via phone and the internet. I can also enjoy the extra time I have with my spouse, my kids, and our [pets](#)."

Finally, a cautionary note on a favoured intervention to help after a traumatic event, Psychological Debriefing, the familiar single session of facilitated reflection and ventilating. We may think that this can help to facilitate the adjustment process, but In their Cochrane Review, Rose et al. found that psychological debriefing is either equivalent to, or worse than, control or educational interventions in preventing or reducing the severity of PTSD, depression, anxiety and general psychological morbidity. There is some suggestion that it may increase the risk of PTSD and depression. The routine use of single session debriefing given to non selected trauma victims is not supported. No evidence has been found that this procedure is effective. So what can help coping?

SLIDE 17– KEITH (FACE COVID)

Another helpful way to support coping with the psychological effects of the Pandemic comes from the work of Dr Russ Harris, a core figure in Acceptance and Commitment Therapy (ACT). He has described how we can FACE COVID:

F = Focus on what's in your control

You can't control what happens in the future. You can't control Corona virus itself or the world economy or how your government manages the whole socio-economic mess. But you can control what you do - here and now. And that matters.

A = Acknowledge your thoughts & feelings

Silently and kindly acknowledge whatever is 'showing up' inside you: thoughts, feelings, emotions, memories, sensation, urges. Perhaps put into words, and silently say to yourself something like, 'I'm noticing anxiety', or 'Here's grief', or 'There's my mind worrying' or 'I'm having thoughts about getting sick'.

C = Come back into your body

For example, stretch, feel the ground beneath your feet, control your breathing.

Note: you are not trying to turn away from, escape, avoid or distract yourself from what is happening in your inner world. Remain aware of your thoughts and feelings, and at the same time connect with your body, and actively move it. Why? So you can gain as much control as possible over your physical actions, even though you can't control your feelings.

E = Engage in what you're doing

Get a sense of where you are and refocus your attention on the activity you are doing. Find your own way of doing this. For example, look around the room and notice 5 things you can see..

End the exercise by giving your full attention to the task or activity at hand. (And if you don't have any meaningful activity to do, see the next 3 steps.)

Ideally, run through the ACE cycle slowly 3 or 4 times, to turn it into a 2- 3 minute exercise.

C = Committed action

Once you have dropped anchor, using the ACE formula, you will have a lot of control over your actions – so this makes it easier to do the things that truly matter.

O = Opening up

Opening up means making room for difficult feelings and being kind to yourself. Difficult feelings are guaranteed to keep on showing up as this crisis unfolds, we can't stop them from arising; they're normal reactions. But we can open up and make room for them: acknowledge they are normal, allow them to be there (even though they hurt), and treat ourselves kindly.

V = Values

Committed action should be guided by your core values: What do you want to stand for in the face of this crisis? What sort of person do you want to be, as you go through this? How do you want to treat yourself and others? Look for ways to 'sprinkle' these values into your day. Let them guide and motivate your committed action.

I = Identify resources

Identify resources for help, assistance, support, and advice. This includes friends, family, neighbours, health professionals, emergency services. And if you are able to offer support to others, let them

know; you can be a resource for other people, just as they can for you. Finding a reliable and trustworthy source of information for updates on the crisis and guidelines for responding to it. Is important, The World Health Organisation website is a leading source of such information:

D = Disinfect & distance

Don't forget to disinfect your hands regularly and practice as much social distancing as realistically possible, for the greater good of your community. And remember, we're talking about physical distancing – not cutting off emotionally.

SLIDE 18 – JENNY (More on loss issues)

Bereavement in its rawest sense will be encountered with the possible loss of loved ones from Covid-19 or from other causes, and Covid-19 restrictions impacting the ability to attend funerals or life celebrations. In addition, clients or patients may be lost to Covid-19 leading to staff needing to support their family members, as well as process their own grief. Many factors may complicate the usual processes of grieving and resolution. This inability to engage in traditions that support the grieving process can make it that much more difficult to cope.

No matter what type of loss you have experienced, it is important to remember that your feelings are valid. If you are not sure how to manage your feelings of grief and loss, there are some things that you can do that may help.

Practice Self-Care

In the immediate aftermath of a loss, caring for yourself can seem like a monumental task. Focus on the basics and make sure that you are eating, staying hydrated, and getting enough rest.

Give Yourself Time

Giving yourself time to feel, without rushing yourself through the process as this allows you to work through the pain of loss.

Remember That Your Feelings are Valid

In a world that seems turned upside down, you might not experience grief the same way you might have under normal circumstances. Try to remember that grief is personal and everyone experiences it differently. It takes time to integrate loss into your life, but this is especially true when your normal daily routines have been disrupted.

It's important not to engage in a comparison of losses. If you have experienced loss, you have the right to grieve and feel those emotions.

Reach Out to Family and Friends

It is important to reach out. COVID-19 might rob you of the physical presence of loved ones as you grieve, but you can still maintain an emotional connection to people who will support you during this time through utilising other platforms such as telephone and video calls

Find Support

If you are struggling to deal with feelings of grief, talking to a mental health professional can be helpful. You may be experiencing what is known as complicated grief. This condition occurs in about 7% of people who are grieving and is marked by an inability to think of anything but the loss, excessive avoidance of any reminders, or even thoughts of suicide or self-harm.

If you are having suicidal thoughts, contact your GP or call the Samaritans on **116 123**

For bereavement counselling you could contact CRUSE Bereavement Care, a national charity on **0808 808 1677**

Explore Coping Techniques

Practice coping strategies such as mindfulness, journaling, visualization, and meditation as these may be helpful for managing some of the anxiety, stress, and anger that you may be feeling.

Write about what's happened, but also note how you are managing the situation. Paying attention to your efforts and strengths may help you feel more resilient and capable.

Check-In With Others

While virtual meetings can never replace real-life support, regular phone calls and text messages can help bridge the gap.

You can accept or offer support others to make phone calls, drop off care packages, leave prepared meals at the door, or pick up shopping.

Changes in working practices bring their own stresses and experience of loss of the familiar or previously valued. Work precautions such as use of PPE and distancing, and the need to work from home have challenged coping. A general approach to coping styles would suggest differences between those that focus on the problems and practicalities (problem focused coping) as compared to those that focus on the emotions and feelings that result (emotion focused coping). Different coping styles and space for each needs to be acknowledged, with support and advice where appropriate. Importantly, living with uncertainty and there being no quick or immediate fixes, especially with ever-present change, should not be forgotten. As has been said many times during the Pandemic, this is a marathon not a sprint.

SLIDE 19 – KEITH (Moral Injury)

Research suggests that people usually recover from moral injury reasonably quickly, so if this feeling seems familiar and recent it will likely pass, although seek help if struggling. It is more likely to create long-term distress when one is confronted with numerous moral injuries, therefore, suffering cumulative effects. The origin of work on moral injury was at the very sharp end of experience, with war veterans who perpetrated/were party to acts they would usually consider unacceptable, rather than our type of care and support settings so effects may be altered.

As a general approach to moral injury and similar feelings:

- (1) Front-line staff should be made aware of the possibility of Potentially Morally Injurious Events (PMIE) exposure in their role, and the emotions, thoughts and behaviours that might be experienced as a result.
- (2) Front-line staff should be encouraged to seek informal support early on and take a 'nip it in the bud' approach—rather than dwelling on the PMIEs they have been exposed to.
- (3) If informal support does not help, professional help should be sought early on. Sources of confidential help, which should be rapidly accessible, should be well advertised within organizations. Those providing such support should be aware of the concept of moral injury and also that those suffering with such difficulties may often fail to talk about them because of intense feelings of shame and guilt.
- (4) Those in leadership roles should be encouraged to proactively 'check in' with their teams, offer empathetic support and encourage help-seeking where necessary.
- (5) Employers of essential staff should be aware that psychological debriefing techniques and psychological screening approaches are ineffective. Instead, actively monitor staff exposed to PMIEs, facilitate effective team cohesion and make informal, as well as professional, sources of support readily available to their employees. Ensure that staff understand the potential for their work during the COVID-19 outbreak to impact on their mental health, whilst ensuring they are also aware that psychological growth can also be expected if staff 'do their best'

Generally supporting your physical and emotional health needs to always be in mind, and in the minds of employers/managers. At work, team dynamics and space for positive team functioning and acknowledgement are key to providing the essential social support required to cope and work well. If you are not working in a team based environment, then using a professional or personal network may take its place.

Working at home can bring its own challenges, including that uncomfortable sense of moral injury, 'I'm safe here whilst my colleagues are in the workplace and at risk of catching Covid-19'. Being able to still make a valued work contribution is key to the well-being of home workers and shielding colleagues. As is the provision of feedback to them regarding their value and/or clear messages from colleagues that indicate their acceptance and wish for at risk colleagues to be home based for the time being.

Finally, physical health can really suffer at this time with access to General Practice changed, with access to gyms and pools uncertain, and with increased use of stress busters or comforters such as alcohol, junk food and smoking/vaping. Managing your routine and striving for balance is more important than ever, we're not just 'in training' for a marathon, we are well into running it.

SLIDE 20 – JENNY (Social contacts and routine)

The COVID-19 pandemic continues to have an impact on our ability to meet up with friends, family and engage in our normal activities. Lots of people have been left feeling more isolated and missing important people in their life and the activities they enjoy. Although the government have recently advised that we can now meet with six other people outside of our household, keeping 2 metres apart may become even more problematical.

It may be that the loosening of restrictions on social contact and other steps to try to move towards 'normal life' will cause you to feel more not less anxiety and lack of security. If you are protecting a shielded loved one by still social distancing, then remember that there are many ways to stay in touch with family and friends whilst adjusting to and changing your approach to social distancing. Be that through: letters, telephone and video calls, as well as video conferencing. Also, it is worth trying to spread your social contact across the week, don't talk to everyone on one or two days of week and not the rest.

Daily routine and structure has changed for all of us during the pandemic and this can feel very unsettling. A regular structure and routine is important for many reasons. Firstly, it increases feelings of 'normal', a sense of control, as well as meaning and purpose; all of which is good to push back against low mood. Secondly, it can reduce feelings of stress and anxiety through providing distraction.

SLIDE 21 – KEITH (Interacting with the world)

This is a time of emotional and physical stress and strain for many people working in the brain injury field, and considering and carefully managing exposure to external sources of information, news and opinion, may be more necessary now than ever. Social media and 24 hour news can pull us in, but it is also the case that we can then be exposed to, in the words of my colleague Dawn Baker: "social media that can be a highly disruptive influence (e.g. spread of 'fake news', so-called 'keyboard warriors' liberally expressing opinions left and right, trolling, etc.), which are highly negative influences". So surf the web with care around Covid issues, the idea at the moment is to get the wanted 'social' at a time of difficulty, but be careful with the 'media'. If you want information that is more likely to be reliable, then the World Health Organisation, the US Center for Disease Control (CDC), NHS or UK Government are the 'go to' websites. And remember, even reliable information may not be especially uplifting, so consider limiting your exposure and do some 'Happy' too.

SLIDE 22 – JENNY (Working at Home)

Having a daily timetable or schedule can help to ensure structure and routine becomes the norm. It can also support mood and well-being through being active and maintaining a sense of accomplishment (perhaps as 'to do's' are ticked off your list?). It can be reassuring and distracting having the feeling that you are busy, and have things to do.

Trying to keep work and home separate is of course far more challenging when you are having to work at home. Trying to have set start and finish times and a work location in your home that does not easily spill over into 'home space can be helpful to keep that work/home boundary as intact as

possible. Do try and avoid working in your bedroom at all costs, as we will mention later, this is really unhelpful to having good sleep. It may also be worth 'dressing for work' and changing into 'at home clothes' when your working day is done to help with boundary maintenance.

Finally, working at home may still involve a lot of interaction with colleagues over Zoom, MS Teams or the telephone. The ability of those colleagues to help you feel included and involved, and that your ongoing contribution is valued, is key to supporting well-being and positive peer relationships. If it feels that this is not going well, it is probably worth speaking up or seeking some support to address the situation. And of course, this assumes that you have the ability to access your workplace systems from home, which it seems is not the case for all home working or shielding staff. When this is the case, that is, there is inadequate IT or home broadband connection, it can enhance feelings of detachment and further impact upon mood and adjustment.

SLIDE 23 JENNY (Worried about mental health)

You may have noticed changes to your mood, which may be associated with concerns about catching COVID-19 and/or the impact that it is having on your life. It is, of course, natural to be worried about catching COVID-19 or worrying that your loved ones may do so. However, if your mood or worries are really troubling you and the strategies we have discussed are not available to you or are not working, it may be helpful to speak to someone you trust or a colleague, or your GP. Another way to support coping and your mood could perhaps be that the information you find most reassuring or helpful can be written down and left somewhere you can find it easily again when feeling worried, so that what is in your head at that time can be challenged by good information outside your head.

If you are feeling acutely unsafe or a risk to yourself you should go to A+E or call 999. There are also helplines you can call such as the Samaritans which is open 24 hours a day on 116 123 if there is no one around and you *really* need to talk and be listened to.

SLIDE 24 – KEITH (Sleep)

Getting a good night's sleep is important all of the time, and some people are finding that their sleep pattern has changed during the pandemic. Changes to the normal time people go to bed and fall asleep and/or wake up in the night may be due to several factors. This may include changes to the way a person spends their day in terms of work and its new stresses, or the changes in meeting up with family and friends, exercising, playing sport or any other usual activity. As well as changes to how we spend our day, a lower mood such as feeling sad, having worries or feelings of uncertainty, such as being unsure about what is going to happen next or when things will go fully back to normal, can also impact on the ability to get to and stay asleep. Changes to our sleeping habits can lead to a poor sleep-wake cycle, otherwise known as a disturbance to our body clock. When we do not get enough sleep or good quality sleep, we can be left feeling even more fatigued and tired throughout the day, we may feel unwell, and this can increase our anxiety and worries further and makes getting through the day more difficult. It may also mean that relaxing to sleep is harder and we end up in a vicious downwards spiral. Also, if as part of coping or unwinding after a day's work that is more stressful than ever we are using alcohol, this can have a negative effect upon the quality of our sleep as key sleep rhythms are disturbed. It is also worth remembering that although alcohol can more immediately help us feel 'good' or 'better', its actual effect upon our brain is as a depressant.

SLIDE 25 – JENNY (Sleep)

There are very simple things that we can all do to support a good night's sleep, known as sleep hygiene, and these include:

Going to bed and getting up at the same time each day to support your body clock

Exercising during the day if you can safely do so – and trying not to exercise too close to bedtime

Avoiding caffeine or nicotine close to bedtime - if you can't stop completely just yet, perhaps consider a reduction

Be aware that alcohol can mean you fall asleep faster, but it can disrupt the second stage of sleep, meaning that the quality of your sleep may be reduced which can then lead to feeling tired the next day

It is best to avoid things that may cause you upset or stress just before your usual bedtime, for example, a difficult phone call, or a potentially upsetting discussion with someone at home.

Try to reduce your exposure to blue light before bedtime. This includes smart phones and laptops. Blue light tricks your brain's body clock into thinking it is day time and suppresses the production of a hormone called melatonin, which is the hormone you need to feel sleepy.

Try to have a bedtime routine that supports you to 'wind down'. What people find relaxing tends to vary from person to person. For some it may be a warm bath, for others it may be listening to music or maybe listening to a relaxation CD

It is really important to ensure your bedroom supports you to sleep, so consider things such as the lighting and the temperature. Most people tend to find that a tidy bedroom can help the room seem more relaxing.

SLIDE 26 – JENNY (Sleep)

The general advice is that your bedroom is predominately for sleeping in. However, during this pandemic, some people are tending to spend more time in their bedrooms, perhaps to have some space from members of their household that they wouldn't normally spend so much time with, or perhaps because they are having to isolate from a shielding family member, or in the worst case scenario it is doubling as their office or work space.

If you are in your bedroom far more than usual, try to have something to sit on other than your bed so that waking activity is not associated with being on or in bed.

Also, try at all costs to not combine work with your bedroom space if you are working at home currently.

SLIDE 27 KEITH (Sleep)

If you are waking in the night because something is worrying you, you could try writing down your worries and allocate another time where you will address these worries. If it feels too hard to tackle the worries on your own, perhaps you could allocate a person you could talk to about your worries. If you cannot talk to a family or friend, you could talk to a colleague or relevant professional (psychologist?) involved in your work or speak with your GP.

If you find that it is taking you a long time to get to or fall back to sleep, try getting out of bed, rather than continuing to lie there and do something else, like read a book or a magazine or something else and return to bed when you are feeling sleepy.

SLIDE 28– JENNY (Sleep)

The advice we are giving you is in line with the recommendations on the NHS website. You can visit there for further information.

If you have noticed you are more fatigued than normal during the day or you have significant concerns about your sleep, you should talk your GP if self-help strategies and changes are not working

SLIDE 29 KEITH (Guidance)

Throughout the COVID-19 pandemic there have been various rules and guidance that we have to follow. This has meant that we have all had to make changes to the way we live our lives and develop new routines. The government website has the most up to date information and there are daily briefings on the television every day at around 17:00. However, there is a lot of information to process, understand and remember and increasingly the approach appears to be the provision of information to support us to make informed choices about our behaviour and our Covid risk. This uncertainty may add further to burdens of stress and worry, and so discussing the latest with family or colleagues may help decision making and associated feelings as you will most likely find like minded people and share a way forwards.

SLIDE 30– JENNY (Resources)

There has been an enormous explosion of sources of advice and guidance for coping with the psychological impacts of the Pandemic, and much of it aimed at health and social care staff. It is important to remember that much of the basis of these pieces of work is insights from the impact of epidemics or disasters upon front line responders, including health care providers in more critical care like settings. So it may be that for us working in brain injury settings as diverse as specialised in-patient rehabilitation units all the way through to community support provided into individuals' homes, that the experience may differ. However, what we have tried to share today is what we feel may be relevant to our work and we have provided details of where you can read more and take away what you feel works for your setting in the reference list at the end of the webinar script that will be made available to you.

SLIDE 31 – TONY (QUESTIONS)

I'll now present questions for Jenny and Keith's response that have been received in advance of today's webinar. I will also take questions submitted live via the online 'Chat' facility that you can open up in Microsoft Teams from the menu bar that normally appears when you hover the cursor over the video

SLIDE 31 – TONY (THANKS AND CLOSING REMARKS)

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