COVID TRAUMA RESPONSE WORKING GROUP RAPID OPINION

The case for a trauma-informed response to COVID-19

We are in the midst of the gravest global health crisis in living memory, which poses threats not only to physical health, but also to mental health. There are particular groups of people who will be exposed to high levels of psychological trauma and will therefore be at increased risk of adverse mental health outcomes. These groups include:

- People directly affected by COVID-19, such as healthcare workers, and the survivors of COVID-19 and their relatives.
- People with previous experiences of psychological trauma, including people with post-traumatic stress disorder (PTSD) and other pre-existing trauma reactions.
- People who are at increased risk of exposure to other kinds of traumatic events as a result of social measures to control the spread of COVID-19 including children and adults who are victims of abuse.

Occupational trauma including health and social care staff

The response of health and social care systems to COVID-19 requires a healthy and resilient workforce. It is therefore imperative that staff are supported so that they can effectively treat and care for people affected by COVID-19. **Health and social care staff are at heightened risk of experiencing psychological trauma**. They face primary traumatic exposure with direct threat to their own lives whilst treating severely ill patients, often without sufficient personal protective equipment (PPE). They also face secondary traumatic exposure as they witness the suffering, death and bereavement of others. These are not mutually exclusive as these professionals will likely be affected by their own losses during this time. Health and social care workers are at **high risk of developing mental health issues** including **stress, burnout and PTSD**. Estimates from previous epidemics suggest up to a third of staff will experience high levels of distress (Maunder et al. 2004)

The dilemmas that health and social care staff are going to face raise the **risk of moral injury**, i.e. the psychological distress caused by actions, or inactions, which violate an individual's moral beliefs. Whilst moral injury is not in itself a mental disorder, moral injury is a risk factor for a range of mental health problems including PTSD. Moral injury has most commonly been studied in military personnel with a few studies in other occupational groups such as teachers and journalists. It is likely that the nature of the decisions that health and social care professionals will have to make in the coming weeks and months confer a high risk of moral injury.

People who have survived COVID-19

Patients who were sevely ill with COVID-19, especially those who required intensive care or hospital treatment, may have experienced psychological trauma, and are at increased risk of developing mental health issues as a result. .

Friends and relatives of victims of COVID-19

Friends and relatives of those people who either die or are life-threateningly ill may experience psychological trauma. Friends and relatives of people who have died as a result of COVID-19 may experience traumatic bereavement due to the unexpectedness of the death and factors related to the management of COVID-19, such not being able to visit loved ones in hospital to say goodbye or attend rituals such as funerals.

People with previous experiences of trauma

People who have previous experiences of trauma, including people with PTSD, are at increased risk of re-traumatization during COVID-19 due to the heightened level of threat in the community, less readily available social support associated with social distancing, and the reconfiguration of support services including mental health services associated with the pandemic.

People exposed to ongoing trauma indirectly related to COVID-19

Children and adults who are the victims of ongoing abuse are at increased risk of traumatization as they may find themselves stuck with a perpetrator with reduced means to escape or have respite from the abuse.

Resilience and social measures

Despite the anticipated high rates of psychological trauma, people are resilient. Most people will cope and recover. We are concerned, however, that the necessary social measures implemented to reduce the physical spread of COVID-19 can interfere with many people's usual coping mechanisms. Social support is one of the most well-established protective factors in mitigating the risk of nearly all mental health issues. In the current crisis, however, people's ability to access social support is significantly impacted by quarantine and social isolation measures.

Evidence-based treatment

There is an existing evidence-base for how to mitigate the effects of psychological trauma and how best to treat a range of reactions to psychological trauma, including post-traumatic stress disorder. We know that certain interventions are likely to be helpful, and we also know that, although well-intentioned, other forms of intervention are likely to be harmful. Therefore, it is essential that we immediately provide a coordinated, evidence-based and trauma-informed response to the COVID-19 crisis. Whilst we cannot know with any certainty what will happen in the next few weeks and months, we will draw on existing research, access expert clinical opinion and learn from our colleagues around the world.

Initial Recommendations

The response to the crisis will need to change according to the phase of the pandemic. To date, we have produced guidance for planners of the psychosocial response to trauma on early interventions for hospital staff. This includes advice to leaders on the organisational factors which are beneficial, including ensuring adequate personal protective equipment, rest, food and appropriate psychological support structures. The guidance also includes advice on interventions which are unhelpful such as single session interventions which mandate staff to talk about their experiences. We have developed separate guidance on coping with stress for hospital staff. We will be producing further guidance in due course.

Good quality research is needed to evaluate the effectiveness of any interventions in the longer term. We will need to coordinate our efforts to answer these questions and generate this knowledge.

The COVID trauma response working group

The COVID trauma response working group has been set up to collate, disseminate and produce immediately accessible, evidence-based and trauma-informed guidance on the psychological response to COVID 19. We are made up of specialist trauma researchers and clinicians from across UK universities and National Health Services. The working group is coordinated by staff in the Institute of Mental Health at University College London and the Traumatic Stress Clinic in Camden & Islington NHS Trust. All of our resources are freely available at www.trauma.group.org.

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Key References

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