Trainee Psychological Preparedness for COVID -19

An evolving situation - do the best you can do

Over the next few weeks and months, we will all go through some traumatic times. All of us may be required to work in new and different environments and COVID-19 will leave none of us untouched in our professional and our personal lives.

***However, we do have some warning – not much … but***

***we do have some time to prepare ourselves.***

This document is based on evidence of what will help us from other world events and areas of the UK and other countries ahead of us in the spread of COVID-19. We know that the more prepared we can be psychologically, the more resilience we will have and then we can look after ourselves the best we can.

What is psychological preparedness?

This refers to the different ways in which we can anticipate difficulties, then identify our resources and vulnerabilities and plan to manage our psychological wellbeing over the coming weeks, and perhaps months, as best we can. We will be without many of the tried and tested ways of coping that we are all used to, particularly in terms of our social contact and connection. But we have some time, now, to think about coping in our current environment and some time to find new methods. The human brain and body has an astonishing ability to adapt and to cope, and the following will give it a helping hand.

Please read the following to start anticipating the experiences you may have. These are necessarily difficult things to read about because they need to be for us to anticipate as best we can. It is not an exhaustive list.

Dealing with extreme distress

* Whatever emotions you experience over the coming weeks, **they will be normal responses to abnormal events.**  They will include anger, sadness, irritability, frustration and bewilderment. Usually we have opportunities to discharge some of this distress but the danger in current circumstances is that we become overloaded.
* Your sleep is likely to be affected.
* Your emotional and behavioural responses will be influenced by your experiences and by your own lives and the things that have already happened to you, and any traumas which you have already lived through. These are also issues which, if anticipated, may make them easier to deal with.

Avoidance

* Avoidance is also a **normal response to traumatic experiences**. We all avoid in different ways, trying not to think about things, maybe using alcohol or food etc.
* We need to find a balance between creating opportunities to think about, connect with others about and reflect on our experiences without this becoming a source of even more stress.

Bereavement

* People are likely to be bereaved in some way over the next few weeks or months, and it is certain that you will know somebody who is.

* This may change your capacity to work, or the balance between your work and home priorities.
* You are likely to witness people in distress and people who will die, without the support of their families.
* This will expose you to managing end of life / palliative care in the most difficult of circumstances
* **You will have access to supervision and pastoral care**.

Dealing with difficult decisions

* We will all be faced with some difficult decisions ahead. You may have already encountered some, such as trying to balance your desire/sense of duty for working with your need to look after and be with your family.
* We will all be facing more difficult decisions in the coming weeks since we are unable to offer care in the ways we would like and the ways we are used to.
* We are all living out of our comfort zones and will be asked to take difficult decisions, for which there may be no obvious ‘right’ answer.
* However, again **you will always be able to access supervision**

Helping ourselves

When we are forced into not being able to intervene or act in the ways we would like to, this can lead to **a sense of helplessness and conflict with our values**. It is these kinds of experiences which we need to anticipate now, and which we encourage you to reflect on.

Part of your preparedness will come from receiving information from your supervisors, TPD, wider NHS, and from the government. It will come with information and guidance about what we have to do and where. It’s difficult to feel clear about things as the situation is changing so quickly but all efforts are being made to keep you all informed as much as possible.

The following is a structure to help you to be as prepared as you can be. You are not mandated to follow this plan, but evidence tells us that if you do, then you will feel better prepared, more confident and improve your ability to cope with your experiences personally and professionally.

Step 1: Buddy system

* Each of you should choose a buddy trainee who you agree to check in with by text, zoom, WhatsApp each day to check you are both well and whether you need your buddy to, for example, action a call for sickness, self- isolation, call from your supervisor etc.
* Please can you then do a wellness plan as below to share with your buddy.
* Your buddy can them remind you of your resources, and of coping skills which work for you as we all move forwards. This shouldn’t feel ‘compulsory’ but if you are able to do this, it should help you based on evidence from the WHO.

Step 2: Prepare a Wellness Plan

* This plan will help you reflect on your potential stressors, your behaviours, coping strategies and the resources available to you.

**My Wellness plan**

**What happens to me when I am stressed/tired/overwhelmed?**

* Emotions, Thoughts, Behaviours – helpful & less helpful.

**What things am I currently most worried about?**

* Clinically, training, family, own health.

**What can I continue to do which helps me to cope?**

* Planned time with family and friends (remotely), eating healthily, making sure I get plenty of rest, structuring my time, exercising, being clear about my current roles and responsibilities, mindfulness, meditation, faith.

**How will I know if I need more help or support?**

* Deterioration in mood/sleep, increased irritability, bad dreams/nightmares, inability to switch off from ‘workmode’ and rest.

**What will I do if I need more help or support?**

* Health professionals can struggle to admit to needing help even outside these unprecedented circumstances. During COVID-19, needing help will be the ‘norm’’.
* Please have a low threshold for seeking help and being able to discuss openly feelings of being ‘unsafe’ clinically and especially personally.
* If you feel your own mental health is deteriorating, talk to your buddy, clinical or educational supervisor and visit <https://www.nwpgmd.nhs.uk/TSN> for further resources and information.

Remember: **we are all Human, not Superheroes**. We need to look after our own wellbeing, to ensure that we are fully equipped and able to support the wellbeing of others.

Adapted with thanks and permission from Dr Fiona Lowis, Consultant Clinical Psychologist LYPFT

HEE NW Training Support Network – April 2020