COVID 19 AND PRE-EXISTING TRAUMA

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COVID AND TRAUMA

1. The psychological impact of Covid and its complications will be significant
2. Post – traumatic symptoms and PTSD likely outcomes (Rogers et al 2020)
3. Pre-existing trauma especially developmental trauma contributes substantially to elevated risk
4. Strategic planning of the Covid response needs to recognize and respond to this high risk group

The core experiences of psychological trauma are

disempowerment and disconnection from others

Herman, 1997

PREVALENCE OF CHILDHOOD TRAUMA

- Sexual Abuse 9.8% (Females only 13.8%)
- Physical Abuse 21.6%
- Emotional Abuse 34.0%
- Emotional Neglect 26.1%

Lifetime prevalence (0-18 years) best evidence criteria review Prevoo et al 2017

Childhood Trauma
Physical Illness and lifespan
Inflammatory / immune system
Trauma related disorders
Self harm and suicide
Other MH Conditions
Psychosocial Factors
Relationships
Neuroendocrine
epigenetic changes

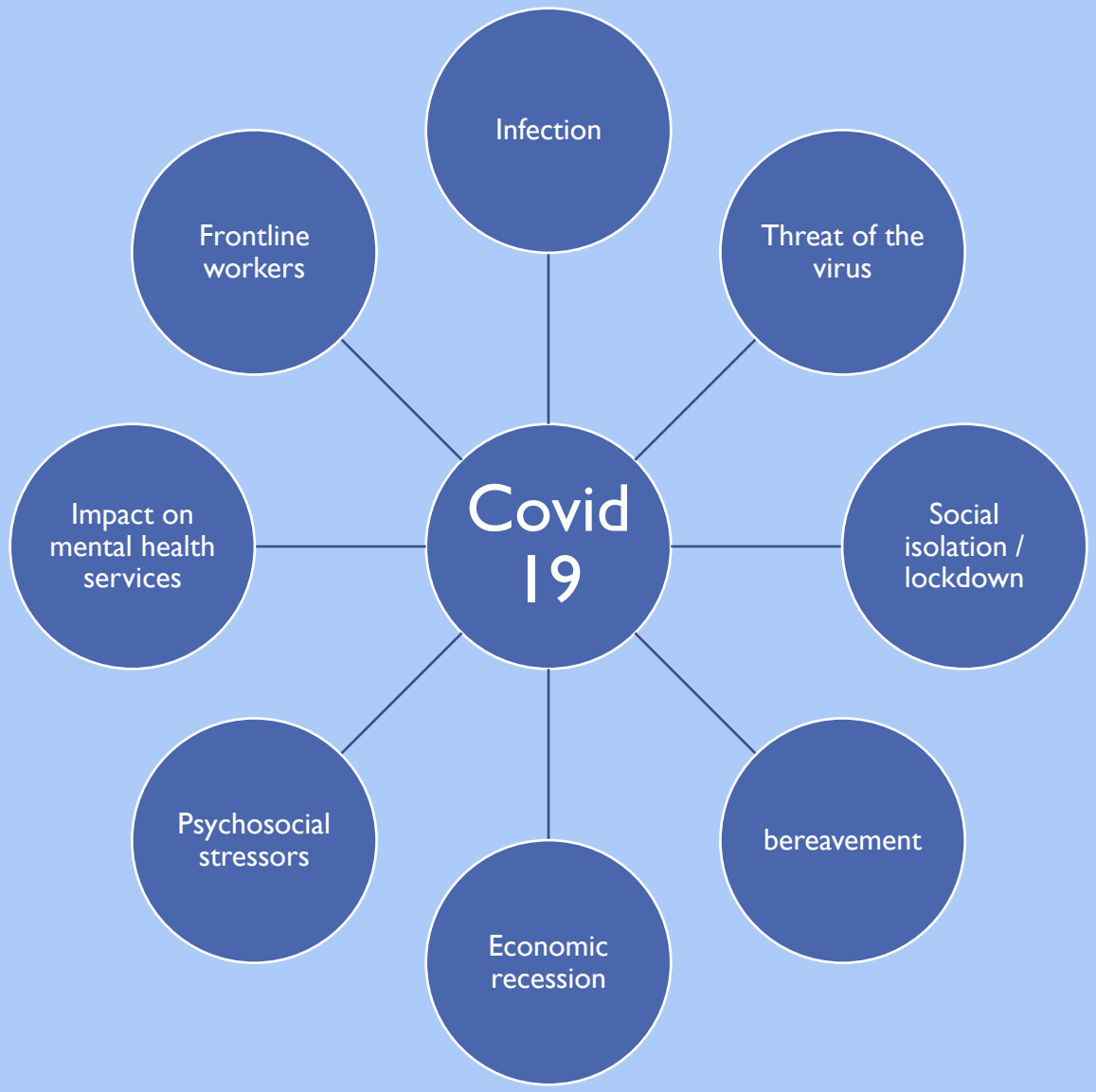
COMPLEX PTSD ICD 11

PTSD –

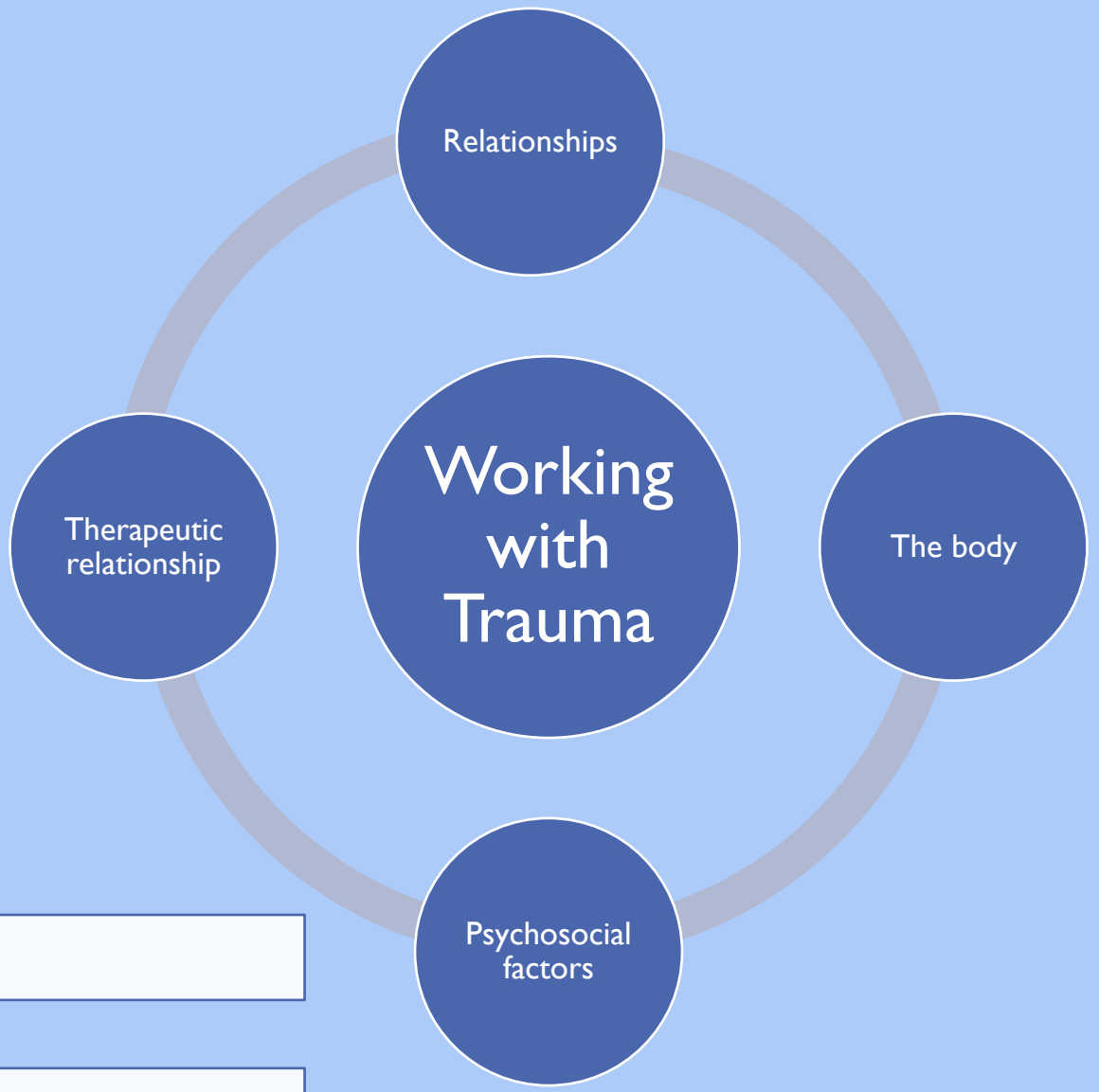
1. Re-experiencing in the present
2. Avoidance
3. Excessive current threat

and disturbances in self organization:

- Affect dysregulation
- Negative self concept
- Disturbances in relationships


Covid 19
Infection
Threat of the virus
Social isolation / lockdown
bereavement
Economic recession
Psychosocial stressors
Impact on mental health services
Frontline workers

Vulnerability to infection	Vulnerability to PTSD & re-traumatization	Other Vulnerabilities
Diabetes, Respiratory disease (ACE studies)	Hx Trauma FHx trauma Previous mental health conditions	Suicide risk DSH /NSSI risk
Inflammatory / immune changes	Re-victimization – IPV Link to entrapment	Neuropsychiatric syndromes - post-viral fatigue
Social exclusion Deprivation	Psychosocial adversity Perceived social support	Depression & anxiety Entrapment and loneliness
Entrapment in lockdown	State-dependent retrieval of trauma memories	Traumatic bereavement
Risk taking / impulsivity	Media exposure	Substance misuse



- Phase one – stabilization and safety
- Phase two – trauma treatment
- Phase three – reintegration and re-connection

Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world.

Herman, 1997

PRE-EXISTING TRAUMA AND COVID 19

- "Recovery phase" (?Transition phase) recognized as a likely long-term intervention that requires resourcing
- Population level interventions to enhance social resources and resilience – altruism and prosocial behavior -Physical distancing not social distancing.
- Recession and lockdown – inequality gaps, safety nets in social security, poverty and deprivation
- Community based interventions to improve wellbeing – exercise, gardening, yoga
- Community based interventions to enhance social connections

PRE-EXISTING TRAUMA AND COVID 19

- NHS systems to address organizational change and strengthening required
- Ensure current treatment pathways in mental health are not depleted for new service lines. Collaboration and cooperation across statutory and voluntary sectors
- Enhanced detection and disclosure of childhood trauma in mental health
- Trauma – informed care throughout mental health systems, including service user involvement
- Group and individual interventions that include body-based approaches alongside relational interventions
- Attention to the need for supervision, reflective spaces and containment of the work

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