

## **QNPMHS Webinar: Being trauma informed and compassionate in through COVID-19, 9 April 2020**

### **Questions and Answers:**

#### **Do you have any thoughts/experiences on how this might be different in a women's prison?**

The model of understanding the threat, drive and soothing systems also applies to women and women's prisons. When I spoke about macho masculinity this may not be apparent in terms of how this plays out within women's prisons as they may be more willing to show vulnerability and their emotions apart from anger. However we may see many female residents rather than aggressively act out use self-harm to express their distress – I am unaware whether the trends in self harm and ACCTs decreasing in the male estate also decreasing in the female estate.

#### **What psychological dynamics might you expect to see play out in prisons when there is growing disparity between community and prison levels of lockdown?**

This all depends on safety. If people start to feel unsafe then their threat systems will get activated. If residents are feeling punished their social mentalities will come on which means they certain in certain ways that are harmful and unhelpful. It will be important that any disparities are effectively communicated and the reasons why. Where possible to make collaborative and inclusive decisions.

#### **Sunil, can you tell us a bit more about the negativity bias? How can we be mindful of it and even, work to reduce/better manage it?**

Firstly, we need to understand that our threat systems when activated There are various things you can do to become aware of the negativity bias – attention training and mindfulness will help, so will calming the nervous system through soothing rhythm breathing. Awareness raising is key. Being aware that especially in prisons the negativity bias gets easily activated, we need to create more time and space for reflection, learning how to regulate ourselves and different ways to do this.

#### **Thoughts around this in a young offenders institute? Active hormonal teens locked in cell 23hrs.**

Strategies for emotion regulation are really going to be needed right now, ways to prevent boredom, as this is likely to lead to agitation and therefore impulsive behaviours. Ways to connect need to be organised, I hope COVID pandemic will allow for changes to be made across the estate for the future.

Ways to activate the soothing system and using the vagus nerve to regulate the body and mind. Encouraging singing, dancing, yoga, exercise – also good healthy food, leading to less inflammation is likely to have a positive effect (whilst recognising that suddenly changing this without involvement, education and consultation is likely to have a negative effect if these changes are made.

Giving clear consistent messages will be key too.

**Any thoughts about this in a Forensic Mental Health setting? We are trying to balance risk, restrictions, mental health recovery and providing opportunity all within the extra restrictions of Covid... any thoughts appreciated.**

Again, very similar to prisons, clear communication, ways to recognise when peoples threat systems are activated and ensuring that ways to support people are encouraged as well as spaces for people to talk and express their emotions in healthy ways.

**Advise on PPE, this is a physical barrier when trying to engage therapeutically with an inmate. How can you overcome this or adapt this?**

People can still be seen at a 2 metre distance – we need to ensure that safety is key – therefore staff even talking about how uncomfortable they feel in wearing this in trying to connect with an individual and that it's difficult for them, but that person matters to them and that's why they are offering care in the safest way possible.

**Do you think trauma will start to show later down the line when we start to go back to some level of normality in the world, when people have time to process?**

For some it will, especially where unresolved or unprocessed trauma prior to this event may be triggered which has previously not caused the individual any apparent distress. Also depends if people spend long periods of time ruminating, they may be more at risk.

**In terms of not imposing but supporting, in the masculine culture (which can exist amongst staff as well as residents) how do we support people who are not able to accept that they may need it?**

Training and education sessions are really important to destigmatize – I like to talk about emotions rather than mental health as that can be off putting especially in a masculine environment when it can be seen as a weakness. We all have emotions as human beings and therefore if we start to talk about what we are experiencing whether its feeling scared, angry sad or numb then this opens up a conversation on how do we support each other and change this culture of bottling things up and then exploding.

**We're sharing a globally traumatic event right now. Will this change our understanding of trauma? We will get a better sense of a "reaction" to a context, rather than a disorder?**

I hope it will, the word trauma can describe a range of experiences, what I feel is important is that during these events we can feel various emotions and react in different ways, these reactions can be complex and will differ from one individual to another, I hope we as a society start to understand this and as a result can develop greater compassion for the prison population and get away from the dichotomy of mad vs bad.

**Is there evidence that some individuals who struggle with chronic mental health problems (and are frequently in the threat system) are actually coping with this current pandemic positively and doing better than they usually do? Could this be due to the fact that they feel less alone and/or this situation is changing peoples' perspective?**

Anecdotally those who suffer from high levels of anxiety are doing well as they are behind their doors for long periods of time and therefore not getting triggered repeatedly.