

# COVID-19 Calming the Storm

## Blue Knot Foundation fact sheet for practitioners and health and welfare workers

The COVID-19 pandemic has heightened real anxieties around the world. The situation we face changes daily. These are uncertain times for us all. COVID-19 does not discriminate by geography, race, religion, gender, sexual preference. Whoever we are, whatever we do, wherever we live – we are being affected and arguably will be for months, perhaps years, into the future.

As practitioners and health and community workers, the demands on us will be manifold. Not only will we face the stresses of our own personal situations, for ourselves, our families and communities. We also have a critical role to play in influencing the individual and collective response. We will be asked to support the vulnerable and those experiencing cumulative mental distress on top of pre-existing mental health and psychosocial challenges. And we will be asked to do this in the absence of the usual human connections which help promote relational healing.

Many of us will experience significant financial strain ourselves, as clients cancel, organisations shrink and close, and our loved ones, and indeed ourselves, lose work. We will try to maintain our practices and services using tele-health options, which are established to have significant benefits in many ways but which are also alien to many clients and practitioners. These are uncharted waters, but it is important for us to navigate them together with as much mutual support and reliable information as we can muster.

These are times of substantial threat – to our health and wellbeing, our social fabric and our very lives. There is still a lot of uncertainty about how the outbreak will evolve in Australia and many opinions about how best to try to contain it. This uncertainty, coupled with the very real existential threat it poses, is creating a pervasive sense of anxiety, panic and distress - in the first instance for those infected or in contact with people who are infected but also for the rest of us obsessively reading, watching and waiting.

### **A number of realities are fuelling this:**

- The plethora of media and social media flooding us and our clients with information and misinformation 24x7
- The practice of self-isolation - a crucial mechanism for slowing the spread of COVID-19 but the recipe for exacerbating feelings of isolation and disconnection in a climate of fear
- An individual and collective hypervigilance as we seek to ascertain our future
- A fundamental lack of safety – intrapersonal, interpersonal, environmental and systemic
- Uncertainty on multiple levels – about what to do, what will happen, our own health and that of loved ones and communities

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## What can we do, as practitioners and workers to assist and support people presenting to us with emotional distress?

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- 1** Stay informed so you can respond to people's basic questions and concerns.

Answers to many questions about Coronavirus are available on the healthdirect website coronavirus hub.

For people needing to explain more about the Coronavirus to children go here [https://www.lchcnet.org/sites/default/files/publications/coronavirus\\_educational\\_for\\_kids.pdf](https://www.lchcnet.org/sites/default/files/publications/coronavirus_educational_for_kids.pdf)

Provide only credible sources of information to those seeking it
- 2** For the latest advice, information and resources about COVID-19 see [www.health.gov.au](http://www.health.gov.au)

The National Coronavirus Health Information Line on 1800 020 080 operates 24 hours a day, seven days a week. The phone number of each state or territory public health agency is available at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts).
- 3** While the media and social media can provide insights into trends, developments and changes to public health advice, excessive exposure - particularly to opinion and conjecture - can fuel stress further. The advice is to limit your exposure, and to discuss with your clients and service users as needed.
- 4** If you and your client/s are using telehealth technology for the first time through either video-conferencing, chat or phone, it can take time to grow accustomed to the new mediums. The change to technology also changes the experience for both you and your client. So it is important to consider, notice, and track how this might be impacting you both, and to respond accordingly. This includes the challenge of assessing whether a client is regulated and grounded when many of the usual cues are missing.
- 5** Social distancing is highly recommended and a proven way to slow the spread of the virus. However, it creates disconnection and isolation. For people who have prior experiences of trauma, and often interpersonal trauma, relationships are critical for healing. It is important to be aware of the added risks of isolation for people who are already vulnerable and alone, as well as for us all. We will all need to learn how to build meaningful connection during times of separation from loved ones and physical contact. Escalating risks of depression, despair, suicide and self-harm are substantial and necessitate active risk assessments, intervention, referral and support.

- 6** This is a highly stressful time. Acknowledge it and your client's feelings and reactions. In addition to the usual stressors people experience, and for those with existing mental health and psychosocial challenges, there are the additional stressors of employment, housing, health, and finances which for many already needing support will be compounded.
- 7** People cope with stress differently. This means that as stress heightens, different coping strategies will come into play. We may see tempers fray, interpersonal violence erupt, and the use of alcohol and drugs to calm a dysregulated nervous system heighten. Be alert to these possibilities, including an exacerbation of discrimination, systemic abuse and coercive practices.
- 8** Regularly check in with clients to see how they are doing. Also consider providing additional strategies around grounding and regulation for them to enact at home. Support clients to acquire the skills to check in with themselves as well. This is a time for true empathy, compassion and understanding. We are all in this together. It's just that we react differently, especially when threatened, and our primal survival responses can be repeatedly triggered. So it is important to understand both the common features of the stress response (e.g. fight, flight, freeze) and that individual coping strategies will also differ in ways we need to attune and respond to appropriately.
- 9** During this time of recommended relative physical isolation, support and connection have never been more critical. Encourage clients to identify their support networks and reach out in safe ways to trusted friends and family as well as to broader support networks.
- 10** Look after your own health – physical and emotional. Continuing to provide support to others at a time of personal stress necessitates resilience and adequate supports. These include ongoing peer connections, debriefing, supervision, and practices to mitigate vicarious trauma and stress/burnout for which health professionals may be at higher risk in the current period.

