A Public Health Approach to Understanding Resilience COVID-19

Trauma Informed and Trauma Responsive System and Service Thinking

The need to respond in real time to the threat of COVID-19 brings unprecedented pressures on each and every person working in NHS Highland, our partner agencies and communities.

The experiences of health services being relayed from Italy are sobering at best and run the risk of creating a sense of overwhelm and helplessness.

It is also clear that the impact of COVID-19 will require concerted effort and action over a period of time. It is evident that much work is in hand with regard to this and this is a credit to all involved.

While time feels short and the pressure to be ‘doing’ is high it is understandable that the approach to resilience is one of grit and determination to respond in the moment to what is needed and that which is required.

Resilience in the time of COVID-19 might be more usefully understood as the way environments can be created to support all involved to negotiate and navigate ways through the complexity of planning and coordination across whole systems, with communities and with a myriad of staff: and critically, how we manage the physical, emotional and spiritual (variously understood) resources to last the distance.

As is now being understood, leaders, services and communities are planning for a marathon, not a sprint. Rather like the messages in the Aesop’s fable, the tortoise and the hare, there is merit in considering how to do the distance, now the initial phase of galvanising action is in hand.

The people in NHS Highland, partner agencies and communities are the greatest resource Highland has when it comes to planning and responding to the demands of COVID-19.

Every day people bring the sum total of themselves to family, work and community life. It is now better understood how the myriad of events and experiences from the point of conception through to adulthood shape how we interact with each other and life events as experienced.

It is recognised that adversity and trauma across the population is greater than might be understood and that this can impact across services and inform the delivery of care more powerfully than might be appreciated. This is because when under threat, people may revert to primary survival states of flight, fight or collapse, (note supermarket panic buying and hoarding) rather than being able to operate to their full potential, with the capacity for insight, perspective, compassion and empathy (planning and managing the tensions of wholesale change/keeping individuals and teams positively engaged). These are the human capabilities that are needed to respond with best effect to COVID-19.
A trauma informed and responsive approach seeks to move thinking and responding away from what’s wrong with you? To a point of understanding that anger and or non compliance or fear can be a primary response to perceived and real threat resulting in a reactive response as detailed above. This is best understood as an individual’s ‘Window of Tolerance’.

Providing environments that support people to understand and respond to their own unique window of tolerance creates opportunities for them to acquire the skills to regulate in times of high demand and pressure.

The service and relational environments that help people to navigate their way out of the red or blue zone of their window of tolerance are facilitated by creating safety in relationships that builds and creates trust. Through change processes that look to give individuals choice, and to collaborate in change as required, people are empowered and this in turn increases the likelihood of them staying within their window of tolerance and even to increase tolerance over time.

Awareness of the window of tolerance and insights from trauma informed and responsive systems of care can usefully facilitate and underpin a dynamic understanding of resilience as a resource to be nurtured and developed at an individual and service level, in the moment and over time.

The grit and determination of commonly held understandings of resilience can in themselves be time limited and constrained, and might be closer to a reactive survival state rather than a thinking reflective space that can run over time.

A proactive and effective response to COVID-19 requires resilience across NHS Highland, its partners and communities. By adopting a trauma informed and trauma responsive understanding and approach to resilience opportunities will be created to explore and embed a trauma informed and responsive cultures and practice. This will create legacy in the moment of responding to the demands of COVID-19 and over time, underpin recovery and restoration of the day to day in times to come.

Sally Amor
Child Health Commissioner/Public Health Specialist

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i “In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.” (https://resilienceresearch.org/resilience/)

ii https://www.drdansiegel.com/about/interpersonal_neurobiology/