



HEALTH PROFESSIONAL FACT SHEET

Practical ways to help your patients manage distress during and after COVID-19

Changes brought about by COVID-19 to the way we work, communicate and connect every day have caused uncertainty, loneliness and distress for many people.¹⁻³

People are recovering² but, for some (see Box 1), COVID-19 and its flow-on effects (see Box 2) can be a trigger to the brain's 'emotional and fear detection centre'.¹ Distressing emotions and negative thoughts of past traumas and anxieties can be re-initiated and persist well after COVID-19 has diminished.^{1,2,4}

Anticipate acute and continuing distress for some DVA patients.^{1,4} At each consultation, ask your patient how they are going.

Help your patients experiencing distress to:

✔ Understand the stress response

A good first step to mitigate distress is to acknowledge that it exists and know it is normal to feel distress during an event like COVID-19.³ **Share this 90-second video by Phoenix Australia – Centre for Posttraumatic Mental Health with your patients to help them understand the stress response** (the first video at this link): www.recoveryonline.org.au/managing-emotions



✔ Manage distressing emotions and physical reactions

Introduce your DVA patients to the suite of SMART (Self-Management and Resilience Training) tools, designed to enhance veterans' stress management skills and build resilience at DVA's High Res website: <https://highres.dva.gov.au/highres#!/home>

Often, the most effective ways of managing distress are the simplest.⁶

Explain to your patient that simple techniques, such as controlled breathing and mindfulness or grounding can help calm the mind and body, especially when practised a few times every day.^{1,7,8}

With your patients, work through the following techniques included in the suite of High Res SMART tools:

- **A 2-minute video and tool on controlled breathing:** <https://highres.dva.gov.au/highres#!/tools/controlled-breathing>



- **A 90-second video/tool on guided grounding techniques:** <https://highres.dva.gov.au/highres#!/tools/guided-grounding>



✔ Manage negative thoughts

Ruminating negative thoughts can fuel anxiety.¹ Recognising and managing these thoughts helps to control emotions and, ultimately, behaviours. Encourage your patients to:

- **watch this 2-minute video from the High Res website to recognise and manage negative thoughts, and click on 'start tool' to try the 'stop and swap thoughts' tool:** <https://highres.dva.gov.au/highres#!/tools/thought-stopping>



- access accurate information from only reliable sources during and after COVID-19, for example the DVA COVID-19 information website

Box 1. Veterans most at risk of acute and continuing distress may have experienced:

- post-traumatic stress⁴
- anxiety disorders²
- depressive disorders²
- health anxiety^{2,5}

Box 2. Flow-on effects from COVID-19 may include:

- anxiety, loneliness or a sense of isolation⁴
- family, unemployment and financial stress⁴

Teach your patients to recognise signs of distress so they can practise learnt techniques well before they feel overwhelmed.³

Distressed patients may be:^{1,3,4}

- anxious, worried or irritable
- sleeping less or more
- withdrawn or depressed
- feeling a loss of control or a sense of hopelessness
- finding it difficult to concentrate
- agitated, angry or vigilant
- using more alcohol leading to anti-social behaviours and violence
- having interpersonal relationship problems
- having unexplained physical complaints, e.g. headaches, and aches and pains
- thinking of self-harm or harming others

at: www.dva.gov.au/coronavirus-disease-covid-19-information, and the Australian Government Department of Health website at: www.health.gov.au

- recognise negative thoughts when they arise, and try not to focus on them but rather focus on what is happening in the present moment that is good, and share it with someone close to them^{1,2}
- take note of the things that CAN be controlled and build on those.¹

✔ Maintain healthy behaviours

Emotional health and resilience is strengthened by healthy routine behaviours and strong social support systems.^{1,4} Encourage your patients to:

- continue as many of their routines as possible, be active each day, spend time outdoors, maintain a well-balanced diet, prioritise getting a good night's sleep and avoid using alcohol or other drugs to reduce stress.¹ A range of services on how veterans and their families can stay well are available on the **Open Arms – Veterans and Families Counselling Living Well** website at: www.openarms.gov.au/living-well
- stay in touch with friends, family and colleagues.^{1,3} **Open Arms – Veterans and Families Counselling COVID19 – Adjusting and Adapting** website provides information about how to stay connected and cope with uncertainty at: www.openarms.gov.au/about/news/2020/covid19-adjusting-and-adapting
- seek out supportive people to share their feelings with, or write down their feelings if they are unable to talk about them¹

- to talk with someone, call the **Open Arms - Veterans and Families Counselling helpline** available 24/7, on 1800 011 046 or at: www.openarms.gov.au/
- connect with organisations such as Vietnam Veterans groups, RSL, Legacy, Team Rubicon or Mates 4 Mates

- ask for professional help early if distressed¹
- do things at least once every day that nurture, calm and distract them, and are good for them.¹

Assess your patient for alcohol or substance misuse, associated anger and aggression, and risk of harm to others at each consultation.⁴ Encourage patients to download the free On Track with The Right Mix app, from the App Store or Google Play, which is specifically designed for veterans to manage alcohol consumption.

✔ Get the best team on board

Refer your DVA patient needing additional support to **Open Arms – Veterans and Families Counselling**, a national mental health service that provides 24-hour free, confidential counselling, group programs and suicide prevention training at: www.openarms.gov.au/

Consider referring your patient to a psychologist for psychological

therapies or, if distress is severe or complex, a psychiatrist for ongoing support and treatment, if needed.⁴

To find a psychologist at the Australian Psychological Society call 1800 333 497 or go to: www.psychology.org.au/Find-a-Psychologist or to find other health services, including a social worker or a psychiatrist, go to healthdirect at: www.healthdirect.gov.au/australian-health-services

For patients taking medicines for mental health, re-enforce the need for them to continue taking their medicines as prescribed. Consider a Home Medicines Review to review medicines for mental health, if appropriate.

For some DVA patients, attending a consultation in person during this time may be too stressful.² Until 30 September 2020, temporary MBS and DVA telehealth items including Home Medicines Reviews are available to DVA Card holders. To see arrangements, go to: www.dva.gov.au/providers/provider-news/covid-19-information-healthcare-providers

Through Non-liability Health Care, DVA funds evidence-based mental health treatment provided by mental health care professionals for mental health conditions for veterans without the need for the condition to be accepted as related to service. For further information, go to: www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/free-mental-health-care-veterans

If your patient is at immediate risk of harm to themselves or others, call 000.⁴

If your patient is experiencing acute distress, update or develop a safety plan with them, which can be accessed at the Staying Safe from suicidal thoughts website: <https://staying-safe.net/> The Staying Safe website, developed in the UK by 4 Mental Health, has been adapted for delivery in Australia.

As part of the safety plan, download and set up DVA's Operation Life app with your patient, at: www.openarms.gov.au/resources/apps-and-online-resources/op-life-app The app, designed to act as a resource between clinical sessions and complement a safety plan, provides on-the-go access to emergency and professional support and self-help tools to help users regain control, keep calm and take action to stay safe.

If the consultation is via telehealth and your patient is experiencing severe distress, consider contacting the mental health crisis assessment and treatment team (CATT) in your area for your patient to receive immediate assessment, care at home or transport to hospital, if needed. To find a CATT team in your state, contact your local public hospital.

Full reference list available at: www.veteransmates.net.au



Practical ways to help your patients manage distress during and after COVID-19

References

1. Procter N. Mental health and relational safety in a COVID-19 world. Mental Health and Suicide Prevention Research Group. University of South Australia. 2020.
2. Black Dog Institute. Mental health ramifications of COVID-19: the Australian context. Available at: www.ntmhc.org.au/mental-health-ramifications-of-covid-19-the-australian-context-black-dog-institute/ [Accessed May 2020].
3. Phoenix Australia. Centre for Posttraumatic Mental Health. Coronavirus (COVID-19) practitioner tips. Available at: www.phoenixaustralia.org/resources/coronavirus-covid-19/ [Accessed May 2020].
4. Phoenix Australia. Centenary of ANZAC Centre. Supporting at-risk veterans impacted by COVID-19. Available at: www.phoenixaustralia.org/resources/coronavirus-covid-19/ [Accessed May 2020].
5. Asmundson G, Taylor S. How health anxiety influences responses to viral outbreaks like COVID-19: what all decision-makers, health authorities, and health care professionals need to know. *J Anxiety Disord.* 2020; 71: 102211.
6. Phoenix Australia. Centre for Posttraumatic Mental Health. Available at: www.phoenixaustralia.org [Accessed May 2020].
7. Doll A et al. Mindful attention to breath regulates emotions via increased amygdala-prefrontal cortex connectivity. *Neuroimage.* 2016; 134: 305-313.
8. Gotink R, Meijboom R, Vernooij M, Smits M, Hunink M. 8-week mindfulness based stress reduction induces brain changes similar to traditional long-term meditation practice - a systematic review. *Brain Cogn.* 2016; 108: 32-41.