

Information for patients and carers

MAJOR TRAUMA CENTRE

Psychological Support Guide for Patients in the Major Trauma Service



Introduction

Welcome to this leaflet, a resource prepared by the Clinical Health Psychology Service at Royal Preston Hospital. This leaflet has been developed specifically for patients who have been admitted via the Major Trauma Centre's pathway of care. This usually means that a patient has had critical or life-changing injuries. We understand that many other accidents, injuries and reasons for hospital admission may also be traumatic, including if you are a family member or carer of a loved one that has been admitted under traumatic circumstances. Some of the information that follows may still be relevant to you, even if you have not been treated by the Major Trauma team, but some of the service-related information may not be applicable.

This leaflet is broken down into several sections, describing both early and longer-term emotional reactions following a traumatic event, and where to seek further help.

1. Common Early Reactions

In the hours, days and weeks following a traumatic event, you may feel or experience all or a combination of the following to varying degrees:

- Anxiety, including increased tension, or feeling 'on edge' as if you are still in danger
- Anger about why the event happened
- Sadness and grief relating to any losses
- Helplessness, feeling out of control or overwhelmed by your feelings
- Guilty thoughts such as 'could I have done something different?'
- Shame or embarrassment about what happened
- Numbness or a feeling of being disconnected

Reliving the experience

'Reliving' may occur in several different ways, which tend to come out of the blue:

- Flashbacks, or the memory of the event or part of it being repeated in your mind as if it were happening now
- Nightmares or bad dreams
- Intrusive thoughts or vivid images related to the event
- You may also find you behave differently to avoid reminders of the incident

Physical reactions

Tiredness and exhaustion as well as physical symptoms of anxiety such as:

- Heart racing or palpitations
- Feeling faint or dizzy
- Upset stomach
- Sweating
- Breathlessness
- Tension headaches

2. Short-Term Self-Help

Whilst these experiences are entirely normal and common, there are things you can do to promote recovery in the early days following a traumatic accident or event:

- If it does not feel too overwhelming, talk about your experiences with someone you feel you can trust and allow yourself to express feelings about what has happened
- At times of trauma, memories can become confused about what really happened. Try to gather more information about what really happened rather than what you thought happened
- Avoid spending too much time looking at media and social media versions of events
- Use relaxation methods
- Try to keep daily routines going
- Look after yourself: eat sensibly, reduce alcohol, exercise regularly and get into a regular sleeping pattern

3. When to Seek Further Help

If you find in the days and weeks following a traumatic accident that:

- You cannot relax at all or that sleep is badly affected, for a prolonged period
- Relationships are suffering
- Work or daily functioning is affected
- You are eating, drinking, or smoking to excess

The Clinical Health Psychology Service at Lancashire Teaching Hospitals offers major trauma patients the opportunity to talk about the traumatic event you experienced, provide information about common trauma experiences and suggest ideas to help you cope in the days and weeks following a traumatic accident. This can be requested by speaking to a member of staff on the ward.

4. Longer Term Reactions

The common early reactions described in the previous section usually fade with time. However, there are some longer-term reactions that may develop, such as post-traumatic stress and depression. Post traumatic stress involves:

- Regular and intensive re-experiencing of the trauma, such that it is difficult to feel you have any control over this process
- Numbing and avoidance of reminders of the situation and perhaps other everyday activities you once used to carry out
- Increased anxiety, including sleeping difficulties, feeling jumpy and irritable
- An exaggerated concern for your own or others' safety such that this begins to interfere with your life

Depression feels much more severe and prolonged in relation to the trauma, to the extent that it interferes with everyday life.

If you find that you are experiencing some or all of the things described above for longer than one month after the incident or without improvement, it is important to seek further advice.

5. Self-Help for Longer Term Reactions

You may find the post-traumatic stress leaflet and other leaflets by Cumbria, Northumberland and Tyne and Wear NHS Trust helpful. They provide more detailed information and self-help activities:

<https://web.ntw.nhs.uk/selfhelp/>

The book: *Overcoming Traumatic Stress: A Self-Help Guide Using Cognitive Behavioral Techniques* by Claudia Herbert may also be helpful.

The website <http://www.aftertrauma.org/> has lots of information and links about recovery and rehabilitation. The website was co-designed by serious injury survivors, carers, doctors, and therapists from Major Trauma Centres.

6. Where to Seek Further Help

Most areas have a psychological wellbeing service to which you can self-refer. If you are registered with a G.P. in England, you can search for your local talking therapy service via: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/> or speak to your G.P.

The Clinical Health Psychology Service at Lancashire Teaching Hospitals also offers an outpatient follow-up clinic for major trauma patients. This can help you explore further support options. Talking therapy, in a block of up to 8 therapy sessions, is available through this clinic if appropriate. Sometimes it may be more appropriate to refer you to another specialist therapy service.

You can enquire about this service using the telephone number and email address in the section below. There is usually a waiting list to access therapy in this clinic.

Contact details

Should you require further advice or information please contact
Clinical Health Psychology Service for major trauma patients

Lancashire Teaching Hospitals

Telephone: **01772 52(3252)**

Email: psychologyservices@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://dayonetrauma.org/>

<https://www.headway.org.uk/>

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All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.
This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolve@LTHTR.nhs.uk

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