



26 January 2021
15.00 – 16.00

Chair

Kamini Gadhok MBE

CEO, RCSLT



Presenters



Dr Anushua Gupta
GP and service user



Dr Camilla Dawson
Clinical Lead SLT,
University Hospitals
Birmingham NHS FT



Sarah Wallace OBE
Consultant SLT,
Wythenshwe Hospital,
Manchester University
NHS FT



Gemma Clunie
Clinical specialist SLT,
Airways/ENT, Imperial
College Healthcare



Dr Hannah Crawford
Professional Head of
Speech and Language
Therapy, Tees, Esk and
Wear Valleys NHS FT

Housekeeping

- RCSLT staff are on hand to help with any technical queries, you can get in touch with them via the chat button
- You can send in questions to our speakers today by using the Q&A button
- This event is being recorded and will be made available on the RCSLT website along with the presentation slides
- We would be very grateful if you would fill out the evaluation form that will pop up in a new window once the webinar window closes
- This webinar was recorded on Tuesday 26th January and presents the evidence and research available at 25 January 2021

Aims and objectives

- Hear from a patient on the experience of rehab and the road to recovery
- Hear about what we've learned as a profession since the first wave
- Hear an appraisal of COVID-19 literature to date
- Hear about how others have implemented the most recent evidence
- Find out more about tools available and the work we've done to support these tools
- Hear about key priorities for assessment and rehab
- Gain some understanding of how COVID-19 has impacted on people with learning disabilities and mental health

Service user perspective

Dr Anushua Gupta
GP and service user



Literature, evidence and practical application

Dr Camilla Dawson

Clinical Lead SLT, University
Hospitals Birmingham NHS
Foundation Trust



COVID-19 Dysphagia, voice and communication rehabilitation: clinical update



Dr Camilla Dawson, Clinical Lead Speech and Language Therapist
@camillacdawson

Aims

- Literature overview: Dysphagia and Covid-19
- Navigating the evidence and synthesizing
- Practical applications
- Efficient and effective services
- Looking after each other

Disclaimer: this is an overview of the literature for clinicians in the field, it does not represent the findings of a systematic review or scoping review, it is a practical guide only.

Primary research

Covid-19 dysphagia

8 papers

1. Lima MS, Sassi FC, Medeiros GC, Ritto AP, Andrade CRF. Preliminary results of a clinical study to evaluate the performance and safety of swallowing in critical patients with COVID-19. *Clinics (Sao Paulo)*. 2020;75:e2021. Published 2020 Jun 12. doi:10.6061/clinics/2020/e2021
2. Aoyagi Y, Ohashi M, Funahashi R, Otaka Y, Saitoh E. Oropharyngeal Dysphagia and Aspiration Pneumonia Following Coronavirus Disease 2019: A Case Report. *Dysphagia*. 2020 Aug;35(4):545-548. doi: 10.1007/s00455-020-10140-z. Epub 2020 Jun 12. PMID: 32533346; PMCID: PMC7290133.
3. Lagier A, Melotte E, Poncelet M, Rémacle S, Meunier P. Swallowing function after severe COVID-19: early videofluoroscopic findings. *Eur Arch Otorhinolaryngol*. 2021 Jan 3:1–5. doi: 10.1007/s00405-020-06522-6. Epub ahead of print. PMID: 33388981; PMCID: PMC7778703.
4. Stierli S, Buss I, Redecker H, Baumberger M, Blättler E, Selb M, Hinter S, Ischer B, Schwegler H. Insights from an interprofessional post-COVID-19 rehabilitation unit: A speech and language therapy and respiratory medicine perspective. *J Rehabil Med*. 2020 Sep 16;52(9):jrm00100. doi: 10.2340/16501977-2735. PMID: 32896863.
5. Naunheim MR, Zhou AS, Puka E, Franco RA Jr, Carroll TL, Teng SE, Mallur PS, Song PC. Laryngeal complications of COVID-19. *Laryngoscope Investig Otolaryngol*. 2020 Oct 30;5(6):1117-1124. doi: 10.1002/lio2.484. PMID: 33364402; PMCID: PMC7752067.
6. Dawson C, Capewell R, Ellis S, Matthews S, Adamson S, Wood M, Fitch L, Reid K, Shaw M, Wheeler J, Pracy P, Nankivell P, Sharma N. Dysphagia presentation and management following COVID-19: an acute care tertiary centre experience. *J Laryngol Otol*. 2020 Nov 10:1-6. doi: 10.1017/S0022215120002443. Epub ahead of print. PMID: 33168109; PMCID: PMC7683822.
7. Mooney B, Lawrence C, Johnson EG, Slaboden A, Ball K. How COVID-19 Patients Were Moved to Speak: A Rehabilitation Interdisciplinary Case Series. *HSS J*. 2020 Aug 26;16(Suppl 1):1-8. doi: 10.1007/s11420-020-09778-0. Epub ahead of print. PMID: 32868977; PMCID: PMC7448406.
8. Rouhani, M.J., Clunie, G., Thong, G., Lovell, L., Roe, J., Ashcroft, M., Holroyd, A., Sandhu, G. and Al Yaghchi, C. (2021), A Prospective Study of Voice, Swallow, and Airway Outcomes Following Tracheostomy for COVID-19. *The Laryngoscope*. <https://doi.org/10.1002/lary.29346>



Literature reviews

Covid-19 dysphagia

14 papers

1. Dziewas R, Warnecke T, Zürcher P, Schefold JC. Dysphagia in COVID-19 -multilevel damage to the swallowing network? Eur J Neurol. 2020 Sep;27(9):e46-e47. doi: 10.1111/ene.14367. Epub 2020 Jun 13. PMID: 32460415; PMCID: PMC7283711.
2. Frajkova Z, Tedla M, Tedlova E, Suchankova M, Geneid A. Postintubation Dysphagia During COVID-19 Outbreak-Contemporary Review. Dysphagia. 2020 Aug;35(4):549-557. doi: 10.1007/s00455-020-10139-6. Epub 2020 May 28. PMID: 32468193; PMCID: PMC7255443.
3. Freitas, Andressa Silva, Zica, Guilherme Maia, & Albuquerque, Christiane Lopes de. (2020). Coronavirus pandemic (COVID-19): what speech therapists should know. CoDAS, 32(3), e20200073. Epub June 22, 2020.<https://doi.org/10.1590/2317>
4. Kimura Y, Ueha R, Furukawa T, et al. Society of swallowing and dysphagia of Japan: Position statement on dysphagia management during the COVID-19 outbreak. Auris Nasus Larynx. 2020;47(5):715-726. doi:10.1016/j.anl.2020.07.009
5. Brodsky MB, Gilbert RJ. The Long-Term Effects of COVID-19 on Dysphagia Evaluation and Treatment. Arch Phys Med Rehabil. 2020;101(9):1662-1664. doi:10.1016/j.apmr.2020.05.006
6. Vergara J, Starmer HM, Wallace S, Bolton L, Seedat J, de Souza CM, Freitas SV, Skoretz SA. Swallowing and Communication Management of Tracheostomy and Laryngectomy in the Context of COVID-19: A Review. JAMA Otolaryngol Head Neck Surg. 2020 Oct 15. doi: 10.1001/jamaoto.2020.3720. Epub ahead of print. PMID: 33057590.
7. Ku PKM, Holsinger FC, Chan JYK, Yeung ZWC, Chan BYT, Tong MCF, Starmer HM. Management of dysphagia in the patient with head and neck cancer during COVID-19 pandemic: Practical strategy. Head Neck. 2020 Jul;42(7):1491-1496. doi: 10.1002/hed.26224. Epub 2020 May 11. PMID: 32348591; PMCID: PMC7267655.

Literature reviews continued

8. Soldatova L, Williams C, Postma GN, Falk GW, Mirza N. Virtual Dysphagia Evaluation: Practical Guidelines for Dysphagia Management in the Context of the COVID-19 Pandemic. *Otolaryngol Head Neck Surg*. 2020 Sep;163(3):455-458. doi: 10.1177/0194599820931791. Epub 2020 May 26. PMID: 32450732.
9. Vergara J, Lirani-Silva C, Brodsky MB, Miles A, Clavé P, Nascimento W, Mourão LF. Potential Influence of Olfactory, Gustatory, and Pharyngolaryngeal Sensory Dysfunctions on Swallowing Physiology in COVID-19. *Otolaryngol Head Neck Surg*. 2020 Nov 10:194599820972680. doi: 10.1177/0194599820972680. Epub ahead of print. PMID: 33167752.
10. Coutts KA. Dysphagia services in the era of COVID-19: Are speech-language therapists essential? *S Afr J Commun Disord*. 2020 Jul 29;67(1):e1-e6. doi: 10.4102/sajcd.v67i1.709. PMID: 32787417; PMCID: PMC7433263.
11. Strohl MP, Dwyer CD, Ma Y, Rosen CA, Schneider SL, Young VN. Implementation of Telemedicine in a Laryngology Practice During the COVID-19 Pandemic: Lessons Learned, Experiences Shared. *J Voice*. 2020 Jun 23:S0892-1997(20)30234-4. doi: 10.1016/j.jvoice.2020.06.017. Epub ahead of print. PMID: 32778359; PMCID: PMC7309798.
12. Ramage AE. Potential for Cognitive Communication Impairment in COVID-19 Survivors: A Call to Action for Speech-Language Pathologists. *Am J Speech Lang Pathol*. 2020 Nov 12;29(4):1821-1832. doi: 10.1044/2020_AJSLP-20-00147. Epub 2020 Sep 18. PMID: 32946270.
13. Patterson JM, Govender R, Roe J, Clunie G, Murphy J, Brady G, Haines J, White A, Carding P. COVID-19 and ENT SLT services, workforce and research in the UK: A discussion paper. *Int J Lang Commun Disord*. 2020 Sep;55(5):806-817. doi: 10.1111/1460-6984.12565. Epub 2020 Aug 8. PMID: 32770652; PMCID: PMC7436215.
14. Fong R, Tsai KCF, Tong MCF, Lee KYS. Management of Dysphagia in Nursing Homes During the COVID-19 Pandemic: Strategies and Experiences. *SN Compr Clin Med*. 2020 Aug 18:1-5. doi: 10.1007/s42399-020-00464-0. Epub ahead of print. PMID: 32838197; PMCID: PMC7433678.

Consensus statements

Covid-19 dysphagia

6 papers

1. Zaga CJ, Pandian V, Brodsky MB, Wallace S, Cameron TS, Chao C, Orloff LA, Atkins NE, McGrath BA, Lazarus CL, Vogel AP, Brenner MJ. Speech-Language Pathology Guidance for Tracheostomy During the COVID-19 Pandemic: An International Multidisciplinary Perspective. *Am J Speech Lang Pathol*. 2020 Aug 4;29(3):1320-1334. doi: 10.1044/2020_AJSLP-20-00089. Epub 2020 Jun 11. PMID: 32525695.
2. Pandian V, Morris LL, Brodsky MB, Lynch J, Walsh B, Rushton C, Phillips J, Rahman A, DeRose T, Lambe L, Lami L, Wu SPM, Garza FP, Maiani S, Zavalis A, Okusanya KA, Palmieri PA, McGrath BA, Pelosi P, Sole ML, Davidson P, Brenner MJ. Critical Care Guidance for Tracheostomy Care During the COVID-19 Pandemic: A Global, Multidisciplinary Approach. *Am J Crit Care*. 2020 Nov 1;29(6):e116-e127. doi: 10.4037/ajcc2020561. PMID: 32929453
3. Freeman-Sanderson A, Ward EC, Miles A, et al. A consensus statement for the management and rehabilitation of communication and swallowing function in the ICU: A global response to COVID-19 [published online ahead of print, 2020 Nov 6]. *Arch Phys Med Rehabil*. 2020;S0003-9993(20)31210-7. doi:10.1016/j.apmr.2020.10.113
4. Vergara J, Skoretz SA, Brodsky MB, Miles A, Langmore SE, Wallace S, Seedat J, Starmer HM, Bolton L, Clavé P, Freitas SV, Bogaardt H, Matsuo K, de Souza CM, Mourão LF. Assessment, Diagnosis, and Treatment of Dysphagia in Patients Infected With SARS-CoV-2: A Review of the Literature and International Guidelines. *Am J Speech Lang Pathol*. 2020 Nov 12;29(4):2242-2253. doi: 10.1044/2020_AJSLP-20-00163. Epub 2020 Sep 22. PMID: 32960646.
5. Namasivayam-MacDonald AM, Riquelme LF. Speech-Language Pathology Management for Adults With COVID-19 in the Acute Hospital Setting: Initial Recommendations to Guide Clinical Practice. *Am J Speech Lang Pathol*. 2020 Nov 12;29(4):1850-1865. doi: 10.1044/2020_AJSLP-20-00096. Epub 2020 Jul 17. PMID: 32692584.
6. Miles A, Connor NP, Desai RV, et al. Dysphagia Care Across the Continuum: A Multidisciplinary Dysphagia Research Society Taskforce Report of Service-Delivery During the COVID-19 Global Pandemic [published online ahead of print, 2020 Jul 11]. *Dysphagia*. 2020;1-13. doi:10.1007/s00455-020-10153-8

Covid-19, pertinent literature

- Dhont, S., Derom, E., Van Braeckel, E. et al. The pathophysiology of 'happy' hypoxemia in COVID-19. *Respir Res* 21, 198 (2020). <https://doi.org/10.1186/s12931-020-01462-5>
- <https://www.recoverytrial.net/results> randomised evaluation of covid-19 therapy (recovery)
- COVIDTrach collaborative. COVIDTrach; the outcomes of mechanically ventilated COVID-19 patients undergoing tracheostomy in the UK: Interim Report. *Br J Surg*. 2020 Nov;107(12):e583-e584. doi: 10.1002/bjs.12020. Epub 2020 Sep 17. PMID: 32940347.
- Queen Elizabeth Hospital Birmingham COVID-19 airway team. Safety and 30-day outcomes of tracheostomy for COVID-19: a prospective observational cohort study. *Br J Anaesth*. 2020 Dec;125(6):872-879. doi: 10.1016/j.bja.2020.08.023. Epub 2020 Aug 28. PMID: 32988602; PMCID: PMC7455111.

Dysphagia, respiration, tracheostomy and post extubation dysphagia

- Martin-Harris, B., 2006. Coordination of respiration and swallowing. GI Motility online.
- Macht, M., King, C. J., Wimbish, T., Clark, B. J., Benson, A. B., Burnham, E. L., Williams, A. & Moss, M. 2013. Post-extubation dysphagia is associated with longer hospitalization in survivors of critical illness with neurologic impairment. Critical care, 17, R119.
- Susan E. Langmore & Jessica M. Pisegna (2015) Efficacy of exercises to rehabilitate dysphagia: A critique of the literature, International Journal of Speech-Language Pathology, 17:3, 222-229, DOI: 10.3109/17549507.2015.1024171
- Macht, M., Wimbish, T., Clark, B. J., Benson, A. B., Burnham, E. L., Williams, A. & Moss, M. 2011. Postextubation dysphagia is persistent and associated with poor outcomes in survivors of critical illness. Critical care, 15, R231.
- Skoretz, S. A., Flowers, H. L. & Martino, R. 2010. The incidence of dysphagia following endotracheal intubation: a systematic review. Chest, 137, 665-673.
- Skoretz, S. A., N, Riopelle, S, Dawson, C. 2019. Quality of Evidence Concerning Dysphagia Following Tracheostomy Placement: Should We Believe What We Read? Dysphagia.
- Skoretz, S. A., Yau, T. M., Ivanov, J., Granton, J. T. & Martino, R. 2014. Dysphagia and associated risk factors following extubation in cardiovascular surgical patients. Dysphagia, 29, 647-654.
- Zuercher, P., Moret, C. S., Dziewas, R. & Schefold, J. C. 2019. Dysphagia in the intensive care unit: epidemiology, mechanisms, and clinical management. Critical care, 23, 103.
- Dawson C, Riopelle SJ, Skoretz SA. Translating Dysphagia Evidence into Practice While Avoiding Pitfalls: Assessing Bias Risk in Tracheostomy Literature. Dysphagia. 2020 Jul 4. doi: 10.1007/s00455-020-10151-w. Epub ahead of print. PMID: 32623527.
- John C. Rosenbek (2016) Tyranny of the randomised clinical trial, International Journal of Speech-Language Pathology, 18:3, 241-249, DOI: 10.3109/17549507.2015.1126644
- Brodsky MB, Akst LM, Jedlanek E, Pandian V, Blackford B, Price C, Cole G, Mendez-Tellez PA, Hillel AT, Best SR, Levy MJ. Laryngeal Injury and Upper Airway Symptoms After Endotracheal Intubation During Surgery: A Systematic Review and Meta-analysis. Anesth Analg. 2020 Nov 11;. doi: 10.1213/ANE.0000000000005276. [Epub ahead of print] PubMed PMID: 33196479; NIHMSID:NIHMS1638291.
- Brodsky MB, Levy MJ, Jedlanek E, Pandian V, Blackford B, Price C, Cole G, Hillel AT, Best SR, Akst LM. Laryngeal Injury and Upper Airway Symptoms After Oral Endotracheal Intubation With Mechanical Ventilation During Critical Care: A Systematic Review. Crit Care Med. 2018 Dec;46(12):2010-2017. doi: 10.1097/CCM.0000000000003368. PubMed PMID: 30096101; PubMed Central PMCID: PMC7219530.



Navigating the evidence and synthesizing

- Be specific, use appropriate literature to answer clinical question
- Acknowledge risk of bias, limited empirical evidence or robust methods
- Hypothesis generate, triangulate clinical picture with established literature and developing evidence base
- Ask questions
- Avoid binary diktats

Dysphagia

- 208/736 (28.9%) patients admitted for over 3 days referred for swallow assessment.
- 102/208 admitted to ITU for mechanical ventilation, 82 had tracheostomy
- 7 day service
- No instrumentation

Main presenting dysphagia features:

1. Delirium-hyper or hypoactive
2. Laryngeal compromise-vocal cord palsy and or laryngeal oedema
3. Respiratory swallow coordination challenge
4. Burden of secretions and constant expectoration
5. Fatigue

Dysphagia

- Therapeutic interventions:
 1. exercise prescription
 2. postural adaptations
 3. practice swallows
 4. augmentation of texture or complexity of diet and or fluid if required
 5. volume control and adaptations to environmental factors (such as feeding support for patients with upper limb weakness)
 6. reducing distractions
- Majority regained near normal swallow function prior to discharge, regardless of length of intubation or tracheostomy status.

Practical applications

- Staff repurposing
- Decompression of ITU
- Flow through acute services
- Strategic decisions
- Prompt assessment and discharge
- Avoidance of secondary infections

Efficient and effective services

- Creating hierarchies of risk, include clinical, service level and strategic drivers
- Create core aims and objectives, with manageable and easy to collect data on outcomes-bring the team with you
- Work within multiple MDTs supporting discreet facets of recovery
- Utility theory-think about trade offs and be deliberate (Baron 2008)
- Governance

Looking after each other

- Emotional responsibility
- Supervision and debriefing
- Sleep, rest and recovery
- Creating routine
- Giving space for the unexpected
- Explore triggers, responses and implications

Lessons learned

- Dysphagia is prevalent in cohort with COVID-19
- Protected and adequately funded SLT services are fundamental
- Paralysis by analysis-tensions managing guidelines/consensus statements/empirical evidence vs clinical pressures
- Provide adequate supervision and support

Signposting tools and resources

Sarah Wallace OBE

Consultant SLT,
Wythenshwe Hospital,
Manchester University NHS
FT



NHS 'Your COVID Recovery' website



What is
COVID-19?
▼

Managing
The Effects
▼

Your
Wellbeing
▼

Your Road To
Recovery
▼

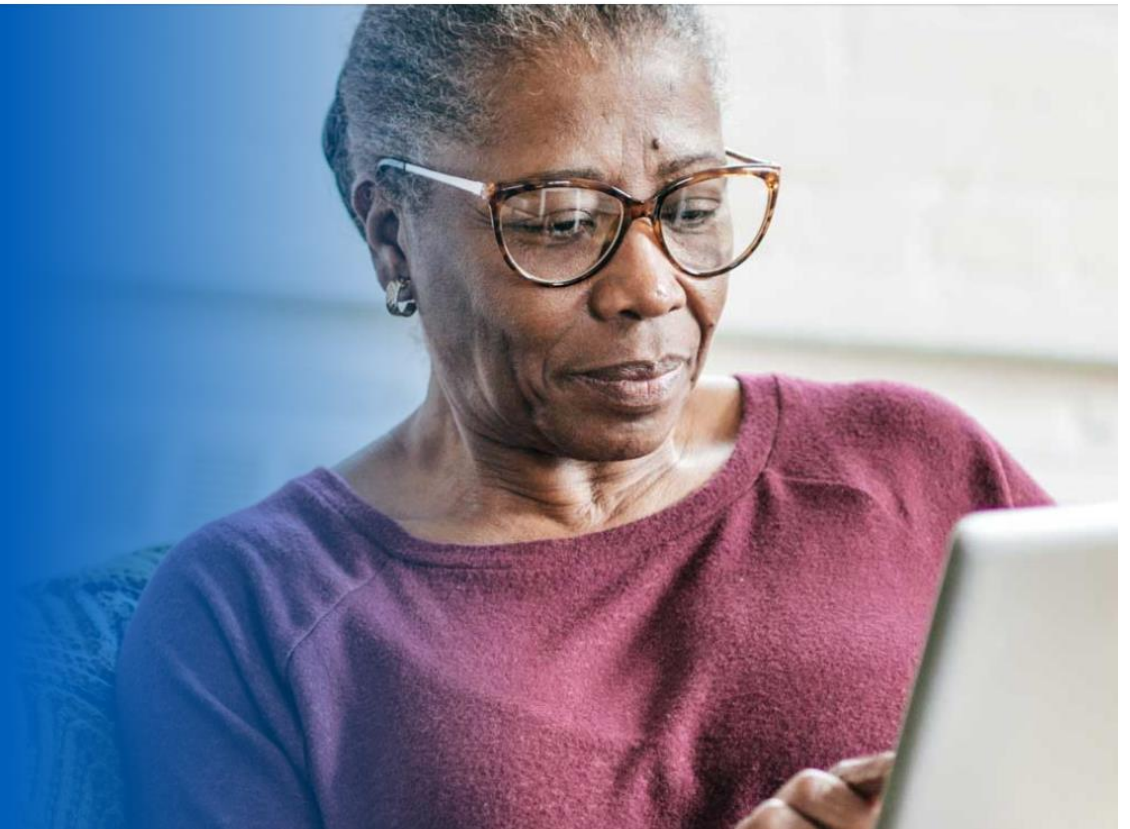


Supporting your recovery after COVID-19

As you find yourself recovering from COVID-19 you may still be coming to terms with the impact the virus has had on both your body and mind.

These changes should get better over time, some may take longer than others, but there are things you can do to help.

Your COVID Recovery helps you to understand what has happened and what you might expect as part of your recovery.



'Your COVID Recovery'

2 phase project

Multidisciplinary project team

RCSLT advisor input: Camilla Dawson, Nicola Pargeter,
Jemma Haines, Sarah Wallace

Dedicated sections: swallowing, voice, communication

PHASE 1

- Develop website for patients in community self-managing their COVID-19 symptoms
- Launched 31st July, over 600,000 users to date

<https://www.yourcovidrecovery.nhs.uk/>

PHASE 2

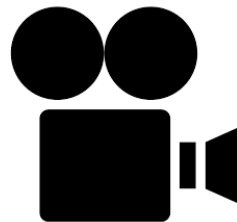
- Digital rehab package
- Individually tailored, requires referral and assessment by healthcare professional
- Self-management with virtual guidance / support
- Interactive goal setting, progress monitoring

Register your service: yourcovidrecovery@uhl-tr.nhs.uk

Signposting for GP's



Royal College of
General Practitioners



Post Intensive Care
Syndrome
PICS

Voice, swallowing,
cognitive
communication, airway

What to look for
Screening tools
Referral signals

PICS:

Post-Intensive Care Syndrome

A complex legacy of Critical Illness



WHAT TO LOOK OUT FOR?

PSYCHOLOGICAL



PHYSICAL



COGNITIVE



NUTRITION



HOW DO I ASSESS FOR PICS?

A biopsychosocial assessment is recommended. If you identify a problem in one of these domains that requires further assessment, the following tools may be helpful:

Psychological:

- Anxiety and Depression: [Patient Health Questionnaire 9 \(PHQ-9\)](#) or the [General Anxiety Disorder 7 \(GAD-7\)](#)
- PTSD: [Trauma Screening Questionnaire \(TSQ\)](#)

Cognitive:

- [Six Item Cognitive Impairment Test \(6CIT\)](#)
- [General Practitioner Assessment of Cognition \(GPCoG\)](#)
- [Montreal Cognitive Assessment \(MoCA\)](#)

Physical:

- Breathlessness: [MRC Dyspnoea Scale](#)
- Frailty (>65's): [Clinical Frailty Scale \(CFS\)](#)
- Physical Function: [Rivermead Mobility Index](#) or the [30 Second Sit To Stand Test](#)
- Voice: Voice Handicap Index-10, [Reflux Symptom Index \(RSI\)](#)

Nutrition:

- Swallowing difficulties: [EAT-10](#)

Clinical assessment of pain, sexual dysfunction, continence, alopecia, occupational difficulties is also recommended.

HOW DO I HELP?

- Recognition of these symptoms and linking to previous critical illness is key.
- Reassurance and information on recovery with signposting to patient support groups such as <https://www.icusteps.org/>
- Referral on to local services, such as: community exercise programmes, psychological therapy (IAPT and/or mental health services), pain clinics, urogynaecology and outpatient therapy services (occupational, physiotherapy, speech and language therapy, and dietetics)
- Check to see if your local hospital has an ICU follow up clinic designed to specifically address PICS.

RESOURCES

- [Post Intensive Care Syndrome](#)
- [NICE Guidelines for Rehabilitation after Critical Illness](#)
- [Faculty of Intensive Care Medicine \(FICM\) Recovery and Rehabilitation for Patients Following the Pandemic: guidance](#)

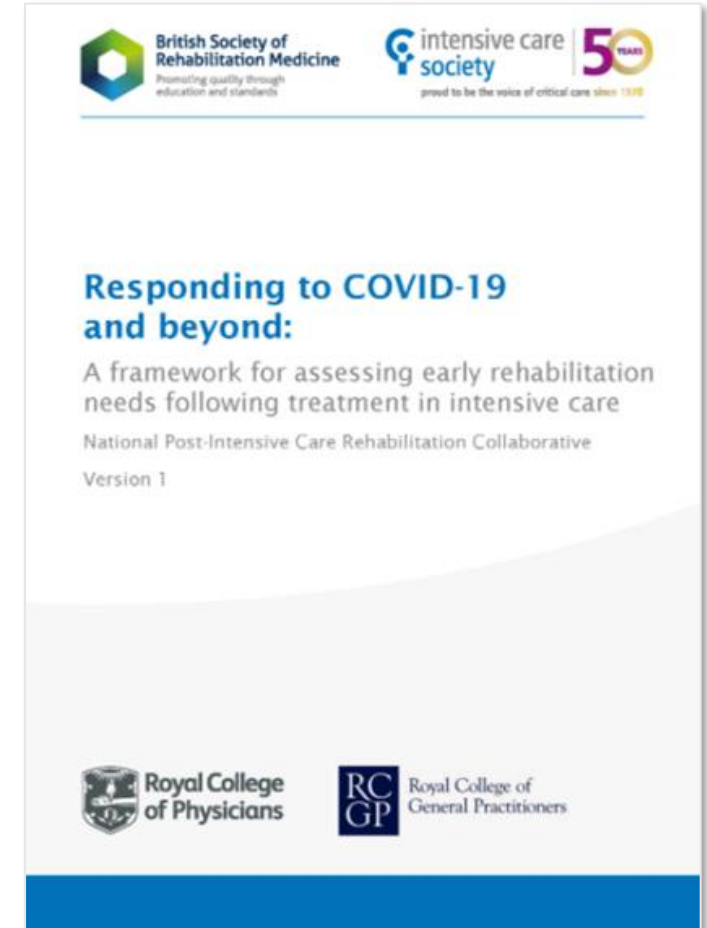
Rehab Guidance update

Speech and language therapy for COVID-19 patients in ICU and beyond

Published: August 2020, updated November 2020

Review date: October 2021

https://members.ics.ac.uk/ICS/ICS/Pdfs/COVID-19/Speech_and_language_therapy_for_COVID-19_patients_in_ICU_and_beyond.aspx



PICUPS tool



COVID-19 and SLT: Clinical Priorities

Gemma Clunie

Clinical Specialist SLT Airways/ENT
NIHR Clinical Doctoral Research Fellow

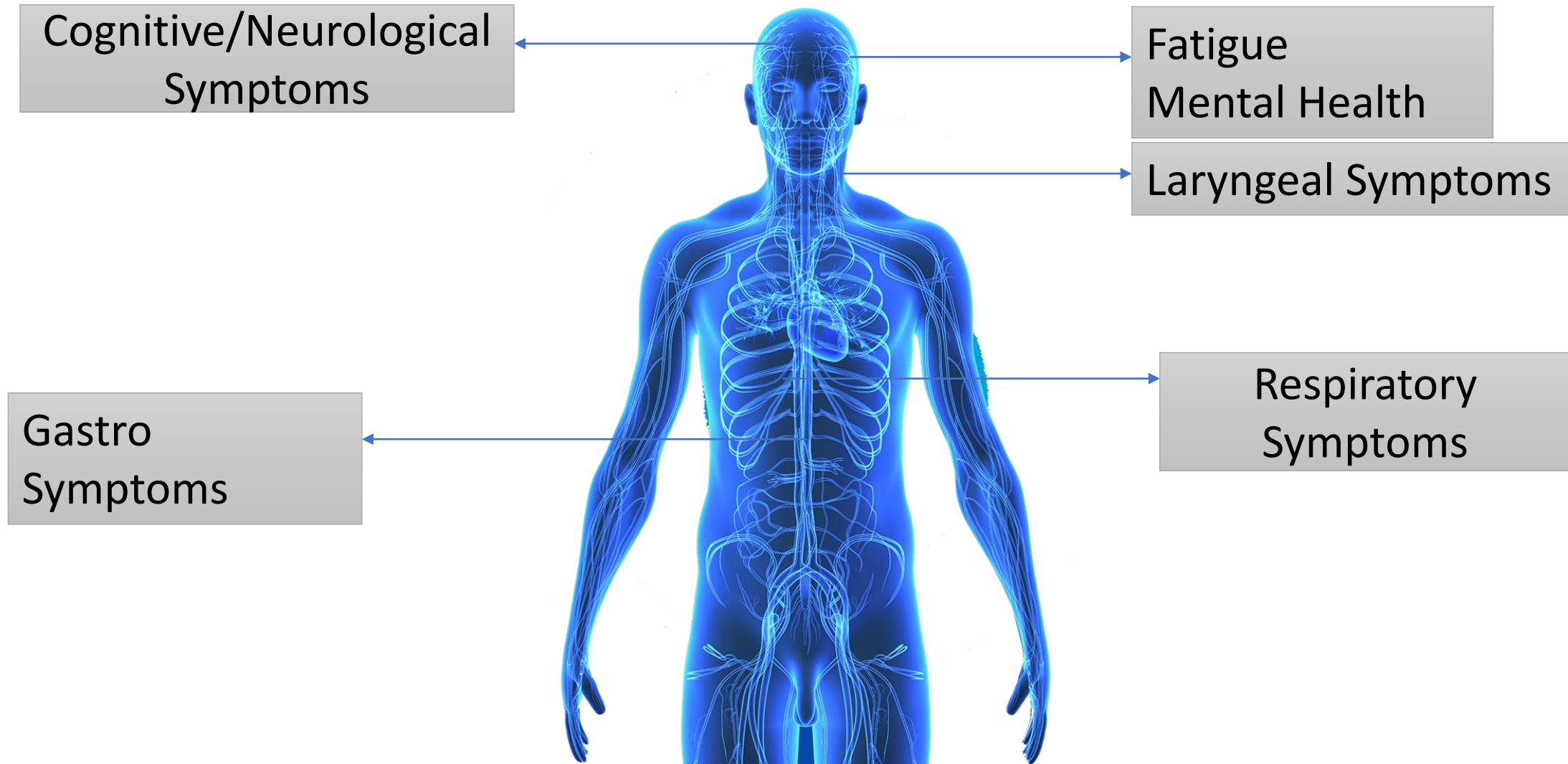
@gemmaclunie

With thanks to:

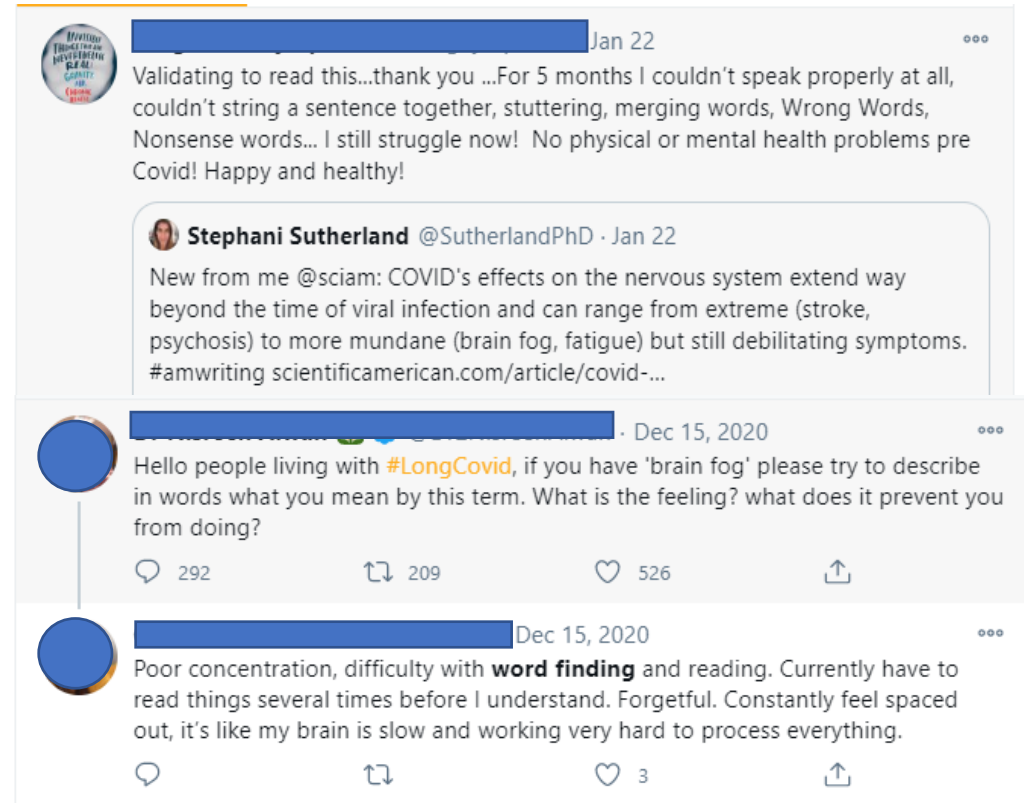
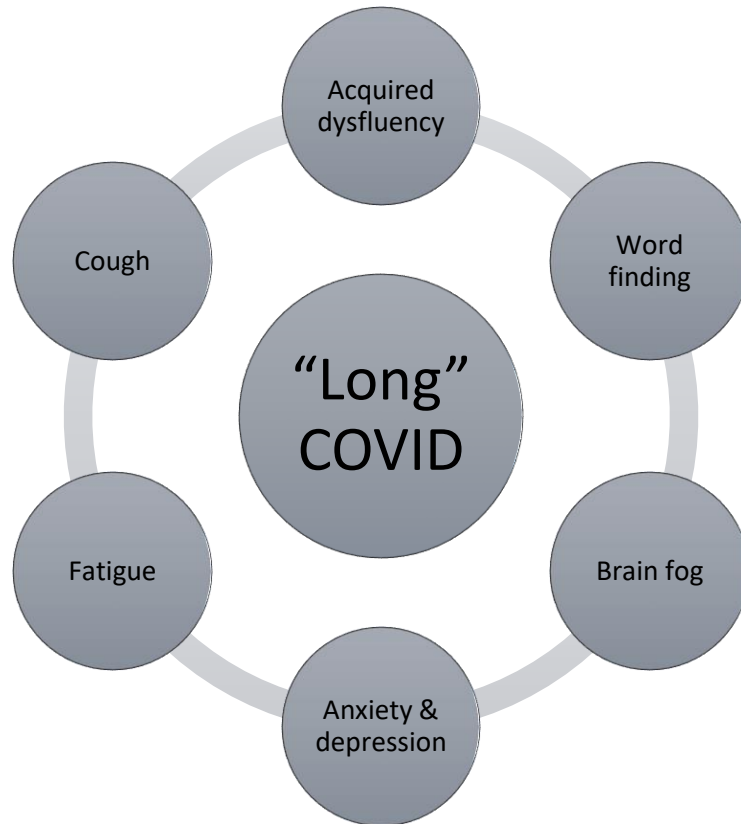
Dr Mike Zandi, Ms Charlotte Massey, Ms
Jodi Allen, Ms Freyja Bell & Ms Kate Harrall



What are we seeing?



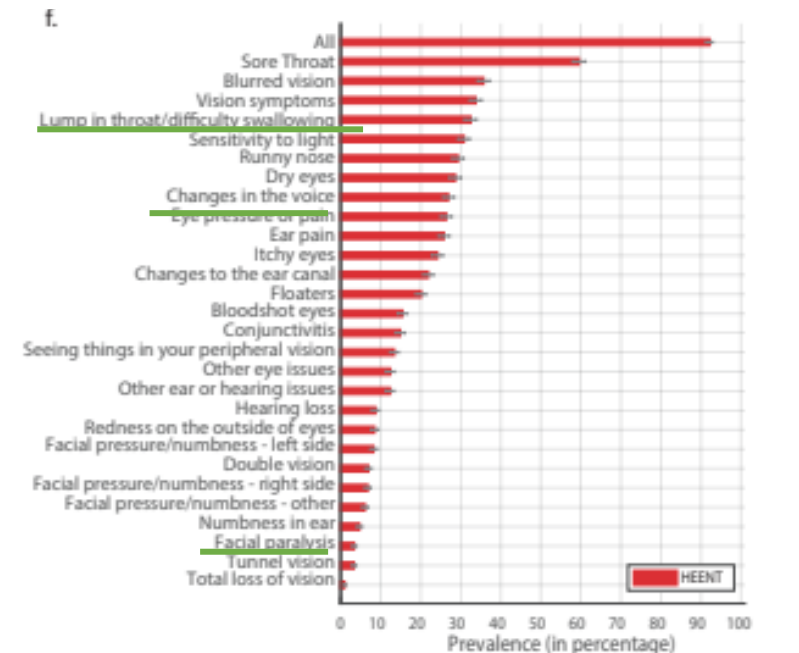
Post COVID-19 syndrome



Post COVID-19 syndrome

Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact

Davis et al. medRxiv 2020.12.24.20248802; doi: <https://doi.org/10.1101/2020.12.24.20248802>



LongCOVID in Academia

@longcovacademia

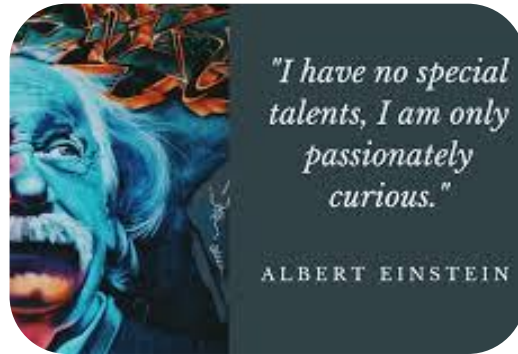
Nearly 49% of 3,762 respondents recovering from #COVID19 or with #LongCovid report speech & language issues, which may include difficulty finding words while speaking or writing, communicating verbally, processing written text & understanding others.



Characterizing Long COVID in an International Cohort: 7 Months of S...
Objective To characterize the symptom profile and time course in patients with Long COVID, along with the impact on daily life, work, ...
medrxiv.org

3:27 PM · Jan 20, 2021 · Twitter Web App

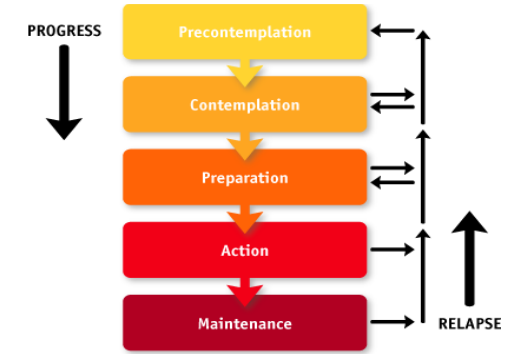
Assessment Priorities



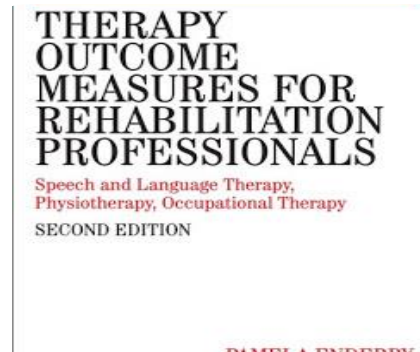
Curiosity & Innovation



Instrumentation



Readiness for therapy



Outcomes



Mental Health

Management Priorities

Recovery



Team work



Self-management

Supporting your recovery after COVID-19

As you find yourself recovering from COVID-19 you may still be coming to terms with the impact the virus has had on both your body and mind.

These changes should get better over time, some may take longer than others, but there are things you can do to help.

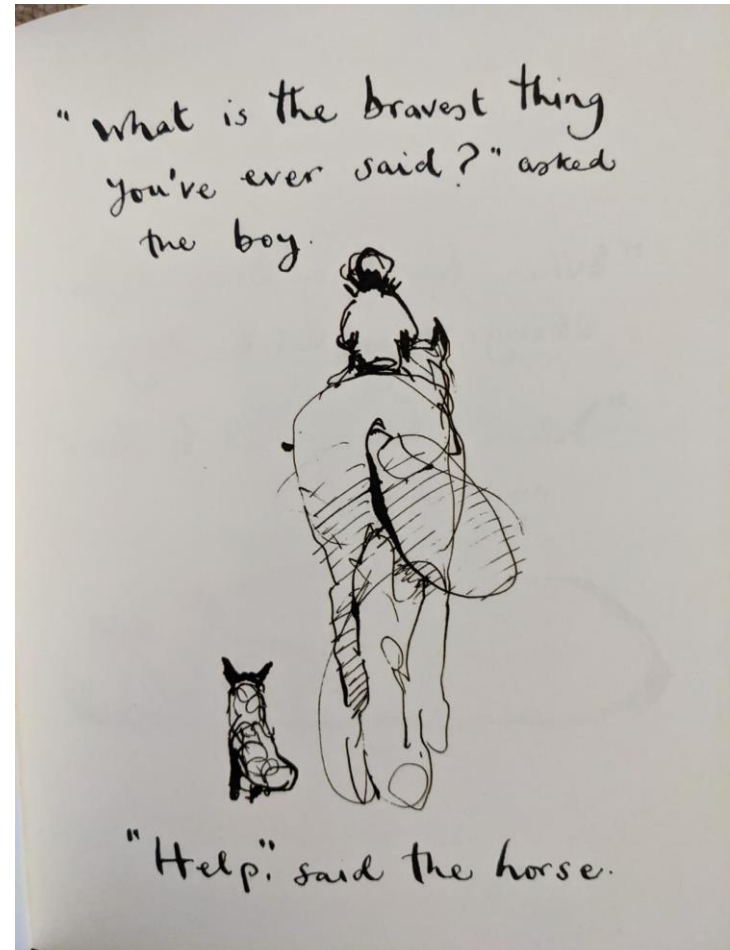
Your COVID Recovery helps you to understand what has happened and what you might expect as part of your recovery.

Individualised



Changing priorities

Acknowledge limitations



Learning disabilities, mental health and COVID-19

Dr Hannah Crawford

Professional Head of
Speech and Language
Therapy, Tees, Esk and Wear
Valleys NHS FT



Learning disabilities

- Isolation
- Feeling like they do not matter
- Changing opportunities
- Government should do more
- Important to understand impact on people with learning disabilities and autism.

- Death rate 2.3 times general population
- Under-reporting
- 3.6 times general population

Mental health

- Impact of COVID-19 on mental health of those without pre-existing mental ill health
- 69% somewhat/very worried about the effect COVID-19 is having on their life.
 - worry about the future (63%),
 - feeling stressed or anxious (56%)
 - feeling bored (49%).

- Harder hit groups
 - Young adults
 - Women
 - Lower income
 - Pre-existing mental ill health

Key Drivers

- social isolation
- job and financial losses,
- housing insecurity and quality,
- working in a front-line setting,
- loss of coping mechanisms,
- reduced access to mental health services

Children

- Risk of increased stress and reduction of supportive resources
- Related posttraumatic distress
- Increasing poverty impacting on
 - Housing
 - Nutrition
 - wellbeing

Impact on

- Antenatal care
- Education
- Violence
- Exploitation
- Abuse
- Mental Health

Sources of support

- National charitable organisations
 - <https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/>
- Mental health trusts
- Resilience hubs

RCSLT guidance and resources

- **Guidance and decision-making flowchart on reducing the risk of transmission and use of PPE**
- **Current research**
- **Recordings of COVID webinars**
- **Join the discussion forum for peer-to-peer support**

www.rcslt.org/learning/covid-19

- **Total laryngectomy**
- **SLT-led endoscopic procedures**
- **Videofluoroscopy**
- **Telehealth**
- **Statement: Use of Ultrasound for Swallowing and Upper Airway Assessment**
- **Workforce and redeployment**
- **All in the context of COVID-19**

<https://www.rcslt.org/learning/rcslt-guidance/>

Your questions



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www.rcslt.org/events/



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