Dear Colleague,

We would like to invite you to consider taking part in a **restorative 3 day retreat** designed to offer health and social care professionals a space to reflect and rebuild after the challenges of the past 18 months. We are a small team, experienced in facilitating reflective retreats and creating a space for personal growth and recovery.

The retreat is fully funded and we are requesting that managers allow staff to take the time as study leave. We appreciate that for many health and social care professionals, stepping off the treadmill and taking some time for yourself may seem an impossible luxury. We encourage you to consider this an investment in your own wellbeing and that of those you care for.

The residential retreat will take place from the **evening of the** **29th March to the evening of the 1st April 2022.** The group size will be a maximum of 12, with participants from across the health and social care sectors and related fields, all of whom have been impacted by the challenges of working in the Covid-19 pandemic. The emphasis of the programme will be on sharing experiences and connecting with others. We will lead a series of activities designed to support you in letting go of some of the weight of the past 18 months and remembering what it is that brought you to your work in the first place. We will equip you with tools to support yourself and others moving forward and the 3 days will be followed by an ongoing support network.

The venue is **Windmill Farm Retreat Centre**, in the Oxfordshire countryside north of Swindon (Please note that this is not a religious retreat, the venue itself has a Christian ethos but this does not reflect the content of the programme.)

Please see the Information Sheet below for further details. If you are interested in taking part in the retreat or would like to find out more, please contact **Alison** on **alison.oconnor@southwales.ac.uk** or **07454 137654** for an informal chat and an opportunity to decide whether this is right for you at this time. We anticipate that interest may be high so would encourage you to register your interest by the **11th February 2022**.

Yours sincerely with best wishes,

Simon, Sophie and Alison

**LET GO**

*Restoring Hope – A Response to Moral Injury (MI)*

**The Issue**

Who cares for the people who care for the nation’s health? Many health and social care staff have gone above and beyond to provide care for both Covid-19 and other patients, often placing themselves at personal risk. Some have faced extremely stressful circumstances that have had a long-term impact on their mental and emotional health. **Moral Injury** can be understood as the signature wound of service. It exists in health and social care staff where individual or collective circumstances result in moral distress being experienced.

**Moral Injury(MI) – A Definition and Evidence Base**

* *MI originates at an individual level when a person perpetuates, fails to prevent or bears witness to an act that transgresses deeply held moral beliefs and expectations. This leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs. This can also occur at an organisational level, when serious acts of transgression have been caused by or resulted in a betrayal of what is culturally held to be morally right in a ‘high-stakes’ situation by those who hold legitimate authority. (Shay, 2003, Litz et al, 2009)*
* In the context of the Covid-19 pandemic, MI has been found to be one of the greatest challenges reported by UK National Health Service frontline health-care staﬀ. It is beginning to emerge that there are parallels with those who have suffered as a result of military service despite the difference in context. Dr Margaret McKinnon, the Homewood Chair of Mental Health at McMasters University and Ruth Lanius, MD, PhD, Professor of Psychiatry and the director of PTSD research unit at the University of Western Ontario, have highlighted the levels of PTSD and MI amongst health workers as a result of Covid-19. While PTSD is relatively well documented, MI is less well known, but potentially more relevant.

**The solution**

We are challenging the way emotional distress is understood and managed within the health and social care setting, shifting the paradigm. Spirituality is at the heart of all those that serve, whatever the context, since it sacrifices self-interest to the greater good in a way that leaves the individual vulnerable to mental health issues and burnout. In understanding this we open the door to appreciating the interaction between body, mind and soul using holistic approaches, which can be extended into all areas of well-being and mental health treatment.

**Let Go** has been established to offer 3 day residential retreats during which participants will have the opportunity to:

* Share experiences in an equal and safe space to understand the challenges/trauma that individuals have encountered
* Understand and reconnect with the spiritual dimension eg love, trust, grace, creativity, morale, gratitude, fun and laughter
* Acknowledge the power of group-based approaches and 'talking circles' built on a foundation of transparency, honesty, forgiveness and mutuality in the treatment of mental health and well-being.
* Integrate the concept of post-traumatic growth into the process of healing, understanding that the individual can transform the deepest of struggles into the greatest of strengths and get back on the path to a great life.
* Rebuild community support networks that may have been lost through the use of peer mentoring to create ongoing and sustainable support
* Experience creative approaches centred around self-compassion and recovery

**Is this retreat for you?**

Moral Injury can manifest in a number of ways and its trigger will be different for everyone. Perhaps you have faced:

* Not being able to do the right thing due to financial and institutional constraints, where a rapid response is needed in the absence of an evidence-based solution.
* Not being able to meet the needs of patients.
* Situations where decisions have to be taken quickly as to who lives and who dies.
* Being with dying patients alone.
* Balancing the physical and mental well-being of patients with your own and your family's.
* Feeling the need to carry on working when you no longer have the energy or the enthusiasm.
* Feeling guilt, shame, burnout or exhaustion.

**Who are we?**

The retreat pilot is funded by the Churchill Fellowship and the Cameron Grant Memorial Trust and has been developed from the research findings of three Churchill Fellows. **Simon Edwards** hasbeen a soldier, a coach, a leadership consultant and facilitator but above all is a pioneer.**Alison O’Connor** is a Psychotherapist, Clinical Supervisor and University Lecturer. **Dr Sophie Redlin** is a GP, Mental Health Trainer and Researcher.

**Application Form**

Please complete the following:

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Email |  |
| Job Title and Grade |  |
| Department  |  |

Please briefly describe your experience of working within the pandemic and the impact this has had on you:

The retreat will be centred around group discussions and activities. Do you feel you are currently emotionally resilient enough to participate in reflective group work?

What would you hope to gain from participating in this programme?