

Trauma Response

Guidance following the tragic
events in Manchester and London

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We are indebted to our mental health colleagues across Greater Manchester whose work in developing a systematic response to the attack in their city has provided the main structure to this work. They have been extremely generous in sharing their time, expertise and outputs and we would like to express our heartfelt appreciation to them.

Who is this for?

This guidance is for all health, education and social care providers including 3rd and voluntary sector organisations on how to provide psychosocial support for all those affected by the tragic events in Manchester, London Bridge and Grenfell Tower. The document describes how agencies can support and provide assistance to children and young people, their families, adults and professionals affected by the incidents. The impact of these tragic events will be far reaching and it is not immediately known which areas outside of Manchester and London will be impacted.

Principles

Unprecedented large scale traumatic events will have an impact both directly and indirectly, across families, professionals and our diverse communities. It is important to ensure that we can provide coordinated accessible information and support to all of those who may be affected.



Acknowledging response to trauma

It is important to acknowledge that everyone reacts differently to a traumatic event. Initially it is important that all those affected have access to someone to talk to or to listen informally and that those more significantly affected are identified over time and signposted to individual or 1:1 support.

Key messages for all:

1. Normalise responses to traumatic events
2. Communicate effectively and regularly
3. Make space and time to talk
4. Leaders should be visible
5. Keep messages consistent.
6. It is very common for people to experience distress after a traumatic event. People may feel emotions such as anger, guilt, fear, sadness and helplessness. In most cases, people feel better over the days and weeks that follow the trauma,
7. Immediately after a traumatic event both CYP and adults **benefit most** from general support and **do not benefit** from immediate psychological therapy including counselling as this could impair resilience building.
8. **Do not encourage** people to relive their experience. Evidence shows this leads to worse outcomes this is different from allowing people to talk spontaneously about their experience.
9. Identify those most vulnerable to developing post traumatic mental health needs (such as those with previous history of trauma) and provide additional support and monitoring.
10. Many children and adults do not go onto develop mental health conditions and recover naturally. However, if symptoms are severe or continue beyond 4 weeks further psychological help should be sought
11. Specialist interventions should only be considered when symptoms stay the same or get worse.
12. If symptoms persist, psychological interventions can be effective in helping people. These may include trauma focused Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). People can be referred for psychological treatment by their GP, or self-refer to a local IAPT service; local IAPT services are listed on NHS choices.



Information for parents, children and young people

Children and young people will respond to trauma in different ways over time dependant on their level of involvement in the traumatic event, their age and level of development, certain personal factors that influence their resilience, the availability or otherwise of social support and the degree of disruption to the world in which they live.

There are approaches that support children and young people through this time more effectively which include:

- Let them know that you understand their feelings.
- Listen to children, give them the opportunity to talk if and when they want to.
- Be consistent and reassuring.
- Continue to keep routines and normal daily activities.
- Keep in touch with school/college about supporting a consistent approach.
- Keep them from seeing too much of the traumatic pictures of the event.

There is a variety of information that children & young people can access directly in their own right or with support of an adult / parent / carer.

Please see links below for helpful websites and information leaflets. This information should be made accessible for CYP and parents through locality networks including websites, leaflets, and service information. Consider third and voluntary sector partners in supporting dissemination of advice and support.

Advice if you're upset or made anxious by the news:

(Appropriate for children and young people primary school age and upwards)

<http://www.bbc.co.uk/newsround/13865002>

(Appropriate for older young people 13-25 years)

www.themix.org.uk

Coping after a traumatic event:

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/copingafteratraumaticevent.aspx>

Supporting children after a frightening event: for parents/carers/professionals

<http://www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/supporting-children-after-frightening-event>

<https://childbereavementuk.org/wp-content/uploads/2016/05/1.4b-Supporting-children-after-a-frightening-event.pdf?noredir=true>

Talking about terrorism- Tips for Parents

<https://www.nspcc.org.uk/what-we-do/news-opinion/supporting-children-worried-about-terrorism/>



Information for adults affected

Many of the issues facing children are common to adults too. What is important is to recognise that these are normal responses to trauma and whilst they can be incredibly distressing, many of these symptoms will reduce over time.

Those symptoms can include

- Fear
- Helplessness
- Increased alertness for danger
- Fatigue
- Intrusive thoughts or images of the event
- Nightmares
- Avoidance of places that may remind you of the event
- Anger
- Anxiety

Some things that might help include

- If it helps, talk to someone you feel comfortable with (friends, family, co-workers) about how you are feeling.
- Talk at your own pace and as much as you feel it's useful.
- Be willing to listen to others who may need to talk about how they feel.
- Take time to grieve and cry if you need to. Letting feelings out is helpful in the long run.
- Ask for emotional and practical support from friends, family members, your community or religious centre.
- Try to return to everyday routines and habits. They can be comforting and help you feel less out of sorts. Look after yourself: eat and sleep well, exercise and relax.
- Try to spend some time doing something that feels good and that you enjoy.
- Be understanding about yourself.

Many people go on to recover but some people may require additional help and if symptoms persist beyond 2- 4 weeks then it is worth seeking further advice.

Please see links below for helpful websites.

<http://www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Introduction.aspx>

https://www.psychology.org.au/publications/tip_sheets/trauma/

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/copingafteratraumaticevent.aspx>



Information for GPs and community services

The emotional effects will be felt by survivors, bereaved families, friends, rescue workers, health care workers, and our diverse communities. Distress is very common. It is likely to be strongest in those closest to the incidents, who directly witnessed the aftermath, and who were involved in rescuing and caring for victims and survivors.

The following responses are normal and to be expected in the first few weeks:

- Emotional experiences (shock and numbness, fear and anxiety, helplessness and hopelessness, irritability, reduced confidence and self-esteem, fear of recurrence, guilt)
- Social experiences (regression, withdrawal, interpersonal conflict and avoidance)
- Cognitive experiences (distressing thoughts and images, impaired memory and concentration, confusion and disorientation, hypervigilance)
- Physical experiences (poor sleep, headaches, somatic symptoms, reduced appetite and energy)

Commonly distress should subside over time. In the early stages, psychological professional help is not usually necessary or recommended. Many people recover naturally from these events.

Please provide children, young people and adults who have been affected or are at risk of being affected with advice and information from the web links attached on this briefing paper.

Some people may need additional support to help them cope. For example, young children, people who have experienced other traumatic events happen including secondary additional stresses and people with previous mental health difficulties may be more vulnerable and would benefit from additional support and monitoring.

For most, symptoms will start to resolve after 2 weeks. If symptoms persist beyond this time, additional monitoring should be provided. If symptoms continue after 4 weeks, or are severe, further specialist mental health advice should be sought.



Information for Education settings (including independent, academies, faith schools, universities)

Education settings are key support and communication networks for children and young people and their families following traumatic events such as this. It is the role of the senior management teams within education settings to disseminate information and guidance to ALL staff.

There are a number of things for senior leaders to think about and the following is a list of some of the issues to consider; it is by no means exhaustive.

Key messages:

- Communication with wider education setting community/ victims/ children - messages of safety and reassurance
- It is important to acknowledge the event so children, families and staff know they can talk to education settings about it
- It is important to not encourage people to relive their experience. Evidence shows this leads to worse outcomes this is different from allowing people to talk spontaneously about their experience.
- Ensure you have a way of communicating to parents what is happening in your education setting and to let them know how they can support their child
- Ensure you have identified any child, family or staff member that has been affected (either directly or indirectly)
- Ensure anyone directly impacted has a point of contact within education setting who will provide any liaison

Support and need for routines

It is helpful to have some offer of support which is proportionate to the impact of the incident on your education setting. This can range from having an assembly to having areas and adults available for children, parents and staff to talk to and be together

It is important to continue with routines as these will make children feel safe and secure. We usually advocate for a balance between continuing with routines and providing support

Identifying and monitoring vulnerable groups

Children who have been hurt, have a sibling or relative that has been hurt or killed will clearly need additional attention from education setting staff and it's important to keep lines of communication open, acknowledge their experience and nominate a key adult to liaise with the family and welcome the pupil back when the time comes



Experience and research suggests that children and adults with additional vulnerabilities such as recent bereavements, a history of trauma or mental health issues (whether they have been directly involved in the incident or not) are impacted by such events and would benefit from additional attention and monitoring

Containing trauma

Some children will want to talk about what they have seen and heard. It is important that children are allowed to ask questions and talk. Adults need to be honest about the situation as they are likely to be hearing about it in the media. It is helpful to give messages of safety eg. Nobody is allowed in education setting that we don't know and the police are working hard to keep everyone safe.

It maybe that children in education setting have had direct experience of the incident and in this case it is helpful to make sure they can talk to adults but that they are not sharing the traumatic details of their experiences with other children as this can risk children that weren't actually witness to the incident having secondary trauma. This is a balance between ensuring the child is supported by peers and not isolated, whilst also protecting the peers.

If adults have witnessed or listened to a witness' story it can be beneficial for them to have a debrief with another adult or a psychologist, if done with care. Again the EPS can support with this.

FOR FURTHER INFORMATION PLEASE CONTACT YOUR EDUCATIONAL PSYCHOLOGY TEAM, YOUR NAMED EDUCATION SETTINGS LINK WORKER OR THE DUTY WORKER AT YOUR LOCAL CAMHS TEAM.

Additional resource

Generic Framework for discussion in PSHE

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/generic-framework-discussing-terrorist-attack>



Information for Service Providers

Staff from a wide range of services will be involved either directly or indirectly with the incident itself and the aftermath. It is essential to support staff wellbeing and resilience by having visible leadership (leaders and managers should be available for staff present on the ground to **listen**, support and guide as necessary). It is important to create spaces for staff to talk through and debrief, peer to peer support is key and preferable to sources external. This needs to be in place for staff directly and indirectly affected, and where appropriate providing quick access to occupational health / staff wellbeing.

It is the responsibility of all senior management teams to ensure this information and advice is communicated and implemented across their workforce.

Some key principles for all:

REMEMBER:

Work within a team.

Protect survivors from harm.

Be calm and compassionate.

Listen and be flexible.

Respect culture and diversity.

Give clear and reliable information.

Know local available resources.

Help survivors help themselves.

Know your limits.

Take care of yourself.

