NHS

London Mental Health Response to Major Incidents

Pathway for Adult Victims

July 2017

Adult Pathway: Victims

1. Introduction

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 these pathways. They have been extremely generous in sharing their time, expertise and outputs and we would like to express our heartfelt appreciation to them. We are united in our desire to work together to support those affected by attacks on or major incidents in our cities.

This document outlines the support pathway for adult victims of the recent major incidents in London.

The incidents at Westminster, London Bridge, Grenfell Tower and Finsbury Park were exceptional and able to cause pervasive distress in almost anyone. These circumstances mean that the following groups are at risk of developing Post Traumatic Stress Disorder (PTSD):

- **Victims currently receiving immediate physical health treatment**
- **Family members and friends of the victims**
- **People who witnessed the incidents**
- **Members of the public who were in the vicinity of an incident and had to vacate the area immediately**
- **Those who attended to support as first responders**
- **Those who worked to provide subsequent care in the hospital settings across London**

Many individuals involved in a major incident will suffer short-term effects. In most cases distress is transient and not associated with dysfunction or indicative of people developing mental disorders. Some people’s distress may last longer and is more incapacitating.

The majority of people do not require access to specialist mental healthcare; although a small proportion may do so. It is important to access the right help at the right time, for example providing a single session of debriefing as a form of treatment is not recommended, nor as an immediate response to incident.

Values and 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. This includes visible leadership within affected organisations and accessible, evidence-based support across the region to ensure those affected have access to the right help at the right time.

Key approaches:

- **Acknowledge the importance of anticipated reactions (stress response) to a major incident**
- **Support people to develop and sustain their resilience; consider the important role of parents and carers or other trusted adults**
- **Utilise a multi-agency stepped model of care that provides a holistic continuum of care**
- **Ensure approaches are evidence based and proportional, flexible and timely to respond to the emerging phased needs**
- **Provide clear and consistent messages and communication**
- **Ensure professionals and staff providing support have access to training, consultation and supervision**

Phased Intervention Strategy

A strategy of sequenced responses that prioritises prevention throughout will not only maximise the inherent resilience of London's communities, but will also minimise the potential adverse effects of more intensive interventions, and make the best use of specialist resources within the system.

Phase 1 Guidance – immediate response first two weeks

Provision of Psychosocial Support - This is launched within the first week of an incident and disseminated through community, primary care and specialist services to ensure adults and children and young people are able to access advice and support as necessary through universal services.

Phase 2 Guidance – Weeks two to four

Provision of Psychosocial and Psychological Support - this may include a range of interventions to assist in managing distress, but again with an emphasis on normalising and psychoeducation. This multi-agency care pathway will support implementation of the Phase 2 Guidance.

Phase 3 Guidance – from four weeks onwards

Provision of Psychological Support - more detailed guidance is available for specialist clinical teams to support the delivery of specialist triage and consultation, mental health assessment and delivery of specialist evidence based interventions.

Whilst individuals may be monitored or assessed after four weeks the majority of people will be resilient and will not require specialist treatment. Therefore interventions will not commence for most adults until 12 weeks has elapsed.

A wider and more varied intervention strategy is likely to be required for children and young people and may commence before the 12 week time point. This phase will need to be sustained for two-to-three years. (See separate pathway for children and young people)

Treatment Pathways

The following pathways set out the framework for treating those affected by recent incidents in a 4 step approach:

Phase 1 Preventative/Thriving

Who is this for? People impacted in any way by the events

Who can deliver it? Any first point of contact eg. NHS 111 or primary care provider

What is involved? Skilling up members of the public and people who support them

Phase 2 Early intervention/ Getting Advice

Who is this for? People exposed to the trauma of the events

Who can deliver it? The various provider organisations across London

What is involved? Self-help advice and normalising

Phase 3 Targeted support / Getting help

Who is this for? People exposed to the trauma of the events

Who can deliver it? Various provider organisations across London

What is involved? Monitoring

Phase 4 Specialist support/Getting more help

Who is this for? Adults exposed to the trauma of the events where symptoms are present between four and 12 weeks

Who can deliver it? Local Improving Access to Psychological Therapy Services (IAPT) in the first instance, and Specialist Provider Organisations

What is involved? Brief psychological interventions (five sessions) may be effective if treatment starts within the first month after the traumatic event. Beyond the first month, the duration of treatment is similar to that for chronic PTSD

Targeted Major Incident Support Pathway - Thrive model description of offers to victims of a Major Incident

1. PREVENTATIVE/THRIVING	2. EARLY INTERVENTION/GETTING ADVICE	3. TARGETED SUPPORT/GETTING HELP	4. SPECIALIST SUPPORT/GETTING MORE HELP
Skilling up staff, parents, carers and young people	Monitoring/Signposting/self-management/one off contact or ongoing support	Goal focussed/evidence-based and outcome focussed interventions	Extensive treatment/risk management

Staying Safe

If there is a high risk of self-harm. Then concentrate on the management of this risk first and allow established guidance on managing self-harm

Introduction

This support pathway is specific to the needs of bereaved families and complements the pathways that have been developed for children and young people and adults.

This work draws on materials produced following the Manchester terror attack to ensure that the NHS is consistently following a single pathway approach in the provision of support and treatment to those involved in a major incident.

The information below contextualises the adult pathway into the specific needs of a target population.

General Comments

Large scale traumatic events will both directly and indirectly impact a range of individuals. It is important to ensure coordinated accessible information and support is offered to all of those who may be affected. In these circumstances there is a need for a coordinated response, visible leadership and accessible and evidence based support to ensure everyone has access to the right help at the right time.

Individuals may seek to access support at various points in time and through a range of different sources and routes - the agencies and approaches described in this document are not exhaustive.

This standard model has been developed with an understanding that it is fluid and takes into consideration the specific circumstances of individuals. It is important to remember that an individual may not access support in a chronological manner and this will not prevent them from accessing further support - care will be proportional to their presenting level of need.

Support services will need to operate proactively to identify individuals who may require support. This proactive approach is important due to the low rate of affected individuals seeking treatment following a major incident.

Victims	**Key Approaches**	**Key Approaches**	**Key Approaches**	**Key Approaches**
	A – Identification, monitoring and reassurance of people at risk Promotion of sense of safety (providing reassurance and challenging false negative and anxious ruminations) Promotion of calming (psychoeducation regarding stress responses; strategies to support emotional regulation including breathing exercises, progressive muscle relaxation and mindfulness strategies; sleep strategies) Promotion of self-efficacy (encouraging and empowering re-engagement in routines and activities) Promotion of connectedness (supporting connection with social networks including family and friends) Instilling hope (encouraging expectation that a positive future or outcome is possible) Initial support can be provided by Major Trauma Centres and Acute Trust staff. They are supported by the Mental Health Liaison Teams.	**A – Signposting into NHS Services** Those affected and the general public can use a single point of access into NHS services via NHS 111. NHS 111 will take information from the caller to identify what their immediate needs are in order to triage the patient to the appropriate service. NHS 111 will operate a dedicated major incident line and use clinically appropriate methodologies in how patients are triaged into appropriate services. These service offers include: - Outreach and Screen - Access to Primary Care - Access to IAPT - Access to Secondary Mental Health Services / Highly Specialist Trauma Services - Crisis Services - Third Sector Support - The service offers from NHS 111 will be based on the information provided by the caller speaking with a trained member of staff **B – Outreach and Screen (TBC)**	**A – NICE Recommended Interventions** Access support could be in different settings and includes the following; - Primary Care - IAPT - Voluntary Sector Support **B – GP Primary Care Support** Access to Primary Care could be used for 'watchful waiting' in terms of any initial presenting symptoms experienced by the patient and for any pharmacological interventions. If a patient's symptoms do not improve within a 4 week period than a referral to IAPT is recommended. If a patient **presents with a mixture of symptoms that include those described in the next column,** a referral to Highly Specialist Trauma services and or secondary mental health services would be recommended. **C – IAPT** Patients can access an IAPT service; the service will be responsible for offering timely access to appropriate talking therapies and treatment.	**A – Recognising risk factors** Some individuals may be at higher risk of developing PTSD than the general population. Risk factors may include: - A significant personal history of trauma including developmental trauma, and possibly a previous diagnosis of PTSD - A psychiatric history or a significant family psychiatric history - An absence of a social or supportive network or evidence for significant social isolation - Significant life adversity / stress post-trauma - Trauma severity and / or dissociative response during event - Substance misuse - Traumatic Bereavement These risk factors may precipitate a direct referral to a specialist trauma service and bypass any previous steps described. **B - Secondary Mental Health Services** If a patient presents with complex co-morbidity, extensive previous history of trauma and substance misuse, they should be referred to their local secondary mental health provider for assessment for signs of enduring

	The roles and support process are outlined within each Trust's Major Incident Policy. Key principles are outlined on page 1 **B – Acute Trust, Community Action Centre and Third Sector support** A victim of a major incident will receive immediate physical health treatment via emergency services and a major trauma centre within acute services. Initial support can be provided by trauma centres and acute trust staff. Designated clinical psychologists within the acute sector can be deployed to provide initial response in an integrated and collaborative way with the local mental health Trust. Victims may also be supported by the Mental Health Liaison Teams. The roles and support process are outlined within each Trusts Major Incident Plans Initial support from a nurse within a major trauma centre and or psychiatric liaison service would focus on normalisation and provide practical assistance. However input at this stage would be dependent on the patient's presentation. If a victim is not admitted to acute inpatient care, they may receive	Outreach and Screen is an all-age service offer. Individuals affected by a major incident may gain access to it or learn about this intervention in a variety of ways; - Be notified of Outreach and Screen via accessing physical health interventions via an acute trust - Have a witness statement taken by emergency services like the Police. - Accessing NHS 111 - Victim Support - Humanitarian Assistance Centre If the patient gives consent their contact details will be shared with the 'Outreach and Screen' programme. This service offer will be able to monitor patients over a period of time, undertake specialist assessments, and ensure access to the appropriate mental health service when clinically indicated. This offer will also seek a comprehensive understanding of the outcomes achieved by patients from the mental health treatment/ support provided post-incident. This all-age comprehensive service offer will assess the broader impact and holistic needs of individuals following a major incident. This will	IAPT services may at any time during treatment contact and involve Community Mental Health Services. IAPT services will offer trauma-focused cognitive behavioural therapy and or eye movement desensitization and reprocessing (EMDR). IAPT services also offer talking treatments such as CBT and psychotherapy for Anxiety and Depression. The duration of trauma-focused cognitive behavioural therapy should normally be eight to 12 sessions with each session lasting up to 90 minutes. Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. Patients will on average receive 8-12, 90-minute EMDR therapy sessions. If the local IAPT services do not offer specialist PTSD support it may be necessary to refer to Specialist Trauma services. If the patient is treatment resistant and continues to experience significant difficulties a referral to a highly specialist trauma service should	problems and transferred to specialist services as required. If a patient is referred to secondary mental health services, the receiving service will seek consent from the patient to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the mental health offer provided post major incident. **C – Highly Specialist Trauma Services** Having accessed IAPT services or presenting with high chronicity and treatment resistance, a patient may be more suitable to access highly specialist trauma services. Highly specialist trauma services will be able to provide expertise and highly trained staff in the field of trauma and provide appropriate interventions in line with the presenting need of the patient. If a patient is referred to highly specialist trauma service the service will seek consent from the patient to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the

	initial support via third sector organisations and or the community action centre that will be set up by the local authority post a major incident. A number of third sector organisations exist to provide initial support to victims of a major incident. Initial support will focus on normalisation and practical assistance. In the initial 4 weeks post incident, psychological intervention is not recommended until clinically indicated. Indications of a need for a person to access treatment and support within the initial 4 weeks or need to access Specialist Care are listed under specialist support / getting more help. The following organisations with an expertise to support individuals post a major incident can be contacted via the following; - Victim Support Helpline - Tel: 0808 1689 111 - Cruse National Helpline – Tel - 0808 808 1677 - Red Cross Helpline – Tel: 0800 4589 472 - Mind Infoline Tel: 0300 123 3393 - Click here	include how an individual is affected by the experience and those around them that may also be affected (which could include children). This offer is also open to those who are first responders involved in the major incident.	be considered. Access to these services will be via secondary mental health services. If a patient is referred to IAPT the service will seek consent from the patient to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the mental health offer provided post major incident.	mental health offer provided post major incident.

	The Voluntary and Community Sector can also be contacted for broader support, not specifically just in relation to a major incident. **C – Police Engagement** Victims of a major incident may be in touch with the police post discharge from acute care. This will be for the police to take initial statements and to be part of a pool of those affected by the major incident. At this stage the police can provide initial assistance and reassurance to the individual. The police can use this opportunity to provide information about appropriate mental health services and interventions, particularly the support that is available at the Red Cross, Cruse Bereavement and Victim Support in the first instance followed by NHS 111. If a victim is not in touch with the police their access to support may be initiated by contacting the third sector and or NHS 111.			

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