

# London Mental Health Response to Major Incidents

**Pathway for First Responders**

**July 2017**



# Adult Pathway: First Responders

## 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 first responders affected by 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 First Responders (the full range of staff and volunteers from Public Sector and Voluntary organisations) of a Major Incident.

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

#### Introduction:

This support pathway is specific to the needs of **first responders** and complements the pathways that have been developed for children and young people (CYP) and adults (for more information please click [here](#)). The description below (and subsequent diagram) contextualises the adult pathway into the specific needs of a target population. This work draws on materials produced following the Manchester Arena bombing to ensure that the NHS is consistently following a pathway approach in the provision of support and treatment to those staff groups involved in a major incident. Staff groups should include switchboard, PALS, porters and mortuary staff. This is particularly important for the Coroner designated hospital.

#### General Comments:

Employers should acknowledge that staff may not always actively seek support due to stigma that exists around mental health. It is important that staff well-being programmes and messages are embedded into the culture of each organisation. Large-scale traumatic events will have an impact both directly and indirectly on professionals and their families. It is important to ensure coordinated and accessible information and support is offered to all of those who may be affected.

In these circumstances, there is a need for organisations to have a coordinated response, visible leadership for at least the first 72 hours and accessible and evidence-based support to ensure everyone has access to the right help at the right time. Where possible an integrated approach across acute trusts, psychology and mental health trusts is recommended. Individuals may seek to access support at various points, including accessing crisis services at any point in time, and via a range of different sources and routes. Therefore, the agencies and approaches referenced 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 that this will not preclude them from accessing support, as 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 approach is important due to the low rate of treatment-seeking of affected individuals after a major incident.

It is recognised that Trusts and services have varying levels of resource in the event of a major incident assistance from outside of the organisation should be proportional.

<p><b>First Responders</b></p>	<p><b>Key Approaches</b></p> <p><b>A – Initial Support</b></p> <p>Acknowledge the importance of anticipated reactions (stress response) to a major incident.</p> <p>For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single-session interventions (often referred to as debriefing) that focus on the traumatic incident should <b>not</b> be routine practice when delivering services.</p> <p>For an Occupational health offer of mental health support to NHS staff.</p> <p>To use the established Peer Support systems embedded in professional groups Provide clear and consistent messages and communication.</p> <p>NHS leaflet – <a href="#">Coping with stress following a major incident.</a></p> <p>London Ambulance Service – <a href="#">Traumatic Stress Guidance.</a></p> <p>Employer’s initial response to a major incident includes communicating key messages via their internal websites and communication channels. These include messages of acknowledgement, self-care and support services internal</p>	<p><b>Key Approaches</b></p> <p><b>A – Getting Advice</b></p> <p>To direct to enhanced psychosocial support through community services including: provision of emotional, physical and social support as necessary.</p> <p>To direct where needed to appropriate NHS Services</p> <p>Reinforce support lines where they exist.</p> <p>Staff can contact their Occupational Health teams. What is on offer and access routes will have been communicated as outlined in</p> <p>London Ambulance Service - <a href="#">Traumatic Stress Guidance.</a></p> <p><b>B - Peer Support and Blue Light Champions</b></p> <p>A good practice point is the existence of Peer support Systems. This is a team of volunteer staff trained to listen and offer support to their colleagues. This approach builds resilience into the workforce. Peer supporters will be trained to carry out the role and receive supervision.</p> <p>The <a href="#">Mind Blue Light Programme</a> offers a comprehensive support, education</p>	<p><b>Key Approaches</b></p> <p><b>A – Further Referral</b></p> <p>To support staff to remain in work or to return to work as soon as they are able.</p> <p>Ensure approaches are evidence based and proportional, flexible and timely to respond to the needs professionals.</p> <p>Treatment options that are available via Occupational Health such as counselling should consider the needs of the person and utilise the tools available.</p> <p>Access support could be in different settings and includes the following;</p> <ul style="list-style-type: none"> <li>- Primary Care</li> <li>- IAPT</li> <li>- Voluntary Sector Support including the <a href="#">Blue Light Programme.</a></li> </ul> <p><b>B – GP Primary Care Support</b></p> <p>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.</p> <p>If a patient’s symptoms do not improve within a four week period</p>	<p><b>Key Approaches</b></p> <p><b>A – Treatment</b></p> <p>Some individuals may be at higher risk of developing PTSD than the general population. Risk factors may include:</p> <ul style="list-style-type: none"> <li>- A significant personal history of trauma including developmental trauma, and possibly a previous diagnosis of PTSD;</li> <li>- A psychiatric history or a significant family psychiatric history;</li> <li>- An absence of a social or supportive network or evidence for significant social isolation;</li> <li>- Significant life adversity / stressors post-trauma;</li> <li>- Trauma severity and / or dissociative response during event;</li> <li>- Substance misuse;</li> <li>- Traumatic Bereavement.</li> </ul> <p>These risk factors may precipitate a direct referral to a specialist trauma service and hence bypass any previous steps described.</p>
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	<p>and external to the organisation.</p> <p>London Ambulance Service <a href="#">TRiM Consultations</a>.</p> <p><b>B - Organisational Support</b></p> <p>Employer’s actions include compiling a list of the key people involved in the incident. Employer’s then reach out to this group via telephone/letter.</p> <p>Information that is offered to staff includes:</p> <ul style="list-style-type: none"> <li>- Reinforcing key resilience messages</li> <li>- Reinforcing internal supports</li> <li>- Offering information on external support.</li> </ul> <p><a href="https://www.mind.org.uk/news-campaigns/coping-with-traumatic-events/">https://www.mind.org.uk/news-campaigns/coping-with-traumatic-events/</a></p> <p>Evidence suggests some staff access formal support more local to their home address and outside of their organisation.</p> <p><b>C - External Support</b></p> <p><a href="#">The Blue Light Programme</a> offered by Mind is run by trained staff who understand the nature of the work carried out by first responders.</p>	<p>and training programme. There are plans to extend the programme to include support via local Mind organisations.</p> <p>To direct where needed to appropriate NHS Services</p> <p><b>C - SPOC - 111</b></p> <p>Those affected and the general public can use a single point of access into NHS services via NHS 111.</p> <p>NHS 111 will take information from the caller to identify their immediate needs 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.</p> <p>These service offers could include (but not exhaustive):</p> <ul style="list-style-type: none"> <li>- Outreach and Screen</li> <li>- Access to Primary Care</li> <li>- Access to IAPT</li> <li>- Access to Secondary Mental Health Services / Highly Specialist Trauma Services</li> <li>- Crisis Services</li> <li>- Third Sector Support</li> </ul> <p>The service offers from NHS 111 will be based on the information provided</p>	<p>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.</p> <p><b>C – IAPT</b></p> <p>Patient to access a local IAPT service who will be responsible for offering timely access into appropriate talking therapies and treatment.</p> <p>IAPT services may be prescribed at any time during treatment and if clinically indicated on initial contact may involve Community Mental Health Services.</p> <p>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.</p> <p>The duration of trauma-focused cognitive behavioural (TF-CBT) therapy should normally be eight to 12 sessions with each session lasting up to 90 minutes.</p>	<p><b>B – Secondary Mental Health Services</b></p> <p>If a patient presents with complex co-morbidity, extensive previous history of trauma and substance misuse the patient should be referred their local secondary mental health provider for them to be assessed for signs of enduring problems and transferred to specialist services as required.</p> <p><b>C – Highly Specialist Trauma Services:</b></p> <p>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.</p> <p>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</p>
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		<p>by the caller speaking with a trained member of staff.</p> <p><b>B – Outreach and Screen (TBC)</b></p> <p>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;</p> <ul style="list-style-type: none"> <li>- Be notified of Outreach and Screen via accessing physical health interventions via an acute trust</li> <li>- Have a witness statement taken by emergency services like the Police.</li> <li>- Accessing NHS 111</li> <li>- Victim Support</li> <li>- Humanitarian Assistance Centre</li> </ul> <p>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.</p>	<p>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 dependent on presenting issues.</p> <p>If the local IAPT services do not offer specialist PTSD support it may be necessary to refer to Specialist Trauma services.</p> <p>If the patient is treatment resistant and continues to experience significant difficulties, a referral to a highly specialist trauma service should be considered. Access to these services will be via secondary mental health services.</p> <p>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. So that there is a comprehensive understanding of the mental health offer provided post major incident.</p>	<p>the intervention provided to the patient. So that there is a comprehensive understanding of the mental health offer provided post major incident.</p>
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This all-age comprehensive service offer will assess the broader impact and holistic needs of individuals following a major incident. This will 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.

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