



Responding to psychosocial health as part of a trauma response in an emergency setting:

A briefing for Directors of Public Health, commissioners and service providers

Public Mental Health Special Interest Group, Faculty of Public Health

Key messages

In the aftermath of an emergency incident, practitioners should:

- Initially focus on meeting practical needs in terms of basic services and security, including shelter, safety, income etc, in addition to work to reunite disrupted/ displaced communities. This requires multi agency working.
- Develop clear communication messages early on, including that it is normal to have strong emotional responses to traumatic events. Communications should include working closely with local partners to develop key messages that are practical and evidence-based, including dispelling any unhelpful rumours. Directors of Public Health may wish to consult a psychologist skilled in this area, their local Mental Health Service or use relevant resources (see agencies and resources listed at the end of the briefing).
- Recognise that most young people and adults of all ages, from all communities and cultures, will benefit from general social support and will not need specific formal psychological therapy or counselling in the early stages. Some people may need specific assistance or urgent support, for example people with pre-existing mental health conditions or whose access to medication is disrupted. Visible access to support is needed for this latter group.
- Provide space for communities and individuals to talk and listen without needing to relive the experiences of a traumatic event. Trained people who understand the specific cultural needs within communities in addition to the signs and symptoms of trauma can be helpful.
- Most young people and adults do not go on to develop mental health conditions and recover naturally. If symptoms are severe or continue for more than four weeks, encourage contact with a specialist mental health service through a trusted source (e.g. GP, council or NHS website)

Sources of key information can be found at the end of this briefing.

Introduction

Recent times have seen several major emergencies in the UK that generate a wide range of psychological and social challenges at individual, family, and community levels and to the responding workforce. This includes acute short-term impacts in addition to much longer potential impacts on the mental health and well-being of affected populations. Major emergencies range from extreme environmental events, such as flooding and fires, to terrorist attacks.

This briefing aims to provide a summary of key principles for Directors of Public Health and partners (such as those working in educational establishments, community, social care and healthcare settings) to help prepare and plan for emergency responses, ensuring that the impacts of trauma on psychosocial health and well-being are considered. It seeks to complement existing resources in addition to signposting where additional information exists at a national and international level.

Defining trauma, psychosocial support and the public health role

Trauma can refer to events or circumstances that are experienced as harmful or life-threatening and can have lasting impacts on mental, physical, emotional and/ or social well-being (SAMSHA, 2014). Trauma is a normal part of a human response to major emergencies and may not require specific medical support unless Post Traumatic Stress Disorder (PTSD) is diagnosed. Psychosocial support refers to support that reduces psychological and social problems. A [Mental Health Foundation](#) guide outlines the impact of traumatic events on mental health.

A public health approach to trauma response in an emergency setting can be defined in the following way, though these functions are likely to overlap as part of a wider system response:

Health protection	Being part of or leading on an integrated emergency management response, involving assessment, preparation (for example, resilience planning), response and recovery.
Health improvement	Increasing resilience and wellbeing at a population level. Understanding the needs, social and cultural context of population groups affected and working with communities effectively in the roll out of an emergency response.
Health care response	Identifying a range of bio-psycho-social interventions that can help with acute and longer-term population concerns.

The general roles for a Director of Public Health in response to a major incident are described in an Association of Directors of Public Health [major incidents checklist](#) published in 2018. Public health specialists working in the UK armed forces will also have experience of responding to emergency incidents.

The following steps are recommended when planning and responding to an emergency:

BEFORE THE EVENT

1. Building psychosocial resilience as part of emergency planning

This planning needs to involve the emergency sector, community groups, businesses and the healthcare sector and include training time away from routine work that includes provision of psychosocial support in simulation exercises and attention to its role in communication plans. In addition, there needs to be consideration of what resources and additional services may need to be in place for appropriate psychosocial support. A number of localities have developed or are developing community responder networks, representative of the demographics of their local communities and who can be mobilised quickly in the event of a major incident. In addition, there may be useful links to ongoing local activity to build community resilience.

Further information can be found at:

- The independent review ([The Kerslake Report](#)) into the emergency response and preparedness to the Manchester Arena Attack in May 2017.
- [Best Practice Guidelines: Supporting Communities Before, During and After Collective Trauma Events](#) by the Australian Red Cross focuses on psychosocial population health needs using international learning including from the Manchester Arena terror attack.

DURING THE EVENT

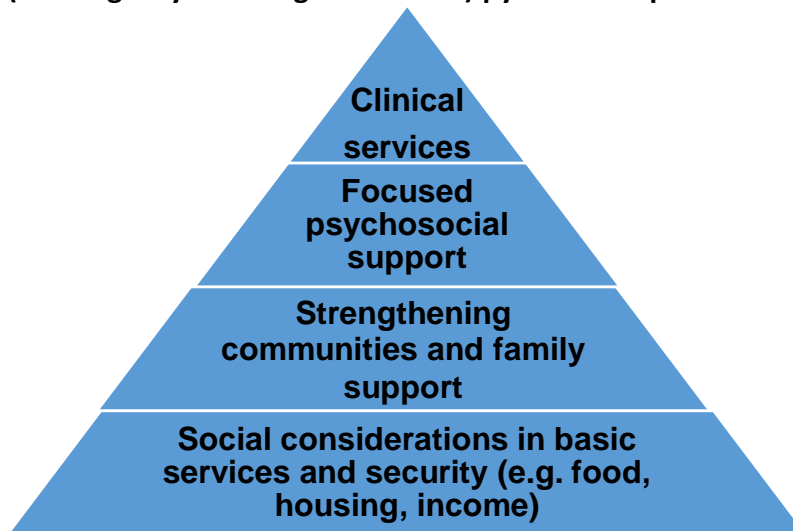
2. Knowing the population affected

Emergency population registration lists can help identify the households and population groups affected and support where targeted assistance may be required. If carried out on a consistent and comprehensive basis population registration lists can also help link up relatives searching for family members. Local community intelligence, especially about Black and Minority Ethnic (BAME) communities, can also be very important in providing family support.

3. Understanding the priorities of the affected population

Responses to trauma need to understand and listen to the current contexts and conditions of people's lives and what is therefore felt as the greatest area of concern for the affected group. The need for stable and secure housing may be the first area to prioritise, for example as was observed after the 2017 Grenfell Fire. Responding to practical needs first can then allow space for individuals and groups to start thinking about their health needs and seek support. Use of the **IASC pyramid** based on Maslow's hierarchy of needs can guide thinking about what support needs to be provided and when.

Figure 1: IASC (Inter Agency Standing Committee) pyramid adapted



4. Ensuring a multi-agency approach to mental health support and trauma response

It is important to recognise in the preparation, response and recovery stages that a wide range of services can provide mental health and well-being support, for example schools, workplaces and voluntary sector partners. This takes into account that:

- Many people may be unaware that trauma has affected their mental health. Organisations outside of healthcare can therefore play an important role in helping identify emotional needs and potentially provide general support.
- There may be a reluctance to contact health services owing to barriers such as stigma or not wanting to take up health practitioner time.

Training in the provision of practical, social and emotional emergency response support can prepare a wide range of responders in different organisational settings. A multiagency approach can also support the identification of population groups at increased risk of trauma, for example pregnant women, people with mental or substance misuse disorders, people with long term conditions, children and responders. Population screening may also take place as part of an emergency response, for example as part of follow up support for UK citizens affected by the Tunisia beach attack in 2015.

Where therapeutic support is offered (for example, when symptoms are severe or ongoing) it needs to be from a verified, trusted provider as there are likely to be a wide number of offers of support following a major incident.

Seminal paper: Five evidence-informed principles to guide psychosocial interventions on the aftermath of disasters and mass traumas (Hobfoll et al, 2007)

The above paper is considered key to thinking about psychosocial health needs in an emergency response. The five principles are:

- Promoting a sense of safety* – Including supporting identification of loved ones and a trusted and organised leadership approach.
- Promoting calming* – For example, ways to increase a sense of control such as stress management and problem-solving techniques.
- Promoting a sense of self-efficacy and community efficacy* – Including family support and working with communities to improve the local environment.

- d) *Promoting connectedness* – Including a wide range of social support.
- e) *Instilling hope* – Including learning and future planning.

Guidelines recommend for the above to be promoted within social systems and structures as well as psychological interventions (*Review of the literature on best practices before, during and after Collective Trauma Events*, Australian Red Cross, 2018)

5. Use of peer and community support following an incident

Social support can help protect and assist mental health and psychosocial well-being in the early phase of an emergency, for example, enhancing family and community networks. It is important to support communities to come together, helping provide space for 'sense making', such as creating a survivor narrative, and allowing members of the community to help each other and give back. An example of such practice is the community led recovery approach following the 2017 Grenfell fire, for example community groups leading public campaigns and anti-stigma messages.

It is worth exploring what links already exist with local organisations to help facilitate a community response, for example community partnerships with the fire and rescue services. Psychosocial support networks can also help people recover from major incidents, such as bereaved and survivor support groups.

6. Ensure good and effective communication, including use of social media

The DPH will need to work closely with media from the emergency services and the local authority to help shape messages which are evidence-based and can help minimize unhelpful rumours. This includes preparing for and engaging with:

- Local media (for example directing the public to sources of information and different forms of support)
- Standard public email responses for key services (such as response time frames)
- Key messages for social media such as twitter feeds and Facebook.

Social media is likely to be an important way that the public is receiving information, providing reach to a wide range of people. However, it also needs monitoring in terms of any spreading of misconceptions following an event and potential use of images that may increase distress. It is also important to remember the role of face to face communication such as public meetings to reach people without access to social media or where access has been disrupted.

One example of encouraging standard messaging following an emergency incident is on the [NHS London Clinical networks website](#), building on communications used post the Manchester terrorist attack. This encourages the use of social media as a way of cascading messages around resilience and mental health support. The British Psychological Society website includes information on [advice for families, friends and caregivers](#) when affected by major traumatic incidents and support on media communication can also be accessed from the [UK Psychological Trauma Society](#).

AFTER THE EVENT

7. Health and well-being of emergency responders

Responders to emergency, traumatic incidents may include police, fire, emergency healthcare responders, community volunteers and people working in safeguarding. Depending on the scale of the emergency incident, additional responder teams may be drafted in from around the local and national geographic area to provide support. They are likely to suffer from trauma and exhaustion as a result of their involvement.

[Research by PHE's Behavioural Science](#) team identifies early interventions (for example stress management techniques and coping strategies) that can help emergency response organisations manage post incident trauma when delivered in a manner that respect organisational culture, are supported by senior management and harness existing social cohesion and peer support. Mindfulness practice is also cited as a way to promote recovery following exposure to trauma. This intelligence can be used by Directors of Public Health when advising Human Resource teams. The Chartered Institute of Personnel and Development also [provides guidance](#) for HR professionals on responding to Post Traumatic Stress Disorder (PTSD).

Consideration should also be given to the families of emergency responders. Tips for families that can be adjusted to the local context can be found on the [US Department of Health and Human Services](#) website.

8. Learning and monitoring impacts of mental health interventions and support

Learning from responses is an important aspect of helping other areas prepare for similar types of situations. Ways of capturing this includes evaluation of interventions or from multiagency learning logs that are then shared, for example through national and local emergency preparedness leads, dissemination of briefings and reports through local networks and publications.

EQ Recovery Learning: Shared insights from the Canterbury earthquakes

A recovery learning platform established by the New Zealand government to share relevant insights and experiences to support leaders and communities involved in recovery efforts. <https://www.eqrecoverylearning.org/about/>

National information links:

The Association of Directors of Public Health: Major Incidents Checklist for Directors of Public Health Based on learning from the English system it outlines the Director of Public Health (DPH) role in major incidents in addition to a checklist for consideration by a DPH in the event of an incident.

<https://www.adph.org.uk/wp-content/uploads/2018/01/Major-Incidents-Checklist-for-Directors-of-Public-Health.pdf>

Impact of Traumatic Events on Mental Health leaflet (Mental Health Foundation)

<https://www.mentalhealth.org.uk/publications/impact-traumatic-events-mental-health>

Guidance on Managing Traumatic Events in the Workplace, UK Employee Assistance Professionals Association

<https://www.eapa.org.uk/wp-content/uploads/2018/01/UK-EAPA-Factsheet-Managing-traumatic-events-in-the-workplace-January-2018.pdf>

NHS leaflet, *Coping with stress following a major incident*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/617321/nhs_trauma_leaflet.pdf

National Institute for Health and Care Excellence (NICE) (2018) *Post-traumatic stress disorder NICE guideline* [NG116]

Available at: <https://www.nice.org.uk/guidance/NG116>

British Psychological Society Crisis, Disaster and Trauma Psychology Section

Training, resources and support from Psychologists working in this field

<https://www.bps.org.uk/member-microsites/crisis-disaster-and-trauma-psychology-section/resources>

UK Psychological Trauma Society (UKPTS)

Guidance for multi-professionals working in the field of psycho trauma.

<http://www.ukpts.co.uk/guidance.html>

Communities and Local Government

Guidance on engaging faith communities in civil resilience

<https://webarchive.nationalarchives.gov.uk/20120920020423/http://www.communities.gov.uk/documents/communities/pdf/846112.pdf>

EPC College

Training provider that forms part of the Cabinet Office Civil Contingencies Secretariat to support organisations develop resilience plans for major incidents.

<https://www.epcresilience.com/>

Guidance from Gov.uk: Support for victims of terrorist

<https://victimsofterrorism.campaign.gov.uk/>

National Victim Support 0808 16 89 111 (accessible 24 hours)

Every Mind Matters platform <https://www.nhs.uk/oneyou/every-mind-matters/>

Local resources:

London Incident Support Pathways

Healthcare pathways developed to help services and communities respond to the needs of those people who are experiencing distress following the major incidents in London in 2017.

<https://www.healthylondon.org/resource/london-incident-support-pathways/>

NHS London Clinical Networks website

Key messages for promoting resilience following a major incident.

<http://www.londonscn.nhs.uk/networks/mental-health-dementia-neuroscience/mental-health/responding-to-terrorist-attacks-pathways-and-guidance/>

A summary of key lessons from faith groups following the 2017 Grenfell fire:

<https://www.theosthinktank.co.uk/research/2018/12/14/prepare-your-church-for-emergency-response-lessons-from-grenfell> and **Grenfell wellbeing support website:**
<https://grenfellwellbeing.com/>

Faculty of Public Health film: Addressing emotional wellbeing as part of the public health response to flood recovery in Somerset. Available at:

<https://www.youtube.com/watch?v=zAOR8U70ihQ>

International resources:

WHO (2017) Health Emergency and Disaster Risk Management Fact sheet: Mental Health and Psychosocial support. Available at:

<https://www.who.int/hac/techguidance/preparedness/factsheets/en/>

IASC (2017) Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Settings. Available at:

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>

References in text:

Hobfoll, S, Watson, P, Bell, C, Bryant, R, Brymer M et al. Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. *Psychiatry: Interpersonal and Biological Processes* 2007 70, 4, 283-315

SAMSHA (2014) *Concept of Trauma and Guidance for a Trauma -Informed Approach*.

Available at: <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>

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