



## Appendix 6

# Physical and Psychological Health Issues

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Any major incident is about people, the timely response to the incident and the management and support given to those affected. Research demonstrates that

‘..... all major emergencies are not only physical events but also *psycho-social* events involving people.’ (Eyre 2006)<sup>1</sup>

People will be affected from the time of impact, and their need for support may continue in the short to longer term.

Health & Social Care Trusts in Northern Ireland have established Crisis Support Teams to provide the initial response to a major incident. Their role is to provide the short term psycho-social support needed by victims and their families, with referral as appropriate to mainstream health and social care services as soon as possible. At this stage it is about support and advice. Counseling may be needed at the next or later stages. The involvement of these teams is usually as part of a multi agency response. As appropriate the Trusts will take responsibility for establishing humanitarian centres in conjunction with the local Council, or the airports, or port authorities. Protocols exist for an emergency response.

It is important to remember that Trusts bring statutory authority to an incident through, for example, a general duty of care, and responsibilities under children’s and mental health legislation.

The nature of the incident may well dictate the number of people involved - from victims and their immediate family and friends to local communities. It may thus identify those needing support from Health & Social Care Trusts.

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<sup>1</sup> Eyre, Anne (2006) LITERATURE AND BEST PRACTICE REVIEW AND ASSESSMENT: IDENTIFYING PEOPLE’S NEEDS IN MAJOR EMERGENCIES AND BEST PRACTICE IN HUMANITARIAN RESPONSE, Department for Culture, Media and Sport, London, p19

The seriously physically injured will enter acute mainstream services immediately through admission to hospital. Depending on need, care may continue in the community from a range of services including the family doctor, district nursing, mental health services and social care services. Local communities may also provide support services in response to the incident.

Eyre highlights that:

- 'Most traumatic stress reactions after disaster are temporary. Information and activities which normalise reactions, protect social resources and signpost further sources of support are fundamental to good psycho-social response.
- In the case of extreme traumatic reactions, such as PTSD, referral to specialist help and treatment is necessary.' (Eyre 2006)<sup>2</sup>

The National Institute for Clinical Excellence (NICE) guidelines for treating post traumatic stress disorder (PTSD) suggest that in terms of early intervention brief, single-session interventions (debriefings) which focus on the traumatic incident should not be routine practice when delivering services (NICE, 2005)<sup>3</sup>. Instead, where symptoms are mild and have been present for less than four weeks after the incident, a process of monitoring should be considered. For individuals at high risk of developing PTSD following a major disaster, NICE suggests that consideration should be given to the routine use of a brief screening instrument for PTSD at one month after the disaster.

Where trauma-focused treatment becomes necessary, NICE (2005) recommends that therapy be offered on an individual outpatient basis. In

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<sup>2</sup> Ibid p42

<sup>3</sup> NICE (National Institute for Clinical Excellence) (2005) Post Traumatic Stress Disorder (PTSD): The Management of PTSD in Adults and Children in Primary and Secondary Care Clinical Guideline 26; Quick Reference Guide March 2005 p3

Terms of disaster planning, it is suggested that plans should contain provision for a fully coordinated psycho-social response.

In the Belfast Trust two specialist trauma centres and a range of mental health services provide longer term therapeutic support to victims and their families.

Currently Trusts relate to area Boards who have Public Health staff to monitor the health implications of a major incident.

The needs of those responding to an incident will vary. Roles must be clearly defined in the planning process both within and between agencies. This includes the authority, support and relief given to staff.

Staff need to have clearly defined roles with delegated authority to respond to need; they need to have the support of a management structure that will provide all that is needed in the response and having cover to relieve staff to sustain a protracted emergency.

However, one of the biggest needs is training for responders and this should cover:

- Training for the role that each responder will take;
- Planned, controlled exercises both desk top and live;
- Learning from the exercises;
- Learning from an actual live event.