

# 'The heart of the process' – emotional support after the Manchester Attack

To those of us involved in treating children, young people and adults who have experienced psychological trauma it came as no surprise that the Kerslake Review into the Manchester Arena attack, commissioned by the Mayor of Greater Manchester, Andy Burnham, who 'made it clear from the beginning that the experiences of bereaved families, the injured and others directly affected should be at the heart of the process'. It recognised that 'the need for emotional support after being involved in an event such as this is almost universal, whether a member of the public or involved professionally'.

**Words: Helen Lambert, Clare Jones and Alan Barrett, Service and Clinical Leads, Manchester Resilience Hub.**

The Kerslake Review went on to recommend that 'emergency plans for major incidents should incorporate comprehensive contingencies for the provision of mental health support to adults, children, young people, families and responders'.

While NHS acute colleagues in ambulance services and hospitals have routinely planned, practised and reviewed how to respond to major incidents, services have identified opportunities to ensure this will include the offer of immediate NHS specialist mental health support.

Nationally commissioned charities such as the British Red Cross, Foundation for Peace and Victim Support provided immediate emotional and practical support face-to-face, online and on the phone to victims and witnesses of the Arena attack.

Greater Manchester Health and Social Care Partnership (GMHSC Partnership), part of the devolved administration arrangements in Greater Manchester, established a group on mental health needs the day after the incident. The group, which included NHS clinicians, members of the mental health Strategic Clinical Networks and voluntary sector colleagues (local and national), developed a strategy which drew on learning from previous international terror incidents, leading to the creation of the Manchester Resilience Hub. Meanwhile, at an operational level, senior staff from psychological therapies and other mental health services made themselves known to Silver Command on hospital sites and simply got on with offering support. This involved supporting front line staff to enable them to continue their roles; from the provision of a space within which to 'process their shift' where food, drink and a listening ear was available to facilitation of therapy when indicated. Also when requested by acute care colleagues, direct support to the injured and their relatives and friends was provided. Within five days, a dedicated telephone helpline and e-mail, staffed by NHS clinicians, was advertised to all professionals involved in the response.



## Outreach screening programme

Following the London 7/7 attacks, the UK's first 'screen and treat' service was mobilised to follow up those affected. A similar model was repeated after a number of UK tourists were affected by the Tunisia beach attacks, in 2015. What was clear from these programmes, and other international attacks, is that following the initial wave of physically injured there comes a much larger tail of psychologically injured presenting in the weeks, months and years after the incident.

The Manchester Resilience Hub was launched on 17 July, seven weeks after the attack, staffed by mental health clinicians from child and adolescent mental health services and adult mental health services from all four NHS trusts, providing mental health care and treatment across Greater Manchester, using a customised web-based clinical system.

**"There is now widespread agreement about the need for improved communications about emotional wellbeing after any future incidents."**

Initially the hub took direct referrals from partner agencies before proactively e-mailing out to all online ticket purchasers for the concert in early September 2017 inviting them to complete online screening questionnaires. All those registered with the hub were invited to repeat the online screening in November 2017, February and May 2018. To date, we have 3280 individuals known to the hub. Overall more than 60% of respondents have scored within the clinical range for psychological trauma at some point during the 12 months after the attack, with the incidence higher among children and young people than adults.

The hub recognises that those affected come from across the UK, predominantly the north of England, and works hard to assure equitable access to support. It does this through telephone support comprising clinical triage, psycho-educational support and, for those who need it, facilitation into local evidence-based



psychological and mental health treatment services. We believe building relationships with families allows us to check in with them regularly, and that strengthening a family's day-to-day support structure is crucial. Referring initially to the NHS is the best safeguard we have in ensuring appropriate, evidenced help is available to those affected. Our model is being evaluated to see whether our intuitive sense of its value and the largely positive feedback we've had from our clients, can be independently quantified.

## Wider system support

In addition to supporting individuals affected we have also provided psychologically informed advice and consultation to other organisations supporting those affected such as staff in schools and colleges, the We Love Manchester Fund and local authority staff. Working with our colleagues across various sectors has highlighted the need for greater involvement by mental health services in planning and practising for major incidents to ensure that the public and professionals receive clear, evidence-based advice. The hub is now represented on the Greater Manchester Local Health Resilience Partnership (LHRP) and contributing to emergency preparedness, resilience and response discussions at system level.

Following the attack there was often a variable mental health offer from a variety of individuals and organisations. The Kerslake Review noted 'a further complicating factor is the range of different opinions and approaches about how and when to intervene with

counselling, therapies and treatment'. Although, GMHSC Partnership did use NHS England and Public Health England communications networks to issue advice 'the Panel deduces that these messages were not always received given the experience of some Review participants'. There is now widespread agreement about the need for improved communications about emotional wellbeing after any future incident; particularly the need to have pre-prepared core messages based on clinical consensus of best practice and making greater use of alternative stakeholder networks, outlets and social media to deliver consistent messages. Our engagement at LHRP will help drive that work forward.

### Enhanced provision

Providing trauma-focused therapy to individuals who need it is part of the NHS mental health core offer. Through the hub we have been able to offer a range of additional support to individuals and families, including: planned return visits to the Arena and the use of new technologies to allow people to experience a virtual visit through the use of a 360 degree video headset, as part of their recovery; home visits, sometimes with other professionals, to help families formulate their difficulties and make clear care plans together as a family; one day workshops with a focus on 'Overcoming Trauma' for families and individuals delivered in partnership with the police and third sector agencies. 99% of attendees said they would recommend the event to others; and training events, including clinical skills update for trauma therapists, an anniversary planning conference for schools and colleges, and bespoke training and support packages for individual schools and parents who had been particularly affected by the attack.



*New technologies allowed people to experience a virtual return visit to the Manchester Arena through the use of a 360° video headset, as part of their recovery.*

Feedback from all of the above has highlighted both the gap in knowledge about the impact of trauma and the value of bringing those impacted together at safely facilitated events. 100% of the parents at school-based events agreed that they 'found the information about trauma, anxiety and grief helpful' and the professionals' response was summed up by the teacher who wrote, 'I can use things learnt from today to apply to students suffering from trauma. Brilliant information provided'. One workshop participant wrote, 'meeting people in a similar position who understand exactly how you feel as so many will never understand, was the most helpful thing'.

### Conclusion

The Manchester Arena attack was the largest terror attack in the UK since 7/7, targeting children, young people and families at a music concert. It needed an extraordinary response from NHS mental health services who stepped up quickly, bearing testament to what can be achieved when different organisations come together with a shared aim of 'doing the right thing'.

Our experience has shown that individuals really welcomed the outreach approach, families like being supported together and that creating a safe space for those affected to meet and share their experiences and journey to recovery is highly valued.


### Flexible support

Our online survey is clear that there is much we are doing that is appreciated 'I found the service excellent, I cannot fault the care I received' and it 'was huge in our recovery process' but equally it hasn't met everyone's need.

Those affected need flexible offers of support as individuals and families' journeys to recovery after psychological trauma vary. The Manchester Resilience Hub will need to continue learning, developing and tailoring the offer to meet the changing needs of our clients and the wider system.

In the survey, one of our clients wrote, 'I wish the Hub had been there from 23rd May'. Our focus now in Greater Manchester is to 'build back better' and ensure that if, or when, another major incident occurs, mental health support will be available within hours through our experience with the Resilience Hub.

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