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The impact on those who responded to the incident

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Clinical and professional lead
Psychological therapies

Workforce involved

- Ist responders – GMP, Transport Police, Fire and Ambulance services
- A and E staff
- In patient ward staff
- Mortuary and coroners staff
- Porters, telephonists, admin staff
- Gold/ silver command level staff
- Mental health staff
- Bereavement staff
- Red Cross, Victim support, DMS, 42nd street
- Arena staff, taxi drivers, hotel staff
- Etihad staff
- Media

What made this different?

- Intensity of the event, type of trauma especially children and young people
- Scale of event: staff drafted in from other areas, Police, FLOs and mortuary staff, Red cross
- In the immediate aftermath - Length of time before they could secure the scene and access the injured.
- Secondary issues at the Royal Oldham site
- Subsequently - Length of time to identify all the victims, ongoing police raids. State of high alert
- Out of area patients and length of stay in hospital
- Managing their own personal response as a GM resident
- Boundaries and emotional responses to an incident of this kind

In the first 9 days…...

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- Visibility of mental health staff " on the ground" – being present almost immediately
- "Softly softly" approach – being useful
- Opportunity to "normalise" in situ.
- Direct working with in patients and their families
- Guidance for clinicians working with victims and their families both in mental health and non mental health settings including education and local authority
- Access into acute care teams
- Dedicated staff number and email available within 2 days of event
- Attendance at formal debrief sessions
- Advice on the safety of other offers and the appropriate evidence base

What facilitated this….

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- System leadership and expertise on evidence based trauma approaches
- Existing SCN and links to IAPT and the MVS and GM CAMHS model development
- The ability to draw upon expertise from Adult and CAMHS services
- Existing relationships with acute care colleagues, police, NWAS, fire and rescue, Third sector colleagues
- Value of liaison services and RAID
- Willingness to work in partnership
- Willingness to go the extra mile

Ongoing offer

- Participation in screening programme
- Using existing structures – IAPT, Occupational Health services, Staff well being services
- Acute Trusts are identifying people who are really struggling and seeking support
- GMP identifying 1200 staff across GM and other forces affected – enhancing their own staff support offer
- NWAS – increasing access to private therapy
- Awareness of impact on people with pre existing trauma issues
- Senior staff offer
- Schwartz offer
- Psychological “best practice “ offer

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Particular barriers for workforce

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- Stigma and culture - last to ask for help
- Delayed seeking of help
- Shame
- Guilt
- Cumulative trauma
- Trust and confidence in Occupational health services

IAPT workforce

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- Numbers of staff trained in Trauma focussed CBT and EMDR
- Access to trauma focussed therapies not equitable across NW
- Access criteria is variable especially in CAMHS
- Shortage of family therapists
- CURVE training CBT 1st August
- CURVE training EMDR 17th August
- Training Video
- “Top deck” workshops provided by the Hub
- Supervision and Consultancy

Staff well being

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- Its “difficult” work
- Part time staff at the Hub to avoid burnout
- Cumulative trauma
- Recognising your own vulnerabilities
- Recognising your own response to the event
- Importance of supervision and support
- Looking after your teams

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