Manchester Arena Incident
GMHSC Response to Psychological Trauma

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Manchester Arena
10:35pm: Explosion reported in foyer area
Trinity Way
Box office
Stage
Victoria railway station
Hunts Bank
Entrance/Exit
Google maps

Organisational Response

- There was a response that evening not through a coordinated plan, but through the caring and desire to support by colleagues across the system
- The following morning as people were waking to the news the NHS provider organisations and VCSE community across Manchester initiated a plan of support
- In the early stages focussing upon first responders and those who had been physically injured or bereaved.
- But also ensuring normalising messages about trauma responses were visible to the general public.

Phased Based Response

- A phased based intervention strategy which prioritises prevention throughout, will not only maximise our communities inherent resilience but will also minimise the potential adverse effects of more intensive interventions and finally make the best use of specialist resources within the system.

Phase I

Commenced immediately after the incident

- Specialist interventions for those whose experienced bereavement or physical injury.
- Specialist interventions for First Responders.
- City wide response from all provider organisations voluntary and statutory to provide a coordinated response at short notice.
- Provision of Psychosocial Support (Universal offer).
- Managing external offer

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Support from all quarters

- Major task to ensure that offers of support were understood in terms of what they were actually offering.
- Needed to be robust to ensure if the offer of support did not fit with the treatment pathway or have data to suggest efficacy the team were clear to decline those offers

- There were incredible healing powers embedded within the community
- Perhaps not always felt the further away from Manchester you lived

Key Approaches:

- Identification and monitoring of people at risk
- Enhanced psychosocial support through community services including; provision of emotional, physical and social support as necessary
- Promotion of sense of safety (providing reassurance and challenging false negative and anxious ruminations)
- Promotion of calming (psychoeducation regarding stress responses; strategies to support emotional regulation including breathing exercises, progressive muscle relaxation and mindfulness strategies; sleep strategies)
- Promotion of self-efficacy (encouraging and empowering re-engagement in routines and activities)
- Promotion of connectedness (supporting connection with social networks including family and friends)
- Instilling hope (encouraging expectation that a positive future or outcome is possible)
- Provision of support for parents and carers affected
- Specialist telephone consultation and review of needs

- As part of this strategy, we proposed the establishment of a single point of contact for CYP and Adults.

Victim Support 0808 168 9111

MIRP helpline 0333 009 5071

Phase II

- The crux of the phase 2 offer is to reinforce the messages of normalisation through an assertive outreach model of prevention and early intervention to minimise long term disability for people who are unlikely to access services through existing services.

Phase III

- Provision of Psychological Support -A 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 post 4 weeks the majority of cases will still go on to have a good outcome without the need for specialist treatment therefore these interventions will not commence for most adults until 12 weeks has elapsed. However, a wider and more varied intervention strategy is likely for CYP and may commence before the 12 week time point.
- Screening and outreach Program
- This phase will need to be sustained for 2 - 3 years.

Thank you

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