NHS
Manchester
Resilience Hub

Manchester Resilience Hub

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Overview

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Summary of the Manchester Arena Attack

What is the Resilience Hub and who is it for?

Setting up and staffing the hub.

The Screening process & Numbers so far

IAPT - What's working well & Challenges

What can the Hub do for you and visa versa?

The attack

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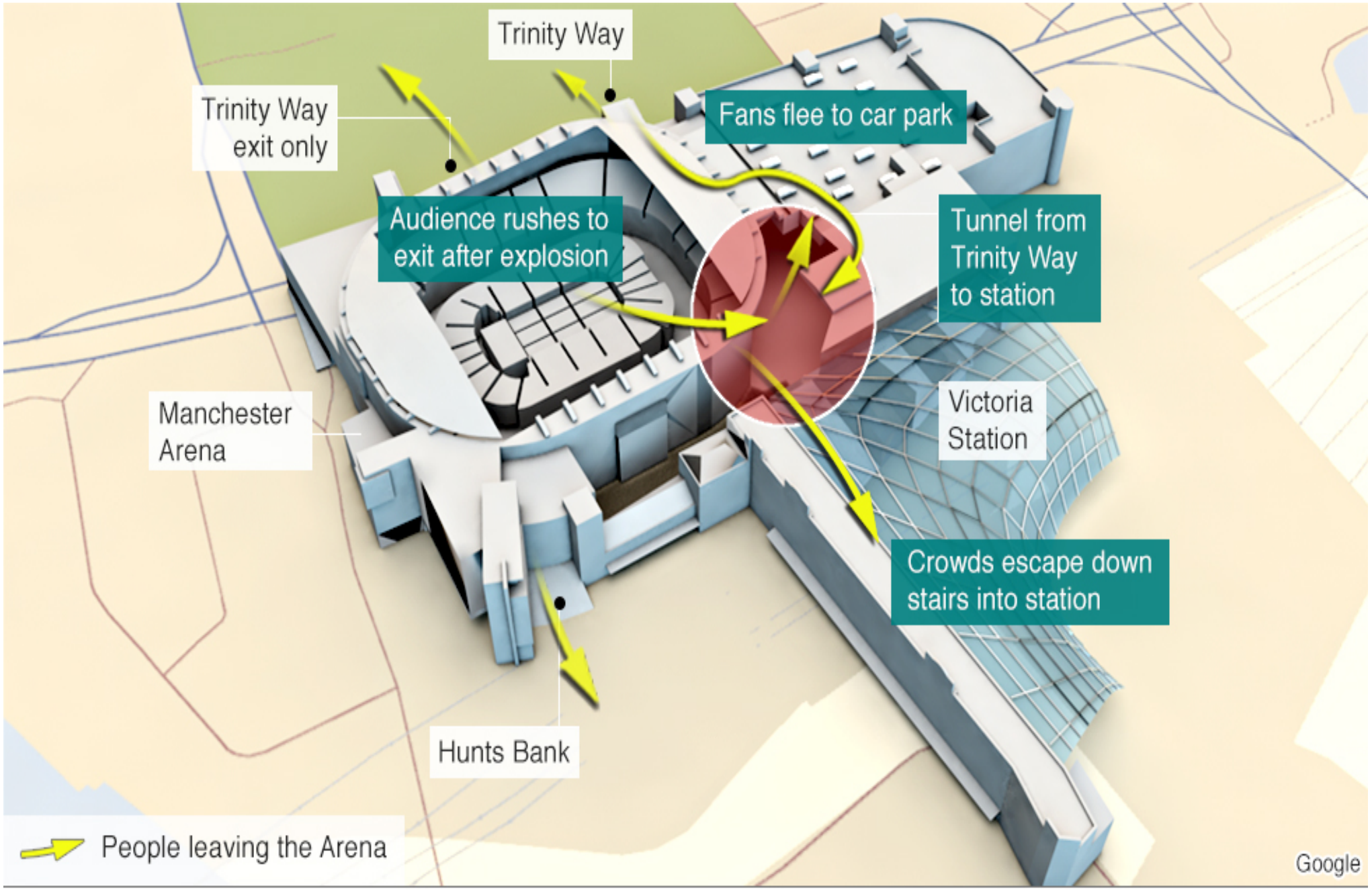
On Monday 22nd May 2017 at 22:31hrs, thousands of concert attendees begin to leave the Manchester Arena to meet waiting parents in the foyer.

A suicide bomber in the foyer detonates an improvised explosive device packed with nuts and bolts.

Injuring and killing children and adults within a 20m range.

There is shouting that other suicide bombers and gunmen are present


Trinity Way
Trinity Way exit only
Fans flee to car park
Audience rushes to exit after explosion
Tunnel from Trinity Way to station
Manchester Arena
Victoria Station
Crowds escape down stairs into station
Hunts Bank
People leaving the Arena
Google

BBC

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The immediate response

Arena staff, Victoria station staff, British transport staff, and concert attendees tend to the injured and dying.

GMP & NWAS arrive.

NWAS entry delayed due to security fears.

GMFR prohibited to enter & stood down

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The immediate response

Member of the public escorts a group of unaccompanied children & young people to the local Holiday inn hotel.

Walking wounded start to arrive at hospitals by taxi

Major trauma victims tested on site for chemical, biological and radioactive contaminants.

GMP escort families of the missing to the Ethiad stadium

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The immediate response

First ambulances arrive at multiple hospital sites

Injured are vaccinated against blood-borne viruses

GMP gather witness data & collect physical evidence

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Timeline – first few hours

Bomb detonates

Controlled explosion in Cathedral Gardens

Bomb scare at NMGH

ROH in lock down following reports of gunman

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Timeline – first few days

Gold command stepped down to silver command at the Royal Oldham Hospital.

Bodies of the deceased all conveyed to the Royal Oldham Hospital.

Families of the missing & deceased moved from the Ethiad stadium to an Oldham hotel

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Timeline – first few days

Voluntary and 3rd sector staff provide immediate practical support to those affected. E.G. Red Cross; DMWS;

Mental Health staff from local MH trusts attend the acute hospital sites on their patch to offer peer support.

Victim Support 24hr helpline

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Timeline – first few days

GM health & social care partnership; Strategic Clinical Network leads for Adults; IAPT & CYP services, meet with invited clinicians and providers to discuss NHS response.

Multiple offers of therapy and counselling help made directly to those affected and to the GMCA & GMH&SC partnership. Varying degrees of quality & ethics.

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Coordinated responses

Victim Support commissioned to provide 24hr support
Operation Temperer - Military supplement security
Foundation for Peace commissioned to offer support
GMCA, Redcross, MEN start ‘We Love Manchester’ fund
Operation Mantaline - Witnesses
Operation Newtown - FLO for injured
True vision www.report-it.org.uk - report hate crime

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Physical injuries (356)

Penetrative shrapnel injuries
Amputation
Head, brain, neurological injuries
Burns
Spinal injuries
Life changing injuries & disfigurement
Mobility difficulties

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Psychological responses

Phobic responses
Anxiety and panic
Separation anxiety
Adjustment disorder
Anger & irritability
Sleep disturbance
Post-traumatic stress

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Psychological responses

Post-traumatic stress symptoms

- Intrusions (memories, nightmares, images, flashbacks)
- Avoidance (crowds, Manchester, discussing)
- Arousal (Hypervigilance, concentration, sleep)
- Mood & cognition (negative expectations, fear, anger, fragmented memory, shame & guilt)

Adult Pathway

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Thrive based model of care to support the needs of adults following the Manchester incident on 22.06.17 (including staff training, direct support and intervention)

AREA OF NEED/ PATHWAY	1. PREVENTATIVE/THRIVING Skilling up staff, parents, carers and young people	2. EARLY INTERVENTION/GETTING ADVICE Monitoring/Signposting/self-management/one off contact or ongoing support	3. TARGETED SUPPORT/GETTING HELP Goal focussed/evidence-based and outcome focussed interventions	4. SPECIALIST SUPPORT/GETTING MORE HELP Extensive treatment/risk management
Trauma-related disorders, anxiety, low mood, **NB: IF SIGNIFICANT RISK IS EVIDENT AT ANY TIME SEE PURPLE COLUMN 4**	**AIMS:** **Encouraging those affected by the event to talk about it** http://www.trauma-pages.com/h/notalone.php **Helping those affected by the event to manage negative emotions in the first four weeks** **Insert DOCUMENT C here** **3rd Sector Organisations: Insert local details here**	**GP/Primary Care based support** Encourage people to go to their GPs or health professionals **Post trauma symptoms** PTSD: A guide for GPs **Insert DOCUMENT A here** An online self help website for managing emotions https://www.getselfhelp.co.uk/flashbacks.htm **Worry and anxiety** **Encourage watchful waiting and self help** **Insert DOCUMENT E here**	**4 weeks post-incident consider if trauma-related difficulties might now require specialist support** **PTSD** **Use the Impact of Events Scale – Revised to screen for PTSD.** **Insert DOCUMENT B here** Scores over 33 suggest the possible presence of PTSD **Offer Trauma-Focussed Cognitive Behaviour Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing** Available from local IAPT services as well	**Community Mental Health Teams** If CBT and EMDR are ineffective consider longer term psychological therapy. **In cases with significant risk of harm to self** If significant risk is present the therapies in column 3 should be provided within a community mental health team with additional support for managing risk. Office hours:

Historic numbers

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9/11 (2001) attacks – 169,000 received ‘crisis counselling’. 6m post incident evaluation concluded significant unmet need for PTS.

7/7 (2005) London bombings – only able to contact 910 (of probable 4000). Of which 596 screened. Of which 217 treated (36% of those screened). 90% of which were treated in primary care. The remaining 10% required specialist PTS intervention and much longer episodes of care.

UK response to Tunisia and Paris attacks – only 159 screened (of probable 2000). 77 treated (48% of those screened)

Hub set up & staffing

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GM health & social care partnership; Strategic Clinical Network meet with clinicians & providers to discuss & agree central screening & coordination of response

GM CCG's underwrite project for 12m, ask GM provider trusts to nominate trust to lead with expectation that all GM trusts staff the Hub. PCFT chosen on account of CAMHS & MVS/trauma expertise.

PCFT, NWBFT, GMMH, CMFT, GMCA, GMHSCP Staff the hub

Who is the Hub for?

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Everyone who has been directly affected by the incident (no matter where they live)

Family members who have been affected

Professionals who have been affected

Professionals seeking clinical advice about others

The screening process

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Email invitation to take part in screening.

Complete self-report measures online.

Receive email back with self-help links

If high symptoms or risk then Hub staff will make contact and help source approved therapy.

Repeat at 6m, 9m, 12m following the attack.

The numbers so far

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440 early referrals to the hub
6603 unique emails of ticket purchases were provided of which 6500 were valid and invited to screen.
2243 cases open to the hub (so far….)
Adults in mild to sub clinical range **545**
Adults with high symptoms & have support **202**
Adults with high symptoms & no support **675**
Adults high risk **113**
(CYP – 268) & (uncoded – 440)

IAPT. What's working well

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Positively responsive to the Resilience Hub

Early contact & assessment of clients

Some case-by-case consideration

Evidenced & appropriate interventions

Link/named person for Hub liaison

Challenges using IAPT

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Finding the correct service (NHS choices?)

Variation in ease & methods of access

Some services still do not accept self referrals

Large variation in waiting times

Trauma-trained workforce variation

“we don’t do anger management”

What can we do for you?

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Provide a clinical summary of the case

Provide MDS data where we have it

Provide telephone support to client's family

Phone support to client while waiting

Provide information about other support available

Advice & consultation on the incident & case

Contacts

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