Responding to large-scale traumatic events and acts of terrorism

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Purpose and context

The Royal College of Psychiatrists wishes to encourage the UK government, statutory agencies and the media to do all they can to ensure that the psychological impact of large-scale events, including terrorism, is mitigated as far as is reasonably practicable, on the basis of what is now known about how such experiences affect people.

The 2005 London bombings led to large-scale loss of life, with many people seriously injured. The attacks in Sousse and Paris in 2016 have highlighted the potential for UK nationals to become involved in large-scale traumatic events outside the UK. Furthermore, there have been several major incidents, such as the 2015 Shoreham Airshow crash, that also have the potential to detrimentally influence the mental health of those affected by these events. Although the future is never certain, the current unstable geopolitical situation suggests that further major terrorist incidents will occur.

The impact of traumatic events on individuals

Over the past 20 years, much has been learned about the effects of trauma, the mechanisms by which people cope, the range of illnesses that may occur and how trauma-related disorders can be effectively treated (Greenberg *et al*, 2015). Most people exposed to traumatic incidents cope well (Greenberg, 2015). Where distress occurs, it is usually short-lived and does not require any professional intervention.

However, a minority of trauma-exposed individuals will develop mental health disorders including, but not limited to, post-traumatic stress disorder (PTSD). As with all mental health problems, failure to recognise that one is suffering from a disorder is common; further, stigma and other barriers to care prevent many people from seeking help. There is good evidence that in England, around 70% of people with PTSD do not seek any help at all (Woodhead *et al*, 2011).

After the 2005 London bombings, a 'screen and treat' programme was implemented. It encouraged many people with trauma-related disorders, who had not previously consulted their GP, to attend specialist centres, where they received evidence-based care that in the main was successful (Brewin *et al*, 2010). Given that the aim of terrorism is to undermine the will of the people being terrorised, it follows that provision of timely and effective support and, when needed, mental healthcare should be an important element of the UK's preparedness to deal with terrorist threat.

Effective early treatment of trauma-related conditions can prevent longer-term difficulties for the nation, including criminality, unemployment and presenteeism. The economic argument for proactive delivery of early intervention, delivered within a few months of the incident, is persuasive.

Recommendations

1 Media coverage of terrorist incidents should be balanced and not exaggerate the risk of developing conditions such as PTSD. Psychiatrists and other mental health professionals with relevant experience can be called upon to provide a balanced view to the media and encourage those who do develop severe or persistent mental health problems to seek professional advice.

2 The use of 'psychological debriefing' or 'trauma counselling' immediately after an incident should be stopped, as it has the potential to cause harm (NICE, 2005).

3 In the short term after a traumatic incident, the UK government, and where appropriate, employers and/or travel companies, should provide brief, evidence-based information about the nature of traumatic events to everyone involved in the event. Where possible, appropriate information should also be made available to the family members of those directly affected by the incident (for example, the leaflet produced by Royal College of Psychiatrists (2014)).

4 The UK government should implement an evidence-based 'screen and treat' approach (Royal College of Psychiatrists, 2014) a suitable period (such as a few months) after the event, as people frequently do not seek help. This is in line with the drive to achieve parity of esteem between mental and physical health as most cases of PTSD are highly treatable. Effective treatment can restore mental health and employability and help to sustain relationships with family members, friends and colleagues. Chronic PTSD, left untreated, is debilitating for both the individuals and their families.

5 Current NHS trauma services need to be better provisioned. For instance, the Improving Access to Psychological Therapies (IAPT) programme provides treatment for PTSD, but its successful recovery rate is just 36%. NHS treatment services for more complex trauma-related conditions are scant and frequently have extensive waiting lists. There should be no substantial geographical limitations to accessing such services after large-scale traumatic incidents; these should be evidence-based and demonstrate good recovery rates.

6 Emergency planning exercises should specifically include consideration of post-incident psychological consequences for both emergency responders and the affected public. Planners should ensure that evidence-based approaches for preparing emergency responders for the psychological effects of their work and supporting them become part of routine practice (Greenberg, 2013; Hunt *et al*, 2013).

References

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