NHS Education for Scotland

Transcript of 'How we psychologically prepare and respond to major incidents with fatalities' (NES Bereavement Webinar, 2021) video.

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Speakers:

- Dr Katie Davis, Principal Clinical Psychologist, PRoMIS, Glasgow Psychological Trauma Service.

Graham Whyte (GW): Well, good afternoon and welcome to the 10th NES Bereavement webinar, my name is Graham Whyte. I'm one of the Associate Postgraduate Deans with NHS Education for Scotland. The title of today's webinar is 'How do we psychologically prepare and respond to major incidents with fatalities?' And I'm delighted to welcome our speaker, Dr Katie Davis. Katie is a Principal Clinical Psychologist at the Glasgow Psychological Trauma Service, which is specialist service working with people who have complex post-traumatic stress disorders.

She's also part of the PRoMIS team, which is the team that focuses on the psychosocial response to major incidents within Scotland, and she's developed the National Wellbeing Hub.

So welcome Katie. So without further ado,I think I will hand you over to Katie for today's session.

Katie Davis (KD): That's great, thanks for having me Graham. So what I'm just going to talk about for the next 40 to 45 minutes is really thinking about major incidents and how we prepare and respond to those from a psychosocial perspective.

So, I'm going to briefly talk about PRoMIS. What PRoMIS is. Who we are, types of major incidents, phases of major incidences. Some considerations around fatalities within a major incident, normal responses, and psychological first aid, which I'm hoping some people might have a bit of familiarity with.

A brief talk about some mental health difficulties that might occur after a major incident, and then thinking about considerations around the workforce as well, who may well be exposed to major incidents through the virtue of your work. So PRoMIS stands for the 'Psychosocial response to major incidences in Scotland', and like Graham was saying, so we were responsible for developing the National Wellbeing Hub, so some people might be familiar with that.

It's a website we put up in relation to COVID for the health and social care workforce. So, we were established around about November 2019 and it's really revolved around promoting the psychosocial recovery of people affected by major incidents. So that's thinking about adults, young people, people who are normally resident in Scotland, but, if you're impacted by major incidents overseas, for example, also, sort of, you know, thinking about that as well, 'cause that's Scotland's responsibility if you're from Scotland. So, we are led by two trauma services, so that's ourselves, which is the anchor, the Glasgow Psychological Trauma Service, and then also the Rivers Centre in

Edinburgh, and we base the psychosocial response of psychological first aid, which is what the World Health Organization recommends, and it's really all about understanding that people and communities are inherently really resilient. So, it's thinking about how we promote psychosocial recovery within communities that are impacted. So, what's the major incident? So, a lot of things can be deemeda major incident. I'm sure if you watch the news, you can see there's quite a lot of things that get classed as major incidents, and so for example, I think the train that derailed a year ago up in the north of Scotland that would be a major incident.

A major incident with mass casualties as a further definition, and that is why you're looking at, you know, essentially a lot of people injured, mass fatalities, potentially quite a lot of people have died. And essentially what you're saying for any sort of mass casualties is that the standard response is really not going to be enough. So, you can see I put an example there of a pandemic, so COVID-19 is classed as a major incident with mass casualties, and you look at the amount of work and effort that has gone into be able to sustain a response and recovery process.

So essentially, that's what you're saying, that the sort of natural normal everyday resources, they aren't going to be enough to sustain a response to an incident.

So, some examples of a major incident, like I said, it could be a lot of things that can be an accident and it can be CBRN; that stands for Chemical, Biological, Radiological or Nuclear attack, explosive pandemics, terrorist, natural disasters. So, it covers quite a lot actually, and each different type of incident may call for different psychosocial response. Again, thinking about COVID-19, a very complex major incident. And we broadly think about, we divide people into populations. We think about the workforce and particularly the health and social care workforce within PRoMIS adults and children and young people.

Because these all require different responses depending on your age, your level of development, and things like that. We also have to think about other things. So, people here out of area, for example the Manchester Arena bombing. So there would have been people from Scotland down there. So, thinking about, the psychosocial recovery for people who've been impacted out of area and inequalities. COVID, I think has been quite a good example and if you watched the news where people talk about how inequalities have actually potentially been exacerbated, you think maybe about children who've been missing school, and different children might have different resources or options depending on where they live, and different things like that.

So, we also have to think about the potential for people with inequalities to have additional barriers to recovery.

And we think about them in three stages, so preparedness stage, which you know is probably one of the most important stages, is how you can be as prepared as possible to respond to a major incident. And that's quite a big undertaking, as like I said, there's quite a lot of different types of major incident.

The response, so that's the immediate aftermath. You're talking just after the hours, maybe the couple of days after it where you are, you're responding to the incident and the recovery. Recovery is actually weeks, months, it's years. You think about things like Grenfell, the Manchester Arena bombing. You can see these are still in the news. You can see there's actually still a process of recovery for people and that has been over years, so the recovery process is actually, it can be very long, and I think quite often if you think about the recovery process, it helps you think about what you need to do to prepare.

So, like I said, recovery is a coordinated process of rebuilding, restoring, rehabilitating, and regenerating communities.

And it's really important that we understand, from a psychosocial perspective that you know adversity is nothing new to humans since the dawn of our existence. You know, having terrible things happen unfortunately, is not new, but we are, as a species, incredibly resilient communities are very resilient and at the heart of a recovery process, as we have to respect communities and people and recognise people have their own resources for recovery. So, that's what we base a lot of this off, that we are there to support the psychosocial recovery of communities, but we understand that most communities will have lots of things built in and will naturally tend towards recovery themselves, but of course there will be people who need further specialist support as well. I'm thinking about some of the considerations around fatalities.

So, I put that, you know, first things first is in the immediate aftermath. There's going to be people missing. There's going to be people unaccounted for in a major incident, so you think about something like 9/11. A lot of people missing, that massive, you know you're looking at, you know, an entire city that is gone into chaos. And you know, if you're there, you probably don't know what's going on. There's just a lot going on around you. So, you may well, I wouldn't be surprised, for example, if people tried to find a way home, but maybe you live 20 to 30 miles away, but you've maybe just started heading in the general direction.

You might have a head injury, there might be disorientation, so you might not be able to identify yourself. If you are, say, under 18, you might not actually have ID on you as well, so there is in that phase there's even trying to get account of people who were there, people who are missing, people who have died. And I also put in there about the risk of exploitation. So, I think this is really important, wherever there is vulnerabilities, you will likely try to, you know, find people who will potentially try to prey upon that. And this is important for us as a workforce because we have a role to safeguard, and a very obvious one will be children.

So, for example, the Manchester Arena you might have, you know there's a lot of kids, maybe a lot of teenagers who aren't with their parents, and again, a lot of chaos. You might get people really well wishing who might you know, take some of them, take children away from the scene and that can be, you know, they're really trying to help. But you might also have people who have more sinister motives behind doing things like that.

So again, in a major incident, what we are considering as well is how we safeguard. There'll be a lot of people within the community who will volunteer, it will be necessary to volunteer, but we have a role to make sure that we keep people safe, and safe from outside people coming in.

And again, if someone is missing, people are missing or you know, we don't know what's happening there'll likely to be a surge in people contacting services. I know if people had, you know family members missing of course you'd be calling hospitals, you'd be calling around.

You'd be absolutely desperate trying to find people, so even at you know the immediate offset you're looking at all these sorts of different factors and it's going to take time to identify victims and coordinate our response as well. So, thinking about 9/11, that would take a long time to identify who's missing and who's actually lost her life.

We have to consider also there could be an evidence recovery process as well. So, thinking about how that might impact on families or loved ones who can't really start to go through sort of cultural burial rites. And also, if there's you know, mass fatalities, we may then have to think about how, how

bodies are stored and they might well be different to normal procedures and potentially for very good reason, different to normal procedures.

But again, thinking about what that might do for families and increase the stress that that might have for families as well. And it's really. It is so, so important that people are able to engage in in burial rites you know, with their own cultural burial rites. There, you know, there's lots of different ways people say goodbye to people. Sometimes it's an important part of people's culture that happens quite quickly after someone passes on and that that might not be the case, say, if there was a major incident with mass fatality and how we then support families through that.

Because I mean that would be quite distressing. Some bodies may not be recoverable by the nature of the major incident. You might not know details and very understandably, people often want answers for what happened.

This terrible, traumatic thing has happened and not really knowing why and that might go on for a long time. Year's investigations can last for you. Might not even get the answer that you really are looking for, because some of the reasons are incredibly complex and you know, incredibly unfair circumstances have been in the wrong place at the wrong time.

And another thing to think about is it's. A major incidence where there are mass casualties are mass fatality fatalities. They're in the news a lot, and again Grenfell Manchester Arena. This is still spoken about quite a lot in the news, so if you've lost someone you might constantly also have reminders of this.

You might have people talking about things in a very dissociated logical, non-emotional way, but actually for you something horrifically emotional has happened. And so, something again around whenever we lose people in major incidences is communities do really come together.

And I think we see that the world over. It's a very important part of our culture of many cultures to have something to do, something to remember people by. So, people might have memorial walks and people may quite often will lay objects meaningful objects down and leave notes leave.

And this can be, you know, people from all over the country. Wanna come and do things like this and it's so important? It's important? Part of our, of our community and our wider community that we can engage in things like that. And again, thinking about how we as you know, as health and social care, work with people.

It's, you. Know. For example, you'd want to be talking to the families about when you know when. How long do we leave those objects down for, and what's the very respectful way to remove them? Or how do we remove them? And we are working with families keeping in mind that you know this is their lives. This is what's happened to them.

Marking Anniversary's is another very important part of a grieving process, and you see every year that there are four different major incidences.

You do see people come together and remember things. In their own way, so Matt in Manchester Arena for example. You do have. There's lots of different things that go on too.

To remember people who lost their lives and to remember the families and for families and people impacted to come together. So normal responses, and I'm sure a lot of people have got a lot of information over this. 'cause like I said with COVID-19, that is a major incident with mass casualty. So, it's really important that we get out there. What a normal response and I would pretty say pretty

much say a lot of things goes a normal response under highly distressing situations come, and we've done quite a lot of work.

I think good work and trying to really help people recognize that. We do have to keep an eye out for responses that maybe are a bit more concerning. So, say if someone, if there's a concern around risk or someone may be developed as a kocis. So, there's you know something that that probably needs more immediate intervention.

But generally, we say most people normal response, a lot of things go. That can be things like nightmares, not sleeping, lowered mood. It can be drinking more, not recommending it, but you know people. People do that to try to cope. What we say is generally temporary so that distress and those difficulties you have our natural normal.

Obviously, something really hard has happened and we say it's temporary probably might last for a few weeks, but it will disappear overtime. And because of that really only a smaller amount of people will need further support to aid recovery, and that could be for a range of different factors that people may not be able to process.

What's happened by themselves or their. Continue to be impacted by it now could be lots of different things can lead to that, so some people may need bereavement support. I'm very understandable and my understanding is within different health boards that are generally staff trained to be able to offer this support. But another important part of preparation actually is you know if this were to happen, who can we signpost people to?

Because what we don't want to do is be signposting people to places that we don't. We don't know where actually going to be helpful.

At best, maybe they're not helpful. At worst they could actually be harmful. So, another part of preparing for a major incident is understanding where we can. Put people signpost people to for support when they need it. Traumatic loss, so what makes death of a loved 1 traumatic and as a psychologist, I'd say there's lots of different things that could that would relate to that.

But we do know scientifically there are a few ones that are more likely to make a traumatic UM. Nature of the relationship so very obvious one would be if you lost a child nature of the events we know of. A event is traumatic and we know within traumatic events there’s different factors and make it. It can make it more severe that can you know be something that might relate to complicated grief, overtime, role in the event.

A very common trauma belief, I would say, and maybe not even just trauma belief is. A sort of perceived sense of sense of responsibility that if I'd done something differently if I've done this, or anyone this might not be to the event.

I mean, I remember watching a documentary about Hillsborough incident, and I think it was a mother. It was talking about how she just said no to her husband and her son going to going to football that they would still be here.

And that was years later that she was still living with those sorts of thoughts around responsibility and what she could have done differently.

And response by others. So, this this is really important and important for us in health and social care is. Or trauma that I would say there's generally can be 2 traumas. One is the event itself, but two is quite often how you're treated afterwards. If you if you get the sense to people treat you like it didn't matter what happened that they treat, maybe treat you as less.

You maybe as further instances after that that that can be very traumatic and if you ever read sort of reports about following major incidents is there's often quite a lot of talk about how people. Felt, heard, or felt listened to your weren't filled in weren't spoken to by services that these sorts of things really stick with people.

So, we know our response can be is so important and it's just as people response can be damaging. It can also be incredibly healing and if we get it right.

So, sort of the most obvious sort of response following a traumatic event is post-traumatic stress disorder. And quite often people will.

Actually, I think, probably be as likely to develop low mood but post-traumatic stress disorder is very much some clear etiological event has happened, so something has objectively happened.

It's been highly distressing. Your brain works differently under high stress, so if you're in a survival response your brain is mobilizing. Everything to survive. So, what this means is actually your memories aren't laid down the same, they're laid down.

What I would sort of describe as fast and dirty because your brain is too busy surviving, and it doesn't have time to be sitting thinking and actually thinking can be more harmful under certain situations.

So, evolution is has taken care of that for us. But what happens then is after the events. What we say is for days, weeks, your brain might go back and do and process those memories in a way that I couldn't do at the time because it was too busy surviving and during those weeks what you may get our things.

Excuse me, you might get things like nightmares, intrusive memories and that might be things like smells. It could be images, it can be voices as well.

It's not uncommon for people who lose someone to even to hear their voice. It's a. It's a pretty common response. Another core symptom of PTSD is current sense of threat.

So, your brain is still going this. This could happen again. You're not safe, so you see people sitting very, very on edge.

Maybe not sleeping and the third for the main symptom of PTSD is avoidance or emotional numbing, so you avoid reminders you, you avoid potential triggers emotional numbing.

You sort of shut down, which is another survival response if you feel really overwhelmed, we can shut down brains trying to protect you from something it's probably perceiving as inescapable.

So, if you feel this is going to be so painful to go over, you may shut down. You may avoid and so what we say is for a few weeks after event that might be pretty normal and nothing really.

And again, we'd be seeing that likely you with time, your brain would naturally start to process what happened.

If that doesn't happen after a few weeks, we start getting into more. The realm of calling it something like PTSD and what we're essentially saying is, is you might need further support, and there's really good evidence-based treatments for PTSD.

It's very treatable. It's a very treatable issue as we've quite what I like to consider. Pretty decent understanding of what's going on in the brain, under, under how distress and what occurs, and how we can treat it. And uncomplicated grief is is quite a lot of overlap with PTSD.

So again, what you're looking at is an external event, so there's something has happened that you can identify you.

You might be thinking about that over and over again. You might get intrusive memories around that you might not have been there, but you might have a lot of imagery around.

Maybe what happened. Again, you might avoid reminders, and to me that's maybe not that different to normal grief. I suppose I would be more thinking about. What is the length of time?

It's been. It's been this distressing and what is the level of impairment? As you can see that there's a lot of very similar normal grief, but the other sorts of things we look for is are you struggling to move on, and we give a a decent amount of time for that.

And again, thinking about different types of relationships, so it was a child, for example, that somebody last six months is really not that long to come to, you know, to be living with the loss of someone. But is it? What's the level of impairment?

Is that person able to keep their relationships maintain the relationships form new relationships? 'cause often a part of more complex PTSD, for example, would be that you actually is quite difficult for you to navigate aspects of relationships.

Very specific to a major incident is it unresolved? So, you think about the years investigations that that go on following major incidents is we actually environmentally speaking, and it may well be unresolved.

You may not ever really get an answer and the risk of complicated grief absolutely increases of the death.

If the death is traumatic. So how do we work with people who have been, you know, involved in a major incident, mass casualty? Or there's been a fatality and working with family and people who knew who knew the victim?

So, we focus on psychological first aid. It's one of the I think best models around to be able to work with people. And again, at the core of psychological first aid is that people are resilient, communities are resilient and psychological.

First aid is something that. If anyone can do, if they're if they're trained in it and it's not a psychological therapy or intervention, it's probably essentially really thinking about safety.

So, the First things first is caring for immediate needs. So, what does that person need to be safe? How do we protect them from further threats, comfort, and console?

So, this is really, you know, even just sitting with someone as they go through something and maybe someone wants to talk about it. Maybe they don't, and if people don't want to talk about something we don't. Really asking to talk about something if they don't want to. So, it's generally just being there, being empathetic, being there to listen and sit alongside someone.

Another part of its support for practical tasks, and, I suppose, specific to fatalities. It's if there is a change in the normal procedure for someone start being able to bury their loved one.

If that's different, it's for the relevant people to be able to have the information to give to someone to be able to be in communication with them about that and that way you're supporting them to understand what's going to go on and provide information on coping. So, any major incident there will be information provided to people, and that might be something like the national well-being hub for staff, where it's you know what are normal responses, how. What are some ways to cope?

And quite often what we're trying to help people remember is, well, what have you done before to cope what has helped before? Can you try something like that again? Or how could you adapt that?

COVID-19 has been quite a challenge because you see there one of the other ones is connect with social supports and we've tried to put a lot of work into.

Try to connect with people in other ways. If you can't see them. If you can't, hug someone. If you can't reconnect in person, how can you try to adapt that? Because, again, we're going back to that idea of resilience. The importance of people having their own natural social structures and social supports, reconnecting them.

A good example would be you know a child, so parents probably going to be in a much better position to help comfort a child by you know by reconnecting and reuniting them with their family. Then someone like myself who might be a complete stranger to that child, and so that's the sort of psychological first aid approach we focus on several different things there.

So, some people may have may be trained in psychological first aid or have experience of it in some form or other.

And I think thinking about, the workforce so. Referring to Corbin 19, a lot of people maybe were redeployed, or I think every single one of us have had to modify how we do our normal job with. It's been massive adjustments and constant readjustments, which is quite tiring actually for our brains to wrap our heads around. I'm also thinking about a period of high demand on staff.

And exposure to high levels of distress and death, so it's a real recognition when we think about the psychosocial recovery is that. A lot of people aren't going to be involved in a major incident, as as you know, but they will be working around people who were involved in it. COVID-19 we all had the ability. I still have the ability to be personally impacted and go to work and be impacted there as well.

So, the reason why it's important to think about this is because we know that these sorts of factors can reduce resilience in staff, reduce resilience in teams 'cause if you go to an unfamiliar place of work, you're maybe not knowing what you're doing. Maybe that wasn't your training, maybe it's not somewhere you want to be.

Maybe it is where we want to be, but we know that these sorts of things can impact people people's well-being and their level of resilience was worth having.

I think about that, and again, this is something that has happened to people, something that may well happen to people again is how do we prepare for that?

How do we know that if resilience is going to be lowered, how we try to buffer that? How can we try to protect people from that? And I've just put away but in here about moral injury, some moral injury is something that's become a lot more well known, and particularly in the workforce.

It's this idea that sometimes under certain conditions we have to. Act in a way or make decisions that really don't sit with our moral beliefs.

A good example of that would be is if you come. I have two people. Two people need medical care. You only have resources for one. How do you choose? Who you? Who you put those resources towards and that might be in a different situation.

You would never make that choice. That might be something that you know you've never had to do before. You've never wanted to do. But the situation calls for it that you then have to do it.

So, there's a lot of work. And again, if you go into the national well-being hub, there are links to more information on something like moral injury because it's something I think that's very relevant to a lot of people, particularly probably quite understandable with COVID-19.

And that idea of. Of having to make decisions that you wouldn't normally have to make or behave in ways, or, you know, speak to people. Interact with people in ways that that you don't necessarily maybe morally agree with. We can understand why we have to do it, but we might not agree with it.

And the injury that that can cause us as humans. And so again, you know particularly thinking about the workforce, morale, injuries, first responders, the impact on them of going into situations. If anyone sort of followed Manchester Arena attack and the details that come out, it's just the size of the operation of the decisions that have to get made then and there.

Then you know years later people still asking people about those decisions. So, there is an ability for people to be impacted related to the response, but also the years afterwards where it's. Its people are still investigating it. Loss of life of first responders. So, 911 is a really good example of that. So, people who went into UM. Went in to try to help and then they lost their lives and the impact then of that on of course their families would also come, their colleagues and that again is something we have to.

We have to consider. And you know, we extend that to loss of life of our colleagues as well. And COVID-19 people undoubtedly will have lost people at work and the impact again of thinking about that.

And what we can do to help promote. Recovery for people for that within the workforce. And like I said, the mental health impact is something we have to consider. So, we say as times are hard things are hard. Most people it's a sort of good old saying it's OK not to be OK.

But there's a recognition that major incidences they may well impact on the mental health of people in work through virtue of their job, and that might not be something that needs they need extra support with.

It might well mean that, but it might just mean that we have to think about other ways in which we promote resilience, in which we provide a supportive work environment for people.

And that's sort of leading on the final point, is really in preparing for major incident. That really is the most important part is if you can prepare 'cause that means you don't have to afterwards after major incidents. Start thinking about what we need. It should all hopefully be there as much as it can be.

And thinking about the workforce, I think the most obvious one is how we foster resilience, how we foster well-being and it's important to know that by resilience what we mean is that it doesn't mean you don't find things hard, it means.

You can find things incredibly hard, but you can weather through it. You can recover from it following it, and there's again a I think more of a move now within Scotland to be thinking about

resilience not only as individuals where a lot of focus went and self-care, but also in terms of teams and in terms of thinking about what might produce team resilience, what might increase it.

And one of the one of the, I suppose, is the really obvious ones where people can go for is thinking about what can you do within your team to increase resilience.

Things like daily briefs I think are quite can be quite good. It's coming together as a team, maybe once a day, or lots of different teams in different ways of doing this.

I've been able to reflect on different things and talk, and I think during COVID-19 a lot of people aren't able to. Actually, you know, see people face to face, so thinking about how you adapt as that in teams for example. Huddles are 20-minute care space, so these are a bit more formalized and sort of, I guess, briefings where you come together and you maybe have specific questions you focus on, and again, if the focus is on well-being so you know what's went well, how are you taking care of yourself? Is there anything we need to be thinking about?

Peer support, peer support I think can be wonderful because if people who have similar experiences to you who maybe know exactly what they're going through and it can be just a place to vent, it can be with someone just. You know to have to have a cry there.

Be someone just to help put the lid on things for you and you get back to what it is you need to be doing. And another important thing is leaving work at work.

Been able to switch off and COVID again. I'll go back to the really obvious one is it really for a long time there are people didn't have much in the way of things to do outside of work and the impact of and the impact of that.

So, I'm glad to see restrictions are lifting and people can do a bit more because I think that does help us sort of switch off and remember we're human beings with lives outside of work.

And awareness of available support so. I think there's there is, I think, a lot of support now available for for the public, for the workforce. Uhm, I think some people might sometimes complain.

It feels like there's a bit too much support, which I suppose is better than the opposite, and what I sort of would finally do is just sign post you to the national well-being hub and that's specific to COVID-19, but hopefully people will have been on it and looked at it. And it's it's a really good resource that's got loads of information on normal responses. Loads of information on sort of local supports national supports information for teams, and I think it's quite it's yes it can be quite a good one just or even to say to colleagues if just to help people get through the head around what normal responses are, what this what the stress can look like, and what supports are available.

So, I've actually done that in in quicker than I thought I would. So that's me. And if anyone has any questions, I'll be happy to try to answer them.

GW: Thanks very much Katie. That was really helpful. I think particularly discussion regarding what is a normal response. I think we often have that instead of having some advice regarding that is really helpful.

The film was produced in May 2021 and can be found at www.sad.scot.nhs.uk or https://vimeo.com/574380617

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk