

Workplace matters

When trauma strikes Sandi Mann

This summer has been a rather traumatic one for some of us who work in mental health in a counselling or 'first responder' capacity. First we had the Manchester Arena suicide bomb in May, followed swiftly by the attacks in Borough Market and London Bridge. Grenfell Tower unwittingly provided the final instalment of the horrific trilogy of terror to strike the UK at the start of the summer.

As well as the impact of these tragedies on ordinary people who found themselves caught up in these extraordinary events, hundreds of frontline workers dealing with the injured, dying and traumatised, were invariably affected across the UK.

I volunteer for a new charity called Heads Up, which provides first responders for such events. We are based in Manchester and, in fact, our first ever 'job' involved providing trauma interventions following the Arena bomb in which 22 people were killed and hundreds injured – as well as many more traumatised. Our pop-up trauma centre in the city centre, drawing on the expertise of around 100 mental health workers, who we swiftly trained in the special intervention we use, provided the support (alongside other existing agencies) needed in the aftermath.

But it is not only the victims and their families needing our input. We, like other agencies, also worked with ambulance workers, paramedics, hospital staff and police officers as well as arena staff and railway personnel (the bomb exploded in part of a major railway station).

No one expects to go to work and come home traumatised – especially, perhaps, the frontline staff in our emergency services, who are accustomed to dealing with traumatic events. Yet dealing with a major incident can impact more, due partly to the sheer scale of it; having to choose who to help, feeling helpless and seeing so much devastation can all be overwhelming, even for experienced staff.

As psychological 'first responders', our role is to help both victims and the frontline staff to process what has happened and what they have witnessed. Clearly, we cannot change what has happened, but we can change the way that memories of events are processed. The model that we use is an evidence-based approach called 'the six Cs' that originated from Israel, and, indeed, all the Heads Up volunteers have been trained by Israeli experts, including Professor Moshe Farhi from Tel Hai University, who developed the protocol we use, and Professor Yori Gidron, who has led the research into its evaluation. The protocol is used in the Israeli army to both reduce the likelihood of the onset of PTSD and to restore traumatised personnel to full functioning very quickly (within 60 seconds). This means that if you are a paramedic or firefighter or even an ordinary office worker and you go into cognitive shock due to a traumatic event, a colleague trained in the six C protocol can help immediately and very efficiently.

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This is why one of the aims of Heads Up is to train as many employees across the UK in the six C protocol (communication, commitment, challenge, continuity, control, and cognitive); this technique does not require any specialist knowledge or skill and is effective when used within the first 72 hours of a traumatic incident.

I use the term 'intervention' deliberately. These techniques are not 'therapies' or

'treatments' and are not contra to current NICE and WHO guidelines about how to help victims of psychological trauma (current advice is not to treat in the early stages). We work with existing agencies like Victim Support, and our clinical leads are NHS based. The interventions we offer work alongside, not against, existing schemes.

Having had some time to reflect on the events of summer 2017, we can really consider the support offered in the workplace following a large-scale traumatic incident. There is a plethora of support services for victims, to the extent that the various agencies at Grenfell Tower were actually almost in danger of 'competing' for victims to support. But support in the workplace is slightly less forthcoming, if only because staff tend not to remain in the vicinity of an incident for too long after. Hence the need for agencies such as ourselves to go out to frontline staff and not wait for them to seek us out, which many may be reluctant to do.

If the summer of 2017 has shown us anything, it is that we must be prepared, not just in terms of the physical infrastructure, but with the psychological infrastructure too, to cope with major traumatic events; and this includes aiding frontline staff as well as victims.

For information about Heads Up CIO, email hello@headsupcio.org.uk or follow on Twitter @HeadsUpMcr17



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