WHC (2005) 006

WELSH HEALTH CIRCULAR

Llywodraeth Cynulliad Cym
Welsh Assembly Governme

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Issue Date: 21st January 2005
Status: Information

Title: Management of acute stress and post-traumatic stress disorder resulting from the Tsunami (Tidal Wave) in the Indian Ocean on 26 December 2004

For Action by: NHS Trust and Local Health Board Chief Executives

Action required: Cascade to all appropriate staff

For Information to: See attached list

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Management of acute stress and posttraumatic stress disorder resulting from the Tsunami (Tidal Wave) in the Indian Ocean on 26 December 2004

1. The Tsunami in South East Asia has the potential to affect a number of people in Wales. These may be families or friends of those bereaved, survivors (including emergency staff) and their families, as well as UK residents whose non-UK relatives were affected by the incident. This circular draws on guidance already issued by the Department of Health that aims to assist services in the early recognition of acute stress and Post Traumatic Stress Disorder (PTSD). This circular also provides a care pathway and gives further contact details.

List of pointers to best practice for front line staff

2. ***Presenting complaints***

   Typical early symptoms: fear, anxiety, helplessness, anger, guilt, sadness, distressing thoughts and dreams. Physical symptoms, e.g. muscle aches, tension headaches, fatigue, dry mouth) may also occur.

3. ***Co-existing conditions***

   Clinical depression, substance misuse, anxiety and panic disorder, phobic disorders, PTSD, dissociative and adjustment disorder, and/or complex grief and bereavement reactions.

Essential information on general management in the short term

4. There are three main groups who may need psychosocial care: survivors; those who witness events (such as emergency staff) who may also be traumatised, and the families of those who have been injured and/or who have died. It is important to be sensitive to the differences between adults and children's needs, and the needs of those from minority ethnic communities and diverse faith groups.

5. Most people involved have an emotional reaction. Grief following bereavement, injury and distress (or all three together) may be present. People may appear dazed and confused. However, the outward signs vary widely. Some (including children) will appear unaffected at first, only to experience symptoms a few hours or a long time later. The use of standardised individual or group 'de briefing' should be avoided, as this is likely to be of no benefit, and may do harm.

6. The use of anti-depressants for adults in this early phase may be helpful if clear symptoms of depression are present, but not otherwise. For children and young people extra caution is needed. If an antidepressant is prescribed, this should be under the supervision of a specialised doctor.

7. For most people, symptoms subside without the need for a specific intervention by a trained professional, so 'watchful waiting' with psychological first aid is the most appropriate early management approach. This consists of:

- ❖ Information about symptoms that may be experienced to provide emotional support, acknowledgement and reassurance;

- ❖ Education for the individual and family to help them understand the individual's altered attitude, mood and behaviour and to explain the likely course of their symptoms;

- ❖ Advice to avoid using alcohol, tobacco or street drugs to cope with anxiety;

- ❖ Advice to avoid telling the individual to 'snap out of it';

- ❖ Practical, social and other support as needed;

- ❖ Information about where to obtain more help and advice if necessary (see NHS Direct and NHS Direct Online as well as contact points for organisations in the charitable and voluntary sector listed below).

8. For individuals and families who are bereaved, this will be a time of great sadness, most people rely on the support of friends and family to help cope with the loss, but for those who feel they need some external support contacting CRUSE bereavement care may also be of assistance.

Longer term treatment and support

9. Treatment for PTSD (particularly for very severe symptoms or symptoms that are worsening) is helpful after one month using trauma focused cognitive behaviour therapy by trained staff. All individuals with ongoing symptoms should be fully assessed for further treatment if:

    - ❖ Severe symptoms have lasted longer than a month;

    - ❖ Symptoms are complicated by other mental health conditions (see below);

    - ❖ The person has suicidal thoughts (never be afraid to ask about this);

    - ❖ The person (adult or child) has a complicated grief reaction and is unable to cope with normal everyday activities;

    - ❖ There is very marked hyper-arousal.

10. Long-term use of anti-anxiety drugs such as benzodiazepines should be avoided, although they may be helpful for adults in the first two weeks in the short-term management of panic or sleep problems. The long term outcome from treatment appears better after psycho-social approaches (such as cognitive behaviour therapy) than after drug treatment, but each case should be assessed on an individual basis taking symptoms, history, preferences and the evidence into account. Anti-depressants in adults may be useful if depression is prominent. Information about local services for onward referral to specialised mental health services will normally be available from the GP, who can make a referral. Long-term support is also available from organisations in the non-statutory sector.

Helpful information

11. The local specialist mental health services for children and adults would normally deal with cases of depression and other conditions including PTSD. For those few cases where specific interventions such as trauma-focused cognitive behavioural therapy would seem to be indicated, adult secondary mental health services may wish to consider asking for advice on management or referring to the Traumatic Stress Service in Cardiff. (Please contact Dr Jonathan Bisson, Consultant in Liaison Psychiatry, on Cardiff 02920744534). The traumatic stress service will endeavour to find as local provision of evidenced based psychological interventions as practicable for Welsh residents.

11. For further information about mental health conditions that may complicate or co-exist with reactions to trauma and loss see: WHO Guide to Mental Health in Primary Care, 2000, Royal Society of Medicine Press Ltd. All families bereaved by the tsunami have been allocated a Family Liaison Officer to provide immediate support and help. Further information, for example about the role of the coroner, the support offered by local authorities etc, is available from them.

12. The British Red Cross is co-ordinating a Support Line for people who have been caught up in the tsunami disasters, on 0845 054 74 74 - information about this has been issued to families by the Foreign and Commonwealth Office and police. The International Committee of the Red Cross has a dedicated website for people concerned about missing relatives in India, Sri Lanka, Thailand and Indonesia - http://www.familylinks.icrc.org -. The British Red Cross also provides a range of support services throughout the UK. For details of local British Red Cross offices see: http://www.redcross.org.uk or local directories.

13. NHS Direct 0845 4647 the nurse led telephone help-line - offers confidential healthcare advice and information 24 hours a day (website www.nhsdirect.nhs.uk). This is connected to the mental health telephone help-lines partnership which has links with specialised mental health help-lines and charitable services, and to local specialised NHS services.

    Information about local specialist trauma services is also available from http://www.uktrauma.org.uk

14. Further information about effective treatments for PTSD and related conditions is available from the National Institute for Clinical Excellence (http://www.nice.org.uk). NICE will publish a guideline very shortly. Other useful organisations include the following.

    The International Society of Traumatic Stress Studies: 1-800-469-7873. (http://www.istss.org)

15. CRUSE Bereavement Care England, Wales, Northern Ireland: 126 Sheen Road, Richmond Surrey TW9 UR. Helpline 0870 167 1677 9.30 - 5 p.m. Mon-Fri or web site at www.crusebereavementcare.org.uk; or www.crusescotland.org.uk. There is also a young people's website http://www.rd4u.org.uk. For local branches see BT directory or call helpline administration 020 8939 9533.

    YoungMinds has a helpful web site at http://www.youngminds.org.uk as does the Child Bereavement Trust: www.childbereavement.org.uk

16. Victim Support, National Office, 39 Brixton Road, London SW9 6DZ (Office Tel 020 7735 9566). Victim Support 0845 30 30 900 9am - 9pm Mondays to Fridays; 9am - 7pm weekends; 9am - 5pm bank holidays Email: contact@victimsupport.org.uk Website: www.victimsupport.org.uk

17. The Salvation Army Territorial Headquarters, 101 Newington Causeway, London SE1 6BN. Contact Telephone: 020 7367 4500.

    If you have further enquiries the contact in the Welsh Assembly government is Dr Sarah Watkins, Office of the Chief Medical Officer, Tel: 029 2082 3414, email sarah.watkins@wales.gsi.gov.uk.

Further reading

Allen, A.J. (1990), Disaster: Planning for a Caring Response, Parts 1and 2, Her Majesty's Stationery Office, London.

Choosing Talking Therapies (2001), Department of Health booklet for service users and carers, www.dh.gov.uk/publications and www.nimhe.org.uk.

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Hodgkinson, P.E. & Stewart, M. (1991), Coping with Catastrophe: A Handbook of Disaster Management, Routledge, London & New York.

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	Clinical Psychology Subcommittee
	BMA Wales
	Mental Health Alliance
	HM Prison Service Operational Officer for Wales
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	Mental Health Action Wales
	Royal College of Psychiatrists Welsh Division
	RCN Wales
	CALL MH helpline
	NHS Direct