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Blue Light Trauma Awareness and Management

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Introduction

This document focusses on the preventative strategies and methods that organisations can use to provide post traumatic or critical incident interventions internally to its own people with the intention of preventing mental ill health.

Blue Light Services continue to operate under extreme pressures which year on year seems to become even more demanding. The struggle to deliver optimum performance must not be at the expense of mental wellbeing.

Unfortunately, recent research by mental health charities including Mind have found that poor mental health is growing within all branches of the emergency services[1].

Some of the research findings are quite staggering with some 70% of police staff, 60% of Fire Service staff and 75% of Ambulance Service staff reporting personal experience of mental health problems[1].

Organisations that operate within these environments are becoming more and more aware that a failure to manage employee's mental health can result in a failure to discharge their legal duties under legislation such as the Health and Safety at Work Act 1974 and The Corporate Manslaughter and Corporate Homicide Act 2007. Psychologically supporting colleagues can assist in asserting that an organisation is alive to its responsibilities as to a duty of care.

Recent trauma research has identified that in a group of traumatised emergency service workers, the perceived capability to perform at work was estimated to be 37% of their normal level of performance[2]. It was also identified that errors increase. It is therefore essential that blue light organisations offer post trauma exposure crisis interventions as soon as possible.

Methods

The development of Psychological Debriefing (PD) or "Critical Incident Stress Debriefing" (CISD), was developed and formulated for use with emergency services personnel. Essentially based on a crisis intervention model, developed by Mitchell[3] the technique was further articulated and refined by Dyregrov[4] who coined the term PD. These two terms are both used to refer to the same process of incident debriefing.

PD represents a structured form of group crisis intervention and represents a discussion and review of the traumatic event or critical incident. The most common current model of PD is facilitated through a series of seven phases. The only differences between Mitchell and Dyregrov are that they use different terminology for some of the phases[5].

Mitchell's stages of PD	Dyregrov's stages of PD
1. Introduction	1. Introduction
2 .Facts	2. Facts
3 .Thoughts	3.Thoughts and expectations)
4 .Reactions	4 .Reactions (and sensory impressions)
5. Symptoms	5. Normalisation
6. Teaching	6. Future planning and coping
7. Re-entry	7. Disengagement

Defining a Critical Incident

A "critical incident" can be defined as a sudden death in the line of carrying out his or her day-to-day duties, serious injury from a shooting, a physical or psychological threat to the safety or wellbeing of an individual, business or community regardless of the type of incident. Moreover, a critical incident can involve any situation or event faced by emergency, public safety personnel (responders) or employees that causes a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning.

There can and often will be unusually strong emotions attached to the event which have the potential to interfere with that person's ability to function either at the crisis workplace scene or away from it at home, as recognised by Mitchell3. The closer a person is to the critical incident (at the scene, a responder, friend/family of those involved, call handler) the stronger or weaker the reaction they will have to the event.

Stages of Critical Incident Stress Debriefing/Psychological Debriefing

Initial contact to talk and debrief typically takes one and a half to three hours to facilitate and is usually held 2-14 days post incident. The aim of PD is also to provide education about normal and pathological reactions to traumatic events, indicate resources for further help and support if necessary and facilitate the process of psychological "closure" upon the traumatic incident. Both Mitchell and Dyregrov have always maintained it was never intended as a "stand alone" intervention or as a substitute for psychotherapy[5].

TRiM – Trauma Risk Management

TRiM is a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events. It is not a clinical intervention, a form of counselling or treatment. The system allows peers to understand likely reactions to traumatic incidents and to conduct structured risk assessments, or aiming to identify people needing early referral to qualified medical support. Risk assessments are based around identifying common risk factors for the development of traumatic stress; a simple scoring system is applied. TRiM is highly effective because people are often more comfortable talking to peers. The system is an ongoing method of monitoring and support not just a single session intervention.

The TRiM process

Organisations identify suitable people at various levels of seniority to train as TRiM Practitioners. TRiM is more effective when enshrined in policy and linked to Human Resources and Occupational Health strategies. TRiM is currently the most used system adopted within blue light services[6].

When notified of an incident the TRiM manager starts the process. In the first 24-48 hours after an event, a planning meeting is held to identify everyone involved, understand the incident, its characteristics, and agree a tailored response. Ad hoc responses can have unwelcome consequences. Some people involved in the incident may be invited to take part in a risk assessment. Larger groups may be asked to attend a briefing meeting and given information on the incident and how to manage their own emotional responses. TRiM ensures that there is a coherent, considered approach to the organisation's response and that management and supporting departments are involved.

Typically the intervention process is time lined as in the table below. This process is replicated in many organisations policy and reflects the TRiM best practice guidelines:

Time Line	Action Required
0 hours	Depending on the scale of the event, early contact with the TRiM Coordinator should be considered.
Site management strategies	Immediate post-incident welfare check / briefing by line manager / supervisor

0 – 24 hours	- Managers / Supervisors should consider TRiM intervention if the TRiM criteria has been met
	- Contact should be made with the TRiM Coordinator
	- The following information should be made available:
	  - details of the event
	  - details of staff involved
	  - details of availability of staff
	  - contact details of staff involved

72 hours + Intervention Phase	The TRiM Practitioner will: - Conduct a filtering assessment of those involved and determine the level of intervention required - Conduct risk assessments / welfare briefings, where required - Inform TRiM Coordinator and manager / supervisor where additional support is considered necessary - Arrange follow up meeting The manager / supervisor will: - Be responsible for referring the member of staff to the Occupational Health Unit where additional support is considered necessary - Monitor staff for delayed stress reactions - Ensure staff make themselves available for follow up meeting
28 days and 3 month follow up	The TRiM Practitioner will conduct follow ups and managers / supervisors will continue to monitor the welfare of staff and refer back if necessary

Which Method

There are various methods available to organisations for the prevention and treatment of trauma (PTSD). Other options include Cognitive Behavioural Therapy (CBT), Psychological First Aid (PFA) and Eye Movement Desensitisation and Reprocessing (EMDR). Many require the intervention to be delivered by a medical professional whilst others utilise peer intervention. It is essential that whichever option is chosen is as a result of the needs of the person rather than process and simple drafted policy. Every persons response will be unique as will their need for specific intervention.

Signposting

Signposting to mental health services is simply the directing of a person to the opportunities available to support and assist them under the current situation. If you're experiencing mental health problems or need urgent support, there are lots of places you can go to for help. The following selection is not exhaustive but can support you but also do not forget your own Occupational Health and welfare teams who can offer guidance and provide sites where you may get priority intervention.

Blue Light Specific Support Services

Southwark Wellbeing Hub – Blue light Infoline	
Address & Contact details	PO Box 277 Manchester M60 3XN
Website:	http://www.mind.org.uk/news-campaigns/campaigns/bluelight/blue-light-infoline/?ctaId=/news-campaigns/campaigns/bluelight/slices/blue-light-infoline/
Email:	bluelightinfo@mind.org.uk
Phone:	Call 03003035999 or text 86463
Who is this service for?	Emergency service staff, volunteers and their families.

Mind - Blue light support for team 999	
Infoline:	0300 123 3393
Email:	info@mind.org.uk
Text:	86463
Post:	Mind Infoline, PO Box 75225, London, E15 9FS
Who is this service for?	Blue line focussed support

Other Mental Health Support Services

Samaritans	
Website:	https://www.samaritans.org
Email:	jo@samaritans.org
Phone:	116 123 (24 hours a day, free to call)
Who is this service for?	Provides confidential, non-judgemental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

Mind Infoline	
Website:	www.mind.org.uk/information-support/helplines
Email:	info@mind.org.uk
Phone:	0300 123 3393 (9am-6pm Monday to Friday) or text 86463
Who is this service for?	Mind provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices. The Infoline gives information on types of mental health problems, where to get help, drug treatments, alternative therapies and advocacy. Mind works in partnership with around 140 local Minds providing local mental health services.

Rethink Mental Illness Advice Line	
Website:	http://www.rethink.org/about-us/our-mental-health-advice
Email:	advice@rethink.org
Phone:	0300 5000 927 (9.30am - 4pm Monday to Friday)
Who is this service for?	Provides expert advice and information to people with mental health problems and those who care for them, as well as giving help to health professionals, employers and staff. Rethink also runs Rethink services and groups across England.

Saneline	
Website:	www.sane.org.uk/what_we_do/support/helpline
Phone:	0300 304 7000 (4:30pm-10:30pm)
Who is this service for?	Saneline is a national mental health helpline providing information and support to people with mental health problems and those who support them.

The Mix	
Crisis Support:	Text 'THEMIX' to 85258.
Website:	www.themix.org.uk/get-support
Email:	Helpline email form
Phone:	0808 808 4994 (11am-11pm, free to call)
Who is this service for?	The Mix provides judgement-free information and support to young people aged 13-25 on a range of issues including mental health problems. Young people can access The Mix's support via phone, email, webchat, peer to peer and counselling services.

Side by Side	
Website:	Website: https://sidebyside.mind.org.uk/about
Who is this service for?	Side by Side is an online community where you can listen, share and be heard. Side by Side is run by Mind.

SHOUT	
Text:	85258
Website:	https://www.giveusashout.org/
Who is this service for?	Shout is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

Carers

If you're a carer needing support you can contact all of the above as well as Carers Direct and the Carers Trust, both of whom are able to provide support and advice on any issues affecting you.

References

1 https://www.mind.org.uk/media-a/4849/2019-survey-police-service-summary.pdf

2 https://www.mind.org.uk/media-a/4848/2019-survey-fire-service-summary.pdf

3 https://www.mind.org.uk/media-a/4847/2019-survey-ambulance-service-summary.pdf

4 N Tehrani, Evaluation of a trauma therapy programme within emergency service organizations, Occupational Medicine, Volume 69, Issue 8-9, (2019)

5 December 2019, Pages 559–565, https://doi.org/10.1093/occmed/kqz111

6 Mitchell "When Disaster Strikes – The Critical Incident Stress Debriefing Process" (1983) jems 36- 39

7 "Caring for Helpers in Disaster Situations: Psychological Debriefing" (1989) Disaster Management Vol.2, No.1, 25-30

8 http://www.safeandtrained.com/critical-incident-stress-debriefing/ Steve Laws 2018

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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