

From the Chief Medical Officer
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**Health, Social Services
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An Roinn

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HSS(MD)4/2005

Directors of Public Health, HSS Boards to forward to:

- All General Practitioners, Practice Nurses, Locum GPs
- All Consultants in Public Health Medicine

Directors of Nursing, HSS Boards

Directors of Nursing, HSS Trusts to forward to:

- All Hospital and Community Psychiatric Nurses

Directors of Primary Care, HSS Boards

Medical Directors, HSS Trusts to forward to:

- Consultant Psychiatrists
- Consultant Paediatricians
- Community Paediatricians
- Clinical Psychologists

Your Ref:

Our Ref: HSS(MD)4/2005

Date: 18th January 2005

Dear Colleague

**INFORMATION TO HEALTH PROFESSIONALS REGARDING THE
MANAGEMENT OF ACUTE STRESS AND POST TRAUMATIC STRESS
DISORDER (PTSD) RESULTING FROM THE TSUNAMI (TIDAL WAVE) IN THE
INDIAN OCEAN ON 26TH DECEMBER 2004**

The tsunami in SE Asia has the potential to affect a number of people. These may be the bereaved, survivors (including emergency staff) and their families and UK residents whose non-UK relatives were affected by the incident. The following guidance, based on advice from the Department of Health, London, is being circulated to assist in the early recognition of acute stress and post traumatic stress disorder.

**MANAGEMENT OF
ACUTE STRESS AND POST TRAUMATIC STRESS DISORDER (PTSD)
List of Pointers to Best Practice for Front Line Staff**

1. **Presenting Complaints:**

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

2. **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.

3. **Essential Information on General Management in the Short Term:**

There are three main groups who may need psycho-social 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.

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.

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 anti-depressant is prescribed, this should be under the supervision of a specialised doctor.

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 the 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;
- Practical, social and other support as needed;
- Information about where to obtain more help and advice if necessary.

4. **Longer Term Treatment and Support:**

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;
- 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.

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, including specialised mental health services, will normally be available from the GP, who can make a referral if required. Long term support is also available from organisations in the non-statutory sector (see below)

5. **Helpful Information:**

The British Red Cross, working in partnership with **Cruse** and **Victim Support** and other voluntary organisations, is providing a telephone help line for those directly affected by the South Asia earthquake, either because they were on holiday there or because they have a relative who has been involved in the disaster. The helpline operates 9.00am to 9.00pm every day.

The helpline will provide information, emotional support and advice. Where callers are in need of more sustained support or counselling they will be advised to contact their GP. Those who are particularly distressed and need more immediate specialist support will be advised to phone the Samaritans.

The helpline number is 0845 054 7474. However, the Red Cross is keen to avoid it being over-loaded with general inquiries from members of the public at the expense of those directly affected. The phone number will therefore not be given directly to the media or put on the website. Instead it will be given directly to those returning to this country from the affected areas. Those who have already returned are being advised through the media to contact the Red Cross in the first instance who will guide the caller to helpline staff.

The Clinical Resource Efficiency Support Team (CREST) circulated guidelines on The Management of Post Traumatic Stress Disorder in Adults in 2003. This is available on the CREST Webpage at http://www.crestni.org.uk/publications/post_traumatic_stress_disorder.pdf

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

