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MAJOR INCIDENTS

Processing tragedy: the aftermath of Grenfell Tower

As nurses, firefighters, police and the community struggle to come to terms with the catastrophic fire, expert advice and support can help

Palliative care nurse Simone Williams was woken by sirens on the night of the fire at nearby Grenfell Tower and rushed out to see what was happening. She helped look after those who had escaped from the burning building and knocked on doors appealing for blankets for them.

The University College London Hospitals NHS Foundation Trust nurse says while this was traumatic, at that point she and others assumed the people still inside the tower block would get out. It was only the next day that the true horror of the fire started to sink in.

An estimated 79 people are dead, or missing presumed dead, after the fire, which broke out in the early hours of 14 June and spread rapidly through the 24-storey building. At the time of writing 18 people remain in hospital, some critically ill.

Ms Williams has been signed off work by her GP and referred to occupational health by her employers as she tries to process the tragedy.

Facing patients

‘Someone said to me you should be used to this because you are a palliative care nurse, but with that there is a process and a journey,’ she says. ‘These people went to bed with the belief that they would wake in the morning. I went to work and I couldn’t do it, I can’t face the patients.’

The local community in north Kensington cannot escape the sight of the giant blackened tower, she adds, ‘It is a constant reminder. The train I catch to work is next to the building. If I drive or go for a jog I see it. My leisure centre is where we were taking patients and they were keeping bodies there.’

Psychological first aid

For healthcare services and charities, the challenge now is helping those directly affected, including residents, emergency workers and healthcare teams, to cope with what they experienced and witnessed.

A 24-hour community assistance centre near the tower is staffed by the British Red Cross and other agencies, including the local mental health trust. It offers basics such as food, toiletries and clothes, but there are also volunteers and staff offering psychosocial support to anyone who needs help.

Sarah Davidson, head of the psychosocial support team at the British Red Cross, says volunteers are providing outreach services for people in hospital and those who may not want to visit the community centre.

‘We are not providing counselling, more psychological first aid,’ Dr Davidson says. ‘It is not going into details about the event, or taking long histories, much more about giving people information to normalise the understandably concerning reactions they are having, and supporting them coping. We see people as fundamentally resilient.’

Fears and flashbacks – advice for those affected

Common reactions may include intrusive imagery, with flashbacks to the sights, smells, sounds and feel of the event, and avoidance, for example of going outside. People may be become hyper-vigilant and anxious, and feelings of anger and helplessness are common. Nurses can offer the following advice to those who have been through a trauma:

Do
✓ Take time to get sufficient rest.
✓ Tell people what you need. Talk to people you trust. You don’t have to tell everyone everything but telling nobody anything is often unhelpful.
✓ Take care at home or when driving – accidents are more common after a traumatic or stressful event.
✓ Try to reduce outside demands and don’t take on extra responsibilities.
✓ Make time to go to a place where you feel safe and calmly go over what happened in your mind. Don’t force yourself to do this if the feelings are too strong.

Don’t
✗ Bottle up feelings.
✗ Be embarrassed about your feelings and thoughts.
✗ Avoid people you trust.

Source: NHS leaflet Coping with Stress Following a Major Incident. tinyurl.com/stress-major-incident
The British Red Cross, the local mental health trust and social services are also working with local schools to ensure that children and staff have the support they need in the short and long term.

Central and North West London NHS Foundation Trust has a phone line (0800 0234 650) that enables people to access mental health support services, information and advice 24 hours a day.

The trust’s chief psychologist John Green says it is contacting those affected by the fire. He says all those involved lost their homes, and many speak languages other than English, making it more complicated, but there is a well-organised plan in place.

Dr Green urges nurses to be aware of the effects of trauma. ‘Nurses are often on the front line, meeting people in traumatic situations, and having someone sympathetic to listen to them is important,’ he says. ‘Nurses don’t need to do anything special, but should familiarise themselves with what happens to people who are traumatised and use their skills to support them.’

### Screen and treat

The mental health trust is using a ‘screen and treat’ model to identify those at risk of post-traumatic stress disorder (PTSD). People are assessed no earlier than a month after the event to see if they need further intervention.

The approach was used after the 7 July 2005 terrorist attacks in London and is advocated in the National Institute for Health and Care Excellence’s PTSD guidance.

University of West London professor of nursing Suzanna Rose, who is also a cognitive behavioural psychotherapist and visiting professor at the University of Reading’s school of psychology and clinical language sciences, agrees with this approach.

She led a Cochrane review of healthcare and policy in 2002, which found no evidence that single-session individual psychological intervention, or ‘debriefing’, was useful in preventing PTSD, and could worsen it. ‘We support people at the outset but don’t make them talk about the event if they don’t want to,’ Professor Rose says. ‘It’s about providing support and watchful waiting. Most people faced with these awful experiences will process the event and carry on with their lives.’

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