

# Humanitarian Assistance and Psychosocial Support Report 2019

First Edition



# About Counter Terrorism Preparedness Network

## What we do

CTPN brings together strategic leaders, practitioners and academics to inform city-level policies and practices that build resilience to keep our cities and communities safe from terrorism.

## Why we do it

The threat from terrorism has not diminished, rather it has become more complex. Cities that develop strategic arrangements and explore policy design and implementation in an integrated manner can use this as a lever in developing resilience against terrorism.

## How we do it

CTPN promotes dialogue, the sharing of practices and experiences, and provides a means of developing new approaches to counter terrorism, as well as the strategic preparedness and response arrangements of cities in this context.



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Resilience leaders

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Academic partners

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Independent experts

## Member cities



Barcelona



Greater Manchester



London



Paris



Rotterdam



Stockholm

**Welcome to CTPN's  
first edition report on  
Humanitarian Assistance  
and Psychosocial Support.**

**In this report you will learn  
about exciting and innovative  
initiatives from other cities  
across the globe and be  
presented with strategic  
recommendations to consider  
for your own city.**

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## **The complex and changing nature of terrorism requires innovative and collaborative solutions at a city-level. Counter Terrorism Preparedness Network (CTPN) enables cities to work together across borders to counter terrorism through the holistic lens of preparedness and resilience.**

As a part of this, five first edition reports have been developed by CTPN to dive into pertinent areas of counter terrorism. They examine current counter terrorism initiatives from across the globe, delve into academic discussions, share learning and analysis, and offer strategic leaders and policy-makers recommendations that aim to build resilience to keep our cities and communities safe from terrorism.

This report focuses on the challenge of humanitarian assistance and psychosocial support and has identified the following key findings:

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**Psychosocial care should be provided immediately** following an incident and follow into the weeks, months, and years that follow

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**Permanent infrastructure** can be essential to providing effective humanitarian assistance and psychosocial care

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**Local communities**, volunteers and social networks can provide an integral resource for community-based resilience to terrorist attacks

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**Vulnerable populations** need to be identified both before and after terrorist incidents

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**Proactive outreach** and psychological screening and treatment is essential for effective recovery

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Evaluations of humanitarian and psychosocial responses to terrorist attacks should be **independent and evidence-based**

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## Initiatives from across the globe



### Barcelona

Social Emergency and Urgent Care Centre (CUESB)



### Greater Manchester

SWAN bereavement nurses

Manchester Resilience Hub

Manchester Attack Support Group Programme



### London

Humanitarian Assistance Framework

Outreach, Screen and Psychological Support Service

Victims of Terrorism Unit



### Paris

Emergency medical-psychological units (CUMP)



### Rotterdam

Psychosocial relief for accidents and disasters (PsHOR)



### Stockholm

Psychosocial crisis support (POSOM)

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## Methodology

To produce this report we engaged with academics, subject matter experts and practitioners in London and internationally, sent out a survey to CTPN cities, undertook a literature review and desktop research.



Interviews



Literature review



Surveys

## **Effective humanitarian assistance and psychosocial support are key aspects of preparing for, responding to and recovering from a terrorist attack. In particular, providing the right psychosocial care as early as possible to those affected by terrorist incidents can be integral.**

This report provides a process-oriented<sup>1</sup> review of humanitarian assistance and recovery efforts across partner cities of the Counter Terrorism Preparedness Network, with a specific focus on psychosocial care. Noteworthy examples are highlighted throughout and strategic recommendations are provided on how city-level policy might be enhanced.

Humanitarian assistance and recovery encompass saving lives, alleviating suffering, ensuring human dignity and helping those affected return to a “new normal”, while improving their resilience to future risks.<sup>2</sup> A central facet of this is ensuring that the health of those affected by a terrorist incident, whether directly or indirectly, is appropriately cared for. Although physical injuries may be more apparent than psychological ones, the need for effective and timely diagnosis, treatment and continued support during recovery applies to both.<sup>3</sup>

Psychosocial care, notably for post-traumatic stress disorder (PTSD), is a key component of this. It addresses the short- and long-term recovery of those affected<sup>4</sup> by helping individuals and communities to address feelings such as loss of control. Additionally, appropriate psychosocial care is fundamental for those responding to a terrorist incident because this safeguards responders’ wellbeing, which can positively influence humanitarian

assistance and recovery for the wider community.<sup>5, 6</sup>

This report emphasises the need to provide psychosocial care not as a secondary service, but immediately after an incident, alongside humanitarian assistance. The research conducted shows it should follow into the recovery phase and be based on rights-based approaches that place a focus on the individual and/or community.<sup>7, 8, 9</sup>

**Humanitarian assistance and recovery encompass saving lives, alleviating suffering, ensuring human dignity and helping those affected return to a “new normal”, while improving their resilience to future risks.<sup>2</sup>**

Some of the most powerful resources for recovery stem from peer and community support,<sup>10</sup> and city-led approaches can benefit greatly from drawing on existing social networks that support individual and collective recovery. Indeed, current humanitarian-assistance frameworks recognise that post-disaster interventions must occur at multiple levels (individual, family and community) in order to be effective in building community resilience.<sup>11</sup> This can facilitate short-, mid- and long-term recovery processes and encourage adaptive capacities

that can contribute to alleviating or preventing psychological symptoms from emerging.

Well-designed policy at the city level is integral to successfully implementing effective humanitarian assistance and recovery efforts. It supports anticipation and preparedness for terrorist attacks in a city context, as well as providing much needed integrated and continuous services after an incident.<sup>12</sup> This can then aid:

- Co-ordination of welfare provision.
- Appropriate care for communities.
- Key humanitarian-assistance facilities.
- An enhancement of resilience and social capital,<sup>13</sup> including through peer and community-based networks and support groups.<sup>14,15</sup>
- Provisions for health, displaced communities, and financial needs.<sup>16</sup>



### 3.1 Humanitarian Assistance

Humanitarian assistance can be defined as “those activities aimed at addressing the needs of people affected by emergencies; the provision of psychological and social aftercare and support in the short, medium and long term”.<sup>17</sup> This also includes planning, training and exercising before an incident has happened.

The range of possible humanitarian-assistance interventions available is vast.<sup>18</sup> Whether it is providing general information about an incident or specialised emotional, financial, medical, psychological or even legal support, humanitarian assistance must be tailored to fit an individual incident.<sup>19</sup>

In this report, humanitarian assistance is referred to in the context of a terrorist incident, but the key principles largely remain the same. In any case, whatever the intervention provided, cities should consider how to ensure that appropriate help reaches those affected, and that they have the information they need to access the services available.<sup>20</sup>

### 3.2 Recovery

Recovery is a broad term that changes depending on the field and context in which it is used. Within this report, recovery can be viewed as part of a complex humanitarian process that includes psychosocial care. Recovery seeks to support affected communities in the reconstruction of the physical infrastructure and restoration of emotional, social and physical well-being. Recovery is about the affected individuals or communities regaining control and developing resilience.<sup>21</sup> The process continues until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been addressed.

It is worth noting that the concept of returning to “normal” for an individual or community may not feel applicable in the wake of a terrorist

attack. Similar to the concept used in psychology for those experiencing grief, recovery efforts may focus on supporting those affected to accept a “new normal”.<sup>22</sup>

### 3.3 Psychosocial Care

Psychosocial care is the care and support of those affected by an incident (including the friends and family of those directly involved). The term “care” is intentionally used instead of “support” because it is seen to address the material, emotional and psychological conditions that create insecurity for people.<sup>23</sup> Its purpose is to help them achieve and maintain healthy levels of psychological and social functioning, while at the same time promoting their dignity, human rights and independence. A truly psychosocial method avoids the common pitfall of fragmented approaches to support based on either a “medical treatment” or “social service delivery” model.<sup>24</sup> The emphasis in psychosocial care interventions should be on empowerment. It should draw on resilience, building strengths, capabilities and self-sufficiency, while at the same time making available appropriate mental health and other services that complement individual, family and community-based coping strategies.<sup>25</sup> Effective psychosocial care stresses the importance of treating people with an ethic of care.<sup>26</sup>

### 3.4 Psychological First Aid

Psychological first aid is a concept similar to physical first aid for coping with stressful and traumatic events in crisis situations and at disaster sites.<sup>27</sup>

It is designed to provide early assistance within days or weeks following an event in order to “reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping”.<sup>28</sup> This is not based on an assumption that all those affected by incidents such as terrorist attacks will develop severe mental health problems or long-term difficulties

in recovery, instead psychological first aid is based on “an understanding that those affected by such events experience a broad range of early reactions”, some of which will cause enough distress to interfere with adaptive coping.<sup>29</sup>

### 3.5 Resilience

Like recovery, there are various understandings of resilience, depending on the field of research. This report refers to “psychological resilience” in line with the Overseas Development Institute’s definition, which views it as a dynamic process whereby “individuals exposed to sustained adversity or potentially traumatic events experience positive psychological adaptation over time”.<sup>30</sup> Psychological resilience can also involve the “interaction of protective mechanisms across levels, including factors such as supportive family and relationships, effective coping skills, culture and neurobiology”.<sup>31</sup>

It is important to note that normal coping and adaptation can be termed “resilience”, but there is a growing consensus that resilience does not indicate the complete absence of any psychological symptoms after exposure to trauma; rather, it describes the ability to resume pre-disaster levels of functioning.<sup>32</sup>

# 4 A Review of Humanitarian Assistance and Psychosocial Care

**Humanitarian assistance should be seen as one component of the complex and moving dynamics of disaster management. These include wider recovery, preparedness, and mitigation activities.<sup>33</sup>**

The phases of disaster management are traditionally conceptualised in a cyclical fashion.<sup>34</sup> Figure 1 illustrates the complex nature of the disaster management cycle. Psychosocial care needs to traverse these phases to ensure those involved and affected by a major incident are properly cared for both in the immediate response and in long-term recovery.

Conceptualising psychosocial care in this way helps to prepare responders and service providers for the multiple and ongoing needs of individuals and society at key points in time.

This can support agencies to:

- Bridge any gaps between humanitarian assistance and the process of recovery.
- Better meet the needs of those affected.
- Adapt to and anticipate care needs in future incidents.<sup>35</sup>

Additionally, the phases of preparation and mitigation align with notions of resilience that call for sustainable and appropriate local solutions for psychosocial care.<sup>36</sup>

This recognises the important role of the local affected community and their situated expertise<sup>37</sup> in helping those affected to respond and recover.

Humanitarian assistance is needed in situations where lives are in danger, wellbeing is compromised, and normal services are unable to meet the demand for resources.<sup>38</sup> This can require the provision of core services, sometimes by a large workforce, covering diverse professional sectors, disciplines, levels of professional experience and cultural expertise.<sup>39</sup> Integrating multiple actors and agencies to provide a coordinated response to terrorist attacks is challenging.<sup>40</sup> This should be considered in terms of:

- Systematically using relevant policy frameworks to deliver assistance in a cohesive, consistent manner – particularly with clear data-gathering protocols.
- Ensuring accountability and mobilising resources.<sup>41</sup>
- Adopting a community approach.<sup>42</sup>

**Figure 1 The Disaster-Management Cycle**





Increasingly, research acknowledges that humanitarian assistance and recovery are best approached from a community-development perspective that includes the active participation of those affected.<sup>44</sup> Individuals and communities that are affected by a terrorist attack can play an integral part in designing their own tailored initiatives. This is key because policymakers and service providers will not always know the specific needs of those affected without engaging with them, and can therefore benefit greatly from ensuring they are involved in the design and implementation of humanitarian assistance and recovery efforts. Consequently, the shift from immediate response to recovery operations should incorporate a sense of community ownership, essential to successful and sustainable psychosocial care for those affected.<sup>45</sup>

**Effective approaches to humanitarian assistance and recovery processes are holistic, and encourage cross-cutting methods.**

As well as engaging with those affected, effective approaches to humanitarian assistance and recovery processes are holistic, and encourage cross-cutting methods. They should consider the role of non-traditional responders, including bodies that represent cultural and heritage interests, community and faith-based groups, locally elected members and local businesses.<sup>46</sup> When done in this way, the social, physical and mental wellbeing of those affected can be addressed as a whole to improve resilience and reduce vulnerability within the community.<sup>47</sup> Such approaches not only acknowledge the procedures and practices at the centre of efficient and effective response and recovery, but also the wider psychosocial

**Figure 2 Humanitarian-assistance activities and objectives<sup>43</sup>**

Objective of Humanitarian Assistance	Component of Humanitarian Assistance
Relieving physical and psychological suffering	Medical assistance
Assisting in the disaster affected identification processes	Financial, legal, police and investigational support
Providing clear and timely information	Essential welfare – social services
Providing emotional and psychosocial care	Psychosocial care

UK Cabinet Office

needs of the affected community, which may change over time.<sup>48</sup>

Finally, although the recovery phase is listed as a separate component to humanitarian assistance in the disaster-management cycle, recovery-focused activities should begin alongside humanitarian assistance<sup>49</sup> in order to contribute to developing long-term resilience and psychological recovery.

**4.1 The Psychological Impacts of a Terrorist Attack**

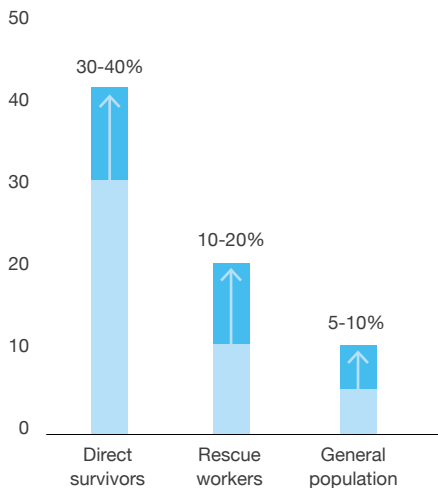
Research shows that the intensity of trauma exposure and the loss of lives of family members and loved ones are risk factors for the development of mental health problems following a major incident.<sup>50</sup> The perceived threat to life during the incident, experience of dissociations or strong negative emotional responses during or immediately after the incident, and lack of perceived support are linked to the development of post-incident

mental health difficulties. Short-term distress that is not accompanied by sustained impairment of functioning is a normal reaction to a major incident.

Although some may have extreme reactions or experience dissociative behaviour, psychosocially informed mental health expertise highlights that acute reactions of those affected are normal in an abnormal event. It is key, therefore, to provide accurate and clear information to those affected about how they may feel, yet not necessarily categorise them as “patients” or allow them to become isolated victims. Those affected should be encouraged to participate gradually in normal social interactions.

Given that those affected by traumatic events are initially in a state of shock and may be sensitive to additional psychological damage, De Soir and others advocate for “simplicity” in psychosocial care.<sup>51</sup>

**Figure 3**  
**PTSD following an incident**



Examples may include modest acts such as offering water, providing silent company, being attentive to needs and avoiding medicating those affected in order to subdue their legitimate expression of pain and grief. Ensuring a minimum level of comfort and dignity through clean clothes, security, compassion and protection is important.

The probability of psychiatric diagnoses in the form of post-traumatic stress disorder, depression and anxiety disorders has been identified as rising two to three times higher among bereaved relatives and survivors of a terrorist attack than in the general population. The following list gives the most common mental health difficulties post-trauma:

- PTSD is estimated at 30–40% among direct survivors, 10–20% among rescue workers and 5–10% in the general population.<sup>52</sup>
- Depression is highly prevalent post-disaster and often co-occurs with PTSD.
- Prolonged grief disorder can also be linked to the sudden loss of a loved one in affected populations.
- Anxiety, panic disorder and phobias are also common.

Young people exposed to trauma may experience high rates of psychopathology. For instance, research shows that 29.2% of trauma-exposed youth experienced a major depressive episode; 22.9% developed conduct disorder; and 15.9% had alcohol dependence.<sup>53</sup> Risk of major depressive disorder ranges between 20% and 30% in direct survivors in the first few months after a terrorist attack, compared with 4–10% in the general population.<sup>54</sup> The prevalence of PTSD is also high among children directly exposed to a disaster or terrorist attack.<sup>55</sup>

Although the mental health difficulties caused by terrorist attacks may be daunting to both those experiencing them and those caring for them,

they can be effectively treated with psychological therapies.

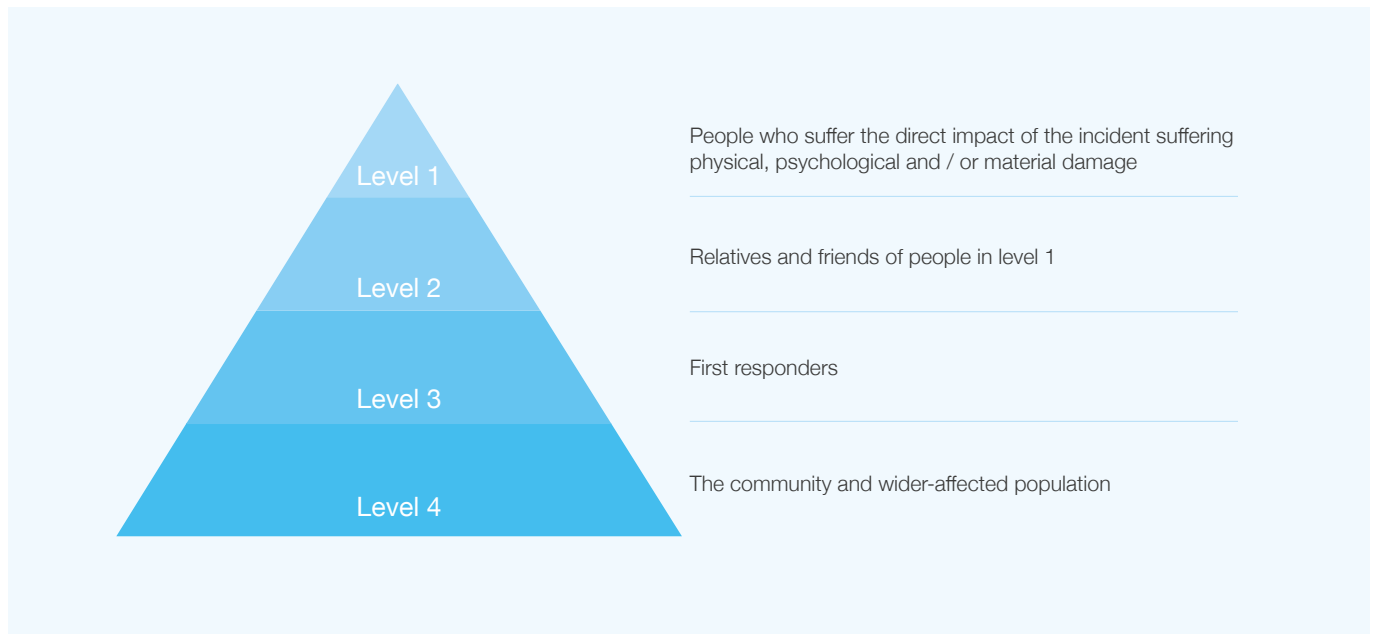
**4.2 Social and Somatic Impacts of a Terrorist Attack**

These disorders rarely present in isolation and tend to co-occur. A substantial number of people may suffer distress that is persistent and that may be accompanied by social impairment. Often it is sustained by secondary stressors, eg. housing, legal and financial difficulties. Additionally, following a major incident there can be an increase in the use of alcohol, drugs and other substances, which are used by survivors as a coping strategy. This can lead to further health complications.

**The impacts of terrorist attacks and associated psychosocial risks are far-reaching and extend beyond those who have directly experienced the attack.**

A substantial proportion of people affected by terrorist attacks, including responders, may also present at primary care facilities with somatic symptoms. These can include headache, fatigue, abdominal pain and shortness of breath.<sup>56</sup> Although physical symptoms generally subside over time, some persist for years following the disaster, and post-incident physical symptoms can be linked to pre-incident history of psychological difficulties.<sup>57</sup> To illustrate the persistence and longevity that physical symptoms can have, after the 1995 Aum Shinrikyo Tokyo Sarin attacks, approximately 1,000 people were physically injured, and another 4,500 were seen by hospitals, deemed to be the worried well. The latter were not in the vicinity of the attacks or eye witnesses but were worried that they may have been somehow exposed indirectly. This is sometimes referred to as “psychological proximity” rather than geographical.<sup>58</sup>

**Figure 4 Ordered Taxonomy of Those Affected by Terrorist Attacks<sup>64</sup>**



Although many of these 4,500 recovered, serious long-term impacts were felt by a number of people, including those who had not been directly exposed to the agent. For example, almost 300 patients out of 488 who responded to a survey, experienced post-incident physiological symptoms including insomnia, depression, anxiety, flashbacks, nightmares and headaches six months post-incident.<sup>59</sup> This emphasises the importance of including primary care in identifying people who may be distressed and/or require assessment for possible mental disorders. Assessment, support and intervention for family members should also be coordinated.<sup>60</sup>

Finally, some incidents may be followed by prolonged legal and political processes, which can have significant psychosocial implications for those affected and on addressing their longer-term needs. Survivors and their family and friends may be involved in legal procedures or

criminal proceedings, which can cause a great deal of psychological and emotional stress, especially if they are required to relive the trauma of the incident in court. It is important therefore that legal and specialist support is provided where possible, and that care providers and specialist services work in a joined-up way to address the varying complex needs of each individual. The EU recommendations on addressing victims' rights focus specifically on legal implications and can be used as a guide.<sup>61</sup>

#### 4.3 Levels of Impacts

As seen in the Tokyo Sarin case, the impacts of terrorist attacks and associated psychosocial risks are far-reaching and extend beyond those who have directly experienced the attack. To provide a deeper understanding of the complexity and diversity associated with this, Figure 4, aligned with current EU recommendations, illustrates a taxonomy of those who may be affected.<sup>62</sup> This is organised into four

levels ranging from those directly impacted,<sup>63</sup> through to those in the community considered to be indirectly affected. These include:

**Level 1:** People who experience the direct impact of the incident suffering physical, psychological and/or material damage.

**Level 2:** Relatives and friends of people in level 1.

**Level 3:** First responders, (emergency services: doctors, nurses and ambulance service teams, psychologists, firefighters, police, etc.) and volunteers or members of the public who have provided support or first aid to those in level 1.

**Level 4:** The community, i.e. people living in nearby areas and the wider affected population.

Policymakers should take care to ensure that official legislation is inclusive of all of these levels and has an adequately broad understanding of who is considered to be affected.

Impacts on levels 1 and 2 are broadly covered in section 4.1. The following sections examine in greater detail the psychosocial impacts of terrorist incidents on levels 3 and 4, as well as what cities can do to offer support across all levels.

### 4.4 Supporting First Responders

The wider-reaching impacts of terrorist attacks require sensitive management of psychosocial care, which should be made available to all affected by the incident. This includes first responders who are relied upon to provide support and services in the immediate response phase after an attack. First responders refers to emergency services, rescue and safety teams, volunteers and those who intervene at the scene of a terrorist incident.

**The wider-reaching impacts of terrorist attacks require sensitive management of psychosocial care, which should be made available to all affected by the incident.**

First responders can be emotionally impacted by attending an incident and suffer subsequent traumatic psychological effects. For instance, in Paris there was a marked increase in the assistance given to emergency services as a result of high levels of stress the day after the attacks of 2015.<sup>65</sup> Additionally, evidence from follow-up studies on first responders to 9/11 attacks indicate that they may experience difficulties five to six years after the incident.<sup>66</sup> Effective psychosocial care for first responders should therefore be considered over a period of time.

Research recommends that successfully caring for first responders should include the following key characteristics:<sup>67</sup>

- Supportive leadership that ensures safe running of the first responders' organisation and pays attention to staff's wellbeing.
- Ensure that during and after incidents staff are not overworked for long periods of time and given adequate time to rest.
- Regularly monitor staff's wellbeing after incidents.
- Provide staff with necessary and relevant support if they become involved in reviews and investigations following incidents.
- Recognise that staff may experience difficulties associated with a specific incidents as well as cumulative difficulties over time.

It should be noted that some support initiatives for first responders involve debriefing strategies post-incident.<sup>68</sup> This can include structured group interventions, consisting of a formal meeting after the event, with a view to treating the emotional impacts that first responders may experience. However, there is much debate on whether these forms of debriefing should be offered, with research showing it could be counterproductive and even harmful.<sup>69</sup> For instance, in 2018 the National Institute for Health and Care Excellence (NICE) recommended that psychologically focused debriefing for the prevention or treatment of PTSD should not be offered.<sup>70</sup> This was due to evidence showing no benefit either individually or in groups, for children or adults, and some suggestion of worse outcomes than having no treatment.<sup>71</sup> Cities offering psychologically focused debriefing should therefore carefully consider the effectiveness and potential impacts of this approach.

### 4.5 Supporting the Community and Wider Affected Population

Supporting the general population after an attack is challenging because of the diverse nature of communities, community needs and community-based responses. Human-induced disasters can have longer-lasting and more devastating effects on communities than others, especially in instances such as terrorist attacks that demonstrate clear intentionality.<sup>72</sup> This is because of the relative loss of trust in others, loss of values and feelings of hopelessness and injustice. This is demonstrated by the prevalence of generalised anxiety disorder in Madrid's population after the 2004 train bombings which, at five to 12 weeks, was at 8.6%.<sup>73</sup>

In both the general and affected population the impacts can be transient if the population is resilient.<sup>74</sup> However, it is still imperative that immediate psychological first aid is provided to help mitigate stressors that directly affect those impacted by terrorist attacks. Besides facilitating stress reduction, psychological first aid and other forms of care encourage the development of coping mechanisms. Commonly these draw on personal resources, as well as family and social support to better manage the situation.<sup>75</sup> The general population, and particularly the community surrounding an incident, will also require speedy information following an attack.<sup>76</sup> Providing accurate information can facilitate cooperation and a sense of shared community, and help people begin the return to their new normal as soon as possible.<sup>77</sup>



Negative psychological consequences in the community may also be mitigated through training. The theory of preventive stress management (TPSM) was introduced in 1979<sup>78</sup> by translating notions of public health prevention into a work or organisational context. Preventive stress management for individuals offers three sets of interventions that aim to counteract the sources of stress:

1. Primary prevention aims to help the individual manage personal perceptions of stress (self-knowledge); raise their personal work environment (self-regulation); and maintain a balance between work and personal life (healthy living habits).
2. Secondary prevention is aimed at the response and aims to help the individual regulate energy, emotions and physical condition during the intervention (training is applied at this time).
3. Tertiary prevention is aimed at symptoms and is based on treatment therapies and counselling interventions to restore health and function.

The aim is to defer negative psychological consequences through training before the psychological stress.<sup>79</sup> Caution is advised with those from vulnerable groups, such as people with pre-existing psychological issues; those who have been physically affected by a terrorist attack; young children; those who suffer from challenging socioeconomic conditions; or migrants in an irregular or unstable situation.<sup>80</sup>

### Researching city-level humanitarian assistance and psychosocial care initiatives, programmes and activities after terrorist incidents has demonstrated a number of shared features and challenges across cities.

These commonalities can be seen in the design, application and monitoring of these initiatives. The following sections outline key themes identified from this research, along with good practice from each partner city in CTPN. A diverse range of examples are presented from campaigns, detailed plans and strategies, latent and trained networks, and appointed roles, through to established multi-agency organisations and physical infrastructures.

#### 5.1 Clearly Defined Protocols for Early Psychosocial Interventions

Terrorist attacks can be shocking, traumatic, disorienting and disruptive for those affected. Early psychosocial interventions are essential to help promote recovery, and identify people who need acute and consequential psychological help.<sup>81</sup> Providing initial care immediately after an incident aims to avoid symptoms becoming chronic by facilitating the expression of emotions and by establishing measures to improve psychological wellbeing, based on the regularisation of food and sleep patterns, the recovery of daily life routines, and the shared expression of feelings.

It is also critical to ensure that interventions are appropriately specific and evidence-based, and are provided as soon as they are required. Usually, this is when negative psychological reactions last more than four to six weeks; when there is a serious negative

interference in everyday functioning (family, work or school); or when a person feels uncomfortable with their thoughts, feelings or behaviours, or feels overwhelmed by them.

**Early psychosocial interventions are essential to help promote recovery, and identify people who need acute and consequential psychological help.<sup>81</sup>**

Psychological first aid is increasingly being recognised by leading international organisations, such as the World Health Organisation and the Red Cross, as a necessary and useful tool to be used after a major incident like a terrorist attack.<sup>82</sup> Research published in 2016 demonstrated that psychological first aid significantly lowers anxiety among trauma victims.<sup>83</sup> In particular, the “RAPID” model has been found effective in promoting personal and community resilience.<sup>84</sup> RAPID stands for, and is based on, the following principles:

**R**eflective listening  
**A**ssessment of needs  
**P**rioritisation  
**I**ntervention  
**D**isposition

Quickly establishing a space where these five principles can be delivered is crucial. This can be done in the

form of a pre-existing reception centre or through mobile units, as will be seen in the following case studies. These spaces can ensure that those affected receive accurate information, diagnosis of actual and emerging needs, and a sense of security. It is important that the delivery of these services is driven by empowering the decision-making capacities of those affected – rather than somehow replacing them – so that they are enabled to seek adequate support within their own networks and available resources.

To deliver these principles, cities will benefit from having clearly defined, (and rehearsed) pre-existing protocols in place ready for activation in the case of an incident. The case study of Paris’s Emergency Medical-Psychological Units clearly demonstrates how this might effectively be put into practice.

It should be noted that because of its medically focused approach, it might be susceptible to underestimating the social and welfare needs of those affected. There is also a risk of pathologising normal reactions because the need for psychiatrists at such an early stage is not always justified. This can in turn encourage an excessively medical approach. Regardless of the provider, however, the focus in initial stages following an incident should be on psychological first aid principles, addressing basic practical and emotional needs.

The strength of Paris’s approach lies in its ability to quickly establish links between those affected and consistent support systems and databases. Its flexibility in being able to attend a scene directly or organise a deferred intervention means it can provide support to those affected as soon as possible. Cities should consider how they utilise existing networks and support systems to provide early psychosocial care as soon as possible.

# Emergency Medical-Psychological Units – Paris

Case study 1



Since 1995 France has deployed Emergency Medical-Psychological Units called **Cellules d'Urgence Médico-Psychologiques (CUMP)**, a system of early medical and psychological care for people affected by or involved in situations of collective emergency including terrorist attacks.

The CUMP is formed of multi-disciplinary teams of specialised mental health professionals, such as psychiatrists, psychologists and volunteer nurses trained specifically for emergencies. They are coordinated by a psychiatrist for each department and activated by the Emergency Medical Help Service (Service d'Aide Médicale Urgente – SAMU) in collaboration with a CUMP coordinator.

The SAMU will determine the appropriate intervention system needed, because the CUMP team can either visit the disaster scene or organise a deferred intervention. CUMP teams work in close collaboration with other relief organisations, such as the Red Cross.

The CUMP's duties include:

- Setting up near the Advanced Medical Post or in any suitable place, especially in health facilities and reception centres.
- Providing immediate medical and psychological attention to all those involved in the event, including first responders.
- Accurately recording the details of those affected and treated so that they can be referred to other healthcare providers if necessary. This includes issuing medical certificates outlining the care that has been provided.
- Organise, as necessary and in connection with the SAMU, a medical-psychological phone line to provide an adapted response to those affected.<sup>85</sup>

In addition to the CUMP response framework, created in 2017 for the prevention of trauma in Paris, the Mobile Psychological Intervention Unit provides emergency assistance in situ to the people directly affected. Volunteer professionals are on call for this service and are available 24/7.



## 5 Key Themes and Good Practice

continued

In particular, psychological first aid models like RAPID can be considered.

### 5.2 Dedicated Support Infrastructures

Having dedicated infrastructure and organisational structures to support psychosocial care during humanitarian assistance can play a central role in assisting the efforts of first responders and local communities.<sup>86</sup> They are needed to effectively manage an incident such as a terrorist attack<sup>87</sup> because they can help support by:

- Sharing skills and experience.
- Sharing situational knowledge regarding the dynamics of the city's communities.
- Systematic evaluations of performance.
- Designing and providing support to first responders.
- Offering physical infrastructure to those affected, both those who live in the city and visitors.

Providing psychosocial care to those who are affected but do not live in the city or have access to the city's "regular" services, such as tourists or commuters, can pose a particular challenge, especially with regard to following up on long-term needs. Case Study 2 illustrates how these principles may be implemented to address the needs of both residents and visitors following a terrorist attack.

Through its business-as-usual activities, Social Emergency and Urgent Care Centre (CUESB) has acquired vital knowledge of the city and its resources, as well as experience working in situations of high stress in a coordinated manner with the city's emergency services. This model serves as a physical space for those affected to return to, be monitored and receive follow-up care during the entire recovery process (especially mid-and long-term).

**Cities should consider how they utilise existing networks and support systems to provide early psychosocial care as soon as possible.**

Having dedicated infrastructure in the form of a social emergency unit, and a clear care pathway following incidents, is also important, as it ensures that the population will be familiar with these organisations.<sup>88</sup> They can also assist in facilitating coordination and data-sharing between relevant care providers, first responders, and other relevant professionals. Furthermore, not limiting this to terrorist attacks is key because victims of violent crimes and their families also require immediate, mid- and long-term psychosocial care.<sup>89</sup>

### Recommendation 1

**Cities should consider establishing designated permanent infrastructures and associated organisational roles and responsibilities for preparing, delivering and reviewing psychosocial support, humanitarian assistance and recovery strategies after major emergencies (including but not limited to terrorist attacks).**



# Social Emergency and Urgent Care Centre (CUESB)

## – Barcelona

Case study 2



**Barcelona's Social Emergency and Urgent Care Centre (CUESB) is responsible for providing psychosocial care to those directly and/or indirectly affected by terrorist attacks. Administered by the City Council, the public service operates 24/7, 365 days a year.**

Although the service facilitates both social and psychological care, it focuses more on the social aspects of care, particularly in incidents involving traumatic deaths. Its team consists of social workers and psychologists with specialist training in psychological first aid and communicating sensitive and difficult information. Its staff includes logistics officers and administrative support staff who have been trained to handle situations of high emotional stress.

**Although the service facilitates both social and psychological care, it focuses more on the social aspects of care.**

For cases where specialised mental health services are needed, but not provided by the centre, there are explicit protocols for transferring care to appropriate services. Networks have been established with these specialist services to facilitate this. Within the centre itself, accommodation and offices are available to provide individual support to people affected. Where accommodation is required for large numbers, the centre has standing arrangements and contingency budgets with local hotels to provide accommodation and food, and an in-house hostel with a capacity for 100 people that can be activated, with professionals and catering, in 45 minutes. The latter is normally kept vacant to respond to emergency situations that may occur in the city.

When the 2017 terrorist attacks took place in Barcelona and Cambrils, Barcelona's CUESB acted as a reference point to provide psychosocial care. In the short term, during the first 72 hours, more than 500 people received psychosocial assistance and up to 28 people were housed in the CUESB building. In the medium and long term, when individuals began manifesting PTSD symptoms, the centre provided necessary paperwork to assist those affected in claiming benefits or additional support. Until the attacks, the health system in Catalonia did not have an official method to classify individuals affected by such incidents, so the CUESB's ad-hoc database became integral for monitoring those who were not seen by or registered on the Catalan health system.



Embedded in the emergency plans of the city, it also works closely with the city during critically sensitive moments, such as communicating difficult information to friends and family. The centre is well placed to support during these moments; it has helped provide care to relatives of those killed in plane crashes (Germanwings), traffic accidents, or violent deaths due to murder or suicide. In particular, support is provided by CUESB in situations where minors die traumatically, and in large fires and evacuations, even if there are no fatalities.

The centre has been so successful that it even provided assistance to those affected in Cambrils, despite the physical distance. Before then, since 2015, the centre has broadened its offer of care, providing its services to 22 municipalities of the Metropolitan Area through an agreement with Barcelona's City Council.

## 5 Key Themes and Good Practice

continued

### 5.3 Standby Care Teams and Innovative Training

For psychosocial interventions, preparation and response can be supported by standby psychosocial care groups. Rotterdam's case study provides a noteworthy example of this in action through its multi-disciplinary Psychosocial Assistance in Accidents and Disasters (PsHOR) team.

PsHOR professionals are trained regularly and their expertise refreshed and updated through simulated scenario training and exercises. During training, procedures are taught that facilitate information-gathering and dissemination and promote a flexible approach that can adapt to the reality of an incident on the ground. For example, in the field, PsHOR teams work in a municipal shelter, however, during two school incidents, the municipal shelter was not activated and students (and their parents and teachers) were instead supported, with the school's consent, at the school because it was safer and more appropriate to stay in a familiar environment.

### 5.4 Collaborating with the Third and Private Sectors

Stockholm's approach to psychological care seeks to integrate the City Council and third sector organisations such as the Swedish psychological and social care team. This arrangement was in part a response to the results of the Swedish Civil Contingencies Agency evaluation. This was carried out to review the action protocols used and identify areas for improvement in interventions carried out during, and after the 2017 truck attack. In its analysis, MSB highlighted the need to have joint action plans<sup>90</sup> where the functions, responsibilities and roles carried out by the different teams of interveners are clear.

The private sector can also provide useful support following an incident. There are cases of private companies providing services free of charge to contribute to the response in the immediate aftermath of a terrorist attack. In Barcelona, Greater Manchester and London for instance, taxis and hotels contributed by providing basic services free of charge after terrorist incidents in the city. However, it is important to note that incorporating the private sector, especially when this involves spontaneous volunteers, must include consideration of the psychological and physical wellbeing of staff offering such services. For instance, in London following various 2017 terrorist incidents, there were accounts of taxi drivers who struggled psychologically post-incidents<sup>91</sup> but were reluctant to seek psychological help because of concerns over possible negative impacts on their taxi driving licence and insurance.<sup>92</sup> To utilise these resources effectively, cities must consider how to formalise such networks and ensure that appropriate guidance on supporting these organisations' employees is built into this process.

#### Recommendation 2

**Cities should plan, train and test the provision and coordination of practical, emotional and psychosocial aftercare for all those affected by terrorist incidents both initially and in the weeks, months and years that follow.**

# Psychosocial Relief for Accidents and Disasters

## – Rotterdam

Case study 3



**The Psychosocial Assistance in Accidents and Disasters (PsHOR) team is Rotterdam’s multi-agency approach to psychosocial care in emergencies. It involves social workers, psychologists and doctors available on standby to voluntarily assist and perform psychosocial care in the case of an emergency.**

PsHOR works under Geneeskundige Hulpverleningsorganisatie in de Regio (GHOR) (or the Regional Medical Emergency Preparedness and Planning), which is a medical-assistance organisation in the Rotterdam-Rijnmond Region responsible for the coordination, management and control of medical assistance in that area.

All members of PsHOR (including the team manager) are volunteers and have day jobs elsewhere, but remain available and ready to staff PsHOR in the case of an incident. GHOR will reimburse the volunteer’s employers for the hours spent either responding to or training for an incident. The service is available 24/7 and has approximately 80 volunteers in its staff pool.

PsHOR is operational during the first hours of an incident and then, once the acute phase has passed, transfers care to the regular healthcare authorities, although support is still offered by PsHOR to the healthcare authorities.



# Psychosocial Crisis Support – Stockholm

Case study 4



In Sweden, psychosocial care is a shared responsibility between municipalities and county councils. Written in legislation, this has resulted in many municipalities organising specialised teams responsible for delivering psychosocial care in major incidents. These are known as psychosocial crisis support or “POSOM” teams. The latter, translated from Swedish, stands for Psychological and Social Care in Crisis and Emergencies.

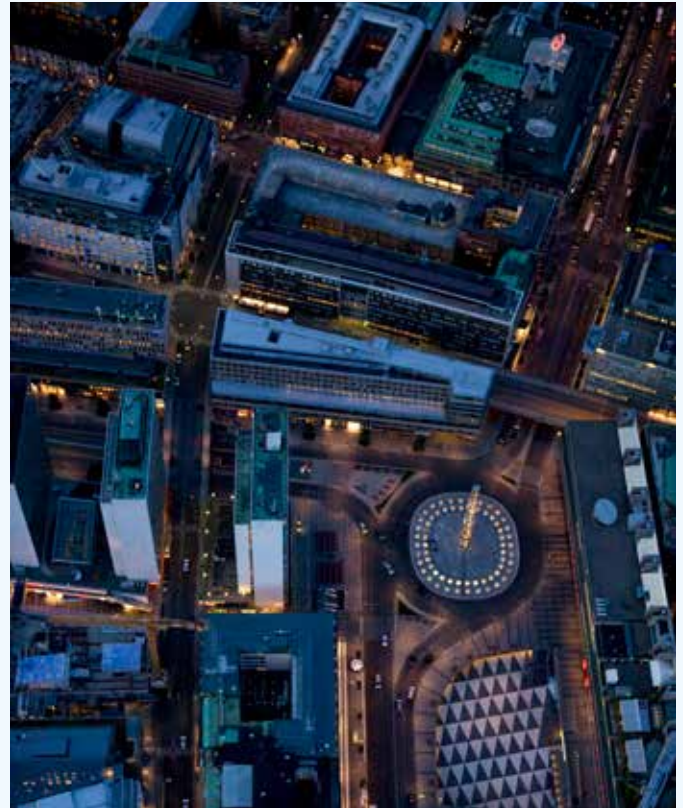
Although they operate differently depending on the localised needs of each municipality, typically these teams are composed of volunteers, social care workers, police, psychological specialists, schools, NGOs, religious leaders and other representatives as needed. They also collaborate with psychological and psychiatric disaster-management groups within the county council. Each municipality has its own specific activation routines, coordination procedures and operational activation lists.

In 2018, the agencies in Stockholm’s Resilience Region brought out joint guidelines as a framework to support and standardise psychological social crisis support among the 26 municipalities, the County Council, and all other agencies within the partnership. The purpose of this was to clarify roles and responsibilities of the agencies and departments involved, identify structures for collaboration, and share resources.

**In 2018, the agencies in Stockholm’s Resilience Region brought out joint guidelines as a framework to support and standardise psychological social crisis support among the 26 municipalities.**

The responsibility of delivering psychosocial care in incidents is shared across Stockholm’s boroughs. The City’s social department has the over-arching duty to activate and coordinate any actions needed, supported by the joint guidelines. The actions are carried out by City of Stockholm employees with possible reinforcement from Stockholm County Council, volunteers, and other agencies within the Stockholm Resilience Region. The city also has an on-call rota for duty managers who have the capacity to activate specialised professionals and resources where necessary ensuring the city is prepared to manage incidents 24 hours a day, seven days a week.

In addition, it is every municipality’s responsibility to set up a support centre in times of crisis where personnel from varying departments and intervention organisations



can meet. In the immediate aftermath of the truck attack in 2017, and the following weeks, the municipality made the decision to open a support centre welcoming all individuals in need, regardless of where they resided. The centre was staffed by both the City of Stockholm and County Council employees, demonstrating good practice of local-regional collaboration.

In major incidents, the whole operation is jointly managed by the City of Stockholm (local level) and Stockholm County Council (regional level), who are responsible for medical health care, prehospital care and psychosocial care.

Within each of the main hospitals in the region there are special psychological and psychiatric management teams to coordinate all psychosocial support given during an incident. These are formed of doctors, psychiatrists, social workers, priests, nurses, and other mental health care professionals. They primarily work in hospitals with patients and their families, however, their resources can also be used elsewhere such as in airports and other support centres.

During the truck ramming attack at Drottninggatan all hospital teams and coordinators were activated and remained operational for 30 days.

### 5.5 Enhancing Community-Based Resilience, Peer Support and Managing Spontaneous Volunteers

Community resilience, social capital and pre-existing ties are at the foundation of communities' ability to withstand crises.<sup>93</sup> Local volunteers and humanitarian support from the wider public can be utilised as an essential resource following a terrorist incident. Monetary donations and spontaneous expressions of solidarity are not unusual after terrorism, and highlight how these tragic incidents can bring about enhanced levels of community cohesion and resilience. In Greater Manchester, for example, the public collectively donated £21 million<sup>94</sup> following the 2017 attack, and in the town of Ripoli, in northeastern Spain, after the 2017 Barcelona terrorist attack, members of the local Muslim community and other residents gathered in a central square to condemn the extremist attacks. The demonstration in Barcelona took place at the same time; hundreds of thousands of peaceful marchers flooded the heart of the city shouting, "I am not afraid!". This can be viewed as the community's collective rejection of violence following the attacks at Las Ramblas, and at the seaside village of Cambrils.<sup>95</sup>

**Community resilience, social capital and pre-existing ties are at the foundation of communities' ability to withstand crises.**

Clear coordination strategies to manage spontaneous community support, whether in the form of financial aid or solidarity initiatives, are key to utilising this additional resource. In the UK, emergency planning includes engaging with communities to "warn and inform", and involving third sector organisations and local volunteers in humanitarian support and

assistance.<sup>96</sup> To manage this resource effectively emergency managers should:

- Consider the types of tasks volunteers could and should undertake
- Be aware of potential need for surge capacity
- Consider the community's characteristics and needs carefully
- Manage the expectations of volunteers

Utilising volunteers also comes with a risk of data-sharing, particularly with sensitive personal information of those affected. In London's Humanitarian Assistance Framework<sup>97</sup> it is recommended that emergency planners take this into account before working with any volunteers. This can be supported by ensuring they are affiliated to a registered organisation or local agency, so that they can validate a volunteer's suitability. International guidance, such as ISO 22319 – guidelines for planning the involvement of spontaneous volunteers, can also serve as a roadmap for cities.

In terms of managing financial aid, previous disaster-fund experience has highlighted the value of a coordinated approach to collection, distribution and management.<sup>98</sup> This can be seen in action through Manchester's "We Love Manchester" Emergency Fund, formed to manage the £21 million raised by the public after the 2017 attack.<sup>99</sup>

Additionally, in response to learning from a series of terrorist incidents and other tragedies in the UK, a new National Emergencies Trust is being set up. Its aim is to raise funds from the general public in the event of a disaster or emergency in the UK to alleviate the needs of those affected. The funds collected will be distributed by local partners in the affected areas.<sup>100</sup>

### 5.6 Identifying and Supporting Vulnerable Populations

Although the community can offer valuable resources in itself, cities must take care to support those who may be vulnerable within them both before and after an incident. Psychosocial care and humanitarian assistance should be tailored to assess and address the needs of vulnerable populations (eg. children, older people, those with disabilities and those with different language needs). For example, an incident could affect foreign nationals. This might not be readily apparent during the response phase, but it is important for responders to identify the nationalities of those involved and to consider any specialised needs, particularly with regard to variations in cultural practices and belief systems involving burial procedures etc.<sup>101</sup>

In Greater Manchester and London, as throughout the UK, emergency-planning activities include identifying vulnerable people within the community. The UK Cabinet Office has guidance on identifying people who are vulnerable in a crisis, which is tailored to emergency planners and responders. Local authorities have a statutory duty to identify which social-care services their local residents require and provide or commission those services.<sup>102</sup> Often, this process is done in conjunction with local healthcare providers, specialist teams, housing departments and independent providers in the commercial and third sectors. The Victim Support International Visitors Project provides "free emotional and practical support for visitors from other countries who have been victims of crime (including terrorism) while visiting London. This includes support with loss of travel documents, accommodation, medical treatment, accessing funds and translator services."<sup>103</sup>

There are also effective initiatives being carried out across Europe to identify vulnerable populations within communities for this very purpose.

A European-wide project aimed at enhancing the resilience of children, young people and urban societies is currently being undertaken by the project Cultures of Disaster Resilience Among Children and Young People (CUIDAR)<sup>104</sup>. The project focuses on improving resilience of these vulnerable groups to disasters, and enabling disaster responders to meet the needs of children and young people more effectively.

Embedding the identification of the vulnerable into pre-existing plans can help build relationships with bodies responsible for vulnerable populations and ensure that the potential scale and mechanism for response can be agreed before an emergency occurs.<sup>105</sup>

### Recommendation 3



**Cities should work with local communities to enhance community-based resilience, social networks and voluntary services. Efforts should also ensure that vulnerable individuals and groups who may need particular humanitarian and other psychosocial support are identified (pre- and post-incident).**

#### 5.7 A Holistic Approach to Humanitarian Assistance and Psychosocial Care

Despite a city's best efforts to ensure the resilience and safety of its population, terrorism will persist as a real threat. In particular, as cities grow so does the challenge of dealing with wide-scale geographical impacts that attacks can bring. This can further complicate existing

mental health pathways and result in differential access to mental health treatment. Additionally, challenges around data-sharing are common among humanitarian assistance and psychosocial organisations because they deal with sensitive patient data, making it harder to provide proactive outreach and support key target audiences.

**As cities grow so does the challenge of dealing with wide-scale geographical impacts that attacks can bring.**

Greater Manchester faced these challenges and more during and after the 2017 terrorist attack. In the response phase, the National Health Service's (NHS) mental health resources were focused on supporting those physically injured as well as those impacted who were existing service users; and although the presence of community support and volunteer-led initiatives was significant, this posed difficulties in monitoring and quality assuring these services and other forms of support. In the weeks and months after the incident timely access to evidence-based treatment for psychological trauma was not always available through the NHS.

The following case study demonstrates how Greater Manchester overcame some of these challenges through its use of existing systems and networks, and how new arrangements were developed in the aftermath.

In keeping with UK national guidance<sup>110</sup> and the Online Information and Consultation Centre model established in response to incidents such as Malaysia Airline flight MH17,<sup>111</sup> Manchester City Council also established a bespoke virtual humanitarian assistance facility named the Manchester Attack Support website.<sup>112</sup> This is supported

by multi-agency partners to provide online, coordinated information, support and signposting and, two years after the incident, it is still functioning. It provides updates, consultation and signposting to information and support services. This includes information on anniversaries, the permanent memorial and specialist mental health support.

Greater Manchester provides an excellent case study of a pre-planned, coordinated and sustained multi-agency approach to psychosocial and humanitarian assistance across phases of the cycle (see Figure 1). Its innovative and responsive use of specially trained professionals (eg. SWAN nurses and the Manchester Attack Support Group Programme ) to address terrorism related loss, grief and trauma is one that other cities can consider. Additionally, establishment of a local authority coordinated online humanitarian assistance centre to address a widely dispersed population with diverse needs proved extremely beneficial.

### Recommendation 4



**Cities should consider promoting and facilitating the development of peer-based support group programmes modelled on the principles of connectedness, and psychosocial resilience.**

# Psychosocial Support following the Manchester Arena Attack

## – Greater Manchester



Case study 5



**In the immediate aftermath of the Arena attack in Manchester, the city's Etihad Stadium became a focal point for families seeking information and support about missing loved ones.**

Among those working collaboratively to provide initial psychological first aid and other practical and emotional support were specialist bereavement nurses, coronial staff and police family-liaison officers. The SWAN<sup>106</sup> – (Sign, Words, Actions, Needs) bereavement nurses were recognised as particularly skilled and supportive in assisting families during visits to their loved ones at the mortuary, and are increasingly becoming included in local plans and working with local coroners.<sup>107</sup>

Despite much multi-agency planning in Greater Manchester prior to the attack, a key learning point in the weeks that followed was the deficiency in mental health planning, and need for better provision and coordination to respond to the extensive impact across Greater Manchester and beyond. The Manchester Resilience Hub (MRH) was thus formed to provide mental health screening for people affected by the attack, taking referrals from statutory and third sector agencies as well as contacting those who had purchased tickets for the concert via online vendors.

However, addressing the widespread traumatic impacts of the attack has not been without its challenges. It is recognised that some individuals screened and identified as needing specialist trauma therapy have at times struggled to access appropriate treatment through

their local mainstream mental health services, including across different age groups (eg. child and adolescent mental health services). Ongoing work across the UK with schools, health services and other professionals continues to help advocate and facilitate pathways to longer-term specialist mental health support.

**As part of longer-term psychosocial provision, The Manchester Attack Support Group Programme has been funded by the We Love Manchester Fund and supported by the City Council to provide a network of regional, face-to-face facilitated talking groups for adult bereaved and survivors from the attack.**

As part of the longer-term psychosocial provision, The Manchester Attack Support Group Programme has been funded by the We Love Manchester Fund and supported by the city council to provide a network of regional, face-to-face facilitated talking groups for adult bereaved and survivors from the attack. The programme managers and therapists facilitating the groups have specialist experience and skills in managing grief, loss and complex trauma, as well as delivering post-disaster and terrorism-specific peer support groups. The programme builds on the latest evidence-based guidance<sup>108</sup> on the value of peer support and international best practice principles promoting connectedness and self/community efficacy.<sup>109</sup>

The We Love Manchester Emergency Fund has also supported the MRH to deliver a series of one-day workshops, some for families and some for young people aged 16-25 impacted by the attack. The events are staffed by qualified psychological therapy staff from both child and adult NHS services, supported by specialist third-sector colleagues and Greater Manchester Police, and deliver psycho-education on trauma alongside recovery-focused activities. Feedback has been excellent with almost 100% of participants saying they would recommend the workshops to others impacted by the attack.

### 5.8 Specialist Mental Health Screening, Assessment and Treatment

Regular and proactive mental health outreach, screening, assessment and treatment are all key for effective psychosocial care in response to major incidents like terrorist attacks. It is recommended that those responsible for coordinating contingency plans should consider the routine use of validated, brief screening instruments for PTSD from one month after the incident, when usual distress reactions are expected to decrease.

Screening should be careful not to omit people with subclinical symptoms. Subclinical PTSD is defined as the presence of PTSD-related symptoms that are elevated and cause impairment but do not meet the full diagnostic criteria for PTSD. Around 25–30% of people with subclinical PTSD will continue to have symptoms or will develop PTSD over time. This should include direct screening of children and young people to minimise reporting bias by parents or guardians, who may have a mental health problem themselves and may be unable to provide valid accounts of their children's mental health. A noteworthy example of this is London's screen-and-treat service called the Outreach, Screen and Psychological Support Service. The service was developed specifically to provide proactive mental health screening, assessment and evidence-based treatments for those affected by the 2017 terrorist attacks in London. It was commissioned in October 2017 and founded by NHS England and the Centre for Anxiety Disorders and Trauma, South London and Maudsley Foundation Trust.<sup>113</sup>

The service was preceded by an earlier service that was commissioned by the Department of Health to provide mental health support service for British residents who survived the international attacks in Tunisia (the Bardo museum and

Sousse, 2015) Paris (2015) and Brussels (2016).<sup>114</sup> The service is provided by a team of psychologists specialised in psychological trauma five days a week between the hours of 9am and 5pm. New referrals can be made 24/7 online and messages can be left via a free phone number. The service also makes referrals to other NHS and social services across the city and country, as well as charities including Victim Support.

### 5.9 Humanitarian Assistance Frameworks and Transitioning from Response to Recovery

Psychological first aid should begin in the first few hours after the incident but, as seen already, those affected may still need psychosocial care, assistance and support for months and years after the event. Therefore, it is vital to have protocols for transferring care to other treatment and recovery services and to sustain support in relation to longer-term post-incident processes.<sup>115</sup> Those affected by the incident should be transferred from emergency services to standardised or specialised psychosocial services via transition plans, as well as benefit from family, community and peer-based support, such as that provided by support group programmes.

Given the number of various organisations involved in humanitarian assistance in London (and most likely in all major cities), the London Humanitarian Assistance Framework encourages all services to collect data and register information on those affected by a terrorist attack. Accurate data will help services locate those affected, as well as providing information that may help those impacted with insurance or compensation procedures. The collaborative working seen in London is based on the principle that the risks of not coordinating and sharing information about those affected are greater than the dangers associated with sharing information.

Case Study 6 presents good practice for cities in how they can anticipate and plan for incidents that require humanitarian assistance.

A key learning from the framework that can be applied to terrorist attacks is the lesson identified following the Croydon tram crash in 2016 around managing floral tributes. Flowers and tributes for the victims of the incident, in which seven people died following a tram derailment, were left at the cordon around the site. The incident happened in November, therefore seasonably bad weather was a consideration in the management of the floral tributes.

#### Recommendation 5

**Cities should consider establishing humanitarian assistance centres (physical and online) as a focal point for ongoing, longer-term information, support and signposting.**

#### Recommendation 6

**Cities should review the capability, capacity and preparedness of their mental health services to provide proactive outreach and effective psychological screening and treatment for those affected by the complex loss and trauma associated with terrorist incidents (and other major incidents). Special attention should be paid to coordinating pathways.**



# Humanitarian Assistance Framework – London

Case study 6



**London has a dedicated humanitarian assistance framework<sup>116</sup> that undergoes a regular review to ensure it includes lessons from incidents. The framework details tactical options, activation mechanisms, and information on the necessary resources to respond to, and recover from, an incident. The framework also anticipates the need for psychosocial care teams in hospitals to support victims and family members, to ensure follow-up and continuity of psychosocial care at discharge, and to ensure that discharged patients have adequate care packages in place to allow them to return safely to the community. It also offers a focal point for direct contact such as telephone and web information to inform those affected of available aid and resources.**

Its last review was before the London Bridge and Westminster Bridge attacks and the Grenfell Tower fire. The debriefs that followed these incidents identified a number of lessons for humanitarian assistance that needed to be considered by the London framework. A full review was therefore initiated in 2018 by the Humanitarian

Assistance Working Group (HAWG). This also ensured lessons identified in the debriefs were integrated into the framework promptly and while they were fresh in organisational memory.

The HAWG usually only convenes on an ad hoc basis, but following 2017's incidents, it remained a standing partnership working group. The group is composed of local authorities (who chair the group), police forces, the Victims of Terrorism Unit, Victim Support, faith-based groups, and the voluntary and transport sectors. The group is empowered to make resource decisions on behalf of their organisations and evaluate plans. It also coordinates actions, monitors results, and aims to transition smoothly between phases. Finally, it takes into account those affected from outside the city, and considers who will assist them in their place of origin (including consulates).





In any incident with fatalities it is common for people to leave floral tributes in places that they feel have a connection with the incident, and may be very symbolic for the community and the bereaved. The management of floral tributes must be considered sensitively, however, and early on in the response, because tributes are likely to be left in the hours following an incident. This also applies to events such as anniversaries and memorial services. Cities should sensitively consider how these tributes are managed. For instance, the type of vehicle used to remove the flowers when they begin to deteriorate, the timing of removal (consider an appropriate amount of time), and even the attire of those removing them (suits, not uniforms). Floral tributes can be converted into a lasting remembrance by retaining the written cards in an appropriate archive, and sites of tributes can also be a focal point for visiting dignitaries, VIPs etc. Although these may seem like minor considerations, the strong psychological associations with these tributes must be managed sensitively because they may have a significant impact on the community's cohesion,

relationships with the city, and the ability of communities to recover.

Finally, the UK also has a dedicated Victims of Terrorism Unit, and provides a range of information online on where to seek advice and assistance following a terrorist attack. This includes details of official helplines and support services available to victims, survivors, witnesses, family members, first responders, and all those affected.<sup>117</sup>

The Victims of Terrorism Unit is a cross-government unit led by the Home Office, with the sole objective of ensuring effective, comprehensive and coordinated support to victims of terrorism. It works across central government, and with the emergency services, local government structures and victim support organisations, to identify and address the gaps in service provision for those affected by terrorist attacks.

Following a terrorist attack in the UK, the Victims of Terrorism Unit works with the relevant local area to provide advice and guidance to ensure that victims receive the necessary support.

### Recommendation 7



**Cities should consider how they will best generate and share learning from independent evaluations of their humanitarian and psychosocial responses to terrorist incidents. Identifying research networks and academics specialising in disaster management, psychosocial care, humanitarian assistance and recovery will assist with this.**

## Terrorist attacks are sudden and unexpected and can profoundly disturb a city's capacity to function as normal.

They put immense pressure on cities' infrastructure and institutions, and have devastating psychosocial impacts on a far-reaching range of individuals and communities. The provision of effective psychosocial care within wider post-incident and humanitarian-assistance frameworks is therefore vital to a city's overall recovery.

Effective humanitarian assistance and psychosocial care following a terrorist attack should be characterised by a far-reaching approach that seeks to support not only those directly affected but also their friends and relatives, first responders and the wider community. It should aim to facilitate transitions to a "new normal" by giving those affected:

- Access to basic needs (eg. health, food, shelter, clothes).
- Information and appropriate support that benefits psychological health and social wellbeing (eg. legal and financial support, as well as means to contact relatives and friends).
- Signposting to seek further help if needed in both the mid and long-term recovery process.

Cities can support this process in a number of ways, including:

- Ensuring that there are clearly defined protocols for early psychosocial interventions, such as the psychological first aid RAPID model.
- Dedicated infrastructure in the form of a social emergency unit and as a regular part of care pathway following incidents.
- Adequately coordinated procedures for managing support provided by the private sector, the community, and spontaneous volunteers.
- Utilising standby teams and ensuring that there are innovative and regularly refreshed training initiatives.
- Working with appropriate sectors to identify vulnerable populations before and during an incident.
- Ensuring frameworks and protocols are pre-planned, multi-agency, coordinated and sustainable.
- Supporting specialist mental health screening, assessment and treatment initiatives.

**Community resilience can be a vital resource in humanitarian aid and psychosocial care following attacks.**

Further consideration can also be given to initiatives that address social fragmentation by working with local communities affected by attacks. This is important because community resilience can be a vital resource in humanitarian aid and psychosocial care following attacks. However, perceived links between attacks and particular communities may hinder this. These may be framed in terms of physical location or belief systems, but it is important for cities to tackle these issues and other psychosocial dynamics that may influence polarisation and community tensions. By doing so, social cohesion can be built that can improve the safety and well-being of society as a whole. This in turn can enhance the ability of communities to come together and provide valuable resources among themselves.

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## 6 Conclusion

continued

Policymakers should also focus on developing and implementing independent evidence-based mechanisms for the systematic review, analysis and evaluation of psychosocial care interventions in humanitarian assistance and recovery. Some of the post-incident reports reviewed here draw on internal, organisationally funded or politically driven reviews, rather than independent studies. There must be sensitivity in integrating an evaluation culture for psychosocial interventions, and any systemisation must carefully consider the impact on those affected, for example by ensuring that researchers are qualified and experienced in working with traumatised individuals and vulnerable groups. In cases where this has been attempted, the outcomes have been helpful for understanding the usefulness and appropriateness of policies, and evaluation mechanisms are therefore becoming increasingly adopted by policymakers.

It is in this space that cities can play an integral role. City leaders may be more familiar with the strains and stresses of their city than national governments, and more focused on the individual and unique needs

of their inhabitants. As an example of a city-led post-incident report, The Mayor of Greater Manchester commissioned the Kerslake Report,<sup>118</sup> which reviewed the events and initial response in the first few weeks after the Manchester Arena attack in 2017.

There are minimal strategies in psychosocial intervention frameworks that pave the way for systematic evaluations, and this can be challenging, especially with regard to gathering accurate data.

Cities should therefore consider fully integrating the requirement to generate evidence-based evaluations into emergency planning procedures. This will help to ensure a more proactive, rather than reactive approach.

International Standards Organisation regulations may support cities in developing such evaluation strategies. In essence, to provide humanitarian assistance and psychosocial care effectively before, during and after terrorist incidents, cities should develop strategies that deliver care rapidly and efficiently, and that use a holistic, whole-society approach.

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## Strategic Recommendations: Enhancing Humanitarian Assistance and Psychosocial Support

<b>1</b>	Cities should consider establishing permanent infrastructures and associated organisational roles and responsibilities for preparing, delivering and reviewing psychosocial support, humanitarian assistance and recovery strategies after major emergencies (including but not limited to terrorist attacks).
<b>2</b>	Cities should plan, train and test the provision and coordination of practical, emotional and psychosocial aftercare for all those affected by terrorist incidents both initially and in the weeks, months and years that follow.
<b>3</b>	Cities should work with local communities to enhance community-based resilience, social networks and voluntary services. Efforts should also ensure that vulnerable individuals and groups who may need particular humanitarian and other psychosocial support are identified (pre- and post-incident).
<b>4</b>	Cities should consider promoting and facilitating the development of peer-based support group programmes modelled on the principles of connectedness and psychosocial resilience.
<b>5</b>	Cities should consider establishing humanitarian assistance centres (physical and online) as a focal point for ongoing, longer-term information, support and signposting.
<b>6</b>	Cities should review the capability, capacity and preparedness of their mental health services to provide proactive outreach and effective psychological screening and treatment for those affected by the complex loss and trauma associated with terrorist (and other major) incidents. Special attention should be paid to coordinating pathways.
<b>7</b>	Cities should consider how they will best generate and share learning from independent evaluations of their humanitarian and psychosocial responses to terrorist incidents. Identifying research networks and academics specialising in disaster management, psychosocial care, humanitarian assistance and recovery will assist with this.

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