

June 9th 2017

Information sheet: IAPT response to a major incident.

NHS England (London Region) is coordinating the NHS response to the incident at London Bridge on 3rd June 2017. It is important that people affected get access to the right mental health support, care and if appropriate, treatment. Alongside our Public Health and Voluntary Sector partners we have produced stepped care models and clear pathways for both adults and Children and Young People (CYP) to inform the wider system's response. To access these pathways electronically please click on the [link](#).

A public health focused prevention response both maximises the inherent resilience of communities and makes best use of specialist resources. Providing information to the public is a useful strategy as part of our London plan. Please be aware that members of the public are being directed to information, access advice and support:

- Home Office web page: <https://www.gov.uk/guidance/london-bridge-and-borough-market-attacks-june-2017-support-for-people-affected>.
- 111 callers should be advised to seek support via their GP or via self-referral to their local IAPT service.
- Referral for IAPT psychological support may initially be via primary care or direct self-referral to the local IAPT service.
- NHS '*Coping with Stress following a major incident*' leaflet that can be accessed by clicking [here](#).

Many of those who are affected by the incident – injured, witnesses, first responders - will not require access to specialist mental healthcare. NICE (2005) recommends 'watchful waiting' of up to four weeks following a trauma, before offering an intervention, to allow time for spontaneous recovery, unless there is risk in terms of suicidal ideation/self-harm. However we could expect 20% of those involved to seek support.

IAPT services are likely to be accessed from about four weeks after the incident.

IAPT services will need to review their preparedness for an increase in people seeking trauma based IAPT support:

- that their contact details are up to date e.g. websites (service, Trust, CCG), NHS Choices – see <http://www.nhs.uk/aboutNHSChoices/professionals/Pages/manage-profiles-faq.aspx>.

- their capacity to manage enquires and advice from other health, social and government organisations and the press.
- how the IAPT service responds to a possible increase in self-referrals of people affected by the incident – some of whom may not be suitable for IAPT services.
- that their staff are able to identify who requires step 3 trauma-focused interventions.
- their capacity to provide NICE recommended step 3 interventions for trauma e.g. Trauma-Focussed Cognitive Behaviour Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing. If capacity is limited services should consider sharing arrangements with other IAPT/psychological therapy providers.
- that the service has access to some specialist trauma-treatment supervision for staff working with people affected by the incident
- staff awareness of the use of anxiety disorder specific measures (ADSM) for measuring outcomes in PTSD.
- staff awareness of the need to add an accurate problem descriptor onto the clinical record system.
- referral and contact arrangements to relevant third sector organisations
- availability of information materials for people accessing the service and staff.

IAPT services are expected to respond to major incidents by ensuring appropriate prioritisation of those most closely affected. Services should have a procedure in place to ensure a timely response should they be called upon as a result of a major incident.

Please circulate this information as widely as possible within the IAPT services so they are aware our approach.

Useful links

- Coping with stress following a major incident – NHS leaflet <https://www.gov.uk/guidance/london-bridge-and-borough-market-attacks-june-2017-support-for-people-affected>
- www.rcpsych.ac.uk/healthadvice/problemsdisorders/posttraumaticstressdisorder.aspx
- <http://www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Treatment.aspx>

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