

NHS England  
Skipton House  
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London  
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7<sup>th</sup> July 2017

Dear GPs and healthcare practitioners,

**RE: Psychological help for people affected by a traumatic event**

Firstly, I would like to thank those involved in the recent major incidents in Manchester and London for their responsiveness and hard work.

This open letter is for GPs and healthcare practitioners to help you within your communities and identify those who may need further support.

**Immediate aftermath – ‘watchful waiting’:**

Immediately after a traumatic event, most people affected - including children and young people - will benefit from the general support that comes from families, friends and within local communities. Evidence from similar events tells us people do not benefit from formal psychological therapy during this period, including counselling. 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 affected to seek support.

If patients contact you following a traumatic incident, the evidence-based advice is as follows:

- it is normal to have strong emotional responses to traumatic events;
- it is important to keep communicating with each other, and to use support helplines;
- we all need to make space and time to talk and listen.

Importantly, in the immediate aftermath, do not encourage people to relive their experience; this is different to them spontaneously talking about it.

**Typical symptoms within the first few weeks:**

- wanting to talk about what happened and feeling there is no one to talk to;
- being easily startled and agitated;
- experiencing vivid images of an incident and having intense emotional reactions to them;
- disturbed sleep, disturbing thoughts preventing sleep, and nightmares;
- experiencing changes in mood for no obvious reason;

- experiencing tiredness, loss of memory, palpitations, dizziness, shaking, aching muscles, nausea and diarrhoea, loss of concentration;
- breathing difficulties or a choking feeling in throat and chest;
- feeling emotionally numb;
- relationships suffering since the incident;
- increased alcohol or drug use since the incident;
- performance at work suffering since the incident; and/or
- someone close expressing concern.

In addition to the possible symptoms above, children and young people experiencing symptoms which may indicate PTSD might think differently about themselves or other people. They might:

- blame themselves or show lowered self-esteem;
- think that they are a bad person or deserve bad things to happen to them;
- show less trust in other people and be less able to experience a sense of safety;
- experience overwhelming shame, sadness or fear; and/or
- avoid situations where fear could increase their emotional response that might make them feel more frightened or reminded of the event.

**Continued symptoms and pre-existing conditions:**

During a major incident, people may have been injured or witnessed others being injured or killed and it is possible that a pre-existing mental illness may be destabilised by these experiences. Most people do not go on to develop mental health conditions, and recover naturally. If symptoms are severe or continue for more than four weeks a referral to a specialist mental health service may be required.

**Resources for your patients:**

- An NHS leaflet "[Coping with stress following a major incident](#)" is available for use by those seeking further information.
- [Gov.uk](#) and [NHS Choices](#) provide the most up to date information on accessing services including those set up to support specific incidents and local areas such as helplines or single points of contact to ensure a streamlined and coordinated approach.

I hope these guidelines are useful. Ultimately, the best treatment for each individual remains your clinical judgement.

Yours faithfully



Dr Arvind Madan

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Deputy Medical Director  
NHS England