Workforce Wellbeing in Crisis Response

Learning from an NHS service following the Grenfell Tower Fire in 2017



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Aims

- 1. Provide an overview of the Grenfell Tower Fire and the NHS service set up in response to the tragedy.
- 2. Discuss the potential for substance use and its link to crises and disasters.
- 3. Understand the link between crisis response support, trauma and substance use.
- 4. Provide examples of service level interventions aimed at addressing factors that could lead to unhelpful coping strategies in the workforce.



Introduction

- **About Me:** I work as a Service Manager for a children and young people's trauma team in London that was set up in response to a fire in a residential tower block Grenfell Tower that tragically took the lives of 72 people on 14th June 2017. The National Health Service (NHS) is a key organisation involved in supporting people affected by local or national crises.
- Why the focus on the workforce? Across a range of contexts, traumatic events can impact on both those directly impacted as well as people supporting those affected.
- Why is this relevant? Burnout, vicarious trauma and a neglect in self-care can lead to unhelpful coping strategies in staff working with those affected by a crisis, which in turn can affect the quality of care provided to others as well as impact the employing organisation e.g. through high levels of sickness absence or turnover.



Context: A Local Tragedy

In the early hours of 14th June 2017, a fire broke out in a residential tower block in London, England.

- The fire was first reported just before 1.00am.
- Rapid unexpected spread over 24 floors.
- Resulted in mass fatalities 72 people of all ages/ethnicity.
- Long duration.
- *Stay put" advice.
- Occurred during the Muslim month of Ramadan.
- Densely populated area.
- Witnessed by many people within a close community.
- Resulted in 'total loss' and population displacement.
- Affected many thousands of people.



Source: https://www.designingbuildings.co.uk/wiki/Grenfell_Tower_fire



Source: Getty Images in https://www.bbc.co.uk/news/news/newsbeat-40286130



Source: David Mirzoeff/PA in https://www.theguardian.com/uk-news/2017/jun/17/grenfell-tower-fire-food-donations-kensington-chelsea-relief



Source: London news and pictures in https://www.bbc.co.uk/news/uk-england-london-40290912

When crisis occurs, we may...

- Offer assistance and help and be compelled to 'do something'
- Follow media reports closely, taking in information from a variety of sources
- Be triggered into thinking about events that have occurred in our lives
- Be impacted directly or indirectly
- Later experience compassion fatigue, secondary / vicarious traumatisation, burnout.
- Find opportunities for personal and professional growth.

And sometimes the personal and the professional overlap...



Who Is Impacted during a crisis? Schools Youth Civil Groups servants Data Volunteers **Family** analysts Community Government groups **Employer Public** Friends First responders Media NHS Neighbours Faith Tech Groups Services

Spheres of Impact

Who does what where until when?

How are these people supported in their roles?



A Service Based on Need

- Trauma Awareness Workshops
- Managing difficult conversations
- Clinical and reflective supervision
- Screening
- Treatment
- Outreach and engagement to identify needs.

HELPERS
OUTREACH

ADULTS

CHILDREN

- Trauma-focused CBT, EMDR, NET
- Family Therapy
- Couples therapy
- Bereavement therapy
- Under 5s Psychotherapy
- Teaching Recovery Techniques
- Community Engagement link to local schools and youth service providers.
- School-based screening

- Assertive outreach Visible presence Community & street screening
- Art Therapy
- · Visits to the Tower site.
- Community Engagement Events
- Workshops & Psychoeducation
- Support e.g. at public inquiry, at memorial events and anniversaries, coroner's briefings, retrieval of belongings. Ministerial surgeries Support with practical issues such as housing, coping with living in temporary accommodation, moving into a new home.
- Support to engage in treatment at the right time.

Substance Use & Trauma

Many people who have experienced child abuse, criminal attack, disasters, war, or other traumatic events turn to alcohol or drugs to help them deal with emotional pain, bad memories, poor sleep, guilt, shame, anxiety, or terror"

"People with alcohol or drug use problems are **more** likely to experience traumatic events than those without these problems."

Just as traumatic events and substance use often occur together, so do trauma-related disorders and substance use disorders, often creating major problems for relationships with family members and friends.

Alcohol abuse more likely both before and after being diagnosed with PTSD:

- ¼ to ¾ of people who have survived abusive or violent traumatic experiences.
- One-tenth to one-third of people who survive an accident, illness, or disaster-related trauma (especially if troubled by persistent health problems or pain)
- Women exposed to traumatic life events
- Men and women reporting sexual abuse
- Adolescent sexual assault victims are 4.5 times more likely.

(Source: ISTSS)

Why the Link?

- Some of the reactions that occur after a traumatic events are very 'normal', or a normal reaction to an *abnormal* event.
- When symptoms persist for a month after the event, a diagnosis of PTSD might be considered. Early screening is therefore important to prevent the development of PTSD often undetected and untreated in trauma survivors.
- Substance use can provide a **temporary** distraction and relief for traumatized people who may be suffering from very serious and even debilitating problems across multiple areas of their lives (thoughts, feelings, bodily experiences, relationship to self and others, and behaviours).
- Substance abuse can increase emotional numbing, social isolation, anger and irritability, depression,
 and the feeling of needing to be on guard (hypervigilance). This can prevent a person's ability to cope
 with traumatic memories and external stressors



5 Essential Elements of Immediate and Mid-term Mass Trauma Intervention (Hobfoll et al. 2007)

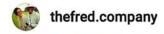
- 1) **Calming:** community outreach, psycho-education, self regulation.
- 2) A sense of safety: secure base, security in housing, stable caregivers
- 3) **Sense of self and community efficacy** include survivors in the development of services, encourage use of community resources.
- 4) **Connectedness** groupwork, social support networks
- 5) **Hope**



1. Calming

- Listening and understanding through outreach
- Visible leadership presence; a 'hands-on' approach
- Providing psychoeducation and training e.g. 'Trauma Awareness' workshops with a focus on occupational hazards of helping, self care and support.
- Normalising (but not condoning) to remove the stigma around not coping and seeking support.
- Access to relevant information; management of information and resources.

Our leadership team at CNWL NHS Foundation
 Trust was present and actively involved in the wide range of outreach events that took place following the fire.









2. Creating Safety

- A secure base a space to come together.
- The Wellbeing Room permission to take time out, have some space.
- Training and staff development
- Supervision: specialist, group, individual & ad hoc.
- Reflective practice
- Permission
- Clear role definition and goals for the work.

- Setting
 boundaries –
 working hours,
 communication
 expectations.
- Monitoring sickness absence and annual leave.







3. Community

- Coming together as a team
- Shared values
- A sense of identity e.g. NHS Heroes
- Working with those affected to create a helping context, not one in which we are doing to others.
- The role of faith communities.

COVID-19



during lockdown #2

From curiosity to imperative need: Leading the digital transition of a trauma service in the context of Covid-19. O'Mahony, Chris, Adhyaru, Jai Shree, Arriazu, Paula Aredez, Cooper, Charlotte, Walsh, Tara, Zeniou, Elena. Clinical Psychology Forum; 52-57, 2021.



"Faith organisations are acting as mediators between authorities and people affected by the <u>Grenfell Tower fire</u>, as well as providing practical help and emotional support...Minister Mike Long said he was spending 95% of his time on issues relating to Grenfell."

\$ource: Tolga Akmen/AFP/Getty Images in https://www.theguardian.com/uk-news/2017/jul/19/grenfell-faith-groups-step-in-to-mediate-between-officials-and-community



4. Connectedness

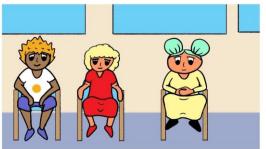
- Peer support
- Opportunities for collaboration
- Regular meetings at all levels, sharing relevant information
- Using technology and digital tools
- Remaining connected with our friends & family.

Ashleigh's Story

This story was developed with children at the Venture Centre. Part 1 describes the impact on Ashleigh after experiencing 'an awful thing' and how her family tried to support her. In Part 2, Ashleigh talks about her worries about her first therapy session, what the work with her therapist looked like and what Ashleigh found helpful.









5. Hope

- Permission to share and celebrate successes and develop a sense of personal, team and service level achievements – a tricky balance in a crisis context?
- Good News Stories.
- Simple messages.
- Workstreams service user involvement groups, wellbeing committees,
 digital innovators, gardening groups.
- Personal therapy, coaching and other forms of support that might available through Employee Assistance Programmes.
- A way to buffer against depersonalisation and vicarious traumatisation...?



"Like before it would have been a big thing...but now like everyone, because after Grenfell more and more people are just going to counselling like it was a normal thing..."



References & Links

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