

**The Sperrin Lakeland  
Health & Social Care  
Trust**

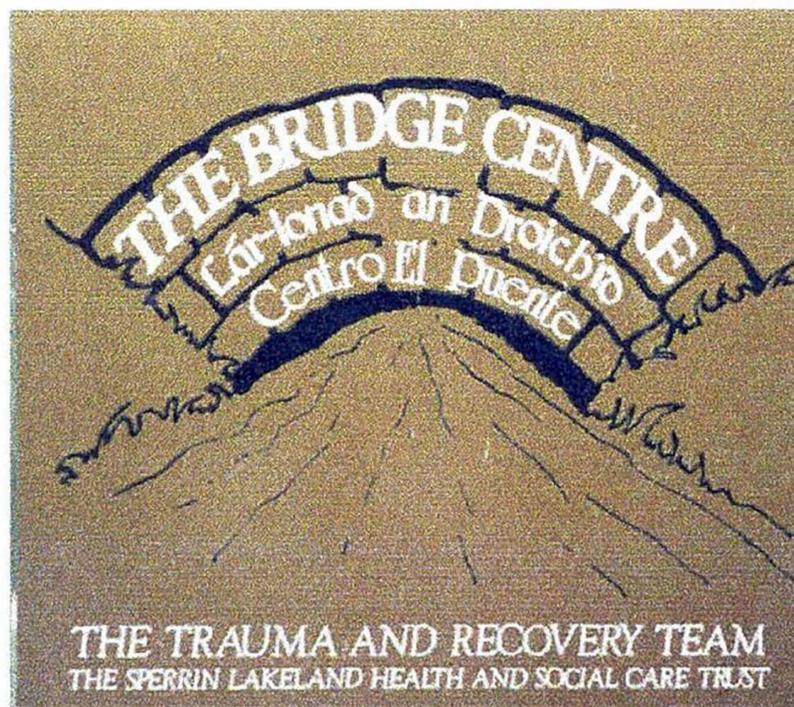


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# **Review, Proposals and Resources Plan - Year 2**

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Meeting the needs of those affected by the  
Omagh bombing



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October 1999

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The impact of the bombing has been extensively reported, and some of the reporting around the time of the first anniversary conveyed in a very powerful way the human cost of the worst single incident associated with the Troubles.

Besides the direct impact, as illustrated in table 1, there has been a more subtle de-stabilisation and 'poisoning' of the wider Omagh community which has been exemplified in reports of increased family difficulties, an increased use of alcohol and other indicators of distress. Such impacts are difficult to measure, and are not likely to result in rapid increases in demands for our services. However, there is potentially a longer term 'slow-burning' impact which has yet to materialise. We should expect, in the way that victims of past acts of violence have demonstrated, that we will see some increase in family and personal problems over the next few years which are directly linked to the bombing (but which may not be understood as such at the time). Counter-balancing such outcomes are the aspirations expressed in the Omagh Community Study which reveal powerful expectations on the part of respondents to see positive community developments, and make positive personal lifestyle changes. Healthy living initiatives and wider positive community initiatives will play a vital role in minimising the potentially negative long term impacts.

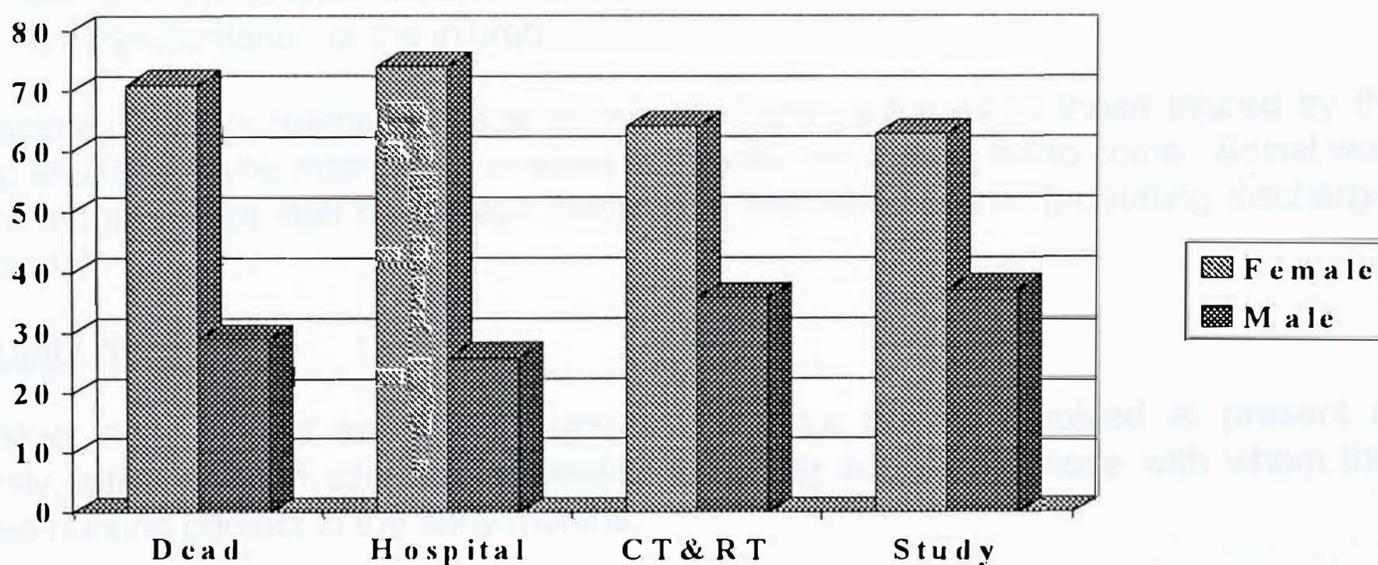
TABLE 1: Measures of need and indicators of impact of bombing

Measures of need
• 29 dead + 2 unborn children
• 26 families bereaved <ul style="list-style-type: none"><li>• 3 Buncrana</li><li>• 2 Spain</li><li>• 21 Locally</li></ul>
• 382 injured; 135 hospitalised
• 2000+ contacts with local GPs in first 2-3 weeks
• 500+ contacts with Community Trauma & Recovery team (1st year)
• 4-500 contacts with the voluntary organisations

FIGURE 1

Comparative impact on females and males as indicated by the proportion of each gender who were killed (from the Omagh community only), injured and hospitalised, those who have sought the support of the trauma team and those who participated in the Omagh Community Study

### Comparative impact on males and females



The work undertaken by Trust staff, often alongside others, demonstrates the commitment and versatility of everyone who has contributed to the response. It is important to recognise the context within which this work was being undertaken. It was highly visible, open to scrutiny and criticism, innovative and therefore at times accompanied by risks professional staff are not often called upon to live with. The expectations placed upon the Trust and its staff by the public in Omagh, the dependence upon the contribution of Trust staff by other organisations, and other communities, and the considerable demands of the media who constantly sought the perspective of staff in understanding the effects of the bombing, made this a unique experience for a health and social services organisation, certainly in Northern Ireland, and probably anywhere in the world. Operating in the wake of a highly political act, in a fraught political environment (where the bombing could have de-stabilised the political process), whilst attempting to articulate and address the needs of those bereaved, injured, distressed and traumatised by the bombing, has indeed been an extraordinary context to work within. The experiences of the past 14 months have also demonstrated the power of human compassion and concern, with local people and others further afield offering and providing invaluable support for those directly affected, and the wider community.

## **An up to date picture of need and progress**

As the first year passed, different departments within the Trust played increasing or decreasing roles in the response to the bombing.

### **Rehabilitatory and Physical Disability Services**

Our physiotherapy and occupational therapy services were heavily committed in the early months, a demand which has now decreased. Some people require these services on an on-going basis and a small number of the injured are expected to require further surgery, leading to more rehabilitation. The new rehabilitation centre at the Tyrone County Hospital with its new and up to date equipment, has made a very important contribution to the recovery and rehabilitation of the injured.

The physical disability teams continue to provide care packages to those injured by the bombing and this will be maintained in some instances, for some time to come. Social work and care management staff have been involved in this work, and in facilitating discharges from hospital.

### **Community Nursing**

The district nursing and treatment room services are not as involved at present as previously, although staff continue to provide on-going support to those with whom they have had nursing contact in the early months.

The health visiting department is seeing at first hand some of the wider 'poisoning' effects referred to above, and an increase in health visiting resources is contributing to a broad based family support response, especially where young children are concerned.

### **Mental Health**

Mental health services have increased staffing to address emerging longer term mental health needs, including the needs of those who had known mental health needs prior to the bombing, and those with emerging needs.

Studies since the bomb have demonstrated that a significant number of people caught up directly or indirectly with this event have suffered various degrees of psychological trauma, some of which has been very serious. In addition to responding to the needs of those referred to the Trauma Team by allocating a number of staff with specialist skills in Cognitive Behavioural Therapy, Cognitive Therapy, psychotherapy and clinical Psychology, the Trust has also had to recruit workers from other Trusts, mostly on a sessional basis to replace those staff seconded to the Trauma Team and to deal with the substantially increased referrals to the community mental health Team in Omagh. It is apparent, that from this information, the individuals already suffering from mental illness are amongst the most vulnerable in our community. Moreover, figures would suggest that a large number of people who have suffered serious psychological damage from the bomb will require therapy for a significant period. This will place a great additional burden on mental health services.

This situation will be further exacerbated by the fact we suspect that there are many people who have experienced psychological trauma from the bomb who have not as yet been referred for service. Staff from mental health services have a key role to play in the treatment and recovery process.

### Hospital Services

Hospital services had a considerably reduced input within weeks of the bombing although the impact of the bombing on staff continues to be an important area of concern, with the provision of on-going additional support, both in terms of additional staffing and access to support services.

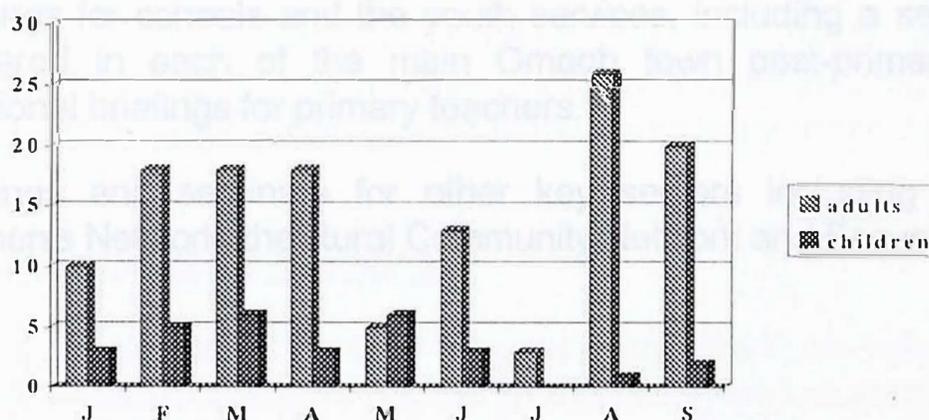
### The Community Trauma and Recovery Team

The Community Trauma and Recovery Team moved in November 1998 to a new location at the Bridge Centre in Holmview Avenue. It has been the main point of access for members of the public to support and therapeutic services. The open access to this service has been an important feature of the response. The greater majority of those using the service over the past year have referred themselves or (as in the case of children) have been referred by relatives. Over the first 14 months, the team has seen over 500 people, with significant increases at the time of and following the first anniversary in the referrals of adults. (See Figure 2)

FIGURE 2

Referrals (for adults) to the Community Trauma & Recovery Team over the period January – September 1999 showing the very significant rise in referrals at the time of the first anniversary and following. Note the contrast between post Christmas (which was anticipated as a stressful time) and the Anniversary.

### Referrals to CT&R Team



The team has provided, *inter alia*, initial assessments, therapeutic and counselling services, bereavement support and family support services. It has also provided a broader range of interventions, with the involvement of other Trust staff, which have played a significant part in the response of other organisations and the community. Such interventions have included:

1. Acting as a conduit for communication with those affected by the bombing. Twelve bulletins have been distributed over the first year to over 500 people.
2. Co-ordinating offers of support and offers of help. This task has taken up a great deal of time and required a lot of sensitive negotiations in some instances.
3. Advising the Omagh Fund on various issues relating to the impact of the bombing.
4. Acting as a conduit between members of the media and those affected by the bombing.
5. Handling a large number of media enquiries, and providing briefings on preparations for articles and programmes on the impact of the bombing.
6. Supporting the work of local clergy and the Omagh Churches Forum.
7. Linking with Buncrana and Spain in relation to services, needs and visits.
8. Facilitating the extensive preparations for the first anniversary.
9. A wide range of interagency meetings and discussions on a range of issues that cropped up during the year.
10. Briefings for senior officials and politicians interested in the impact of the bombing and the response by the Trust.
11. Briefings for schools and the youth services, including a series of seminars delivered in each of the main Omagh town post-primary schools, and additional briefings for primary teachers.
12. Briefings and seminars for other key sectors including the clergy, the Women's Network, the Rural Community Network and Focus.

## OTHER TRUST RESPONSES

### Staff Support

To support the work of the Trust and to address the impact of the bombing on staff a variety of staff support responses and services and training has been provided over the past year. The Staff Study (see below) highlighted the intensity of the impact on staff and a number of steps have been taken to address these issues. Efforts have been maintained to create a culture in which staff can readily seek help and the Community Trauma & Recovery Team has put in place special arrangements to make access by staff more convenient. The Trust's Occupational Health Consultant has played a key role in responding to these needs and in putting in place appropriate support arrangements.

### Needs Assessments

The Staff Study was a major initiative undertaken on the grounds of staff welfare and health and safety. It is hoped the first assessment (undertaken in December 1998 and January 1999) will be followed up in the New Year (2000).

The Omagh Community Study has already been referred to. Again this has provided very valuable insights into the impact of the bombing. The findings will inform the response of the Trust in the days ahead, and the findings have already been widely shared to enable others in the community to draw upon the study. Again, it is hoped this will be followed up in about a year's time (Autumn 2000).

A further study into the impact on children has been designed jointly with the WELB and local schools and will be undertaken in the next month. This is coming later than the Omagh Community Study but it is nonetheless timely, as the impact on children is seen to be profound in some instances. Even though a year has passed, it is still early days.

### Co-ordination with other agencies

The Trust established an inter-agency forum to provide a vehicle for co-ordinating the responses to the bombing across the statutory, voluntary and community sectors. Whilst the focus was on addressing health and social care needs, the forum (which met fortnightly and then monthly, and now on an *ad hoc* basis) played a key role in addressing a wider range of issues and in facilitating communication amongst key community interests. The Forum is chaired by the Chief Executive.

### Co-ordination with the Voluntary Agencies

The Voluntary Forum has been meeting over the past 14 months to co-ordinate the work of the Trust and the key voluntary agencies providing befriending and counselling services in the Omagh community. This group has been chaired by the Community Services Manager for Family & Child Care (Omagh Sector).

## Looking ahead

Over the next year or so, people bereaved, injured, distressed and traumatised by the bombing will continue to have needs which require external support. The shifting emphasis of needs means that different departments will play changing, increasing or decreasing roles over that period.

## The Strategy

In the original Strategy document<sup>2</sup> the following Trust Strategy was outlined.

1. To support the existing support systems
2. To sensitise the community to the needs of individuals and the wider community
3. To compensate for inadequacies in existing support systems
4. To provide specific and targeted services
5. To bring to a satisfactory conclusion appropriate elements of our response and to integrate arrangements for those who require on-going support into the normal service arrangements
6. To play a part in community reconstruction

Broadly speaking, this strategy remains entirely valid, although the emphasis amongst its components is changing. Also, the involvement and leadership of the Trust is required in key areas, such a community restoration, to a level which was not previously anticipated.

<sup>2</sup> Strategy & Implementation Arrangements; Meeting The Needs Arising From The Omagh Bombing Of 15<sup>th</sup> August 1998; Sperrin Lakeland Trust; Omagh; September 1998

## The objectives for the next year

In view of the above overview, there are at least eight key objectives for the Trust's on-going intervention over the next year.

1. To continue to provide bereavement support services
2. To continue to provide rehabilitatory services and care packages and support provided through the physical disability team;
3. To provide readily accessible post trauma therapy and associated psychosocial support services
4. To provide broad based and focussed family support services;
5. To provide community leadership aimed at community restoration and stimulating and supporting community initiatives;
6. To provide on-going training and support for other organisations and the wider community
7. To provide staff care, support and training
8. To continue to assess the impact of the bombing

## Services required for the next year

In view of this review and analysis, the Trust needs to have in place over the next 12 -18 months the capacity to provide:

- Rehabilitatory services
- Post hospital discharge care
- Care packages to the injured who still require services
- Broad based family support services
- Specific family support services
- Mental health services for children and adults

- Therapeutic and support services
- Bereavement counselling and support
- Community restorative leadership and responses
- Assessment of needs through on-going interventions and through the studies described above
- Staff care
- Staff training

### The role of the Community Trauma & Recovery Team

The Community Trauma & Recovery Team objectives, as defined in the original strategy<sup>3</sup> were as follows:

1. To symbolically represent the Trust's response to the bombing;
2. To act as the spearhead for the Trust's services;
3. To act as an easy point of access for the community;
4. To provide initial responses, assessments and services;
5. To refer appropriately to the conventional services;
6. To coordinate the Trust's response with the voluntary sector;
7. To stimulate appropriate initiatives;
8. To collate information;
9. To bring to an end the Trust's response.

These objectives remain relevant to the needs and the contribution required of the team in the second year. The Team remains an important part of the Trust's response to the bombing and needs to be consolidated over the next 12 months, with a view to the team continuing to provide services up to the end of 2000 (i.e. past the second anniversary). Over this period, as needs and capacity permit, staff and services should be transferred to the conventional teams and services. Judgements about this process should be sensitive to the on-going needs in the community and mindful of the need to represent and articulate the needs of those affected by the bombing.

<sup>3</sup> Strategy & Implementation Arrangements; Meeting The Needs Arising From The Omagh Bombing Of 15<sup>th</sup> August 1998; Sperrin Lakeland Trust; Omagh; September 1998

The Team will aim to provide, in conjunction with other Trust departments and voluntary organisations the following range of services and responses.

- Psychotherapy (including cognitive therapy, cognitive behavioural therapy and psycho-dynamic therapy)
- Art therapy
- Bereavement counselling and support
- Family therapy and family support
- Group work
- Risk management strategies
- Healthy living strategies
- Community maintenance, restoration and development initiatives

### **The resources required to implement the strategy**

The details of the resources required over the next year and estimated beyond are as set out below.

	<b>SERVICE</b>	<b>1999/2000</b>	<b>2000/2001</b>	<b>2001/2002</b>
1.	Physical Disability Services	150,544	49,426	14,426
2.	Health Visiting	80,000	80,000	
3.	District Nursing & Treatment Room Services	54,700		
4.	Elderly Care - Social Services	6,936		
5.	Mental Health	137,164	111,619	47,027
6.	Tyrone County Hospital	72,000		
7.	Westcare	22,550	16,012	
8.	PAMs	56,992	26,121	
9.	Support, Initiatives, etc.	190,500		
10.	Voluntary Organisations	91,800	15,000	
11.	The Community Trauma & Recovery Team	319,572	236,174	44,860
12.	Staff Care & Support	76,760	46,065	
13.	<b>Total</b>	<b>1,259,518</b>	<b>580,417</b>	<b>106,313</b>

OTHER REFERENCES

We Will Remember Them; Report of the Northern Ireland Victims Commissioner; Sir Kenneth Bloomfield KCB; Belfast; April 1998

Living with the Trauma of the Troubles; SSI (Northern Ireland) Report; Belfast; April 1998

REFERRALS

Total to Date	569
Total Closed	317
Active Cases as of 03.03.2000	252

AGES

Range	2	76
Numbers under 18 years	144	

GENDER

Male	205
Female	364

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**TABLE 4**

REFERRAL SOURCE

SELF.....	234
G.P. ....	77
RELATIVE .....	82
OTHER HSS PROFESSIONALS ..	122
VOLUNTARY ORGANISATIONS .	29
OTHERS .....	25
 <u>TOTAL</u>	 <u>569</u>

TABLE 5

VICTIM STATUS

Serious physical injury	
Moderate physical injury	
Mild Physical Injury	
Witness/rescuer	
Witness/bystander non-rescuer	
Bereaved (individual counselling)	
Emergency Personnel	
Trauma 'by proxy' and vicariously	
Status not listed	
Non Bomb Related Trauma	
Non Bomb Related Trauma	
Total	569

**TABLE 6**

**VICTIM STATUS**

<b>Serious physical injury</b>	<b>30</b>
<b>Moderate physical injury</b>	<b>53</b>
<b>Mild Physical Injury</b>	<b>82</b>
<b>Witness/rescuer</b>	<b>36</b>
<b>Witness/bystander non-rescuer</b>	<b>147</b>
<b>Bereaved (individual counselling)</b>	<b>85</b>
<b>Emergency Personnel</b>	<b>5</b>
<b>Trauma 'by proxy' and vicariously</b>	<b>79</b>
<b>Status not listed</b>	<b>46</b>
<b>Non Bomb Related Trauma (TR)</b>	<b>1</b>
<b>Non Bomb Related Trauma (NTR)</b>	<b>5</b>
<hr/> <b>Total</b>	<hr/> <b>569</b>

**MEDIA INTERVIEWS - September 1998 - to date**

**Newspapers - Radio - Television**

Team Members	73
Victims (Accepted)	153
Victims (Declined/Unavailable)	36

**HOLIDAYS & TRIPS**

Holidays & Trips	52
Numbers of victims involved	870

**BULLETINS**

Bulletins sent out	11
Number of families receiving Bulletins	525

**TRAINING SESSIONS**

Number of training sessions	5
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**TALKS/PRESENTATIONS**

Schools	10
Traders/Community Groups/ Voluntary Groups	
Others	8

**TABLE 7**

**SAMPLE OF SEVERITY RATINGS**  
**Random Sample of 50 Cases between 1<sup>st</sup> and 5<sup>th</sup> Sessions**

	<b>First Interview Mean Scores</b>	<b>Fifth Interview Mean Scores</b>	
<b>Impact of Event Scale (Horowitz)</b>	<b>52.34</b>	<b>39.81</b>	<b>Over 43 indicates severe rating</b>
<b>General Health Questionnaire (28)</b>	<b>46.54</b>	<b>31.37</b>	<b>Range (0 - 84)</b>