Learning from Disasters

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Bereavement is only one of the problems which can arise following disasters and for which counselling may be needed. Others include the physical and emotional trauma inflicted upon those who were present but survived, the fears and traumatic memories of onlookers and the special stresses experienced by members of the rescue services. Traumatic stress commonly gives rise to post-traumatic stress disorders for which sensitive counselling and/or therapy are likely to be needed (see Parkes CM, 'Coping with Traumatic Bereavement' *Bereavement Care* **1991; 10, 3: 31-32).**

For members of rescue services support, assessment and, where necessary, counselling, can best be initiated by Critical Incident Stress Debriefing (see Wright B, 'Critical Incidents', *Bereavement Care* **1989; 8, 3: 28-30).**

All of this needs to be properly organised, bearing in mind the fact that no two disasters are alike and there can be no blueprint that will be equally applicable to all.

The sad situation in Northern Ireland gives those who work there special insights into the management of small and medium-scale disasters and the joint authors of this paper have drawn on experience within and outside that country to give us a glimpse of the issues which are likely to arise.

For a more detailed treatment of the subject, and a checklist of guidelines for action before and after disasters, the reader is referred to *Disasters: Planning for a Caring Response,* **the report of the Department of Health/Cruse Working Party on Disasters (1991, HMSO, London)*.**

Editor

* Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR, England. £13.75 + £1.75 p&p. Price for overseas readers on application.

After a disaster we know that people affected undergo a continuum of recovery or rehabilitation. They seek to make sense of what has happened to them and to integrate the experience into their future life in a way that no longer disables their ability to function. Following a disaster, helpers also have a process of recovery to undergo as they integrate their experience into their everyday practice. Their reactions can mirror those of the bereaved or the injured.

Disasters are not all negative in their outcome. Many of those involved use the experience to re-evaluate their lives. It is as if, having glimpsed death, the living of life takes on a new meaning, a new urgency to experience—to live life to the full. With helpers, many have re-evaluated their practice. The experience has affected their motivation and questioned some of the trivialities of the service which they provide. The experience has reminded them of the core values of their practice and many have found that the experience of disaster has prompted them to seek ways in which their experience can be used to benefit future planning and training for a caring response to another such event.

Northern Ireland has seen its fair share of disasters over the past 20 years. The political violence has accounted for over 3,000 deaths. During this period a greater awareness of the emotional effects of disasters, great or small, was being reported. Research was highlighting the longer-term effects of such stress on victims, helpers and communities.

In Northern Ireland we have been learning that wounds may heal, grieving processes may ease the immediate pain of loss, but post-traumatic stress reaction can develop over time leading to immense psychological pain, social problems and psychiatric disorders. Individuals have received support but organisations were slow to recognise the need for planned counselling intervention to promote mental health and minimise the longer-term effects for society. Strong family networks, community support and the need to promote the image of 'business as usual' militated against a recognition that a need existed.

The Enniskillen bombing

Many will remember the 1987 Remembrance Day bombing in Enniskillen when 11 people died in a no-warning explosion. Cruse—Bereavement Care contacted the statutory Social Services in Enniskillen to offer what help it could. Cruse had only been functioning in Northern Ireland for three years at this stage and was not well-known to Social Servics in Enniskillen. Their reaction was initially one of bemusement but they agreed to meet and discuss what could be done.

This began a two-year period of close co-operation in social and psychological support for those traumatised by the bombing. There were basically three stages in the help:

1. Preparation and printing of a leaflet (based on one from Australia) to be distributed to the bereaved and injured.
2. Provision of information and support to the local clergy, social workers, teachers etc., who were working with the victims.
3. Co-leading a support group for the bereaved.

The group sessions with the bereaved continued until after the inquest which took place some 14 months after the incident. Enniskillen highlighted the fact that support must be given to the whole community that has been traumatised.

The East Midlands 'plane crash

On the 8th January 1989 a British Midland Airways jet en route from London to Belfast crash-landed on the M1 motorway at the village of Kegworth. The flight was carrying 127 passengers and crew; 39 people died at the scene and 88 survived the initial impact, although the death toll later rose to 47. The incident was significant for Northern Ireland as 30 of the 47 killed and 47 of those injured came from the Province. Many of the others on board had relatives in Northern Ireland. The emergency services were quickly on the scene of the crash and the injured were taken to hospitals in Leicester, Nottingham and Derby. Social workers, hospital staff, clergy and voluntary groups were involved at Heathrow Airport, Belfast International Airport and the three cities where a large number of relatives visited the injured in hospital.

This disaster was typical of many transport disasters in that those most affected did not come from the region where the plane crashed. Their relatives converged on an area many of them did not know. This resulted in feelings of isolation and a lack of their usual support networks.

Support services worked to fill the vacuum and provide the necessary support. Social workers were placed in the hotels where the relatives were staying and the airline set up care centres in hotels and hospitals. The Thistle Hotel on the East Midlands Airport Complex, one mile from the crash site, became the base for bereaved relatives. The mortuary was set up in the airport and trips were organised to the scene of the crash to allow the relatives to orientate to the tragedy and lay flowers at the site.

With almost 600 relatives from Northern Ireland in the area, social workers requested liaison with social workers in Northern Ireland. The four area Health and Social Services Boards sent two social workers to work in England to link the work being done there to a support network of social workers in Northern Ireland. The Northern Ireland network was to facilitate the repatriation of the injured and bereaved to the Province and support the families affected. Cruse—Bereavement Care was used to establish a group for the bereaved in Northern Ireland.

Applying the lessons of Enniskillen

The two social workers chosen had previous experience in trauma work. One had worked in Enniskillen and the other had experience of trauma through civil disturbance and other personal disasters such as road traffic accidents. They found that the Kegworth disaster required them to use all their past experience, all their current professional skills and to learn the dynamics that were unique to a major disaster. This was a learning experience of co-operation, collaboration and the development of skills used in normal practice. The experience demonstrated that training in disaster awareness could aid any future response that may be required and also promote good practice.

Disaster-awareness training

This concept of disaster-awareness training has been developed and has been used with clergy, social workers, voluntary groups, airport personnel and members of the emergency services and security forces. In Northern Ireland there is the development of a network of professionals and volunteers who can provide social and psychological support to people in trauma situations. The network established at the time of Kegworth was used to support the families of the hostages in the Gulf region and those who had members involved during the war.

The programme of disaster-awareness training is devised to build on the participants' existing training and their experience, and empower them to develop the ability to adapt such skills to the new demands which they may face. There are two levels of the course.

Outline of Level I Course

1. The typology of disaster.
   A study of the key components of recent disasters and how such components dictate the type of response that will be required.
2. Working with the bereaved.
3. Working with the injured.
4. Needs of the helpers.
5. The challenge to organisational structures and individual personnel to plan and train for a caring response.

Outline of Level II Course

1. Overview of the issues addressed in Level I Course.
2. Development of skills work through group work.

The need for training

Disasters may be unique events, yet they contain elements that need to be addressed by many of the caring professions and voluntary organisations in their normal work. Training for the provision of a caring response to major disasters, which we hope will never happen, can aid the provision of a caring response to people who are facing a personal disaster at other times in their lives.

To survive any disaster, people have to rise like a phoenix from the ashes. The work of disaster-awareness training has been a way of rising from the trauma of Enniskillen and the air disaster at Kegworth and building on the experience in a positive way. Kegworth provided the cathasis that has combined 15 years of experience in trauma work with the need to provide training that will enable people to provide a caring response to any future disaster, large or personal.

This article was presented at the Third International Conference on Grief and Bereavement in Contemporary Society, Sydney, Australia, 1991.

FORTHCOMING CONFERENCES AND COURSES

International Conference of the Federation of Widows and Widowers. 15-17 October 1992. Chantilly (France). Details from FIAV, International Federation of Widows and Widowers, 10 rue Chambacres, 75008 Paris, (1)40-07-04-32.

Good Grief: Exploring Feelings, Loss and Death. Workshop open to professionals and non-professionals. 6-8 November 1992. Yelverton, Devon. Details from Grimstone Community, Grimstone Manor, Yelverton, Devon PL20 7QY. 0822-854358.

Support for Families of Women and Children with HIV. Held jointly by the RPMS Institute of Obstetrics and Gynaecology and the Terence Higgins Trust. 14 October 1992. London. Applications to the Symposium Secretary, RPMS Institute of Obstetrics & Gynaecology, Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London W6 0XG.

The Death of a Child. Held by RPMS Institute of Obstetrics and Gynaecology. 25 November 1992. London. Applications to the Symposium Secretary, RPMS Institute of Obstetrics & Gynaecology, Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London W6 0XG.

LETTER TO THE EDITOR

Dear Editor,

We are concerned about the anomaly in the UK benefits system regarding the discrepancy between widows and widowers. Widows have the possibilty of receiving a lump sum Widowed Mother's Allowance, or Widow's Pension, but widowers are not eligible for any corresponding benefits.

In our work we have become aware that both widows and widowers (especially those with dependent children) may experience financial hardship. In our view the UK system amounts to discrimination aganist widowers. Do other workers see this issue as a problem? We would like to see a change in the system. Your comments would be welcomed.

Yours sincerely,
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