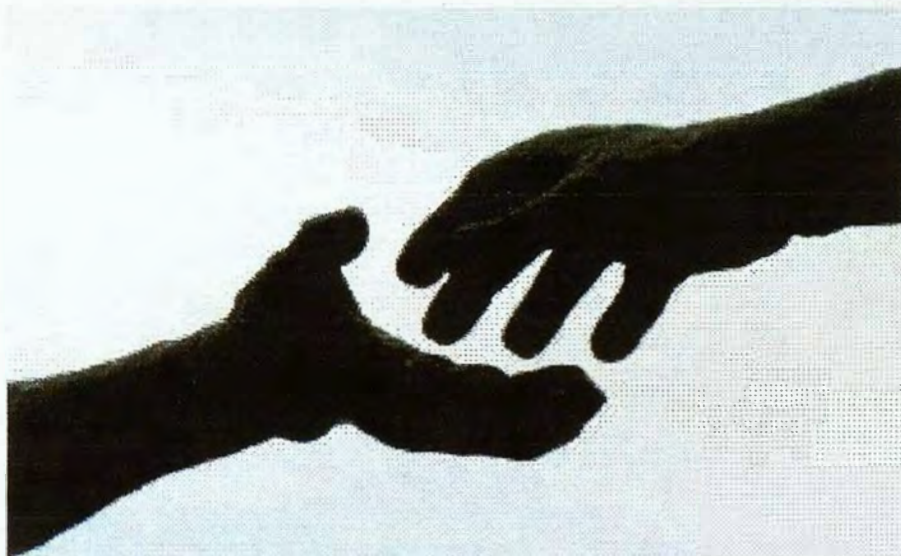

Strategy & Implementation Arrangements

Meeting The Needs Arising From The
Omagh Bombing Of 15th August 1998



David Bolton
September 1998

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The strategy

The challenge

On Saturday afternoon the 15th August 1998 at 3.10 pm, a car bomb exploded in Market Street Omagh. The explosion has led to the deaths of 29 people and 2 unborn children. Twenty-six families have been bereaved, 3 in Buncrana, 2 in Spain and 21 locally. Also, a driver of a car which crashed into an ambulance transferring one of the patients from the Tyrone County Hospital to the Ulster Hospital, died in the collision.

Over 370 were injured and were admitted to hospital or attended for treatment. Of that number about 60 were significantly injured and three weeks after the explosion, 2 remain critical, and a further 4 seriously ill.

Many others in the wider community have been affected, by for example:

- being present at the scene at the time of the explosion or shortly afterwards;
- being involved in the rescue, including the transportation of injured and dead people to hospital;
- other witnesses including those who left the scene or ran away;
- being involved at the Tyrone County Hospital during the hours following the explosion;
- being involved in other hospitals who received the transferred patients;
- those who went to the Leisure Centre to find out about those who were missing and those who had to wait there for the process of identification of the dead to be completed;
- through being friends, school mates or work mates of those who have died and been injured;
- through the impact of the bombing on the staff of local businesses;
- through their distress at the impact of the bombing on the life and well-being of the Omagh community;

- through distress at the fact of the bombing or through the discussions that take place in the community about the details of the bombing and its consequences;
- those who provided support to those affected by the bombing (and those who do so on an on-going basis).

The bombing involved an explosion (estimated to involve a bomb of 500 lb. of fertiliser based explosives) in a confined street into which shoppers and the staff of local shops were being evacuated. The psychological consequences of man-made tragedies are likely to be intensified by the fact that people were being evacuated into the location of the bomb.

The bomb killed and injured many women and children, which will intensify the perception of the innocent being victims.

Many people have suffered multiple losses of family members, friends and relatives. In addition many have also suffered losses associated with the physical and emotional injuries caused by the bombing. Other losses have included the impact on businesses, and on the sense of well-being and ordinariness of daily life.

A Traumatic experience:

- Challenges one's belief in one's invulnerability
- Challenges one's perception of the world as meaningful
- Challenges one's perception of oneself as being positive

Bulman

The bombing ranks as one of the most brutal and intensive attacks associated with the Troubles. Many have been exposed to powerful images, sounds and smells of carnage and suffering, which will have significant psychological implications.

The bombing occurred when many families were preparing for the return to school. This, and other features which underline the ordinariness of that Saturday afternoon, are likely to lead to greater senses of violation with increased difficulties in resuming normal activities, particularly those associated with shopping, being in town etc.

The number of people disabled is of such significance that the people of Omagh and surrounding areas will see the impact of the bombing very visibly (on the streets, in workplaces, shops, schools, churches etc.) in the days, months and years ahead.

The bombing occurred when hopes were rising of political progress that would involve a reduction of violence and the replacement of violent means of addressing conflict with non-violent means.

Determining the Impact

The impact on individuals involves a confluence of:

1. The intensity of the experience on the individual;
2. The degree to which the individual has had to adjust to previous experiences of loss and tragedy;
3. Personal coping strategies and capacities and how these might have been:
 - enhanced by previous successful experiences of coping with personal loss and tragedy
 - impaired by previous unsuccessful experiences of coping with personal loss and tragedy
4. Personal mental health difficulties and the degree to which:
 - the person remains vulnerable due to past or on-going mental health difficulties
 - the person's capacity to cope has been enhanced by previous or current mental health difficulties
5. The person's need to divert from their own needs to attend to the need of others such as family members and friends.
6. The degree to which an injury, bereavement or other loss facilitates or masks psychological and emotional adjustment.
7. The way people are supported or managed during their recovery and adjustment.
8. The effectiveness or otherwise of social support systems (particularly those which have been, or begin to be, important for the person).

One of the best predictors of psychiatric illness after a traumatic event is the severity of the trauma. Psychopathology before trauma is neither necessary nor sufficient to the diagnosis of psychiatric illness after trauma. That is not to say that it is unrelated. Most studies show that those with psychiatric illness prior to a traumatic event or a disaster may be at increased risk. However, it is also clear that those with no previous psychiatric illness are also at risk.

(Ursano, Fulerton & McCaughey; Cambridge University Press; 1995; p 9)

The observation by Ursano et al above suggests that (in relation to psychiatric illness - including PTSD) *severity of the trauma* is the best predictor to need. Looking specifically at the severity of the trauma associated with the Omagh bombing, when it is assessed against the factors set out below then in at least 6 (possibly 8) out of the 10 listed, the tragedy falls on the negative side of the scale, indicating that there is likely to have been a significant impact.

ASSESSING THE IMPACT OF A DISASTER

POSITIVE INDICATORS

Expectedness
 Contained
 Low horror
 Few losses
 No displacement
 No disruption
 Control maintained
 Minimal uncertainty
 A shared & common view
 Accidental or natural



NEGATIVE INDICATORS

Unexpected
 Extensive
 Intense horror
 Multiple loss
 A lot of displacement
 Extensive disruption
 High loss of control
 Sustained uncertainty
 Conflicting understanding
 Afflicted; Human cause

Bolton in Zinner & Williams; Taylor & Francis; Philadelphia 1998

Figure 1

Discussions with those who were present at the scene indicate that those who saw the carnage have been deeply distressed by their experiences and are re-experiencing powerful and distressing visual recollections.

Taking these factors together we are therefore likely to see significant need in the short and long term. Needs will include those arising from physical disability, amputations, and disfigurement, as well as associated social and family consequences.

There is also likely to be a range of emotional and psychological consequences from short term distress to enduring post traumatic reactions.

There is a wider community dimension. Major events can accentuate weaknesses in communities. Failure to adjust to tragic events can lead to a slide in self-confidence and self-esteem, which can lead to increase social and economic problems. Communalities (the threads that hold a community together) can be weakened (Erikson; Amer. J of Psych. 133(3); 1976). The consequences can include increases in social problems for example, of drugs and delinquent behaviour, stress related illness, and an increase of social factors associated with deprivation. The economy can suffer due to the withdrawal of business and a reduction in investment, with social consequences.

There is therefore a community maintenance, restoration and development task.

The context

The community of Omagh is a strong community with many natural support mechanisms. There are therefore a lot of strengths and sources of support already at work and available within the community.

Already, the Omagh and wider communities have responded with considerable dignity and strength to the bombing, and the political context means that there is widespread support for the people of Omagh and especially those who have suffered.

The churches have played a key part (exemplified by the impressive and helpful Act of Reflection held on the Saturday after the bombing, and televised widely, throughout the world).

The public bodies have responded effectively to the tragedy and have established credibility, putting them in a good position to continue an effective response, and to provide support.

The coordination and leadership of the Chief Executive of the Omagh District Council has been an important steadying influence, and providing direction. Local councilors from across the political spectrum have also played a key part in expressing their abhorrence at the bombing. Council staff have been central to some key responses, for example, the support of people at the Leisure Centre on the day of the bombing and the following day, and in arranging and coordinating the visits by dignitaries. The Council has a key role to play in providing leadership and in facilitating positive responses to the bombing, particularly from an economic and civic perspective.

Schools are being supported from an early stage through an initiative undertaken by the Western Education & Library Board. The WELB is keen to establish links with the Trust and to cooperate on putting in place preventive measures and in addressing need.

There is a strong community sector in Omagh (which has already been through the period of the community problems caused by the murder of Sylvia Flemming in April 1998). The community sector was responsible for organising the vigil which took place on the Tuesday evening after the bombing.

The need to rebuild the town centre represents a key psychological and symbolic challenge which will involve business people, planning and building control, civic representatives and wider public interests. Progress in this area will be an important part of the healing and restoration process.

These, and other strengths and positive aspects of the Omagh community, and its response to the bombing, are significant in considering the role and strategy of health and social services.

The political context is also significant. The cease-fires and the peace process have opened up the issue of the needs of victims of violence, a process which has been given added impetus by Sir Kenneth Bloomfield's report (*We Will Remember Them*; The Report of the Victims' Commissioner; The Stationery Office Northern Ireland; April 1998) and the Social Services Inspectorate report *Living with the Trauma of the Troubles* (SSI, The Stationery Office Northern Ireland; March 1998). The Good Friday Agreement (10th April 1998) draws attention to the needs of victims of violence and looked forward to the Bloomfield Report. The foundation of voluntary bodies such as WAVE, FAIT and Relatives for Justice in recent years, to address and champion the interests and needs of victims of political violence, has also added to the creation of a climate where people affected by violence, or their family or friends, are more enabled to seek help. Previously, the needs of victims have not been so explicitly addressed and victims themselves have often felt they could not ask for help or that they did not want to, as to do so would be admission of defeat at the hands of violence.

The understanding of what happens to people who have been through violent incidents is better understood and methods for supporting and working therapeutically with those affected by violence, have advanced much over the past 10 years. As a result, professionals and agencies feel and are better placed to offer services and help.

The need for hope

The emotional and community consequences of a major tragic incident, especially in the short term, can be quite devastating and disabling. This may also affect the agencies and individuals who are seeking to provide support and help. It is important therefore that we embark on the task of supporting and helping with a realisation that many people will have difficult days ahead, but they can reach a point somewhere in the future where they are not overwhelmed by their experiences. Possibly also, they may encounter opportunities for growth and personal development, in spite of pain, loss and distress.

This is well illustrated by the Trauma Cycle as described by Elizabeth Capewell (below). The pathway of adjustment is never linear, and we revisit, from time to time, dark days. Nevertheless, it is possible to see, over time, the transition from devastation to adjustment, in the life of the individual. The same can perhaps be said of the community as a whole.

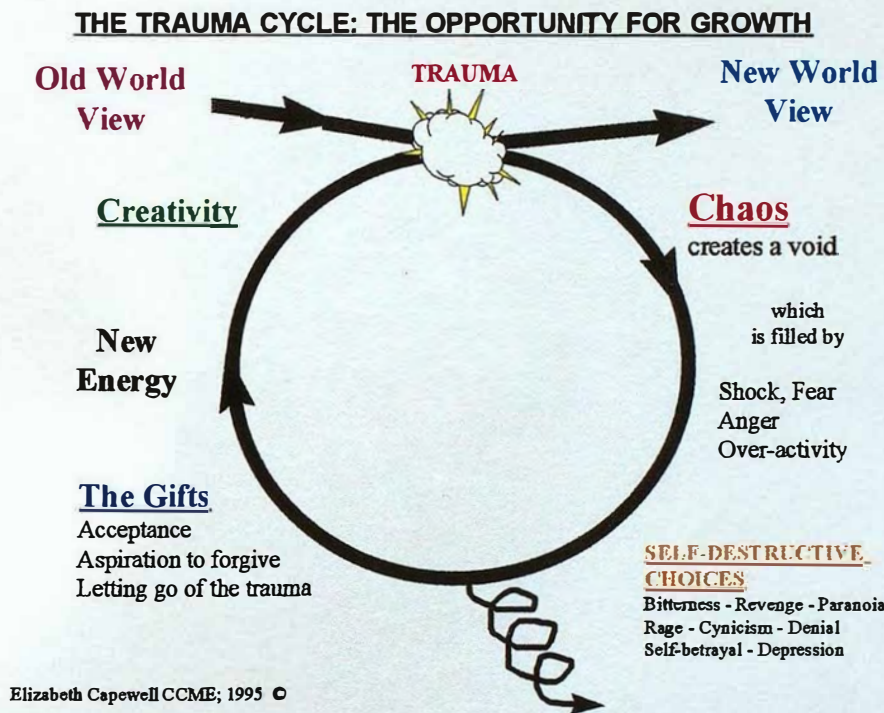


Figure 2

The aims and means of helping

The Trust is required to address the immediate welfare needs and the longer term psychological needs of local people in the event of a major tragic incident. With regard to welfare needs, the purpose is to offset as much as possible the hardship caused by any environmental and circumstantial difficulties arising from the incident. This involves the care needs of those who are disabled, their families, and the welfare needs arising from bereavement and distress. The short, medium and long term emotional and psychological needs of the local population need to be addressed to ease distress, reduce the risks of acute or longer term mental ill health, and to restore normal functioning (by individuals, families, neighbourhoods and the wider community).

The basis of this strategy is that the Trust recognises the significant strengths in the Omagh community and will not intervene in ways which undermine those strengths. The Trust's role is to support existing support systems and to augment those which have been weakened and compensate for those that have failed or are inadequate. The approach was spelt out in an early paper prepared for the Senior Management team.

The aims of the strategy can be divided into the short/medium term aims and long term aims. For the short term, the objective is to identify, support and mobilise existing Trust, primary care and community resources, and co-ordinate the efforts of these groups to address the difficulties presented by members of the public. The emphasis would be on facilitating the process of coping and recovery, and avoiding unnecessary medicalisation of these difficulties. In the longer term the strategy seeks to ensure that those people who suffer enduring mental distress are identified and referred for appropriate professional assessment and treatment.

(Strategy for Response to Omagh Bombing Incident; G Carey; SLT).

The struggle to re-establish 'normality' is usually undertaken first by those least affected. This can be hurtful and distressing to those most affected. Nonetheless, the resumption of 'normality' is a positive development, although it needs to be sensitive to those who are unable to do so. Full normality is never actually attained following a major tragedy, as things are never the same again. Where it is achievable it should be supported. Where not achievable, adjustment is required, which can lead to positive outcomes.

Objectives

In view of the above, our objectives include:

1. To support the existing natural family and community support mechanisms;
2. To sensitise the community and its constituent parts to the needs of individuals and the wider community;
3. To compensate for inadequacies in existing support mechanisms;
4. To provide specific and targeted services to address identified individual and community need (including, rehabilitative, personal family and home care, day care, respite and residential or nursing home care, mental health and carer support services).
5. To work with other agencies, interests and individuals to assist with the tasks of community maintenance, restoration and development.
6. 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.

The tasks associated with these objectives are set out in Annex 1.

Possible approaches to giving effect to the strategies identified in this paper are set out below. The precise forms of intervention are dependent upon what else is happening in the community, what needs are apparent from time to time, and what are the most effective and sensitive ways of addressing identified needs.

STRATEGY	METHODS & APPROACHES
'Normalisation'	Through:- <ul style="list-style-type: none"> • identification and affirmation of common responses to the bombing; • enabling people to identify their own preferred positive ways of coping; • facilitating the processes of coping and recovery.
Facilitating expression of grief, anger and hope	Through:- <ul style="list-style-type: none"> • rituals • facilitation of group and personal expression • information
Supporting existing support systems	Through:- <ul style="list-style-type: none"> • training • mentoring • cooperation • facilitating the work of others
Providing information	Through:- <ul style="list-style-type: none"> • meetings • information leaflets • bulletins • other organisations • one-to-one contact with individuals
Direct services	Through:- <ul style="list-style-type: none"> • assessment • individual care planning • appropriate onward referral

Figure 3

The Community Context

The response to the health and social care needs of those affected by the bombing involves a range of interests as illustrated in the chart below. The Trust has a key role to play in coordinating this response.

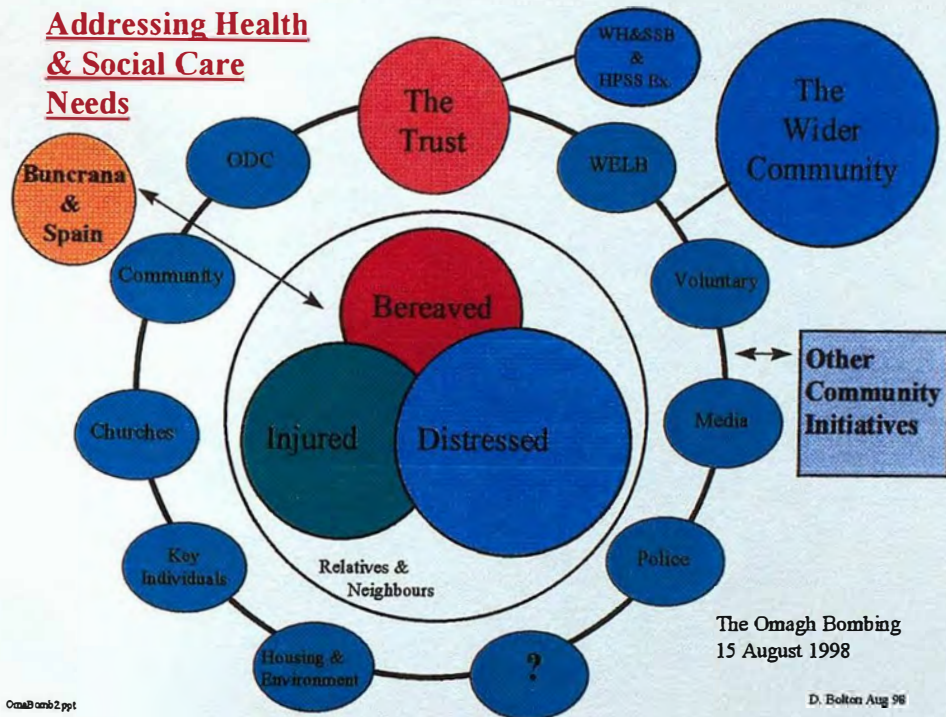


Figure 4

To achieve this a coordinating committee should be put in place along the lines of the community emergency group identified in the Community Emergency Plan. A number of sub-groups could be established to coordinate the health and social services response in relation to:

- Children and youth
- Housing, environment and adaptations
- Community maintenance and development

Key reflecting links should be established with the Western Education & Library Board (including its youth services), the Northern Ireland Housing Executive and environment services, and community organisations and the District Council.

Trust structure and arrangements

The Community Trauma and Recovery team has already been established. Its chief purposes are to:

- Symbolically represent the Trust's response to the bombing;
- Act as the spearhead for the Trust services;
- Act as an easy point of access for the community to the full range of Trust services;
- Provide initial responses including assessment and services for people affected by the bombing;
- Proactively and appropriately refer to the Trust's conventional services;
- Coordinate the Trust's response with that of the voluntary sector;
- Stimulate appropriate initiatives in response to the bombing which will address health and social care needs;
- Collate information to inform decision making and to assist research and audit.
- Appropriately bring to an end the Trust's response in an agreed manner and time scale;

Figure 5

These arrangements should link within the Trust to existing arrangements and to other Trust responses and initiatives. A suggested model is set out below.

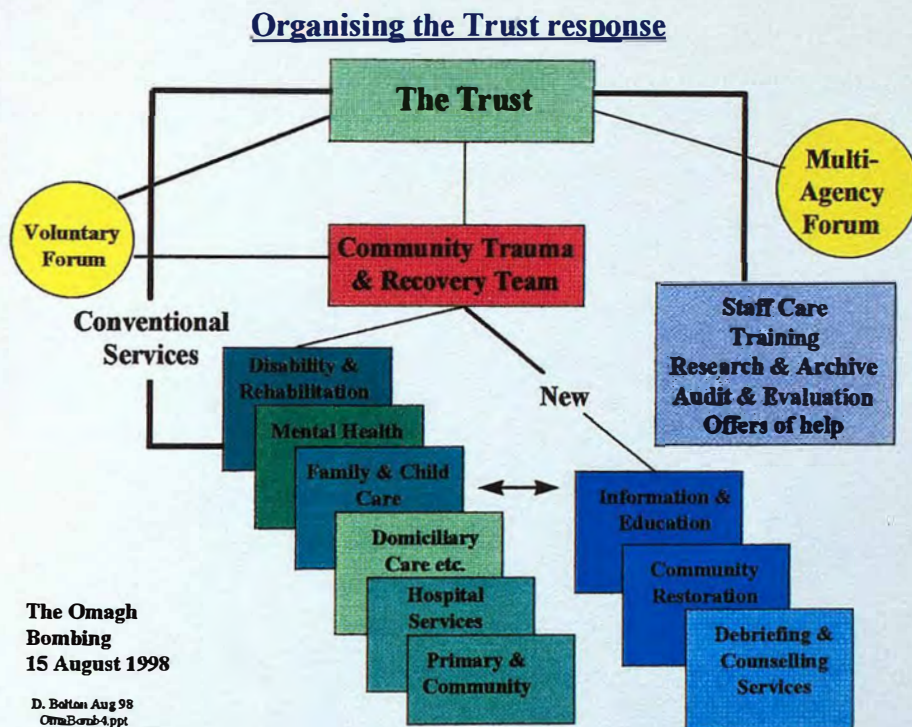


Figure 6

The Voluntary Forum will be the main mechanism for coordinating the work and contribution of the voluntary agencies, particularly those providing practical and counselling services. The agencies already involved have agreed that the Trust should facilitate the coordination of their contribution.

Each of the Trust's conventional service will play key long term roles in supporting those affected by the bombing. For as long as the Community Trauma and Recovery Team is in place, the conventional services should retain active liaison and links with the Team and where necessary provide guidance and support.

There will need to be separate Trust initiatives to ensure that:

1. Training is available to support and equip staff (and where necessary other agencies and the public);
2. Agreed arrangements are put in place to research the impact of interventions and to track needs;
3. Initiatives are undertaken to archive the bombing, its consequences and the Trust's response;
4. The Trust's contribution is audited and evaluated;
5. That offers of help are properly screened and that the take up of any offers is properly approved.

Trust staff care arrangements

Much has already been done, formally and informally, to provide support for all who have contributed to the response to the bombing. The formal response is being coordinated through the Mental Health programme in conjunction with the Westcare Occupational Health Services. Staff support arrangements will need to be in place for the foreseeable future to address the needs of staff, in the medium to long term.

In addition, staff support can be provided to other organisations in the community who may require it. This may be particularly relevant to small local businesses which may not have access to the sort of staff support arrangements of regional and national businesses and organisations.

Review of this Strategy

This document represents the initial view of the Trust's strategy and assessment. In the light of unfolding information, and on-going assessment, the strategy will be kept under review and where necessary amended.

David Bolton
Director of Community Care
16 September 1998
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Annex 1: The Tasks

To support the existing natural family and community support mechanisms;

By:-

Supports to families and the wider community through our primary care, community health and social services;

Specific initiatives to anticipate and address problems caused by the bombing;

Awareness raising and education through appropriate and targeted training and information initiatives;

Establishing links with, and cooperating with and supporting other systems in the community (e.g. other statutory bodies, the community sector, clergy and the churches);

To sensitise the community and its constituent parts to the needs of individuals and the wider community;

By:-

Appropriately and accurately reminding the wider community of needs, particularly over time as people's needs change and as the wider community begins to resume 'normality'.

Maintaining links and relationships with Buncrana and Spain, to ensure that people who identify themselves with the Omagh bombing feel supported no matter where they live.

To compensate for inadequacies in existing support mechanisms.

By:-

Addressing the damage caused to family and community support systems by the bombing. This can involve creating a substitute or consortium of support around an affected family, for instance.

Identifying and addressing the inadequacies in family and community systems. Tragic events (like deaths in a family) can highlight underlying difficulties and problems. In our context, sectarianism may pose such a problem.

To provide specific and targeted services to address identified individual and community need

By:-

Addressing problems posed by disability and disfigurement, including the emotional, psychological and relationship difficulties;

Facilitating the process of hospital discharges and other important transitions, and supporting people through the emotional and practical difficulties associated with these steps;

Providing rehabilitatory services and day care;

Addressing the psychological problems of those distressed and traumatised by the bombing and its consequences;

Providing care, including domiciliary, nursing, and respite care where this is needed;

Group work with those bereaved, injured and distressed by the bombing;

Liaising with other community interests to ensure that our services remain sensitive to needs as they unfold, and to use our influence to assist the wider community in sensitively addressing the needs of individuals.

To work with other agencies, interests and individuals to assist with the tasks of community maintenance, restoration and development.

By:-

Inviting other key agencies etc. to participate in shaping the Trust's understanding of and response to the needs of the community;

Working positively with other agencies etc. to assist them in addressing community need;

Facilitating groups and communities in identifying their needs and in developing appropriate responses.

Assisting with, and where possible and appropriate, stimulating inspirational responses which assist with restorative processes.

Building on relationships already established by the Trust in the course of its on-going work in the community.


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.

By:-

Anticipating the end of this special response, from the outset (mindful that our view of the closure of this response will be subject to constant evaluation and adjustment in the light of changing events and our on-going assessment).

Creating active links between those services set up in response to the bombing and the conventional service arrangements;

Involving our conventional services and GPs in on-going work;



Transferring work from the services set up in response to the bombing to the conventional services;

Terminating, at an agreed point, service arrangements set up in response to the bombing;

Putting in place any long term arrangements, including wider community initiatives, required to sustain services, or to take forward community maintenance and development.