# Evidence Search Service Results of your search request

## Building a model of support for reducing trauma after COVID-19

**ID of request:** 23172  
**Date of request:** 12th May, 2020  
**Date of completion:** 28th May, 2020

If you would like to request any articles or any further help, please contact:  Frankie Marcelline at [francesca.marcelline@nhs.net](mailto:francesca.marcelline@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Building a model of support for reducing trauma after COVID-19. Frankie Marcelline. (28th May, 2020). BRIGHTON, UK: Brighton and Sussex Library and Knowledge Service.

**Sources searched**  
EMBASE (9)  
Google (11)  
House of Commons Library (12)  
Journal European Journal of Psychotraumatology (1)  
MEDLINE (2)  
NICE Evidence Search (10)  
PsycInfo (7)  
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Requester (7)  
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**Date range used** (5 years, 10 years): 2016-2020   
**Limits used** (gender, article/study type, etc.): Date and English language   
**Search terms and notes** (full search strategy for database searches below):

Please see below for searches carried out on EMBASE, PsycInfo and MEDLINE.

NICE Evidence search and Google search terms:

ptsd

trauma

post-traumatic stress

AND

exposure

witness\*

AND

pandemic

terrorism

natural disaster

traumatic incident\*

post-disaster settings

Grenfell

AND

model\*

intervention

recover\*

impact\*

psychological outcomes

response plan\*

For more information about the resources please go to: <https://www.bsuh.nhs.uk/library/>.

## Summary of Results

This search looks for evidence for building a model of support for reducing trauma after COVID-19. Articles on reducing the impact of witnessing traumatic incidents including incidents of terrorism, fires, and natural disaster and anything similar. Requester asks that keywords include: trauma, post-traumatic stress, reducing impact, psychological support/interventions. Most results are from outside the UK, although a number of summaries on “lessons learnt” from the Grenfell tower-block fire look to be valuable in developing a model of recovery - Two results from the Royal Borough of Kensington and Chelsea, and another: 'After Grenfell: Current Challenges and Opportunities - A GP's perspective.'

Another key result aimed at hospital staff is: the COVID trauma response working group rapid guidance for planners of the psychosocial response to stress experienced by hospital staff associated with COVID: Early Interventions (2020). COVID Trauma Response Working Group. https://www.traumagroup.org/

The Briefing from the House of Commons Library: Mental Health Awareness Week: The impact of coronavirus on health and social care workers is a neat summary with helpful links which are included in these search results.

The NIHR: The potential impact of COVID-19 on mental health outcomes and the implications for service solutions, may also be helpful towards developing a model.

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COVID Trauma Response Working Group

[Guidance for planners of the psychosocial response to stress experienced by hospital staff associated with COVID: Early Interventions.](#Research656876)

Department of Health and Social Care (DHSC)

[Terrorism attacks: mental health check and treatment.](#Research656623)

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Institute for Public Policy Research (IPPR)

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## A. National and International Guidance

#### British Psychological Society (BPS)

**The psychological needs of healthcare staff as a result of the Coronavirus pandemic.** (2020)

British Psychological Society Covid19 Staff Wellbeing Group

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e0f60cdad2c5639d3610e33438c85a16)

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of all healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time, and what people may need to recovery psychologically from this.

#### COVID Trauma Response Working Group

**Guidance for planners of the psychosocial response to stress experienced by hospital staff associated with COVID: Early Interventions.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e71f26fe3ac68637b4e4796f1cde100b)

The following guidance represents a consensus of trauma clinicians and researchers. The guidance is collated from research, best practice guidelines and expert clinical opinion. This guidance is not an exhaustive list of recommendations but is intended to inform planners, managers and team leaders of the organisational and psychological processes which are likely to be helpful, or unhelpful, in supporting staff during the early stages of the response to COVID.

#### Department of Health and Social Care (DHSC)

**Terrorism attacks: mental health check and treatment.** (2016)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5d65febf5e0d69ae7036f63c35c73db4)

The NHS mental health screening and treatment programme, for those affected by the terrorist attacks in Tunisia, Paris and Brussels, has now closed. However, we want to make sure that everybody whose health may be suffering as a result of a terror attack gets the NHS treatment and support that they need. This includes people who were affected by the attack in Nice. There are mental health treatments available through the NHS to help people deal with the effects of very distressing events. This web page has links to related content: Terrorist attacks in Tunisia: support for people affected; Terrorist attack in Nice: support for people affected; Lorry attack in Berlin: support for people affected.

**Health and wellbeing of the adult social care workforce.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3cf5f413e76d9f9c953e8f46df9be804)

This guidance includes tips, advice and toolkits that employers and managers can use to help build the resilience of their team and address any concerns their staff may have. There is also a section that provides guidance on how all those working in social care can manage their personal mental health in the current circumstances. It is crucial that all those providing care and support; both employers and employees, take some time to think about their own colleagues, residents and family’s health, safety and wellbeing now more than ever before. The resources included below will help to put in place solid foundations that can be built on in the future, beyond COVID-19.

#### National Institute for Health and Care Excellence (NICE)

**Post-traumatic stress disorder. NICE guideline [NG116].** (2018)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=286cc5e8d9a93ae04ca3b6e48d0d8943)

This guideline covers recognising, assessing and treating post-traumatic stress disorder (PTSD) in children, young people and adults. It aims to improve quality of life by reducing symptoms of PTSD such as anxiety, sleep problems and difficulties with concentration. Recommendations also aim to raise awareness of the condition and improve coordination of care. [See disaster planning.]

#### The King's Fund

**Responding to stress experienced by hospital staff working with Covid-19: guidance for planning early interventions.** (2020)

COVID Trauma Response Working Group Rapid Guidance

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3f81001c07c026d478965695a322c8ce)

The King’s Fund have developed an excellent summary of the COVID Trauma Response Working Group guidance, which you can download here.

#### World Health Organization (WHO)

**Mental health and psychosocial considerations during the COVID-19 outbreak.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c71f18df87f83eef336ef433a9823df0)

WHO and public health authorities around the world are acting to contain the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

## B. Synopses or Summaries

#### Asian Journal of Psychiatry

**COVID-19 and mental health: A review of the existing literature.** (2020)

Ravi Philip Rajkumar

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7d2af295b1b6f8e827aa357d5e4c3ce2)

The COVID-19 pandemic is a major health crisis affecting several nations, with over 720,000 cases and 33,000 confirmed deaths reported to date. Such widespread outbreaks are associated with adverse mental health consequences. Keeping this in mind, existing literature on the COVID-19 outbreak pertinent to mental health was retrieved via a literature search of the PubMed database. Published articles were classified according to their overall themes and summarized. Preliminary evidence suggests that symptoms of anxiety and depression (16–28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic, and may be associated with disturbed sleep. A number of individual and structural variables moderate this risk. In planning services for such populations, both the needs of the concerned people and the necessary preventive guidelines must be taken into account. The available literature has emerged from only a few of the affected countries, and may not reflect the experience of persons living in other parts of the world. In conclusion, subsyndromal mental health problems are a common response to the COVID-19 pandemic. There is a need for more representative research from other affected countries, particularly in vulnerable populations. Keywords: COVID-19, Anxiety, Depression, Stress, Public health

#### BMJ

**Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis.** (2020)

Steve Kisely

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=01058c5304ac7d7d60706596bd05c680)

Objective To examine the psychological effects on clinicians of working to manage novel viral outbreaks, and successful measures to manage stress and psychological distress. Design Rapid review and meta-analysis. Data sources Cochrane Central Register of Controlled Trials, PubMed/Medline, PsycInfo, Scopus, Web of Science, Embase, and Google Scholar, searched up to late March 2020. Eligibility criteria for study selection Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting, irrespective of any comparison with other clinicians or the general population. Results 59 papers met the inclusion criteria: 37 were of severe acute respiratory syndrome (SARS), eight of coronavirus disease 2019 (covid-19), seven of Middle East respiratory syndrome (MERS), three each of Ebola virus disease and influenza A virus subtype H1N1, and one of influenza A virus subtype H7N9. Of the 38 studies that compared psychological outcomes of healthcare workers in direct contact with affected patients, 25 contained data that could be combined in a pairwise meta-analysis comparing healthcare workers at high and low risk of exposure. Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress (odds ratio 1.71, 95% confidence interval 1.28 to 2.29) and psychological distress (1.74, 1.50 to 2.03), with similar results for continuous outcomes. These findings were the same as in the other studies not included in the meta-analysis. Risk factors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity. Conclusions Effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak.

#### Centre for Mental Health

**Covid-19 and the nation’s mental health: Forecasting needs and risks in the UK: May 2020.** (2020)

Graham Durcan, Nick O.'Shea and Louis Allwood

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=72b439fd95da53bc634fdbec2d542123)

This briefing seeks to use evidence from existing research about the likely impact of the Covid-19 pandemic on the mental health of the UK population. It draws on published evidence to make projections about the potential impacts and which groups within the population face the highest risks to their mental health as a result of the crisis.

#### European Centre for Disease Prevention and Control (ECDC)

**A literature review on community and institutional emergency preparedness synergies.** (2017)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=55c634207e585928e87f0c9846bed41d)

This literature review identifies enablers and barriers to community and institutional synergies in preparedness. The main themes identified relating to barriers and enablers were context, infrastructure and process. Important factors identified included the trust communities place in institutions and technical experts,as well as the existing relationships between community groups. Another finding was that emergency preparedness initiatives can be incorporated into already embedded networks and practices, which is shown to be more effective than trying to create new ones, using the lever of trust to enhance success. Moreover, it was found that community ownership should be the ultimate aim in engagement techniques, with all community members acknowledging they have arole to play in emergency preparedness. The literature indicates that groups who are vulnerable (for a variety of reasons) will need particular attention when engaging in emergency preparedness to ensure they gain information in the most impactful way, and their voices are heard and responded to.

#### Hertfordshire Public Health

**Lessons from Grenfell.** (2018)

John Green

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=052b4f1378bcaf72bc86ede0d204dd59)

Summary of events after the fire by John Green, Clinical Director NHS Grenfell Tower Response, Chief Psychologist, IAPT Clinical Director.

#### House of Commons Library

**Mental Health Awareness Week: The impact of coronavirus on health and social care workers.** (2020)

Melissa Macdonald

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fdf1a8923913131444aefc95fcad79f6)

This is a fast-moving issue and should be read as correct at the date of publication (18.05.20). The Covid-19 pandemic has focused attention on the pressures faced by frontline health and social care workers. This Insight considers the impact of the pandemic on the mental health of health and social care staff, and what measures have been put in place to support them.

#### Journal European Journal of Psychotraumatology

**Screening for consequences of trauma – an update on the global collaboration on traumatic stress.** (2020)

Olff, M. et al.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7b5d6cac7f9e8a067fc22f9a5eed7249)

This letter provides an update on the activities of “The Global Collaboration on Traumatic Stress” (GC-TS) as first described by Schnyder et al. in 2017. It presents in further detail the projects of the first theme, in particular the development of and initial data on the Global Psychotrauma Screen (GPS), a brief instrument designed to screen for the wide range of potential outcomes of trauma. English language data and ongoing studies in several languages provide a first indication that the GPS is a feasible, reliable and valid tool, a tool that may be very useful in the current pandemic of the coronavirus disease 2019 (COVID-19). Further multi-language and cross-cultural validation is needed. Since the start of the GC-TS, new themes have been introduced to focus on in the coming years: a) Forcibly displaced persons, b) Global prevalence of stress and trauma related disorders, c) Socio-emotional development across cultures, and d) Collaborating to make traumatic stress research data “FAIR”. The most recent theme added is that of Global crises, currently focusing on COVID-19-related projects. KEYWORDS: Psychotrauma, screening, childhood abuse, global mental health, questionnaire

#### Lancet

**The psychological impact of quarantine and how to reduce it: rapid review of the evidence.** (2020)

Samantha K. Brooks, PhD Rebecca K. Webster, PhD Louise E. Smith, et al.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=00d43f19536451f360aa37001e6e36ab)

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable.

#### Mental Health Foundation (MHF)

**Tackling social inequalities to reduce mental health problems: how everyone can flourish equally.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fbaf3fb48700ed6d3083beab8ac0dbbc)

This report describes the extent of inequalities that contribute to poor mental health in the UK today. It explains how certain circumstances interact with our individual risk and discusses communities that are facing vulnerabilities. It makes a clearly evidenced case for why addressing inequalities can help to reduce the prevalence of mental health problems and makes a strong call for cross-sectoral action on mental health. The report concludes with proposed actions to address mental health inequalities.

**The COVID-19 pandemic, financial inequality and mental health: A briefing from the Coronavirus 'Mental Health in the Pandemic' study.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e7d0129c63336f6b21c2002fc5efccb2)

The distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health. This briefing discusses the mental health effects of these financial inequalities in the context of the COVID-19 pandemic. It draws evidence from the “Coronavirus: Mental Health in the Pandemic” research – a UK-wide, long-term study of how the pandemic is affecting people’s mental health. The study is led by the Mental Health Foundation, in collaboration with the University of Cambridge, Swansea University, the University of Strathclyde and Queen’s University Belfast.

#### NHS Grenfell Health & Wellbeing Service

**Trauma Therapies for Grenfell Survivors.** (2018)

Jai Shree Adhyaru

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=90f558f03c17c54f986f6d35c2414755)

The Grenfell Towerblock fire was a traumatic event, “an event that involves actual or threatened death or serious injury; a threat to the physical health of self or others in which the person felt frightened, horrified, and helpless” (Regel & Joseph, 2010) Resulting in PTSD when: Symptoms persists for at least four weeks; Onset normally within six months of event; “Enduring personality change after catastrophic experience”; Idea of “Shattered Assumptions”

#### National Institute for Health Research (NIHR)

**The potential impact of COVID-19 on mental health outcomes and the implications for service solutions.** (2020)

Nobles, J., Martin, F., Dawson, S., Moran, P. and Savovic, J.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ad755455da3cf1cfc6b1e60af75ba104)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fee305dc57e24d246bb9f9656b45ba3a)

An evidence review of how infectious disease outbreaks – requiring community or population-level quarantine and / or social isolation – affect the prevalence of mental health conditions within the general population and healthcare workers, and the community and population-level approaches to prevent and address mental health conditions following such outbreaks. In the context of infectious disease outbreaks requiring community or population-level quarantine and / or social isolation, the researchers aimed to answer the following: What is the impact of such outbreaks on the prevalence of mental health conditions within the general population and across healthcare workers? What community and population-level approaches have been taken to prevent and address the increased levels of mental health conditions following such outbreaks?

#### Royal Borough of Kensington and Chelsea

**Lessons for the Grenfell Tower Fire Disaster Recovery: Learning from previous disasters.** (2018)

Jason Strelitz & Tammy Macey

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=dc4baf64f075cddb4d1b9092b6877a83)

This paper is part of A Journey of Community Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Fire Disaster; a public health led needs assessment.

**JSNA: Journey of Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster.** (2018)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a6e7114964815614822e8a5d723d3b2e)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6bcf0d0c72de387498aa4fa2e038ec75)

The fire at Grenfell Tower on June 14, 2017 had a devastating impact on many people. 72 people lost their lives, and many others experienced trauma, loss and displacement. The past year has seen a large-scale response from a wide range of organisations: local and central government, the NHS, voluntary and community organisations, schools, and the community itself. This response has focused primarily on rehousing survivors, meeting health and wellbeing needs, and memorialisation. There has also been a focus on justice and accountability through the ongoing work of the Grenfell Tower Inquiry and the criminal investigation. This report focuses on the impact of the fire.

#### The Mental Elf

**COVID trauma response: pandemics require trauma-informed mental health support.** (2020)

Sarah Steeg

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a94971a4126af7c59fdbf322aadbccb6)

What guidance is there for managing mental health during the COVID-19 pandemic? A group of trauma experts co-ordinated by University College London is gathering resources for co-ordinating psychosocial support through the crisis. The site draws together evidence from external sources and new guidance produced by the working group, and is being expanded regularly as a rapid response to the pandemic. This blog is based on the guidance that was produced by the COVID Trauma Response Working Group up to 10th April 2020. Currently there is specific guidance for: hospital staff involved in COVID-19 emergency care, patients suffering from COVID-19, those in quarantine, and community volunteers.

## C. Systematic Reviews

#### Canadian Journal of Psychiatry

**Identifying Trajectories and Predictors of Response to Psychotherapy for Post-Traumatic Stress Disorder in Adults: A Systematic Review of Literature** (2020)

Dewar M., Paradis A., Fortin C.A.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8cdd6041816cf2043c51d1e12012d6af)

Objective: There exists considerable individual variability in the development and progression of pathological stress reactions after experiencing trauma, as well as in individuals' response to psychological interventions. Yet until recently, such individual differences had not been considered when evaluating the efficacy of therapeutic interventions for post-traumatic stress disorder (PTSD). This systematic review aims to examine the emerging literature on this subject and, specifically, to identify trajectories and predictors of psychotherapeutic response in adults with PTSD. <br/>Method(s): Four databases were searched using specific keywords without date or language restrictions. For each study, independent reviewers systematically evaluated whether it met eligibility criteria and assessed risk of bias. For included studies, reviewers completed data extraction using standard formats. Those examining how subgroups of adults respond to therapy for clinical PTSD using trajectory modeling were deemed eligible. Demographic, PTSD, clinical, and trauma-related factors associated to particular trajectories were also examined. <br/>Result(s): Of the 1,727 papers identified, 11 were included in this analysis. Of these studies, six focused on military-related traumas and five on civilian ones. Although studies found between two and five trajectories, most supported a three-trajectory model of response categorized as responders, nonresponders, and subclinical participants. Over 22 predictors of treatment trajectories were examined. Comorbid depression, anxiety, and alcohol abuse were the strongest predictors of poor therapeutic response. Age, combat exposure, social support, and hyperarousal were moderate predictors. <br/>Conclusion(s): This review provides valuable insight into the treatment of PTSD, as it supports the heterogeneous trajectories of psychotherapeutic responses and provides avenues for the development of interventions that consider individual-level factors in treatment response.<br/>Copyright © The Author(s) 2019.

#### Journal of Psychosomatic Research

**Interventions for Posttraumatic Stress Disorder Symptoms Induced by Medical Events: A Systematic Review** (2020)

Haerizadeh M., Sumner J., Birk J.L., Shapiro P., Gonzalez C., Kronish I.M., Heyman-Kantor R., Gershengoren L., Edmondson D.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5b9fd94b43a17d95bcc01f0dfa5cb378)

Objective: Medical events such as myocardial infarction and cancer diagnosis can induce symptoms of posttraumatic stress disorder (PTSD). The optimal treatment of PTSD symptoms in this context is unknown. Methods: A literature search of 6 biomedical electronic databases was conducted from database inception to November 2018. Studies were eligible if they used a randomized design and evaluated the effect of treatments on medical event-induced PTSD symptoms in adults. A random effects model was used to pool data when two or more comparable studies were available. Results: Six trials met full inclusion criteria. Studies ranged in size from 21 to 81 patients, and included patients with PTSD induced by cardiac events, cancer, HIV, multiple sclerosis, and stem cell transplantation. All trials assessed psychological interventions. Two trials comparing a form of exposure-based cognitive behavioral therapy (CBT) with assessment-only control found that CBT resulted in lower PTSD symptoms [Hedges's g = -0.47, (95% CI -0.82 - -0.12), p = .009]. A third trial compared imaginal exposure (another form of exposure-based CBT) with an attention control and found a trend toward reduced PTSD symptoms. Three trials compared eye movement desensitization and reprocessing (EMDR) with active psychological treatments (imaginal exposure, conventional CBT, and relaxation therapy), and found that EMDR was more effective. Conclusion: CBT and EMDR may be promising approaches to reducing PTSD symptoms due to medical events. However, additional trials are needed in this patient population. Keywords: Cognitive behavioral therapy; Eye-movement desensitization and reprocessing; Medical event-induced PTSD; Posttraumatic stress disorder; Psychotherapy; Treatment.

#### Medrixiv

**Long-term clinical outcomes in survivors of coronavirus outbreaks after hospitalisation or ICU admission: A systematic review and meta-analysis of follow-up studies.** (2020)

Hassaan Ahmed, Kajal Patel, Darren Greenwood, Stephen Halpin, Penny Lewthwaite, Abayomi Salawu, Lorna Eyre, Andrew Breen, Rory O.'Connor, Anthony Jones, Manoj Sivan

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eed63c7651da5a93aa3bfbf87e2f7b6b)

Objective: To determine the long-term clinical problems in adult survivors of coronavirus (CoV) infection [Coronavirus disease 2019 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)] after hospitalisation or Intensive Care Unit (ICU) admission. Design: Systematic review and meta-analysis of the literature. Data sources: Ovid MEDLINE, EMBASE, CINAHL Plus and PsycINFO were searched using the strategy: (Coronavirus OR Coronavirus Infections OR COVID OR SARS virus OR Severe acute respiratory syndrome OR MERS OR Middle east respiratory syndrome) AND (Follow-up OR Follow-up studies OR Prevalence). Original studies reporting the clinical outcomes of adult survivors of coronavirus outbreaks two months after discharge or three months after admission were included. The quality of the studies was assessed using the Oxford Centre for Evidence-Based Medicine (OCEBM) 2009 Level of Evidence Tool. Meta-analysis was conducted to derive pooled estimates of prevalence and severity for different outcomes at time points up to 6 months follow-up and beyond 6 months follow-up. Results: The search yielded 1169 studies of which 28 were included in this review. There were 15 Level 1b, 8 Level 2b, 2 Level 3b and 3 Level 4 studies by OCEBM grading. Pooled analysis of studies revealed that complications commonly observed were impaired diffusing capacity for carbon monoxide (DLCO) [prevalence of 27.26%, 95% CI 14.87 to 44.57] and reduced exercise capacity [(6-minute walking distance (6MWD) mean 461m, 95% CI 449.66 to 472.71] at 6 months with limited improvement beyond 6 months. Coronavirus survivors had considerable prevalence of psychological disorders such as post-traumatic stress disorder (PTSD) [38.80%, CI 30.93 to 47.31], depression [33.20%, CI 19.80 to 50.02] and anxiety [30.04%, CI 10.44 to 61.26) beyond 6 months. These complications were accompanied by low Short Form 36 (SF-36) scores at 6 months and beyond indicating reduced quality of life which is present long-term. Conclusions: The long term clinical problems in survivors of CoV infections (SARS and MERS) after hospitalisation or Intensive Care Unit (ICU) admission include respiratory dysfunction, reduced exercise capacity, psychological problems such as PTSD, depression and anxiety, and reduced quality of life. Critical care, rehabilitation and mental health services should anticipate a high prevalence of these problems following COVID-19 and ensure their adequate and timely management with the aim of restoring premorbid quality of life.

## D. Institutional Publications

#### House of Commons

**NHS and Social Services: Coronavirus: Written question - 43098.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b92fe566127e40795bc822372806a230)

NHS and Social Services: Coronavirus 43098. To ask the Secretary of State for Health and Social Care, what psychological support his Department is offering to (a) NHS and (b) social services (i) staff and (ii) volunteers during the covid-19 outbreak. Answered by: Helen Whately: The Department has commissioned NHS England to develop a comprehensive emotional, psychological and practical support package for National Health Service staff during and following the COVID-19 response. This currently includes free access to well-being apps, a dedicated support helpline and text service, and a separate helpline offering bereavement support. The Department is working with partners to extend both helplines to the social care workforce and will also be introducing an app and website aimed at providing timely information for the adult social care workforce. NHS and social care organisations are continuing to support the psychological welfare of their volunteer staff, in line with the latest health, safety and wellbeing guidance.

#### Imperial College PCPH

**After Grenfell: Current Challenges and Opportunities – A GP’s perspective.** (2018)

PAQUITA DE ZULUETA

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=db67e9775be95c8631cb3821fefb80e0)

Slides from the GP Lead, NHS Grenfell Outreach Team, Imperial College PCPH Department. Includes section on: Grenfell Health & Wellbeing Service: The evolving service model.

#### Institute for Public Policy Research (IPPR)

**Care fit for carers: Ensuring the safety and welfare of NHS and social care workers during and after COVID-19.** (2020)

Chris Thomas, Harry Quilter-Pinner

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e5f4f2559ffad9ffc089caa32557a175)

This report provides new evidence on the experience of the healthcare workforce during Covid-19 to date – from IPPR/YouGov polling of healthcare workers and the general public; an IPPR consultation; and from literature review. It shows that without further bold action in the days, weeks and months to come by the UK government and NHS England (and the NHS in the rest of the UK) the country’s healthcare workforce will face significant health, mental health and welfare challenges. Already we have found the following.• One in two workers across the UK feel their mental health has declined in the last eight weeks. One in two have also experienced detriment to their family’s safety.• 42 per cent of healthcare professions across the UK say government has not done enough to support their mental health, and 60 per cent feel rectifying this is a key priority going forward.• Almost three-quarters of health workers across the UK say government had not done enough to protect their health, through prevention and priority testing.

#### Lancet Psychiatry

**Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science.** (2020)

Prof Emily A. Holmes, PhD \* Prof Rory C. O'Connor, PhD \* Prof V. Hugh Perry, PHD, et al.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=58e90e1bb457867d51ca0cd9887679d3)

The coronavirus disease 2019 (COVID-19) pandemic is having a profound effect on all aspects of society, including mental health and physical health. We explore the psychological, social, and neuroscientific effects of COVID-19 and set out the immediate priorities and longer-term strategies for mental health science research. These priorities were informed by surveys of the public and an expert panel convened by the UK Academy of Medical Sciences and the mental health research charity, MQ: Transforming Mental Health, in the first weeks of the pandemic in the UK in March, 2020. We urge UK research funding agencies to work with researchers, people with lived experience, and others to establish a high level coordination group to ensure that these research priorities are addressed, and to allow new ones to be identified over time. The need to maintain high-quality research standards is imperative. International collaboration and a global perspective will be beneficial. An immediate priority is collecting high-quality data on the mental health effects of the COVID-19 pandemic across the whole population and vulnerable groups, and on brain function, cognition, and mental health of patients with COVID-19. There is an urgent need for research to address how mental health consequences for vulnerable groups can be mitigated under pandemic conditions, and on the impact of repeated media consumption and health messaging around COVID-19. Discovery, evaluation, and refinement of mechanistically driven interventions to address the psychological, social, and neuroscientific aspects of the pandemic are required. Rising to this challenge will require integration across disciplines and sectors, and should be done together with people with lived experience. New funding will be required to meet these priorities, and it can be efficiently leveraged by the UK's world-leading infrastructure. This Position Paper provides a strategy that may be both adapted for, and integrated with, research efforts in other countries.

#### Mental Health Foundation (MHF)

**The impact of traumatic events on mental health.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=09eeeb8667a63643844fd671fa90dbc6)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=50198fc80b09848ea7f27d0243bc0d18)

Information on what happens when you experience a traumatic event.

#### NHS England

**Coping with stress following a major incident.** (2018)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=105bbecaf835f411c54a34b6ba6f90e3)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=48ff55afd7429ed5a0efbedd5caaaeb5)

This leaflet has been produced in the light of the Grenfell Tower fire. It is for those who have been involved in, or affected by, a traumatic incident. It provides information on how you may expect to feel in the days and months ahead, and to help you understand and have more control over your experience.

#### NHS England & NHS Improvement

**Bereavement support during COVID-19.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=298aeeeac5df1d8303c1ad03cbaa59bf)

NHS England and NHS Improvement have put together a suite of resources that aim to help you access support during what will be a difficult time for our staff, given the restrictions and changes to normal grieving patterns and processes for staff who come from diverse backgrounds. This guide includes resources to support you personally during a bereavement and resources that will help you as a line manager feel better equipped to support your staff, noting the cultural diversity of our workforce.

#### Nursing Times

**Exclusive: Nursing Times survey reveals negative impact of Covid-19 on nurse mental health.** (2020)

Steve Ford

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=41d529ce771f04b2b0ba7b46c8c9b4b5)

The survey of 3,500 nurses provides a snapshot of the current state of nurse mental health during the coronavirus pandemic, indicating that it is having a hugely negative impact on the wellbeing of many health and social care staff.

#### Royal College of Psychiatrists (RCPsych)

**Coping after a traumatic event.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aaef2854c9ff3a932250bd55ba82b7e9)

The content in this resource is provided for general information only. A traumatic event occurs when a person is in a situation where there is a risk of harm or danger to themselves or other people. Situations like this are usually frightening or cause a lot of stress. In such situations, people feel helpless.

#### Scottish Government

**Unique support for health and social care.** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eee85b7daa4b2769669877602b1d955a)

New resources for staff, carers, volunteers and their families. Organisations from across Scotland have worked together to create a new platform to help health and social care workers and carers look after their physical and mental health. A new national digital wellbeing hub will enable staff, carers, volunteers and their families to access relevant support when they need it, and provides a range of self-care and wellbeing resources designed to aid resilience as the whole workforce responds to the impact of coronavirus (COVID-19).

## E. Original Research

1. **Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic.**  
   Cristina Sophia Albott Anesthesia and Analgesia 2020;:-.

The outbreak of the coronavirus disease 2019 (COVID-19) and its rapid global spread have created unprecedented challenges to health care systems. Significant and sustained efforts have focused on mobilization of personal protective equipment, intensive care beds, and medical equipment, while substantially less attention has focused on preserving the psychological health of the medical workforce tasked with addressing the challenges of the pandemic. And yet, similar to battlefield conditions, health care workers are being confronted with ongoing uncertainty about resources, capacities, and risks; as well as exposure to suffering, death, and threats to their own safety. These conditions are engendering high levels of fear and anxiety in the shortterm, and place individuals at risk for persistent stressexposure syndromes, subclinical mental health symptoms, and professional burnout in the longterm. Given the potentially wide-ranging mental health impact of COVID-19, protecting health care workers from adverse psychological effects of the pandemic is critical. Therefore, we present an overview of the potential psychological stress responses to the COVID-19 crisis in medical providers and describe preemptive resilience-promoting strategies at the organizational and personal level. We then describe a rapidly deployable Psychological Resilience Intervention founded on a peersupport model (Battle Buddies) developed by the United States Army. This intervention—the product of a multidisciplinary collaboration between the Departments of Anesthesiology and Psychiatry & Behavioral Sciences at the University of Minnesota Medical Center—also incorporates evidence-informed “stress inoculation” methods developed for managing psychological stress exposure in providers deployed to disasters. Our multilevel, resource-efficient, and scalable approach places 2 key tools directly in the hands of providers: (1) apeersupport Battle Buddy; and (2) adesignated mental health consultant who can facilitate training in stress inoculation methods, provide additional support, or coordinate referral for external professional consultation. In parallel, we have instituted a voluntary research data-collection component that will enable us to evaluate the intervention’s effectiveness while also identifying the most salient resilience factors for future iterations. It is our hope that these elements will provide guidance to other organizations seeking to protect the well-being of their medical workforce during the pandemic. Given the remarkable adaptability of human beings, we believe that, by promoting resilience, our diverse health care workforce can emerge from this monumental challenge with new skills, closer relationships, and greater confidence in the power of community.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=439d156e837d9b3d31d66761e7f420f6)

1. **Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019.**  
   Jianbo Lai Jama Network Open 2020;3(3):e203976.

Key Points Question What factors are associated with mental health outcomes among health care workers in China who are treating patients with coronavirus disease 2019 (COVID-19)? Findings In this cross-sectional study of 1257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19. Meaning These findings suggest that, among Chinese health care workers exposed to COVID-19, women, nurses, those in Wuhan, and front-line health care workers have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=198125be04a4c8cd6155adc5441bea84)

1. **Factors associated with PTSD and partial PTSD among first responders following the Paris terror attacks in November 2015**  
   Motreff Y. Journal of Psychiatric Research 2020;121:143-150.

During the evening of 13 November 2015, the deadliest terror attacks in France in recent times occurred in the Paris area. Overall, 130 people were killed, 643 were physically injured and several thousands were psychologically impacted. Thousands of first responders, including health professionals, firefighters, affiliated volunteers and police officers were mobilized that night and during the subsequent weeks. The aims of our study were to measure the psychological impact on first responders in terms of post-traumatic stress disorder (PTSD) and partial PTSD as well as associated factors 12 months after the 13 November 2015 terrorist attacks. First responders who had intervened during the night and/or the aftermath of the terror attacks had the possibility of answering a web-based study 8-12 months after the attacks. They satisfied criterion A of the DSM 5 definition of PTSD. PTSD and partial PTSD were measured using the PCL-5. Gender, age, educational level, exposure, first responder category, mental health and traumatic event history, training and social support were all analysed as potential factors associated with PTSD and partial PTSD, using multinomial logistic regression. Overall, 663 participants were included in this analysis. Prevalence of PTSD in our sample went from 3.4% among firefighters to 9.5% among police officers and prevalence of partial PTSD from 10.4% among health professionals to 23.2% among police officers. Low educational level and social isolation were associated with PTSD and partial PTSD. Intervention on unsecured crime scenes and lack of training were associated with PTSD. Special attention should be given to first responders living in social isolation, those with low educational levels and those who intervene in unsecured crime scenes. Education and training about the potential mental health consequences of mass trauma intervention should be developed.<br/>Copyright &#xa9; 2019 The Authors

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f0e7333e20c64d258f0c7ee33c756ace)

1. **Mental health outcomes among front and second line health workers associated with the COVID-19 pandemic in Italy.**  
   Rodolfo Rossi Medrxiv 2020;:-.

In this study, we report on mental health outcomes among health workers (HWs) involved with the COVID-19 pandemic in Italy. Data on mental health on 1379 HWs were collected between March 27th and March 31th 2020 using an on-line questionnaire spread throughout social networks, using a snowball technique along with sponsored social network advertisement. Key mental health outcomes were Post-Traumatic Stress Disorder symptoms (PTSD), severe depression, anxiety, insomnia and perceived stress. PTSD symptoms, severe depression, anxiety and insomnia, and high perceived stress were endorsed respectively by 681 (49.38%), 341 (24.73%), 273 (19.80%), 114 (8.27%) and 302 (21.90%) respondents. Regression analysis show that younger age, female gender, being a front-line HWs, having a colleague deceased, hospitalised or in quarantine were associated with poor mental health outcomes. This is the first report on mental health outcomes and associated risk factors among HWs associated with the COVID-19 pandemic in Italy, confirming a substantial proportion of health workers involved with the COVID-19 pandemic having mental health issues, in particular young women, first-line HWs.

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1. **Prevalence and correlates of PTSD and depressive symptoms one month after the outbreak of the COVID-19 epidemic in a sample of home-quarantined Chinese university students**  
   Tang W. Journal of affective disorders 2020;:No page numbers.

Background: : When COVID-19 emerged in China in late 2019, most citizens were home-quarantined to prevent the spread of the virus. This study explored the prevalence of post-traumatic stress disorder (PTSD) and depression in a sample of home-quarantined college students to identify the psychological distress risk factors. <br/>Method(s): : The PTSD and depressive symptoms in the 2485 participants from 6 universities were investigated using online survey versions of the PTSD Checklist Civilian Version and the 9-question Patient Health Questionnaires (PHQ-9), and data on sleep durations, exposure, home-quarantine time and socio-demographic variables were also collected. <br/>Result(s): : The PTSD and depression prevalence were found to be 2.7% and 9.0%. Subjectively, feeling extreme fear was the most significant risk factor for psychological distress, followed by short sleep durations, being in their graduating year (4th year) and living in severely afflicted areas. Sleep durations was a mediator between exposures and mental health problems. <br/>Conclusion(s): : The results suggested that the psychological consequences of the COVID-19 could be serious. Psychological interventions that reduce fear and improve sleep durations need to be made available to the home-quarantined university students, and graduating students and those in the worst-hit areas should be given priority focus.<br/>Copyright &#xa9; 2020 Elsevier B.V. All rights reserved.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=dfa78ba977be2678a5d3b47f31520743)

1. **Traumatic Stress in the Age of COVID-19: A Call to Close Critical Gaps and Adapt to New Realities.**  
   Danny Horesh Psychological Trauma 2020;12(4):331-335.

The issue: Coronavirus-19 (COVID-19) is transforming every aspect of our lives. Identified in late 2019, COVID-19 quickly became characterized as a global pandemic by March of 2020. Given the rapid acceleration of transmission, and the lack of preparedness to prevent and treat this virus, the negative impacts of COVID-19 are rippling through every facet of society. Although large numbers of people throughout the world will show resilience to the profound loss, stress, and fear associated with COVID-19, the virus will likely exacerbate existing mental health disorders and contribute to the onset of new stress-related disorders for many. Recommendations: The field of traumatic stress should address the serious needs that will emerge now and well into the future. However, we propose that these efforts may be limited, in part, by ongoing gaps that exist within our research and clinical care. In particular, we suggest that COVID-19 requires us to prioritize and mobilize as a research and clinical community around several key areas: (a) diagnostics, (b) prevention, (c) public outreach and communication, (d) working with medical staff and mainstreaming into nonmental health services, and (e) COVID-19-specific trauma research. As members of our community begin to rapidly develop and test interventions for COVID-19-related distress, we hope that those in positions of leadership in the field of traumatic stress consider limits of our current approaches, and invest the intellectual and financial resources urgently needed in order to innovate, forge partnerships, and develop the technologies to support those in greatest need. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=668d35e21062b5f04af3ab67067421a8)

1. **Health outcomes of the July 14, 2016 Nice terror attack among hospital-based professionals and students: the « ECHOS de Nice » health survey protocol.**  
   Bentz Laurence BMC public health 2019;19(1):1163.

BACKGROUNDThe terror attack of July 14, 2016, in Nice, France, resulted in 86 deaths, including children, and several hundred wounded, with a major psychological impact on the population. Hospital staff had to cope with exceptional circumstances which made them vulnerable to detrimental effects on their own health. This paper describes the method that was selected for the survey entitled "ECHOS de Nice 14 Juillet" which aimed to assess the impact of the attack on the psychological, psycho-traumatic and somatic health condition of the Nice University and Lenval hospital staff who were directly or indirectly exposed to the attack, and also to describe the support and care facilities they were offered.METHODECHOS de Nice 14 juillet is an observational, cross-sectional, multicentre study focusing on all the hospital staff and students of both institutions, i.e. 10,100 persons in June 2017. A web-based questionnaire based on the model developed by Santé Publique France (IMPACTS and ESPA 13 novembre 2015) was adapted to the contexts of the healthcare professionals and students employed in these healthcare institutions in Nice and published on line from June 21 to October 30, 2017. The paper describes the tools that were used to meet the aims of the study, i.e. identification of exposure categories ('civilian' exposure for those present during the attack and/or 'professional' exposure); indicators of psychological impact (anxiety, depression, burnout, compassion fatigue, suicidal states, tobacco and alcohol use, self-medications), psycho-traumatic and somatic impact; professional and social impact. Lastly, awareness of availability and use of psychological support and care-follow-up facilities by professionals were investigated. Respondents could include extensive qualitative comments on the various themes explored in the questionnaire, with text analysis complementing that of quantitative data.DISCUSSIONThe benefits and limitations of the selected methodology are discussed, in view of contributing useful information to help anticipate and manage health issues among hospital staff who have been victims of traumatic events.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=260fe1d2f5027cd2f6c3e938de090847)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=abcc389b82646d39ea003f37a9f47038)

1. **Post-disaster mental health and psychosocial support in the areas affected by the Great East Japan Earthquake: a qualitative study.**  
   Moe Seto BMC Psychiatry 2019;:-.

Background Few studies exploring the actual practices implemented for long-term mental health and psychosocial support after a natural disaster have been published. This study aimed to reveal (1) the types of activities that were actually provided as mental health and psychosocial support (MHPSS) in the long-term phase after the Great East Japan Earthquake (GEJE) and (2) the problems that must be addressed to provide post-disaster MHPSS activities. Methods An open-ended questionnaire was sent to organizations in the Iwate, Miyagi and Fukushima prefectures that were potentially involved in providing MHPSS to communities affected by the GEJE. The organizations were asked to describe their activities and the problems that needed to be addressed to provide these support activities. The collected statements were analysed using content analysis with NVivo11. Results The support activities conducted to provide MHPSS in the long-term phase after the catastrophe were diverse and classified into 7 major categories, namely, (1) one-on-one support for individuals in need of assistance, (2) support for collective activities, (3) support around living conditions and income, (4) increasing public awareness about mental health, (5) human resource development to improve response capabilities for MHPSS, (6) support for MHPSS providers, and (7) facilitating collaborations among the MHPSS activities provided to affected communities. Problems with human resources and funding were the most frequently mentioned concerns among the organizations participating in the survey. Conclusions The establishment of systems to collect and share sufficient and relevant knowledge and to coordinate organizations for long-term post-disaster postventions would be desirable.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1b41fdb2fae7102e3bd9edf383183d51)

1. **Post-traumatic stress disorder and depression symptoms of adolescents survived from a seriously-hit area in China: A 3-year follow-up study**  
   Du N. Psychiatry Research 2019;273:288-295.

The objective of this study is to analyze the prevalence of probable PTSD and depression after earthquake and to find the risk factors. Adolescents having experienced an earthquake were recruited (n = 330) and assessed within 1 month of the trauma. Follow-up surveys were conducted 12 months, 24 months and 36 months later, respectively. Symptoms were assessed by the Children's Revised Impact of Event Scale and the Depression Self-Rating Scale for Children. Results indicate that the prevalence of probable PTSD in different stages was 42.2%, 20.1%, 30.3% and 11.2%. The corresponding rate of depression was 32.3%, 20.7%, 31.0% and 30.3%. The sub-symptoms of PTSD, intrusion and arousal, tended to decrease at the 1st year, followed by a rebound at the 2nd year, then dropping again at the 3rd year. The avoidance showed a consistent diminishing. The PTSD symptoms were significantly associated with gender and the degree of earthquake exposure. However, the gender, family relationship and despair played crucial roles in the development of depressive symptoms. Despite of the tendency of timing abatement, the prevalence of probable PTSD and depression might show rebound at the second year, which remind us a vital threshold for psychological intervention.<br/>Copyright &#xa9; 2019 Elsevier B.V.

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1. **Predictors of lower-than-expected posttraumatic symptom severity in war veterans: The influence of personality, self-reported trait resilience, and psychological flexibility**  
   Meyer Eric C. Behaviour Research and Therapy 2019;113:1-8.

Resilience following traumatic events has been studied using numerous methodologies. One approach involves quantifying lower-than-expected levels of a negative outcome following trauma exposure. Resilience research has examined personality and coping-related factors. One malleable factor is psychological flexibility, or the context-dependent ability/willingness to contact the present moment, including emotional distress, in order to engage in valued actions. Among 254 war Veterans who participated in a longitudinal study, we operationalized resilience as lower-than-expected PTSD symptoms and PTSD-related functional impairment one-year following an initial post-deployment assessment based on lifetime exposure to childhood trauma, combat trauma, and sexual trauma during military service. We evaluated the contribution of personality factors, self-reported trait resilience, and psychological flexibility, measured using the Acceptance and Action Questionnaire-II, to PTSD-related resilience after accounting for lifetime and current PTSD symptom severity and depression symptom severity. In hierarchical regression analyses, neither specific personality factors nor self-reported resilience predicted PTSD-related resilience at follow-up after accounting for PTSD and depression symptoms. In the final step, psychological flexibility predicted unique variance and was the only significant predictor of PTSD-related resilience aside from baseline PTSD symptom severity. Findings indicate that psychological flexibility is a predictor of resilience that is distinct from psychiatric symptoms, personality, and self-reported resilience. Trauma survivors may benefit from interventions that bolster psychological flexibility. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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1. **Risk factors of post-traumatic stress among survivors of the 2017 Iran earthquake: The importance of peritraumatic dissociation**  
   Nobakht H.N. Psychiatry Research 2019;271:702-707.

The aim of this study was to explore the roles of pre-earthquake characteristics (age, gender, years of education, history of childhood and recent trauma and trait dissociation), during-the-earthquake state (peritraumatic dissociation) and post-earthquake difficulties (severity of exposure to earthquake) in post-traumatic stress among survivors of the 2017 Iran earthquake. A total number of 127 individuals in Kermanshah and 103 individuals in Sarpol-e Zahab completed and returned a 105-item questionnaire. Among these, 32 (25.2%) participants in the Kermanshah sample and 80 (77.7%) participants in the Sarpol-e Zahab sample scored equal to, or more than, the cut-off score of 33 on the Impact of Event Scale - Revised and, thus, were considered as having high likelihood of having PTSD. A three-model hierarchical linear regression analysis showed that pre-earthquake characteristics, during-the-earthquake state and post-earthquake difficulties each explained a unique variance of 11.3%, 34.4% and 14.7%, respectively, and together explained a total variance of 60.4% in post-traumatic stress. Earthquake victims who report higher degrees of peritraumatic dissociation during and immediately after the earthquake are more vulnerable to develop PTSD and should be prioritized in terms of receiving psychological interventions.<br/>Copyright &#xa9; 2018 Elsevier B.V.

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1. **Psychological flexibility mitigates effects of PTSD symptoms and negative urgency on aggressive behavior in trauma-exposed veterans**  
   Dutra S.J. Personality disorders 2018;9(4):315-323.

Recent literature suggests that posttraumatic stress disorder (PTSD) symptoms can interact with personality factors to predict externalizing behaviors. Engagement in externalizing behaviors such as substance abuse and aggressive behavior may, in turn, increase risk for further trauma exposure and a more chronic course of PTSD. In order to better understand how to intervene on this cycle, the current study aimed to identify factors that could explain risk for externalizing behaviors among trauma-exposed veterans. Moreover, we aimed to identify whether psychological flexibility, a skill drawn from acceptance and commitment therapy (ACT), may mitigate risk for engagement in externalizing behavior. Results indicated that PTSD symptoms indirectly predicted externalizing behavior via negative urgency, or the propensity to act rashly in the context of distress. Moreover, psychological flexibility moderated this relationship such that negative urgency was less strongly associated with aggressive behavior at high levels of psychological flexibility. These results highlight moments of intense distress as important targets for therapeutic intervention, and psychological flexibility as a potentially important therapeutic skill for reducing externalizing behavior among trauma-exposed individuals. (PsycINFO Database Record<br/>Copyright (c) 2018 APA, all rights reserved).

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1. **The effectiveness of therapeutic and psychological intervention programs in PTC-GAZA**  
   Altawil Mohamad A. S. Journal of Child & Adolescent Trauma 2018;11(4):473-486.

The wars on Gaza (2008, 2012 & 2014) have left thousands of children and adults exposed to traumatic events (UNICEF, 2017). This study seeks to study and compare the usefulness of three different intervention programs, namely Therapeutic, Psycho-social support and Focusing. These interventions have been developed based on a holistic and integrated approach aimed at empowering resilience among Palestinian patients with Posttraumatic Stress Disorder (PTSD). PTSD was assessed through a validated scale developed by Altawil (2016). The aforementioned interventions were found to be successful: a) In the Family Therapy Programme (FTP), PTSD diagnosis reduced from 82% before intervention to 20% after intervention; b) In the Community Wellness Focusing Programme (CWF), PTSD diagnosis reduced from 97% before intervention to 19% after intervention; c) In the Psycho-Social Support Programme (SANID), PTSD diagnosis reduced from 50% before intervention to only 14% after intervention. Establishing the impact of interventions can be difficult without good tools for evaluation or assessment. Therefore, PTSD scales must consider culture, specific needs and the context of trauma exposure using both quantitative and qualitative assessment tools. Future tools should examine On-going Traumatic Stress Disorder (OTSD) so that it reflects on-going conflict and trauma in war-torn environments worldwide. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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1. **The impact of trauma exposure on the development of PTSD and psychological distress in a volunteer fire service**  
   Milligan-Saville Josie Psychiatry Research 2018;270:1110-1115.

Emergency service workers (ESWs) are at increased risk of trauma-related mental disorders. However, volunteer ESWs, who comprise the majority of firefighters in Western countries, have limited access to the necessary support services for mental health problems. This study aimed to examine the impact of the level and types of trauma exposure on the development of mental disorders in a volunteer fire service. Members of an Australian volunteer fire service (N = 459) completed a cross-sectional survey. Information on the number and types of distressing critical incidents involved within the last year was collected. Validated, self-report measures were used to determine probable post-traumatic stress disorder (PTSD) and psychological distress caseness. The risk of probable PTSD was significantly higher for those with the most frequent involvement with distressing incidents and the highest levels of cumulative trauma exposure. Being trapped in a dangerous situation or being assaulted by other people, resulted in the greatest odds of developing a mental disorder. Volunteer fire service members with the highest levels of trauma exposure and involvement with particular types of critical incidents are at elevated risk of mental health problems. The implications for the provision of psychological support measures amongst volunteer emergency services are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

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1. **The Neuropsychological Consequences of Armed Conflicts and Torture.**  
   Weisleder Pedro Current neurology and neuroscience reports 2018;18(3):9.

PURPOSE OF REVIEWAt any point in time, there are hundreds of armed conflicts throughout the world. Neuropsychological disorders are a major cause of morbidity during and after armed conflicts. Conditions such as closed and open head injuries, acute stress disorder, post-traumatic stress disorder, depression, anxiety, and psychosis are prevalent among survivors. Herein, we summarize information on the various forms of torture, the resultant neuropsychological pathology, and treatment strategies to help survivors.RECENT FINDINGSStrategies to address the needs of individuals who experienced neuropsychological trauma due to armed conflicts and torture include pharmacological and psychological interventions. The former includes antidepressant, antianxiety, and antipsychotic medications. The latter includes narrative exposure therapy and trauma-focused cognitive-behavioral therapy. Neuropsychological disorders are major causes of morbidity among survivors of armed conflicts and torture. Treatment strategies must be affordable, applicable across cultures, and deliverable by individuals who understand the victims' psychosocial and ethnic background.

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1. **Comorbidity of Posttraumatic Stress Disorder and Depression in Tortured, Treatment-Seeking Refugees**  
   Nickerson A. Journal of traumatic stress 2017;30(4):409-415.

Comorbid posttraumatic stress disorder (PTSD) and depression is common in refugee groups; however, little is known about the predictors and correlates of comorbidity in treatment-seeking refugees. Participants in this study were 134 refugees resettled in Switzerland. Most participants were from Turkey, Iran, and Sri Lanka, and 92.7% had been exposed to torture. Self-report measures were implemented to assess PTSD, depression, mental and physical health-related quality of life (QoL), as well as pre- and postmigration experiences. Findings indicated that approximately half the sample met criteria for PTSD and depression, 33.6% met criteria for depression only, and only 2.2% met criteria for PTSD only. Several variables emerged as predictors of comorbidity in contrast to no diagnosis: female gender, odds ratio (OR) = 0.17; age, OR = 0.93; time in Switzerland, OR = 1.16; and trauma exposure, OR = 1.19. Postmigration stress was also associated with greater likelihood of comorbidity compared with no diagnosis, OR = 1.32, and a single diagnosis, OR = 1.14. Further, dual diagnosis was associated with significantly poorer mental health-related and physical health-related QoL (mental health-related QoL: dual diagnosis vs. single diagnosis, d = -0.52 and dual diagnosis vs. no diagnosis, d = -1.30; physical health-related QoL: dual diagnosis vs. single diagnosis, d = -0.73 and dual diagnosis vs. no diagnosis: d = -1.04). Findings indicated that comorbidity was highly prevalent in this sample of treatment-seeking refugees and was associated with a substantial impairment burden. Psychological interventions for refugees should consider the dual impact of PTSD and depression symptoms to optimally decrease distress and improve QoL in this vulnerable group.<br/>Copyright &#xa9; 2017 International Society for Traumatic Stress Studies.

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1. **Impact of terrorism on the development of posttraumatic stress disorder (PTSD) among the residents of Khyber Bazaar and its immediate surrounding areas in Peshawar, Khyber Pakhtunkhwa, Pakistan.**  
   Abbas SA Pakistan journal of pharmaceutical sciences 2017;30(1):205-212.

This study evaluated the prevalence of posttraumatic stress disorder (PTSD) and the severity of PTSD symptoms in survivors, rescuers and witnesses of terrorist attacks on Khyber bazaar, Qissa Khawani bazaar, and All Saints Church in Peshawar city area. Cross-sectional survey is carried out on a sample of one hundred survivors, rescuers and witness of terrorist attacks using structured interviews to assess the severity of posttraumatic stress, five months after the attacks. The study period extended from January 24, 2014 to March 24, 2014 which constitutes a total of period of 8 weeks. PTSD symptoms are measured using Posttraumatic Symptom Scale Interview (PSSI) and conferred to a diagnosis of PTSD at 5 months. Additionally, the severity of PTSD symptoms were determined using PSSI scores, severity ranged from 0-51. Of the one hundred survey respondents, 88% were males and 12% were females. Forty percent (40%) had attained 10 years of education, matriculation, but irrespective of the gender or educational status, all had some degree of PTSD. Sixty-six (66%) percent respondents are diagnosed as having moderate PTSD while 11% of the sample suffered from severe PTSD level. Age, gender, occupation and education level did not have any correlation with PTSD development. The contemporary findings indicate that any person who has witnessed or survived catastrophes of terrorist activities like bomb blast or being exposed to suicide attacks is at risk for developing PTSD, and there is necessity to deliver specialized post-disaster mental health facilities to the people having substantial levels of PTSD after calamities of such great intensity.

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1. **Long-term psychological outcomes of flood survivors of hard-hit areas of the 1998 Dongting Lake flood in China: Prevalence and risk factors**  
   Dai W. PLoS ONE 2017;12(2):No page numbers.

Background Although numerous studies have indicated that exposure to natural disasters may increase survivors' risk of post-traumatic stress disorder (PTSD) and anxiety, studies focusing on the long-term psychological outcomes of flood survivors are limited. Thus, this study aimed to estimate the prevalence of PTSD and anxiety among flood survivors 17 years after the 1998 Dongting Lake flood and to identify the risk factors for PTSD and anxiety. Methods This cross-sectional study was conducted in December 2015, 17 years after the 1998 Dongting Lake flood. Survivors in hard-hit areas of the flood disaster were enrolled in this study using a stratified, systematic random sampling method. Well qualified investigators conducted face-to-face interviews with participants using the PTSD Checklist-Civilian version, the Zung Self-Rating Anxiety Scale, the Chinese version of the Social Support Rating Scale and the Revised Eysenck Personality Questionnaire-Short Scale for Chinese to assess PTSD, anxiety, social support and personality traits, respectively. Logistic regression analyses were used to identify factors associated with PTSD and anxiety. Results A total of 325 participants were recruited in this study, and the prevalence of PTSD and anxiety was 9.5% and 9.2%, respectively. Multivariable logistic regression analyses indicated that female sex, experiencing at least three flood-related stressors, having a low level of social support, and having the trait of emotional instability were risk factors for long-term adverse psychological outcomes among flood survivors after the disaster. Conclusions PTSD and anxiety were common long-term adverse psychological outcomes among flood survivors. Early and effective psychological interventions for flood survivors are needed to prevent the development of PTSD and anxiety in the long run after a flood, especially for individuals who are female, experience at least three flood-related stressors, have a low level of social support and have the trait of emotional instability.<br/>Copyright &#xa9; 2017 Dai et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

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1. **Social work in the context of an ongoing security threat: role description, personal experiences and conceptualisation.**  
   NUTTMAN-SHWARTZ Orit British Journal of Social Work 2017;47(3):903-918.

In the wake of the recent increase in acts of terror and natural disasters, research literature has begun to focus more attention on situations in which trauma workers and their clients are simultaneously exposed to the same threat. However, less attention had been paid to the role of social workers in continuous shared traumatic situations. This article presents three case descriptions of events that emerged from social workers ‘under fire’. The cases reveal that these situations oscillate from events that become routine, to events that combine extreme trauma and loss, and events that allow for the provision of assistance from broader elements of the community. The questions that emerged from the narratives call for rethinking and revision of conceptualisations of the role of social work and social work practitioners in war and emergency situations. To conclude, practical recommendations at all levels of intervention are offered.

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1. **Testing a psychological readiness training intervention on PTSD, depression, anxiety, & stress in first responders**  
   Kosor Renee D. Dissertation Abstracts International: Section B: The Sciences and Engineering 2017;78(6):No page numbers.

Exposure to traumatic events is rare for the general public but common for first responders. However, there is little proactive emotional health care occurring inside the first responder community. No preventive treatment for depression, anxiety, stress, and PTSD exists. The purpose of this study was to determine the efficacy of a psychological readiness training intervention on 361 police officers and firefighters in a medium-size Midwestern city. A combined positive psychological capital and cognitive behavior therapy approach was used to frame the study. This study used a pretest, posttest quasi-experimental design. The participants were a convenience sample of 119 volunteers from a population of 361 first responders. The participants were first administered pretests using the DASS-21 and the Civilian PTSD Self-Report Scale which measured depression, anxiety, stress, and posttraumatic stress. They were then exposed to the psychological readiness training (PRT) intervention, after which the same posttests measuring depression, anxiety, stress, and posttraumatic stress were again administered. T-test results indicated a significant decrease in all 4 symptom categories post training intervention. Implications include providing first responders with the tools needed to process traumatic events to maintain mental health throughout their careers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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1. **Early intervention for post-traumatic stress disorder, depression, and quality of life in mortuary affairs soldiers postdeployment**  
   Biggs Quinn M. Military Medicine 2016;181(11):e1553.

U.S. Army mortuary affairs (MA) soldiers experience stressors of deployment and exposure to the dead, increasing risk for post-traumatic stress and depression. This study examines Troop Education for Army Morale, a postdeployment early intervention based on Psychological First Aid. MA soldiers (N = 126) were randomized to intervention or comparison groups 1-month postdeployment. Intervention sessions were held at 2, 3, 4, and 7 months. Assessments of post-traumatic stress disorder (PTSD), depression, and quality of life (QOL) were conducted at 1, 2, 3, 4, 7, and 10 months for both groups. At baseline, 25.0% of the total sample had probable PTSD (17-item PTSD Checklist M = 35.4, SD = 16.9) and 23.6% had probable depression (9-item Patient Health Questionnaire Depression Scale M = 7.8, SD = 6.9). Over 10 months, PTSD and depression symptoms decreased and QOL improved for the total sample. At study conclusion, intervention and comparison groups were not different. Intervention group males showed a transient symptom increase at 2 to 3 months. Males attended fewer intervention sessions than females. Lower attendance was associated with more symptoms and lower QOL. Higher attendance was associated with greater intervention benefits. Findings highlight the need for better understanding postdeployment interventions and facilitating attendance. Further intervention for MA soldiers is indicated. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

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1. **Spiritually sensitive social work with victims of natural disasters and terrorism.**  
   BENSON Perry W. British Journal of Social Work 2016;46(5):1372-1393.

As a primary intervention, raising the topics of faith and religion with individuals traumatised by terrorism and/or natural disasters can be daunting for social workers, because victims often enter the helping relationship with feelings of helplessness, loss of personal control and of doubt about their relationships, environment, and their cultural and belief systems. Just as clients benefit from knowledge and awareness in the aftermath of a traumatic event, insights gleaned from traumatic experiences and from research can be useful for social workers grappling with the challenges associated with designing and deploying appropriate helping strategies with victims of disaster and terrorism. This article draws on extant literature and survey research, to explore how social workers might ethically assess clients' spiritual perspectives and incorporate helping activities that support clients' recovery, in the context of a spiritually sensitive helping relationship with victims of disaster and terrorism.

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1. **The emotional cost of distance: Geographic social network dispersion and post-traumatic stress among survivors of Hurricane Katrina**  
   Morris Katherine Ann Social Science & Medicine 2016;165:56-65.

Rationale: Social networks offer important emotional and instrumental support following natural disasters. However, displacement may geographically disperse network members, making it difficult to provide and receive support necessary for psychological recovery after trauma. Objectives: We examine the association between distance to network members and post-traumatic stress using survey data, and identify potential mechanisms underlying this association using in-depth qualitative interviews. Methods: We use longitudinal, mixed-methods data from the Resilience in Survivors of Katrina (RISK) Project to capture the long-term effects of Hurricane Katrina on low-income mothers from New Orleans. Baseline surveys occurred approximately one year before the storm and follow-up surveys and in-depth interviews were conducted five years later. We use a sequential explanatory analytic design. With logistic regression, we estimate the association of geographic network dispersion with the likelihood of post-traumatic stress. With linear regressions, we estimate the association of network dispersion with the three post-traumatic stress sub-scales. Using maximal variation sampling, we use qualitative interview data to elaborate identified statistical associations. Results: We find network dispersion is positively associated with the likelihood of post-traumatic stress, controlling for individual-level socio-demographic characteristics, exposure to hurricane-related trauma, perceived social support, and New Orleans residency. We identify two social-psychological mechanisms present in qualitative data: respondents with distant network members report a lack of deep belonging and a lack of mattering as they are unable to fulfill obligations to important distant ties. Conclusion: Results indicate the importance of physical proximity to emotionally-intimate network ties for long-term psychological recovery. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

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1. **Long-term psychological outcomes in older adults after disaster: relationships to religiosity and social support.**  
   CHERRY Katie E. Aging and Mental Health 2015;19(5):430-443.

Objectives: Natural disasters are associated with catastrophic losses, although the long-term psychological consequences for those disaster survivors are not well understood. This study examines predictors of psychological outcomes in 219 residents of disaster-affected communities in south Louisiana. Method: Current coastal residents with severe property damage from the 2005 Hurricanes Katrina and Rita, and exposure to the 2010 British Petroleum Deepwater Horizon oil spill were compared and contrasted with former coastal residents and an indirectly affected control group. Participants completed measures of storm exposure and stressors, religiosity, perceived social support, and mental health. Results: Non-organizational religiosity was a significant predictor of post-traumatic stress disorder (PTSD) in bivariate and multivariate logistic regressions. Follow-up analyses revealed that more frequent participation in non-organizational religious behaviours was associated with a heightened risk of PTSD. Low income and being a coastal fisher were significant predictors of depression symptoms in bivariate and multivariate models. Perceived social support had a protective effect for all mental health outcomes, which also held for symptoms of depression and GAD in multivariate models. Conclusion: People who experienced recent and severe trauma related to natural and technological disasters are at risk for adverse psychological outcomes in the years after these events. Individuals with low income, low social support, and high levels of non-organizational religiosity are also at greater risk. Implications of these data for current views on the post-disaster psychological reactions and the development of age-sensitive interventions to promote long-term recovery are discussed. Keywords: natural and technological disasters, post-disaster mental health, post-traumatic stress, long-term recovery, British Petroleum oil spill, environmental loss

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1. **Shared traumatic stress among social workers in the aftermath of Hurricane Katrina.**  
   TOSONE Carol British Journal of Social Work 2015;45(4):1313-1329.

With climate change, social workers and other mental health professionals may find themselves living and working in environments prone to natural disasters. The term shared traumatic stress (SdTS) contains aspects of post-traumatic stress and secondary trauma, and reflects practitioners' dual exposure to collective traumatic events. In an effort to explore and further validate the construct of SdTS, a sample of 244 social workers from New Orleans were studied using path analytic modelling with respect to the personal and professional impact of Hurricane Katrina. Potential risk factors included attachment style, exposure to potentially traumatic life events and enduring distress attributed to Hurricane Katrina. Social workers' resilience was examined for its role in mediating the relationship between these risk factors and SdTS. As hypothesised, insecure attachment, greater exposure to potentially traumatic life events in general and distress related to the events surrounding Hurricane Katrina were predictive of higher levels of SdTS. Insecure attachment and enduring distress attributed to Katrina also significantly predicted lower levels of resilience, though exposure to potentially traumatic life events did not. Resilience was found to mediate the relationship between insecure attachment, enduring distress attributed to Katrina and SdTS but not the relationship between exposure to potentially traumatic life events and SdTS. Implications for theory, research and practice are described.

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1. **The experience of witnessing a stranger's suicide**  
   Hatton Ashley Tate Dissertation Abstracts International: Section B: The Sciences and Engineering 2013;73(12):No page numbers.

In 2005, suicide was the 11th leading cause of death in the United States, claiming 32,637 lives (Kung, Hoyert, Xu, & Murphy, 2008). Studies have shown that at least 4% to 10% of suicides are committed in the physical presence of another person (Andress & Corey 1978; Dorpat and Ripley, 1960; McDowel, Rothberg, and Koshes, 1994). Due to a dearth in the literature, very little is known about the effect public suicide has on bystanders. Thus, the current study was designed to provide empirical data on a topic that has not been fully explored within the field of psychology: witnessed suicide. Criterion sampling resulted in the selection of ten participants who had been in the physical presence of a stranger who made a serious suicide attempt that resulted in death or outcome unknown. Qualitative semi-structured interviews were conducted in person, utilizing an exploratory and emergent design. The researcher used the Constant Comparative Method (Maykut & Morehouse, 1994) to analyze the interview transcripts and identify significant themes. Twenty-one themes emerged: 14 major and 7 minor. Major themes required endorsement by 70% or more of the participants, while minor themes required endorsement from 50–69% of the participants. The themes were organized into six categories: (1) Witnesses' Experiences During the Suicide; (2) Acute Responses to Suicide; (3) Long Term Impact; (4) Beliefs about Suicide; (5) Factors that Influenced Witnesses' Reactions and Beliefs; and (6) Other. Additional data regarding the participants' stress responses were collected using the Impact of Event Scale-Revised (IES-R). The results of this study indicate that all but one of the participants considered witnessing a stranger's suicide to be a traumatic event. Both acute and long-term posttraumatic symptoms were identified, with one participant meeting criteria for chronic PTSD. Some participants shared that this experience increased their awareness of mental illness and suicide, and led them to be more responsive to those who appear to be in distress. The number of responses this writer received when recruiting participants suggests that witnessing a stranger's suicide may be a more common phenomenon than suspected. Considering the lack of literature on the topic, it appears that this experience—as well as the experience of being a witness to traumatic events in general—is underrepresented in the literature and worthy of research. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

1. **The importance of secondary trauma exposure for post-disaster mental disorder.**  
   Kessler RC Epidemiology and Psychiatric Sciences 2012;21(1):35-45.

Background Interventions to treat mental disorders after natural disasters are important both for humanitarian reasons and also for successful post-disaster physical reconstruction that depends on the psychological functioning of the affected population. A major difficulty in developing such interventions, however, is that large between-disaster variation exists in the prevalence of post-disaster mental disorders, making it difficult to estimate need for services in designing interventions without carrying out a post-disaster mental health needs assessment survey. One of the daunting methodological challenges in implementing such surveys is that secondary stressors unique to the disaster often need to be discovered to understand the magnitude, type, and population segments most affected by post-disaster mental disorders. Methods This problem is examined in the current commentary by analyzing data from the WHO World Mental Health (WMH) Surveys. We analyze the extent to which people exposed to natural disasters throughout the world also experienced secondary stressors and the extent to which the mental disorders associated with disasters were more proximally due to these secondary stressors than to the disasters themselves. Results Lifetime exposure to natural disasters was found to be high across countries (4.4–7.5%). 10.7–11.4% of those exposed to natural disasters reported the occurrence of other related stressors (e.g. death of a loved one and destruction of property). A monotonic relationship was found between the number of additional stressors and the subsequent onset of mental disorders Conclusions These results document the importance of secondary stressors in accounting for the effects of natural disasters on mental disorders. Implications for intervention planning are discussed. Keywords: Natural disasters, needs assessment, post-disaster intervention planning

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Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## F. Search History

## Reviewer’s note 7/6/20: Consider removing weak “witness”/”exposure” facet, or augmenting that facet with synonymous subject headings, or consider augmenting or replacing that facet with “modelling” keywords/subject headings as this aspect of the question isn’t really addressed by this search.

## Consider searching for trauma\* as a keyword like the requester asked, and “response plan” as listed at the start of the report.

As this search is broader than just COVID-19, it may retrieve a large number of results though, so be prepared!

There are other similar searches on the HEE COVID-19 Search bank: “Supporting staff in the aftermath and recovery following covid-19" and “Psychological effects of pandemics and epidemics on healthcare staff”.

|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed | (witness suicide).ti,ab | 205 |
| 2. | AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed | (witness suicide ptsd).ti,ab | 18 |
| 3. | AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed | (ptsd).ti | 34386 |
| 4. | EMBASE | exp \*"POSTTRAUMATIC STRESS DISORDER"/ | 30880 |
| 5. | EMBASE | (PTSD).ti | 7619 |
| 6. | EMBASE | ("posttraumatic stress disorder").ti | 8294 |
| 7. | EMBASE | (4 OR 5 OR 6) | 32456 |
| 8. | EMBASE | ("post-trauma\* stress").ti | 5853 |
| 9. | EMBASE | (7 OR 8) | 32976 |
| 10. | EMBASE | (witness\*).ti,ab | 33930 |
| 11. | EMBASE | (exposure).ti,ab | 1044592 |
| 12. | EMBASE | (10 OR 11) | 1076599 |
| 13. | EMBASE | (reducing ADJ3 impact).ti,ab | 4540 |
| 14. | EMBASE | (psychological ADJ2 support).ti,ab | 7558 |
| 15. | EMBASE | exp \*"PSYCHOLOGICAL ASPECT"/ | 6274 |
| 16. | EMBASE | (psychological ADJ2 intervention\*).ti,ab | 9021 |
| 17. | EMBASE | (13 OR 14 OR 15 OR 16) | 26635 |
| 18. | EMBASE | (9 AND 12 AND 17) | 105 |
| 19. | EMBASE | 18 [DT 2016-2020] [English language] [Human age groups Adult 18 to 64 years] | 18 |
| 20. | PsycINFO | (PTSD).ti | 7136 |
| 21. | PsycINFO | ("posttraumatic stress disorder").ti | 8064 |
| 22. | PsycINFO | exp \*"POSTTRAUMATIC STRESS DISORDER"/ | 28179 |
| 23. | PsycINFO | ("post-trauma\* stress").ti | 4146 |
| 24. | PsycINFO | (20 OR 21 OR 22 OR 23) | 29342 |
| 25. | PsycINFO | (witness\*).ti,ab | 19456 |
| 26. | PsycINFO | (exposure).ti,ab | 123508 |
| 27. | PsycINFO | (25 OR 26) | 141351 |
| 28. | PsycINFO | (reducing ADJ3 impact).ti,ab | 995 |
| 29. | PsycINFO | (psychological ADJ2 support).ti,ab | 4435 |
| 30. | PsycINFO | (psychological ADJ2 intervention\*).ti,ab | 8029 |
| 31. | PsycINFO | exp \*"COUNSELING PSYCHOLOGY"/ | 2557 |
| 32. | PsycINFO | (28 OR 29 OR 30 OR 31) | 15781 |
| 33. | PsycINFO | (24 AND 27 AND 32) | 107 |
| 34. | PsycINFO | 33 [DT 2016-2020] [Human age groups Adulthood 18 Yrs + Older] [Languages English] | 18 |
| 35. | Medline | (PTSD).ti | 5814 |
| 36. | Medline | ("posttraumatic stress disorder").ti | 7153 |
| 37. | Medline | ("post-trauma\* stress").ti | 4557 |
| 38. | Medline | exp \*"STRESS DISORDERS, POST-TRAUMATIC"/ | 26034 |
| 39. | Medline | (35 OR 36 OR 37 OR 38) | 29515 |
| 40. | Medline | (witness\*).ti,ab | 25094 |
| 41. | Medline | (exposure).ti,ab | 818497 |
| 42. | Medline | (40 OR 41) | 842111 |
| 43. | Medline | (reducing ADJ3 impact).ti,ab | 3634 |
| 44. | Medline | (psychological ADJ2 support).ti,ab | 5555 |
| 45. | Medline | (psychological ADJ2 intervention\*).ti,ab | 7103 |
| 46. | Medline | exp \*"PSYCHOSOCIAL SUPPORT SYSTEMS"/ | 240 |
| 47. | Medline | (43 OR 44 OR 45 OR 46) | 16193 |
| 48. | Medline | (39 AND 42 AND 47) | 109 |
| 49. | Medline | 48 [DT 2016-2020] [Human age groups Adult OR Middle Aged] [Languages English] | 16 |

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