EHSSB Trauma Advisory Panel

Report on research undertaken into the health & social care needs of victims and survivors of the Northern Ireland Conflict

1. Introduction

The purpose of this paper is to inform EHSSB about the Needs Assessment work undertaken on behalf of EHSSB Trauma Advisory Panel (TAP) and of subsequent developments.

Four panels were set up in each Health & Social Services Board area in Northern Ireland, in accordance with the recommendations of the Social Services Inspectorate Report 'Living with the Trauma of the Troubles' (1997) and the Victims Commissioner's Report (Bloomfield, 1998).

The panel is currently made up of representatives from 42 organisations, statutory, voluntary and community-based, who are stakeholders in the 'victims and survivors' sector, that is, working with people affected by conflict-related trauma. Subsequent to the appointment of a Co-ordinator at the end of 2002, and to address perceptions concerning an imbalance in favour of statutory membership, broader participation in the panel has been achieved.

The panel is currently engaged in a re-structure of its Executive – the Trauma Implementation Group (TIG) – in order to ensure inclusive, cross-sectoral participation in the work.

The paper will cover:

- The Needs Assessment research undertaken by the Institute for Conflict Research
- Research methodology and limitations
- Research findings, including qualitative data and quantitative data from focus groups, GPs and individuals
- Recommendations of the research
- Trauma Advisory Panel response and/or action following consideration of the findings

2. The Needs Assessment Research

In 2003, TAP commissioned the Institute for Conflict Research, Belfast, to undertake research with the following aim:

> To provide sufficient data and analysis on the range of needs of victims and survivors of the Troubles in the EHSSB area, perceptions of that need, and on services available to them, in order to equip the EHSSB and the TAP to plan future services and strategies for service development.

The research also involved analysis of data concerning violent incidents from PSNI and data concerning certain prescription drugs obtained from the Board.

3. Research Methodology & Limitations

The qualitative aspects of the research involved focus groups with representatives from statutory and voluntary groups, which offer support to victims and survivors and representatives from the education sector including head teachers, youth workers and educational welfare officers. In total 36 participants took part. The groups were convened in five areas of the EHSSB, North and West Belfast (2), South and East Belfast, Newtownards, Lisburn and Downpatrick.

Individual interviews were also conducted with GPs in each of these areas. Participants were selected from a register of GPs and after consultation with various representatives within the EHSSB and the steering group. In total 16 GPs/Practices were contacted by letter with 8 GPs agreeing to participate, however, only 7 interviews actually took place.

The themes from these focus groups and interviews were built upon within the individual interviews with victims and survivors. The individual interviews were carried out with seven victims and survivors to highlight the needs of this group. These individuals were identified by members of the TAP steering group overseeing the research and expressed interest in taking part after consultation with the TAP member.

In recent years, a number of research projects have found it difficult to access victims and survivors who are willing to speak about their experiences. After some considerable effort it was possible to find seven people who were willing to be interviewed, and these individuals included those who had experienced trauma resulting from action by either loyalist or republican paramilitaries or the security forces.

Participants were selected to illustrate a range of experiences over the past 30 years of Troubles in Northern Ireland. Careful consideration was given to ensure that sufficient information was supplied to all participants and that all questions, queries and concerns were answered before the interviews/focus groups commenced.

Despite the limitations, TAP believes that the research provides a useful indication of the views of some of the victims and survivors in the Board's area.

4. Findings

4.1 Quantitative Data

a) Violence

For many years violent activity in the Eastern Board area has been relatively high. The Board's area has 40% of the population of Northern Ireland, but the proportion of violent incidents in the Board's area has been much higher than 40%.

This is still the case, and the research found that on average between 1995 and 2002 the EHSSB area experienced 42% of all deaths, 59% of all shootings, 44% of all bombings, 62% of all Loyalist punishment shootings, 80% of all Republican punishment shootings, 55% of all Loyalist punishment assaults, 57% of all Republican punishment assaults, and 58% of all injuries.

Within the Eastern Board, a large proportion of violence has occurred in North and West Belfast, and the following table demonstrates that 62% of all deaths as a result of the Troubles occurred in that area.

Table: Deaths as a result of the Troubles 1969-May 2003

Trust Area	Number of Deaths	% Total in EHSSB
North and West Belfast	949	62
South and East Belfast	368	24
Down and Lisburn	148	10
UCHT	63	4
Total	**1528**	**100**

(Source: Cost Of The Troubles Study/ICR Database)

b) Intimidation & Housing

Analysis of NIHE data showed that people having to leave their home because intimidation was a major factor in the early phases of the Troubles, has persisted throughout the years as 'ethnic territories' continue to be defined and segregation deepens. The research found that in 2002, some 751 people in the Board's area presented themselves as homeless because of intimidation. This represented 53% of the Northern Ireland total.

c) Use of Prescription Drugs

It is difficult to draw meaningful conclusions about the incidence of conflict-related traumatic stress 'disorders' in the population from data on prescription drugs. However, the rise in prescribing rates found by the research gives a general cause for concern. The use of such medications to help victims and survivors cope better with their situation was also raised within the qualitative research.

Analysis of data from EHSSB on the prescribing of hypnotic and anxiolytic drugs and of antidepressants showed significant increases in prescribing rates in the 'post-ceasefire' period. Many of these drugs are prescribed for people who find it difficult to cope with everyday life, which includes victims and survivors of the Troubles.

Hypnotic and Anxiolytic Medications

Prescriptions issued within the EHSSB for Hypnotic and Anxiolytic drugs have increased between 1992 and 2002 by 46%, with 608,847 prescriptions being issued in 2002. Prescribing rates per

1000 population showed that North and West Belfast had the highest rates. In 2002 North and West Belfast 1247 items were prescribed per 1000 population, compared to South and East with 783, UCHT with 736 and Down and Lisburn with 649. When the figures are compared to the figures for the other Boards the EHSSB has a higher rate of prescriptions for these drugs with between 46% and 48% of all prescriptions being issued in the Board area.

Antidepressant Medications
Between 1992 and 2002 the use of antidepressant drugs increased in the Board by 94% with 123903 prescriptions issued in 2002. In 2002 prescriptions issued in North and West Belfast represented 848 items per 1000 population compared to 688 in South and East, 631 in Down and Lisburn and 583 in UCHT.

4.2 Qualitative Data

a) Focus Groups
Participants in the focus group discussions included service providers from statutory and voluntary sector organisations. Some of those providing services were also victims or survivors who had been service users. The following issues were raised:

- Participants felt that a range of services is provided to victims and survivors within voluntary and statutory sectors. Statutory representatives emphasised that within their sector cognitive behaviour therapies, counselling and psychiatric treatment were the main services offered. Within the voluntary sector a wider range of services was available including, counselling, befriending, alternative therapies, practical help, training and education, story telling, personal development and legal support.
- Participants raised the issue that many victims and survivors find it difficult to access services or have limited information on the services available.
- Participants felt that there has been an increase in the number requiring help. This has become apparent since the ceasefires with a wide range of needs being presented.
- Many of those seeking help have had difficulty in coping with everyday life and suffer from anxiety, anger

and relationship problems. To cope with these problems many groups have found that victims and survivors turn to alcohol and/or drugs (both prescribed and illicit).

- Gaps in service provision were identified including a lack of co-ordination both between and within the statutory and voluntary sectors.
- The issue of trans-generational trauma was also raised within the groups. Many reported dealing with individuals, who were suffering because of their parent's suffering.
- Some participants felt that members of the security forces were still reluctant to seek help due to concerns over safety, security and lack of professionalism by being seen as not coping.
- Many of the participants indicated that they had seen more requests for 'anger management' classes from clients as a way of dealing with their aggression and anger. The relationship problems discussed included domestic violence, which many respondents noted had increased or was being discussed more openly.
- Self-harm and suicide were believed to be potential outcomes for young people who had experienced the violent death of a family member in the Conflict.
- Some participants mentioned that a number of individuals continued to face financial hardship and that funding mechanisms, such as the Memorial Fund, were seen to have criteria which were not flexible enough to meet some genuine needs.
- The need for long-term funding for organisations was raised, with some participants emphasising that many worthwhile projects cease, because they are only funded for the short term or for a specific period. It was acknowledged that recently Government had allocated money for victims and survivors, but the amount received is a fraction of what is required.

b) General Practitioners

- GPs who took part in this study reported that patients affected by the Troubles displayed a range of psychological and physical problems including stress, depression and anxiety.

- Some GPs felt that the rate of depression had increased since the ceasefires and one GP contributed this to a delayed effect.
- Many of the GPs interviewed commented that the psychological consequences of trauma are often compounded by practical problems especially financial need.
- Some GPs reported that children affected by Troubles-related incidents were suffering from disturbed sleeping patterns, nightmares and bed-wetting.
- In addition to psychological effects physical ailments were also reported either as a result of injury or stress. To cope with the effects many GPs had noted high levels of alcohol abuse and, to a lesser degree, drug abuse.
- The problems with prescribed medication were raised especially dependency and addiction.
- GPs interviewed acknowledged the value of counselling and other 'talking therapies' but expressed concern that there was difficulty in accessing these services.
- Inappropriate counselling was a grave concern for some GPs who felt that interventions carried out by inexperienced or poorly qualified counsellors could actually create more problems for traumatised patients. In view of this concern it was felt that it was essential to ensure effective standards of practice.
- GPs wished to see improved feedback arrangements from voluntary sector providers to whom they had referred their patients.
- Many GPs felt that help for victims and survivors was limited and that they themselves were also not fully aware of the services available, especially within the voluntary sector. This lack of knowledge of the voluntary sector meant that many GPs were reluctant to refer patients and avail of the services offered.
- GPs from outside the Belfast area highlighted that many of the voluntary groups were based in Belfast and therefore patients had to travel to avail of their services.

c) Individuals

- Many of those interviewed were very uneasy with the terms 'victim' and 'survivor'.
- A common theme within the interviews with victims and survivors was the limited support available although some

recognised that this was due to their lack of knowledge rather than due to lack of services. They felt that they had been left to 'pick up the pieces' with little or no support.

- All of the interviewees reported that they had been affected emotionally and psychologically with some experiencing fear, isolation, depression, anxiety and distress.
- Some of those interviewed described the psychological impact the events had had on their children and expressed their desire to protect their children from any further distress or harm.
- Some of those interviewed had suffered physical injuries or pain as a result of their experiences. Some of these reported longer-term ill-health effects, and in particular the lack of chronic pain services.
- Financial hardship, including loss of earnings and loss of property, was also reported and some victims were frustrated that there was not more support for practical needs. There were also concerns about the levels of compensation and legal aid.
- Help and support was received from both voluntary and statutory groups although there was a lack of knowledge about services and how to access them.
- Most of those interviewed had availed of trauma counselling and felt that this was very worthwhile.
- Gaps were identified mainly a lack of immediate support at the time of the event, a lack of financial help and a lack of co-ordination between statutory agencies after the event.
- Some of the interviewees had either been intimidated out of their homes or were under threat and forced to move house. Some dissatisfaction was expressed about the Scheme for the Purchase of Evacuated Dwellings (SPED).

5. Recommendations of the Research

The following recommendations were made by the researchers:

1. **More co-ordination between and within sectors**. It was felt that there was a need for more co-ordination between and within the statutory and voluntary sectors. The issue of funding meant that there was limited co-ordination and more competition within the voluntary sector. Also co-ordination between the voluntary and statutory sectors was also seen to be limited. It was apparent that many within the statutory sector were not aware of some of the voluntary groups and the services that they offered. Co-ordination in the collection of statistics would also be recommended, with similar boundaries such as council areas used for collection and more discussions between sectors as to what is available and held.

2. **More information about services**

    a. A **directory,** which must be kept up-to-date and reviewed regularly. Some suggested it should be put on-line.
    b. A **one-stop-shop** for individuals to go and ask for advice and seek help with practical things such as completion of forms. Some also felt the 'Shop' also needed to provide a support service to contact relevant personnel, complete forms and offer help and support until the person found the appropriate service.

3. **Counselling service providers to give a clear statement of their standards, qualifications and accreditations of their counsellors.** GPs felt that this was required as they were not aware of the training or qualifications of counsellors especially within the voluntary sector. It was also felt that there was a lack of feedback from the voluntary sector on patients, which some GPs felt was a drawback. It would therefore be recommended that appropriate referral protocols and confidential feedback processes between sectors be developed. There is also a need to implement the recommendations for standards in counselling as stated in the report Counselling in Northern Ireland (2002).

4. **A co-ordinated rapid response.** It was felt that more services were required and that there was a need for a rapid response from the statutory agencies, responding immediately to a situation and helping victims seek the appropriate help. There is also a need for more support for those who are at risk of self-harm and suicide.

5. **More accessible and user-friendly services.** As well as more services it was felt that more consideration had to be given to accessibility. This issue arose when the location of various services was discussed and it was revealed that some victims felt uncomfortable and indeed afraid of travelling outside of their own communities. This led to the recommendation for **more outreach centres,** similar to those already established by the Family Trauma Centre.

6. **Development of a Funding Strategy to encompass all sectors, ensure sustainability and address the need for:**

    a. **More funding** to meet the actual needs of victims and survivors, especially practical and financial needs.

    b. **Long term funding** to secure services and reduce the competition and insecurity that exists within the victims sector.

    c. **Allocation of funds according to circumstance.** It was suggested that resources should be allocated to victims according to the circumstances that they found themselves to be a victim. This was to prevent different groups such as ex-prisoners and bereaved families competing for the same funding however, it would not be the intention that it would create a 'hierarchy of victims'.

7. **More immediate access to specialist services.** Waiting lists for counselling and chronic pain management were considered to be too long and the needs of patients were not being met quickly enough. For those at risk of self-harm and/or suicide this is especially important. However it was recognised that this was part of a larger problem within health service provision.

8. **A review of the SPED Programme.** It was felt that existing schemes such as SPED required changes to make them more user-friendly. Suggestions included a co-ordinator/ mediator who would check the property and ensure it was not being damaged. This would help to reduce the stress of the situation for the owner. However, current legislation associated with house transfer means that responsibility for the property remains with the vendor, limiting the ability of the Housing Executive to act.

9. **Recognition, acknowledgment and engagement with victims.** The need to be heard was still an issue and many who were interviewed hoped that this report would highlight the health and social care needs of victims and survivors and help to bring about change.

6. Trauma Advisory Panel (TAP) Response to the Recommendations

(i) Recommendation 1

1. More co-ordination within and between sectors

- TAP provides the opportunity for all groups to contribute to the development of services for victims and survivors.

- Promoting co-ordination is a core function of TAP. TAP is currently being restructured to enable all interested organisations to participate in panel activities. The Trauma Implementation Group (an executive sub-group of TAP) will include voluntary, community and service user representatives as well as statutory members.

- TAP will provide a forum to promote co-ordination. A large number of organisations are providing services on a very local basis in communities. This presents many difficulties, in that most are serving a specific group of victims and survivors and may have limited opportunities for contact with each other. TAP will ensure that it fulfils its role as a vehicle for 'joined up' work in the sector.

- The co-ordination of data collection across a range of public bodies is an issue that TAP will seek to raise regionally as it involves organisations across Northern Ireland.

- TAP will promote the development of agreed protocols and link these with the Directory of Services and Standards work, with a view to encouraging the development of services where they are not currently available.

(ii) Recommendation 2

2. More Information about Services

- A Services Directory is being compiled by TAP and will be located on the EHSSB website as a searchable database which will be updated regularly.

- TAP will establish a project group to investigate possible models to provide a "One Stop Shop" for immediate advice and support for victims and survivors.

(iii) Recommendation 3

3. Counselling service providers to give a clear statement of their standards, qualifications and accreditation of their counsellors

- Following TAP's successful bid to the Victims Strategy Implementation Fund, money has been made available for a Standards project. The project aims, inter alia, to identify current standards of service provided by voluntary and community groups and to make recommendations regarding accreditation of practitioners providing services to victims and survivors. As a result of this work it is hoped that providers will be able to demonstrate good practice and ensure their sustainability in the long term.

(iv) Recommendation 4

4. A co-ordinated rapid response

- TAP will also investigate current protocols and procedures in place in statutory sector for responding to individual incidents, as well as to larger scale events and thereafter make recommendations for improvement. This project will link with appropriate agencies and emergency service providers (fire, police, ambulance, health and social services, housing etc.).

(v) Recommendations 5 & 7

5. More accessible and user-friendly services
7. More immediate access to specialist services

- TAP will seek constant improvement of services but it is not in our gift to provide access. The issues can be addressed through the Standards project by juxtaposing the Directory of Services with incidence to identify whether or not services are correctly positioned.

- TAP will encourage the Board and Trusts to work in partnership with local service providers, befriending services, and self-help organisations identified as operating under good practice guidelines. The Board and Trusts should develop mechanisms for engaging with user groups.

- TAP will explore funding for GP awareness training as they are identified as key contacts for victims/survivors.

- The term 'specialist' services needs careful consideration as needs vary greatly.

- TAP's successful bid to the Victims Strategy Implementation Fund for support for Trauma Training will support both recommendations through the training of more Cognitive Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) practitioners.

- TAP's Sudden Death information provides a comprehensive psycho-educational resource for families, schools and practitioners working with traumatic grief.

- TAP's Chronic Pain project will map out current pain service provision and make recommendations.

- TAP will continue to lobby service providers to enhance provision for victims and survivors.

- TAP will consider and take account of the difficulties faced in relation to 'skewing' services in favour of victims and rather than 'clinical need'. Realistically influence is limited to sensitising existing services. As this is a key issue it will be explored with the panel as a whole.

(vi) Recommendation 6

6. Development of a Funding Strategy to encompass all sectors, ensure sustainability and address the need for more funding, long term funding, allocation of funds according to circumstances.

It is not within the gift of TAP to develop a comprehensive funding strategy. However, in pursuit of this objective the panel will advise and encourage Government to produce a coherent strategy by:

- producing evidence concerning the current annual value of funding required on a recurrent basis to maintain current services provided in this sector. (This has been identified in the Board's Mental Health Strategy)

- building the case based on the evidence to ensure that collective action is taken - both politically and through Health & Social Services – given the uncertainty about the availability of funding after 2006.

- lobbying for the prioritisation of victims & survivors relating to funding across a range of Government Departments

- seeking to influence the allocation of funding equitably across the range of victims and survivors, given that current funding policy is perceived to perpetuate division and competition.

(vii) Recommendation 8

8. A review of the SPED Programme

The panel will ask the Board to write to NIO and OFMDFM Victims Unit requesting a review of the scheme, bearing in mind the exceptional circumstances of those experiencing intimidation. For example, the current legal position regarding conveyancing requires that the vendor maintain and secure property in advance of sale. This has the potential to lead to retraumatisation of the former occupants revisiting the property to meet these obligations, given the level of threat to their person.

(viii) Recommendation 9

9. Recognition, acknowledgement and engagement with victims

The issue of "Truth" and associated processes is a matter of public and political debate in N Ireland. Its importance is reflected in the fact that the Secretary of State is currently consulting widely on this matter. TAP will play a full role in this debate and in any processes emerging from it.

In the restructuring of the Trauma Implementation Group (TIG), service users will play a key role in TAP's executive group.

July 2004