



Annual Review

The Northern Area Trauma Advisory Panel is a multi-agency partnership of the Northern Health and Social Services Board.

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Welcome to the Northern Area Trauma Advisory Panel's first Annual Review. The Review has been designed to provide an outline of the Panel's work in terms of progress, achievements and the broad vision of the Panel's aims for the future.

The Northern Area Trauma Advisory Panel (TAP) is a partnership of the Northern Health and Social Services Board (NHSSB) whose primary focus is to provide a forum for coordinating and influencing planning decisions in respect of services for victims and survivors of The Troubles. The Panel has no legislative powers and works within the ethos of openness and respect. As a group of representatives from statutory, community and voluntary agencies, the Panel promotes objectivity, independent thinking and viewpoints in its aim to do the best it can to secure services for victims and survivors of The Troubles.

The network of people, organisations and groups that contribute to the work of the Panel is broad and diverse and we are exceptionally fortunate in the level of commitment that is given to support our work and I would like to take this opportunity to thank everyone concerned.

This is my first year as Chairperson of the Panel, and I feel privileged to take a lead part in this valuable work. I would

like to pay a special tribute to Professor Mary Wilmont, former Director of Social Services, who was the founding chairperson of the 'Trauma of The Troubles Advisory Group' and whose tireless dedication provided the sound basis for the success of the Panel to date.

Our aim, in presenting this Review is to invite you, the reader, into the life of Northern Area Trauma Advisory Panel and offer an opportunity to view the work being done for victims and survivors of community conflict past and present.

Mary O'Neill
Chair
Northern Area Trauma Advisory Panel

MESSAGE FROM KEVIN KEENAN



Since its formation in 1998 the Northern Trauma Advisory Panel has enthusiastically taken forward the very challenging agendas originally outlined in the reports by

Sir Kenneth Bloomfield entitled 'We Will Remember Them' and the Social Services Inspectorate 'Living with the Trauma of the Troubles' to address the needs of those affected by the inter-communal conflict in Northern Ireland.

It has done so in a committed and, at times, unobtrusive fashion because of the sensitivities associated with such demanding work. These efforts have found expression in an impressive range of initiatives including the provision of training, improving the availability of information, promoting innovative, therapeutic interventions and identifying need at local and regional levels.

This Review attempts to heighten the profile of these endeavours and achievements. It also aims to highlight the maturity and confidence of the work of the Panel as it remains true to its original mandate whilst attempting to bring it into the mainstream of services for people affected by emotional and/or physical trauma.

On behalf of the NHSSB I would want to pay tribute to the endeavours of all

those who have been involved with this work and to acknowledge the interface with so many of the services provided by health and social care staff. The recent appointment of the Interim Victims' Commissioner heralds a new and exciting phase for the work of the Panel. This report illustrates the very firm base upon which these efforts can be developed.

Kevin P Keenan
Director of Social Services (Acting)

ABOUT THE PANEL

Background

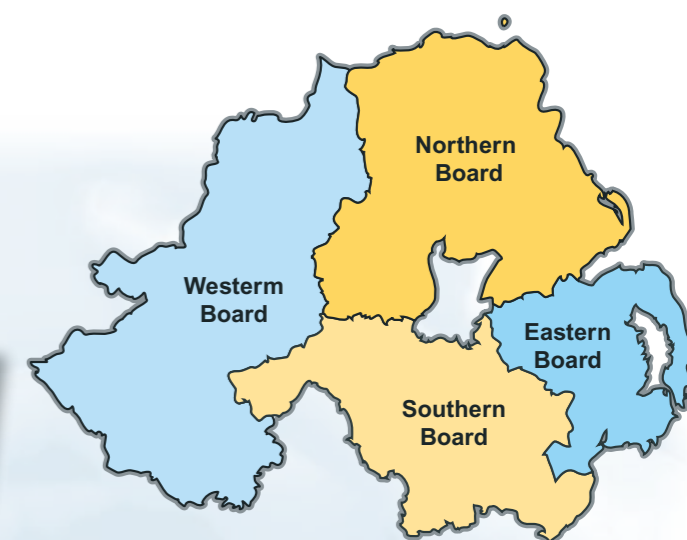
The Northern Area Trauma Advisory Panel is one of four Panels set up throughout Northern Ireland in 1998 in response to the recommendations of the forementioned reports (pictured below).



Both reports recognised that the legacy of the Northern Ireland conflict (known as the period of 'The Troubles') had impacted on the lives of people living here in a number of different ways. The Department of Health and Social Services and the Secretary of State were committed to identifying the needs of people who had been affected by

'The Troubles' and putting in place the necessary measures to address these needs.

It was recommended that a multi-agency panel should be set up in each Health and Social Services Board area in Northern Ireland to co-ordinate the provision of services for victims/survivors in response to local need.



Mission Statement:

"The Northern Area Trauma Advisory Panel exists to provide a local forum for discussion on the co-ordination of appropriate and effective services in recognition of the needs of victims and survivors of the Troubles in the NHSSB area and to advise and influence decisions on the planning of services in Northern Ireland as a region."

Structure for the effective working of the Northern Area Trauma Advisory Panel



The Northern Area Trauma Advisory Panel aims to:

- Facilitate the co-ordination of services for victims/survivors of the Northern Ireland conflict within the Northern Board area;
- Enhance the cohesive network of partners working within agreed objectives to promote and develop better services for victims/survivors of 'The Troubles';
- Provide a local forum for discussion and improved understanding of the emerging needs of victims/survivors;
- Assess the training needs of the appropriate professionals and victims'/survivors' groups and seek funds to provide training programmes accordingly;
- Work collaboratively with key organisations, victims/survivors and victims'/survivors' groups to develop methods for tackling their needs.

A BRIEF OVERVIEW

The section below gives a brief overview of the history of the Northern Area Trauma Advisory Panel, from the publishing of the Reports that recommended the establishment of the TAPs, to the work carried out by the Panel.

	Date
'We Will Remember Them' Report Sir Kenneth Bloomfield, KCB	1998
'Living with the Trauma of the Troubles' DHSS Social Services Inspectorate Report	1998
Establishment of NHSSB 'Trauma of the Troubles Advisory Panel'	1998
Trauma Advisory Panel Conference	1998
Research Paper 'Displaced Families as a result of the Conflict.'	1999
Inter-agency protocol for Displaced Families (NHSSB)	2000
Trauma Leaflet (Homefirst)	2000
Trauma Services Directory (Trauma of Troubles Advisory Group)	2001
Establishment of Office of the First Minister and Deputy First Minister (OFMDFM), Victims Unit	2000
'Reshape, Rebuild, Achieve' Victims Strategy (OFMDFM Victims Unit)	2001
Appointment of Co-ordinator Northern Area Trauma Advisory Panel	2002
Needs Assessment Profile	
Funding Proposals: (Strategy Implementation Fund)	2003
<ul style="list-style-type: none"> Primary Care Link Worker Psychological Interventions Training – Trauma Awareness Information Resources 	
Training Programmes:	
<ul style="list-style-type: none"> Trauma Awareness Raising Roadshows GP Training – Psychobiology of Trauma, Medication and Links with co-morbid conditions Trauma – the impact of community conflict on children, young people and families (Family Trauma Centre) Trauma and Old Age – the latency of PTSD in people affected by <i>The Troubles</i> 	2003 2004 2005 2006
Publications:	
<ul style="list-style-type: none"> Trauma Services Directory Trauma Information Resource Pack and Handbook 	2005 2005
Appointment of Interim Commissioner for Victims & Survivors	2005

PANEL MEMBER FOCUS

Panel Membership

The Chair of the Northern Area Trauma Advisory Panel is Mary O'Neill, Community Development Manager in Homefirst Community Trust.

The Northern Area Trauma Advisory Panel currently comprises of 26 members from key statutory, community and voluntary organisations who work together to make real and lasting improvement to the quality of life of the people who have been affected by The Troubles in their area. Appendix A lists all Panel members.

The membership of the Panel reflects the link between the statutory, voluntary and community sector and as a forum provides an opportunity for influencing policy and decision makers regarding the service needs of victims/survivors of the conflict.



Some members of the Northern Area TAP, pictured at a recent planning day.

The members of the Northern Area Trauma Advisory Panel come from a variety of backgrounds and have different skills and experiences to offer.

The section below focuses on two Panel Members.



Liz Clarke is employed as a Welfare/ Development Officer with the Regimental Association of the UDR, Coleraine Branch working

the North Londonderry and North Antrim areas. She works primarily on her own with the occasional help of a volunteer. The Association offers help and support to all former members of the UDR and their families. Former members of the UDR face a range of challenges, which include physical disability (injuries incurred whilst in service) mental health, loss of friends and family members as a result of conflict, employability and social isolation.

The Association offers a range of services to help address these needs such as welfare/benefit advice, informal training, social facilities, outreach and listening ear.

Liz is a member of Northern Area TAP and also the planning committee.

Liz is employed to undertake grassroots work within the community, of which she feels very passionate about. She believes that the Trauma Advisory Panels can help the statutory and voluntary agencies to gain knowledge and respect one for the other. Liz also feels that one of the most successful ways to move victims/survivors forward is for statutory, community and voluntary agencies to work together to facilitate healing and understanding in our society.



Mícheál Gallagher represents the Adult Mental Health Services of Homefirst Community Trust. He is a Consultant Clinical Psychologist and Head of Specialty for the psychologists

working with adults (18-64 years) across the NHSSB area.

Mícheál and his colleagues take referrals from GPs (50%), Psychiatrists (45%) and occasionally from other colleagues (5%). They work predominantly within a cognitive-behavioural model of therapy (CBT). This model is based on scientific principles. Clients and therapists work together to identify and understand problems in terms of the relationships between thoughts, feelings and behaviour, and usually focus on problems in the present rather than the past. CBT has been recommended for the treatment of symptoms related to post-traumatic stress.

Mícheál and other mental health staff have noticed an increase in recent years in the number of people referred following disclosure of the impact of events, related to The Troubles, which happened many years ago. Such clients may now feel safe in seeking help. Given the limited staff resources available to assess and treat such problems, Mícheál strongly supports appropriate alternative sources of help for such clients, such as the pilot Primary Care Link Worker project organised through the Panel.

PROJECTS PROFILE

In October 2004, the Northern Area Trauma Advisory Panel received funding for four service development projects from the Office of the First and Deputy First Minister (OFMDFM) Victims' Unit. The funding of £240,000 (over two years) was made available to the Panel to implement some of the objectives outlined in the Victims' Strategy 'Reshape, Rebuild, Achieve'. The strategy reflected and underpinned the recommendations of the Bloomfield and the SSI Reports.

The projects were designed and planned in response to local need. The Co-ordinator undertook a Needs Assessment Profile in 2003 which involved consultation with a broad spectrum of people, including individuals who had been affected by the impact of 'The Troubles', health and social care professionals, voluntary and community groups and representatives from churches. The outcome of this informed the decision to submit funding proposals for the projects outlined below.

Primary Care Link Worker Service

The Primary Care Link Worker provides direct access via the General Practitioner (GP) to a counselling/therapy service. It is of significant benefit for people who have 'Troubles' related post traumatic stress conditions and who have been assessed as requiring short term therapeutic intervention.

GPs are primarily the first point of contact for people living in the community and they often act as the conduit for referrals to other services, therefore, in recognition of this, it was decided that the Primary Care Link Worker should be placed within GP practices. Two practices were initially identified as pilot sites, Carrickfergus (Castle Practice) and Antrim (Drs. McCloskey, Gorman and McCullough). In 2005, Broughshane Medical Practice was also included in the project. Prior to the commencement of the project, GPs in the participating practices were trained in Post Traumatic Stress Disorder (PTSD) screening by Dr Paul Miller, Consultant Psychiatrist, TMR Health Professionals. The Primary Care Link Worker service, which is provided by TMR Health Professionals, includes:

- Clinical assessment for PTSD and symptomatic related conditions;
- Offer of suitable specialist therapeutic intervention;
- Immediate access for GPs to a consultant psychiatrist when necessary to discuss medication and treatment.

Some of the major benefits of the service which have been identified in an evaluation report include:

- Prevention of the development of more serious mental health problems as a result of untreated PTSD;

- Indications of a reduction in the number of prescriptions issued for anxiety, depressive, addictive and/or mental health conditions;
- Potential to reduce the 'revolving door syndrome' regarding GP appointments (the continual need for repeat appointments or prescriptions for medication) as experienced by patients with chronic conditions as a result of traumatic experiences;
- Helping to provide a better quality of life for victims of trauma by helping them address difficulties and build a more positive future;
- Addressing the gap in service provision (counselling/therapy services) for people with post traumatic stress conditions experienced as a consequence of community conflict;
- Providing extended GP training and awareness of post traumatic stress conditions and effective treatment programmes.

The Primary Care Link Worker Service is due to end in October 2006, and has been recognised as a model of good practice and an effective way of providing trauma related services at a local level. The service has been a successful access route for victims and survivors of trauma experiences in the Board's area.



Members of TMR Health Professionals who provided the Primary Care Link Worker Service and Trauma Awareness Training Programmes for the Northern Area TAP, pictured with Seamus Logan, NHSSB.

Trauma Awareness Training

The outcome of the Needs Assessment Profile and consultation with the network of partner organisations identified the need to promote awareness of how the community conflict of 35 years in Northern Ireland has impacted on the overall health and wellbeing of its population. It was evident that while the pattern of conflict had changed over that period, nonetheless, there were now three generations of victims and survivors. Researchers had identified that there was an agreed lack of understanding within all the professions in respect of the real impact of 'The Troubles' on the lives of people who had been, directly or indirectly, affected by traumatic experiences as a result of community conflict. The design and

PROJECTS PROFILE

production of the Trauma Awareness Training Programmes was heavily influenced by this acknowledgement and to this end. All the Training Programmes were designed to meet the combined and individual needs of the statutory, voluntary and community professionals across all disciplines and were presented incrementally as modular programmes which had a core element of Trauma and the Impact of Troubles related experiences. The core content of the training programme is illustrated in

Table 1. Specialist training for GP's and professionals was included in the core programme as appropriate and included specific aspects of prescribed drugs and screening for Post Traumatic Stress symptoms.

Trauma Awareness Roadshows

The roadshows were held at 16 locations across the NHSSB area and were attended by over 360 participants from all disciplines in health and social care

and representatives from voluntary and community groups and organisations.

The evaluation of these Roadshows showed that:

- 99% of participants found the content excellent and of major benefit for their working practice;
- 98% of participants stated the need for trauma awareness training to be integrated into practice programmes.

from across the NHSSB area. Topics included:

- Psycho-education of trauma and reactive responses;
- Clinical factors in psychogeriatric condition and link with latent PTSD;
- Case Studies: War veterans and PTSD – links with trigger responses in conditions of old age and psychogeriatric approaches.

Table 1: Trauma Awareness-Raising Training Programme

Topic	Content
Describing Trauma and Traumatic Experiences.	<ul style="list-style-type: none"> • What does trauma mean? • What happens when we experience a traumatic event? • Duration of trauma symptoms.
Understanding the Impact of Trauma.	<ul style="list-style-type: none"> • Responding to Trauma. • Types of traumatic experiences. • Impact on Normal Functioning. • Impact on Communities. • Impact on Families.
What Happens When Trauma is not dealt with?	<ul style="list-style-type: none"> • What is PTSD? • Links with addictions. • Links with Enduring Mental Illness.
What help is available for people who experience trauma?	<ul style="list-style-type: none"> • Medication. • Therapies. • Psychological Interventions.
Self Care – What does it mean for me?	<ul style="list-style-type: none"> • Secondary Trauma. • Does it affect me? • How Do I Know if I am affected? • Professional Ethics.



Participants who attended one of the Trauma Awareness Roadshows.

GP and Specialist Training

GP Training programmes were designed specifically to include prescribed medication for trauma related conditions and case studies of co-morbid conditions. The specialised approach for GP training was recognised as professional practice improvement. Training seminars on Trauma, PTSD and Condition of Old Age took place in May 2006. The seminars were attended by medical and health and social care staff

Training for Emergency Response Teams

In February 2006, practice-based training was also provided for the Emergency Response Team in Homefirst Community Trust.

In addition, specialist training was provided by The Family Trauma Centre, Belfast as part of the service agreement with South and East Belfast Trust. A series of training seminars were held in January and February 2006 which focused on trauma and the impact on children, young people and families.

PROJECTS PROFILE

Severe Mental Illness and Trauma – An Intervention Project

'Severe Mental Illness' (SMI) is a term widely used to describe individuals with severe psychiatric disorders that include diagnoses such as schizophrenia and bipolar disorder.

A number of years ago a group of researchers in Homefirst Community Trust embarked on a program of research focusing on the impact of trauma on severe mental illness. High levels of trauma were found.

One study found that over 90% of those with a diagnosis of schizophrenia living in the greater Ballymena area reported at least one or more trauma throughout their lifetime. In another patient group in Whiteabbey and Antrim 57.1% of those reporting a trauma reported that they had experienced a 'Troubles related trauma' such as punishment beatings, shootings, hijackings, witnessing bombs or experiencing intimidation. Those people who reported 'Troubles'-related and other types of trauma had higher levels of depression, anxiety and hopelessness, more admissions to hospital and poorer quality of life. Very few of those patients had received therapy specifically focused on their trauma histories.

Given the high rates of trauma in this population, the adverse effect that it has on people's lives, and, the lack of treatment offered to these patients, an application was made to the Victims' Strategy Implementation fund of the

OFMDFM to develop, deliver and evaluate a form of psychological intervention that focused on the effects of trauma in this population.



This application was successful and a Specialist Nurse Therapist, Diane McComb (pictured with Dr Ciaran Shannon, Clinical Psychology) was appointed as Project Manager during summer 2005. Diane is based in the Clinical Psychology department in Holywell Hospital and is seeing patients throughout Homefirst Community Trust. To date Diane has developed a novel form of CBT that is considered suitable to address some of the effects of trauma in this population. Referrals are being taken from Community Mental Health Teams within the area.

Diane is now working with a full caseload of patients who both have a diagnosis of a severe mental illness and have experienced a trauma that has impacted on their mental health. Generally these patients are high users of mental health services, have very significant psychiatric disability and report multiple traumas.

There is a strong emphasis on Troubles-related trauma.

Trauma Services Directory and Information Pack and Handbook



Trauma Services Directory and Information Resource Pack which were produced by the Northern Area Trauma Advisory Panel in 2005.

Launched by Nuala O'Loan, the Police Ombudsman, in June 2005, the Trauma Services Directory and Information Resource Pack were designed and produced in response to the outcome of the Needs Assessment Profile carried out in the Northern Board area in 2003.

A broad consultation process with a range of health and social care professionals from the statutory and voluntary sector providing care and treatment for people whose lives have been affected by 'The Troubles', as well as people who themselves were victims and survivors informed the publications.

One of the key issues that emerged from the consultation in 2003 was the lack of information available for victims, survivors and health professionals on the issue of Troubles related trauma.



Speakers at the launch of the Northern Area Trauma Advisory Panel's Directory of Trauma Support Services and Information Resource Pack: Back Row (L-R) Dr Paul Miller, TMR Health Professionals; Ms Rhonda Elder, TMR Health Professionals; Mr John Clarke, Victims Unit, OFMDFM; Seamus Logan, NHSSB. Front Row (L-R) Sheelagh Sheerin, Co-ordinator Northern Trauma Advisory Panel; Michael Wood, Chairman NHSSB; Nuala O'Loan, Police Ombudsman.

Victims and survivors wanted information on what help was available. Professionals and Primary Care staff identified the need for information on the extent of the emotional, psychological and physical needs impacting on the lives of people who had experienced traumatic events directly or indirectly. This was provided in the design and production of the Trauma Information Resource Packs.

The Panel secured funding from the Victims Unit, OFMDFM to produce a number of publications to provide this much needed information for people in the Northern Board area.

The **Trauma Services Directory** and **Handbook** were designed as valuable resources in providing information for individuals, community and voluntary groups and agencies as well as professionals working with people who have been affected directly or indirectly by 'The Troubles'.

The **Information Resource Pack** contains fact sheets on understanding trauma and the impact on the lives of people who have experienced conflict related trauma.

Both were distributed to professionals in the voluntary, community and private sector in the NHSSB area who may come into contact with people who have directly or indirectly experienced trauma.

FINANCE FOCUS

In October 2004, the Northern Area Trauma Advisory Panel received funding of over £240,000 for four service development projects from the OFMDFM Victims Unit.

COMMUNICATION FOCUS

A Communication Sub-Group has been established to take forward the communication strategy and action plan. The Northern TAP has to communicate with a diverse range of audiences. These include victims and survivors, community and voluntary groups, elected representatives and individual Panel members and their organisations.

The Panel has undertaken the following activities in order to increase the effectiveness of communication with target audiences:

- An internal communication audit was undertaken among Panel Members. The aim of this was to determine their satisfaction with the amount and the content of information they were receiving about the Panel and also how information was being cascaded through to their respective organisations. The results of the audit illustrated that, in general, members did feel well informed about the work of the Panel but would appreciate more frequent communications between the quarterly meetings. The most preferred method of receiving information was by e-mail and an annual dedicated Planning Day. The audit will be repeated at regular intervals to measure the effectiveness of intervening internal communication methods.
- The Panel has approved a Communication Strategy to formalise and plan communications with the above audiences, thus ensuring that each receive the correct message about the Panel.
- An Action Plan has been developed for effectively communicating the work of the Panel until 2007.
- The Sub-Group has identified Key Messages that are to form the basis of all communication activities.
- Work has been taking place on a website dedicated to the Northern Area Trauma Advisory Panel and it is anticipated that this will be launched during the summer of 2006.

The next phase of policy in relation to services for victims and survivors of 'The Troubles' will inform the work, structure and role of the Northern Area Trauma Advisory Panel.

A consultation document was produced in March 2005 by the OFMDFM Victims Unit which outlined proposals for the development of services for victims and survivors. The key messages from the document included:

- Establishment of a Commissioner for Victims and Survivors;
- Maintain the values, themes and aims of 'Reshape, Rebuild, Achieve';
- Re-Configuration of Trauma Services (regionally);
- One-Stop-Shop for services for victims and survivors;
- Standards for Counselling Services
- Support for Carers;
- Clarity of Trauma Panel function, role, membership and structure;
- Funding issues for groups and projects.

The consultation process included a series of information roadshows hosted by OFMDFM Victims Unit. John Clarke, Head of the Victims Unit gave a presentation to participants on the issues emerging from the proposed strategy 'Services for Victims and Survivors'. Participants at the Houston's Mill venue included representatives from the statutory, voluntary and community sector as well as individual victims, survivors and their relatives. John

Clarke stated that the appointment of a Commissioner would be an important factor in addressing the issues emerging from the document and that Trauma Advisory Panels would continue to play an important role in the process.

An Interim Commissioner for Victims and Survivors, Mrs Bertha McDougall, was appointed in October 2005 and commenced work in December 2005. The Commissioner will publish a report at the end of 2006 following consultation on services for victims and services, on the role and function of a Victim's Forum for Northern Ireland.



Mrs Bertha McDougall, Interim Commissioner for Victims and Survivors (second from left) pictured at a recent consultation event in the Northern Board Area on the issue of a Victim's Forum.

Action	Date
Establish a Communications Sub-Group	Jan
Produce a Communications Strategy	Feb
Establish a Planning and Development Sub-Group	Feb
Review the Needs Assessment Profile	Apr
Produce a locally focused Needs Assessment Profile	
Training Programmes (Trauma, 'The Troubles' and old age psychiatric conditions)	May
Review Service Agreement with Family Trauma Centre	Jun
Arrange a Planning 'Away Day' (all Panel members)	Jun
Produce an Annual Review	Sep
Training Programmes (Trauma, 'The Troubles' and impact on children)	Sep
Media Training for Panel representatives	Sep
Discuss funding proposals for new service development projects	Sep
Trauma Panel and Partners – A Symposium	Nov
Launch Northern Area TAP Website	Nov
Establish Consultative Support Group	Nov
Produce a three year Business Plan	Dec
Evaluation Report On Projects:	
• Primary Care Link Worker Service;	Dec
• Psychological Interventions;	Dec
• Trauma Services Directory;	Dec
• Trauma Information Resource Pack;	Dec
• Training Programmes.	Dec

Panel meetings are held quarterly with invited speakers from partner organisations attending regularly.

Sheelagh Sheerin, Trauma Co-ordinator for the Northern Area Trauma Advisory Panel, answers questions and provides useful information on trauma and the services available in the Northern Board area.

What Is Trauma?

The word 'trauma' comes from the Greek term meaning 'to wound' or 'to puncture'.

When a person experiences a trauma it means that they have been exposed to an event that has 'wounded' their emotional state and has caused them to experience a state of disquiet and stress.

Experiencing trauma is part of everyday living and anything that disrupts normal events can serve to cause trauma to the person.

What is Post Traumatic Stress Disorder?

Post Traumatic Stress Disorder (PTSD) is an emotional reaction to a deeply shocking and distressing or disturbing experience.

It is a psychobiological reaction (which means it can affect the mind, the emotions and the body). PTSD can result in a complex range of symptomatic reactions which persist over time, including; intrusive thoughts/nightmares about the event or being constantly watchful or on guard.

It is important to note that not everyone who suffers a traumatic experience will go on to have PTSD.

Is there any estimate of the scale of the problem in Northern Ireland as a result of 'The Troubles'?

'The Cost of 'The Troubles' Study', 'Lost Lives' and the University of Ulster CAIN Website have data on the people known to have been killed, injured or been the victim of sectarian attacks but there is no real data on the number of people affected by 'The Troubles'. There is a school of thought that suggests everyone who lives in Northern Ireland has been affected one way or another by the conflict.

How can those in need be reached? Is it a matter of them presenting to a GP in the first instance or being picked up through other community networks?

People who have experienced trauma may well not be aware of how the trauma has affected them. They could well have developed an addiction problem as a result of the trauma or may present at their GP with anxiety problems or sleep disruption.

Who is able to assess whether or not someone suffers from PTSD?

In an instance where a GP may not be able to assess whether a person has PTSD and will refer patients to mental health services. There are a number of

TRAUMA ADVISORY PANELS

specialist professionals working within mental health services in the statutory sector, in the voluntary and private sector. Assessment for PTSD should always be undertaken by an appropriate professional who is suitably qualified to undertake the assessment.

The importance of early psychological intervention has been highlighted but what of those who have already suffered in silence for decades during this long conflict? Is it too late for them?

There is a belief that people can and do get better irrespective of time. He has stated that he has successfully treated people whose trauma experience has happened many years before and there is much evidence to support this.

Therapy/treatment helps people process the memories that have become stuck and this allows the person to reconnect and reclaim their lives.

Research being carried out by the Psychology Department in Holywell Hospital has informed us that early intervention has the potential to prevent trauma victims developing more serious psychotic illnesses as a result.

Is there any relevant international model on the way forward? Or must we deal with specific Northern Ireland issues in our own way?

Many areas in the world affected by political conflict do indeed have support systems in place. There is a lot of good work being done here at present but the potential scale of those who have been affected directly or indirectly is as yet, unknown.

Mrs Bertha McDougall, Interim Commissioner for Victims and Survivors, will look at what needs to be done in terms of planning appropriate support services for the victims and survivors of The Troubles here.

The four Board Trauma Advisory Panel Co-ordinators pictured at the launch of the Information Pack and Services Directory: Clare Quigley, Southern TAP; Sheena Funston, Western TAP; Sharon Campbell, Eastern TAP and Sheelagh Sheerin Northern Area TAP.

Clare Quigley has since been replaced by Iris Matthews for the Southern TAP.



Contact details for each of the other Trauma Advisory Panel Co-ordinators are below:

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**APPENDIX 1:
MEMBERS OF THE TRAUMA ADVISORY PANEL
– AUGUST 2006**

Name	Organisation
Barbara Gillen	Homefirst Training Services
Samantha Brown	CRUSE Bereavement Care
Bernie Butler	Homefirst Finance Department
Elizabeth Clarke	UDR Association
Sinead Downey	NHSSB Public Relations
Sorcha O'Toole	NEELB Educational Psychology Department
Mícheál Gallagher	Homefirst Clinical Psychology Department
David Gilliland	Homefirst CAMHS Service
Betty Given	Antrim Community Development Project
Ben Glancy	GP, Magherafelt
Eugene Hagan	Homefirst Emergency Response Team
Bride Harkin	NHSSB Strategic Planning Directorate
Madeline Heaney	NHSSB Public Health Medicine
Molly Kane	NHSSB Nursing and Consumer Services Directorate
Joyce Kinnard	Causeway Local Health and Social Care Group
Sharon Knowles	NHSSB Social Services Directorate
Sgt Lyn Knox	PSNI
Hugh Logue	United Hospitals Nursing Services
Sam McCleary	Victims Support Agency (Newtownabbey)
Ita McErlean	Victims Support Agency (Ballymena)
Elaine O'Doherty	Northern Investing for Health Partnership
Mary O'Neill	Homefirst Community Development Manager
Mary Frances Quinn	Northern Area Trauma Advisory Panel
Margaret Riddels	WAVE Trauma Centre
Sheelagh Sheerin	Northern Area Trauma Advisory Panel
Sam Vallely	Causeway Social Services
Eric Woods	Northern Ireland Housing Executive

ALTERNATIVE FORMATS

In an effort to make information as accessible as possible, this review can be made available in alternative formats.

For an alternative format, please contact the Northern Area Trauma Advisory Panel using the details below.

This Annual Review can also be found on the Northern Area TAP website at: www.nhssb.n-i.nhs.uk

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