

How can we help?

We can visit you in hospital to provide information about psychological reactions to trauma and strategies to help with distressing symptoms.

If you would like to speak to us during your admission please ask your trauma nurse or ward staff to make a referral to the Adult Liaison Psychiatry Team.

After you have been discharged from hospital we can arrange an outpatient follow up and organise ongoing psychological treatment if necessary.

If you would like to arrange an outpatient follow up please contact the team on the number on the front of this leaflet.

If you need urgent help and you're already in touch with your Community Mental Health Team, please contact them. You can also contact 111, go to your local A&E, or make an urgent appointment with your GP.

Other sources of help

If you are registered with a GP in England you can self-refer to your local NHS Talking Therapies Service. You can search for your local service via: <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/> or speak to your GP about a referral.

Useful resources

- The website <http://www.aftertrauma.org/> has lots of information and links about recovery and rehabilitation.
- [Coping with Trauma workbook | Good Thinking \(good-thinking.uk\)](#)

More information

Visit our website for more information or scan the QR code below: <https://www.cuh.nhs.uk/our-services/major-trauma-psychology-service/>



Leaflet published: March 2020

Leaflet review date: January 2025

Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775 or Team's landline 01223 219444, or e-mail palsandcomplaints@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

Major Trauma Psychology

Understanding and
managing distress
following an unexpected,
traumatic event

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Being involved in, or witnessing a sudden accident, incident or major disaster is something that we do not expect to happen. You may experience a range of unfamiliar emotions and physical reactions associated with the shock of the event. These can be intense, confusing and frightening.

This leaflet explains about normal psychological responses to trauma, how to cope and where to seek further help if needed.

Common early reactions

In the hours, days and weeks following a traumatic event it is normal to experience any combination of the following:

- Feelings such as sadness, anxiety, fear, anger, guilt or shame
- Being more tearful than usual
- Disorientation and/or confusion
- Nightmares about the traumatic event
- Reliving the event, feeling like it's happening again
- Trying to avoid reminders of what happened
- Feeling numb or disconnected
- Feeling 'on guard' or on the look out for danger
- Being more easily startled or jumpy
- Difficulty sleeping
- Feeling more irritable than usual
- Withdrawal from other people

You may also experience physical reactions such as tiredness and exhaustion and/or notice physical symptoms of anxiety such as a racing heart, feeling faint or dizzy, having an upset stomach, breathlessness or tension headaches.

Short-term self-help

There are things that you can do to try and promote psychological recovery in the early days following a traumatic accident or event:

- In hospital you were given a Major Trauma pack, this contains information sheets on strategies to help you manage anxiety and flashbacks.
- You may find that you don't want to discuss what happened at first and this is ok. However, when you feel ready, it helps to talk about your experiences with someone you trust and to allow yourself to express your feelings about what has happened.
- Avoid spending too much time looking at media and social media versions of events.
- Try to keep daily routines going.
- Make time to do things that you enjoy.
- Spend time with people you feel close to.
- Look after yourself: eat sensibly, establish a healthy sleep pattern, exercise if you can, reduce alcohol & caffeine
- Trauma memories are often fragmented and confusing. When you feel ready it can help to try and gather factual information about what really happened to try and help make sense of it.

Longer-term reactions

The early reactions described in the previous section usually fade with time. However, some people may develop longer-term reactions such as post-traumatic stress and depression.

Post Traumatic Stress involves:

- Regular and intense re-experiencing of the trauma, such that it is difficult to feel you have any control over the memory of the event
- Avoidance of reminders of the situation and perhaps other everyday activities you used to carry out.
- Feeling emotionally numb and disconnected
- Increased anxiety including sleeping difficulties, and feeling jumpy and irritable.
- Increased concern for your own or others' safety to an extent that begins to interfere with your life.

Depression involves symptoms including:

- Continuous low mood or sadness
- Feeling hopeless and helpless
- Reduced confidence
- Feeling tearful
- Feeling guilty and self critical
- Feeling irritable and intolerant of others
- Having no motivation or interest in things
- Finding it difficult to make decisions
- Not getting any enjoyment out of life
- Having suicidal thoughts or thoughts of harming yourself
- Withdrawing from people
- Physical symptoms including disrupted sleep, loss of energy, aches and pains and changes to your weight.

If you find that you are experiencing some or all of the things described above, for more than one month after the incident it is important to seek further advice. The good news is that persistent symptoms can be treated successfully with evidence based talking therapies and/or medication.