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THE TENTS GUIDELINES
FOR PSYCHOSOCIAL CARE
FOLLOWING DISASTERS AND MAJOR INCIDENTS



The European Network for Traumatic Stress (TENTS), funded by the European Union, aims to develop European wide networks of expertise on psychosocial care and posttraumatic stress management for those affected by disasters. TENTS also aims to increase post disaster mental health service capacity by helping to develop more evidence based and effective services. To facilitate this, the TENTS guidelines have been developed for the delivery of post disaster psychosocial care. This leaflet introduces the TENTS guidelines.

The TENTS Guidelines are recommended to be used as a model for the delivery of psychosocial care following disasters and major incidents in all European countries without being made mandatory. They are aimed at the provision of psychosocial care for areas with a population of 250,000 to 500,000 people although can be adapted for larger or smaller areas. They are divided into six sections that cover: planning, preparation and management; general components; and specific components to be included at particular phases of the response.

Several of the components focus on individuals but all aspects of psychosocial care should only be provided with full consideration of individuals' wider social environment, especially their families and communities.

1. Planning, preparation and management

The 12 recommendations in this section are underpinned by the creation of a multi agency psychosocial care planning group in every area which is responsible for developing and maintaining guidelines on the provision of psychosocial care in emergencies (a psychosocial care plan). Individual recommendations include a training programme to ensure that individuals are prepared for their roles and responsibilities, and ongoing training, support and supervision for care providers. The need for governments/authorities to provide adequate funding to maintain an appropriate psychosocial care plan that can be effectively delivered should a disaster occur is also included.

2. General components of the response

The 16 recommendations in this section are underpinned by the promotion of a sense of safety, self and community efficacy/empowerment, connectedness, calm and hope. Other recommendations include: the facilitation of conditions for appropriate communal, cultural, spiritual and religious healing practices; avoidance of specific formal interventions such as single session individual psychological debriefing for everyone; avoidance of formal screening of everyone affected but awareness of the importance of identifying individuals with significant difficulties; involvement of local individuals who are aware of local cultures and particular communities if not already members of the psychosocial care planning group; the provision of other services, for example financial assistance and legal advice; and the planning of memorial services/ ceremonies in conjunction with those affected.

3. Specific components of the initial response (within the first week)

The 11 recommendations in this section include: recognition that the initial response requires practical help and pragmatic support provided in an empathic manner; that information regarding the situation and concerns of individuals affected should be obtained and provided to them in an honest and open manner; that individuals should be neither encouraged nor discouraged from giving detailed accounts; a telephone helpline that provides emotional support and a website concerning psychosocial issues should be launched; and a humanitarian assistance centre/one stop shop should be established where a range of services potentially required can be based.

4. Specific components of the early response (within the first month)

The 5 recommendations in this section include: the formal assessment of individuals with psychosocial difficulties for further input; treatment with trauma focused cognitive behavioural therapy for acute stress disorder or severe acute post traumatic stress disorder; and the availability of evidence based interventions for individuals with other mental health difficulties.

5. Specific components of the response one to three months after the disaster

The 6 recommendations in this section include: treatment with trauma-focused cognitive behavioral therapy (TF-CBT) as the treatment of choice for acute post traumatic stress disorder; the availability of other treatments with an evidence base for chronic post traumatic stress disorder for individuals with acute post traumatic stress disorder when TF-CBT is not available or is not tolerated; and the proactive contact of individuals with high levels of distress.

6. Specific components of the ongoing response (beyond three months)

The 4 recommendations in the final section of the TENTS Guidelines include: the provision of work/rehabilitation opportunities to enable those affected to re-adapt to everyday life routines and be independent; and that detailed planning should occur with local authorities/governments and existing services to fund and provide appropriate extra provision to support local services for several years following the disaster.

The full guidelines and further information about The European Network for Traumatic Stress are available to download from www.tentsproject.eu.