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The Lockerbie air disaster
One psychiatrist's experience

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I suspect I have a certain modest reputation in psychiatric circles as a "cautious researcher". What follows is neither cautious nor research; it is an intensely personal account. I have no doubt that many of my colleagues, medical and non-medical, saw things in a very different way.

Wednesday, 21 December 1988

At 8 p.m. there is a rumour in our hamlet outside Dumfries of an air crash in Lockerbie. My first thought is it must be one of the low flying RAF jets which are such a nuisance in South West Scotland. As I am meant to be curling at Lockerbie Ice Rink at 9 p.m. I phone the police for information, but the line is constantly engaged. Optimistically I decide to set off for Lockerbie, but the car radio tells me it is a Pan Am jet with 300 people on board. This cannot be true, not in Lockerbie.

I return home and phone the hospital (Crichton Royal, Dumfries) to be told by the duty nursing officer that one of our admission wards can, if necessary, be emptied to take any overspill from the local Infirmary, if wards there need to be vacated. I phone again an hour later to be told only five casualties have been admitted to the Infirmary and they're not expecting any more; the Crichton Royal is "standing down". I can't believe there are 300 people lying dead just ten miles away. The news programmes are now full of it.

Thursday, 22 December

A phone call wakes me after 1 a.m. It's a professor of psychiatry from London. "The media are interviewing me later this morning. What can you tell me about Lockerbie? What do you think will be the psychological consequences?". Half awake I mumble what I know about Lockerbie – sleepy border town, close-knit community etc. etc. I stumble back to bed thinking what a cheek to phone at that hour.

I am at the hospital by 8.30 a.m. I know there is bound to be considerable psychological distress in Lockerbie. The Crichton must make its response, but first I have to find out what's happening there. A most frustrating hour follows. All telephone lines are constantly engaged or unavailable. It is impossible to contact anyone – police, the general practitioner surgery in Lockerbie, the social work department – and also one of our consultants who lives in Lockerbie, and has recently been off sick. Is he alive?

I arrange for the consultants to meet at 11. I have a brief meeting with the Unit General Manager and the Director of Nursing Services. The response from the Crichton must involve all professionals. I let the senior psychologist know my view on a joint initiative.

At 11 the consultants decide that in the absence of any news from Lockerbie we must go there and offer our help. A flurry of phone calls follows. I include the Health Board and Chief Administrative Medical Officer, and let them know what we have decided. The Lockerbie based consultant phones in – he and his family are safe. He is already in touch with the town's GPs. They seem to be coping, but the senior surgeon at the Incident Centre in Lockerbie Academy would welcome our presence.

By 12 mid-day we have a team – three consultant psychiatrists, three psychologists, three community psychiatric nurses and a hospital-based social worker. We have cell net phones from the Community Unit Manager – somehow he has also managed to contact the police by phone, and we will be allowed through the various police roadblocks. "Lockerbie is sealed off".

We set out in the hospital minibus at 12.30 – we have no knowledge of what Lockerbie is like. We have no idea what we will find there.

After the first diversion (which we ignore) the road to Lockerbie is eerie. It's quite empty of traffic. There is an ominous stillness in the air. The police let us through the main roadblock on the outskirts of town. Squads of soldiers are tramping through the streets. No-one else is visible. Where is everyone? Lockerbie Academy, the Incident Centre, is indescribable. Soldiers and police predominate. People rush backwards and forwards, everyone seems to be furiously active. No-one wants to know about us – we are moved from one desk to another. Eventually we find

the medical room. The senior surgeon from the local Infirmary puts us in the picture. The doctors are not "doctoring"; they are helping the search parties distinguish animate from inanimate remains. He tells us the best thing he can do is show us where the social work department is based in the school. Eventually we find the office and the Assistant Director of Social Work in charge. They also don't really want to know about us. We go to the main reception area, and meet among others the Salvation Army and the Pan American doctor who knows less than us about what's going on. We see Mrs Thatcher flitting from room to room. We return to the social work offices, repeat our desire to help, and eventually arrange a meeeting with the social workers and police at 4 p.m. The meeting is inconclusive. The social work department has met the immediate physical needs of the residents. Those who have lost their homes have been rehoused. American relatives are expected, but only two have so far come. "There is nothing for you to do just now". We make our way back to the hospital. Have we achieved anything today? Our presence has been made known in the Incident Centre, but not felt. We decide to return in the morning, but in fewer numbers – no more than two or three at any given time. All-in-all a frustrating experience. We want to help where some help is necessary, but how can we give it?

That evening the ward staff are to have a Christmas "night out" in a local hotel. I had planned to go. Should I? Yes. I nurse one gin and tonic throughout the meal. The company is good, but the food tasteless – most surprising for the hotel has a good reputation. I return home, talk over the day's events with a neighbour, then fall into a restless sleep.

Friday, 23 December

At the 9 a.m. meeting with the consultants, a report is given of the previous day's activities. It is already clear two teams should develop: the Lockerbie-based consultant with perhaps community psychiatric nurse back-up will liaise with the family doctors; and a second team should maintain its presence in the Incident Centre to give help to the American relatives and if necessary support the search-teams.

There is then a brief lull. I go to the ward and deal with one or two clinical problems. Luckily the ward is quiet, and it being Christmas week I have not arranged any out-patient clinics for the Thursday or Friday. At 11 the London professor phones back, or rather the professor's secretary, seeking an update on events in Lockerbie. The media are wishing another interview. My reply is terse.

The psychiatric team from the Incident Centre phones in (the cell net phones are proving invaluable). There are now 40 social workers at Lockerbie Academy, but only seven American families. I ask my colleague to repeat that number. "Forty". They have come from all over Scotland and the north of England. There is little else to report – no progress has been made in establishing a base in the school, there are many anxious looking people, especially among the young soldiers, but no-one is seeking help.

In the afternoon the Lockerbie consultant unexpectedly arrives at the hospital. His report is the first firm evidence that we are doing some good. He witnessed the crash, he knows many townspeople personally, and he has already lent a sympathetic ear to a number of quite obviously distressed people. He plans to visit the general practitioners' surgery each day until further notice, and would apreciate the help of the CPN team.

There is a meeting at 5 p.m. We agree on a rota to visit the Incident Centre until 27 December. The Fire, Ambulance, Police and Social Work Services have been given the Crichton Royal telephone number; we therefore set up another rota of people prepared to visit anyone at their home who seeks our support through this help line.

I go home. The general manager of the Health Board phones. He knows about our difficulties in the Incident Centre. He has visited, and hopes we might have our own base there very shortly. A professor of psychiatry from Los Angeles phones – he offers his help. He is prepared to come to Lockerbie that weekend. He says the most important thing is that all, but all, residents in Lockerbie must get together, at once, to talk the whole disaster through. I take his phone number, and say I will phone back if his help is required. I can't imagine what the Lockerbie people would make of that suggestion.

Saturday, 24 December

A quiet day. I do some last minute shopping in town, and make final preparations for the Christmas Day meal.

Sunday, 25 December

My neighbour's family and my family plan to have Christmas lunch together. The phone starts ringing at 10.30 a.m. The Crichton Royal team at Lockerbie Academy has been informed a large number of American relatives are expected at 1 p.m. They may need help. Could I arrange a back-up team from the Crichton to be called upon if necessary? A flurry of phone calls results in six staff standing by. Another phone call at 2 p.m. from Lockerbie tells me it's a false alarm, the relatives are not in sight. I stand down the Crichton Royal back-up team. Lunch goes well.

Monday, 26 December

A quiet morning and afternoon. I phone the Lockerbie consultant. He is tired, but coping well. At 7 p.m. *The Times* phone. They want an interview. I try to highlight the three separate groups who might need help – the Lockerbie residents, the American relatives and the searchers.

Tuesday, 27 December

The Director of Nursing Services phones. We have been allocated a room in the Academy – six days after the crash.

Wednesday, 28 December

At 9 a.m. we have a meeting to let everyone know what's happened over the past four days, and to plan what we should do next. The Health Board Manager is there, as is the senior surgeon from the Infirmary, and a family doctor from Lockerbie.

The Lockerbie based consultant reports that he and two CPNs have now seen 25 to 30 people, mainly townspeople, but also Regional Council workmen and their wives. Some were one-off consultations, others are clearly going to need longer term follow-up. The Lockerbie GP thinks the Crichton Royal/GP liaison is working very well.

The helpline for the support services has not been used.

The surgeon welcomes our presence in Lockerbie Academy. However, we also get a report from those who have manned the Incident Centre over the Christmas period. It is disappointing. There are informal (very informal) links made now with Social Work, Police, Army and Pan Am, but no direct referrals to the team, referrals of either American relatives or stressed searchers. We discuss again the possible reasons for this. We know people won't want to be seen as "mentally ill". We are trying to play this down, but none the less the Crichton is known throughout the region as the local psychiatric hospital. We agree we should keep our presence at the Academy, and that we should make known even more widely our availability and helpline number to the search teams by distributing leaflets throughout the Centre. The meeting ends with two further rotas being drawn up – one for Lockerbie and one for the helpline.

The Scottish Home and Health Department phones me in the afternoon. How are things going? I tell them.

The Assistant Director of Social Work in charge of day-to-day operations in Lockerbie phones. Can he come and see me? Of course he can. At 4 p.m. he tells me that the social work department is already thinking about the long term. He plans to set up a team of three, possibly four, social workers to work full time for up to one year in Lockerbie. This seems excessive to me – he says he prefers to err on the side of caution. He wants to liaise closely with Crichton Royal in this development. I welcome this, and strongly reinforce the idea that any effort must be a joint one with family doctors, Crichton Royal and the social work department.

Friday, 30 December

The newspaper *Scotland on Sunday* wants an interview. I give them one, and stress the value of the local Lockerbie team over the past week. The reporter seems more interested in hearing about the searchers.

We meet at 4 p.m. to plan our activities over the New Year period. The Chairman of the Board is also present, and thanks everyone for the efforts we have put in over the past eight days. The Lockerbie consultant reports that he and the CPNs have now seen 70 people. He thinks there are many more to come. The Lockerbie GP says they will only be running an emergency service over the next three days. It is clear that most of the useful psychiatric work is being done by the Lockerbie consultant and the CPN team. We ask them if they need more help. They say no, but maybe one more CPN in reserve would be useful.

There is continuing frustration in the Incident Centre. Although senior police say that, "yes some of our lads need help", no-one actually comes forward. The American relatives, small in number at any given time, are being looked after very intensively by the social workers. As we have now distributed our leaflets widely throughout the Centre telling everyone about our availability, we agree we must keep up our presence at least until after the New Year.

The helpline has still not been used. We agree to keep the line open, but any calls can be directed to the duty consultant for the week.

We discuss the social work long-term plans. We agree we must co-operate but the Lockerbie GP and the consultant are very firmly of the view that help wherever possible should come from locals. The townspeople of Lockerbie will not welcome outsiders telling them what's best.

A suggestion is made that we might embark on follow-up screening of the population. My immediate thought is that the last thing the people of Lockerbie need is a General Health Questionnaire.

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