

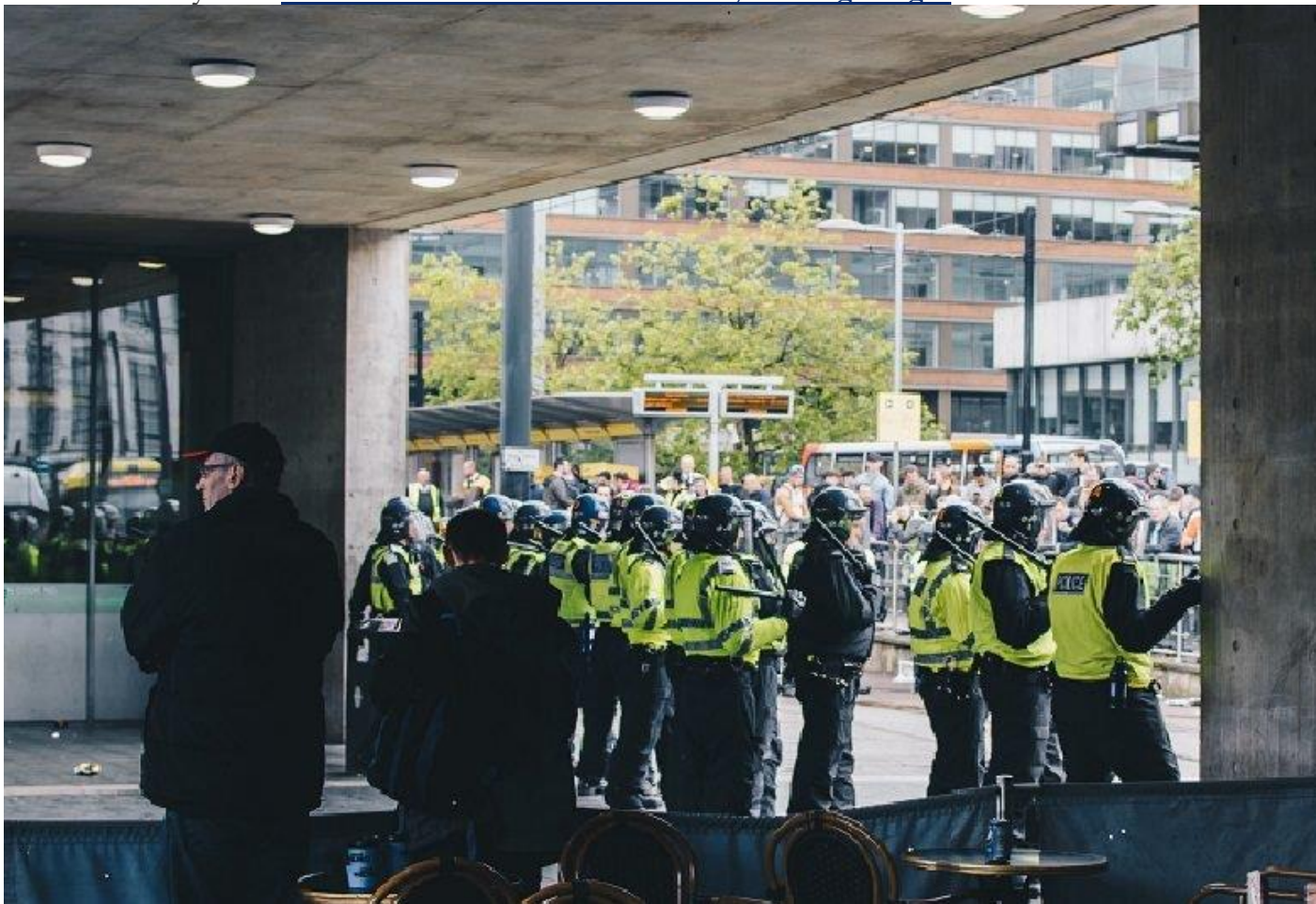
Policinginsight

INTERVIEW:

Light at the end of the tunnel: How post-traumatic stress disorder can be successfully treated



8th May 2018 [Tina Orr Munro - Associate Editor, Policing Insight](#)



Director of Staff Absence Solutions Ltd Mark Eastwood has worked in the rail industry for many years treating employees following traumatic rail-related incidents. Now working with police forces, Mr Eastwood tells Policing Insight how, with the right support, officers and staff can recover from psychological and physiological conditions caused by work.

What prompted your decision to set up Staff Absence Solutions Ltd?

From a personal perspective, my decision was based on my own traumatic experiences and the lack of appropriate help, support and assistance available to me from my GP, the NHS, and my employers. In all areas, I felt badly let down, although I now understand their collective limitations. As an example, I went through a period of work-related stress and felt that I needed time from work to recover. I visited my GP and after I declined the offer of anti-depressants, I had to wait seven months for access to counselling and then CBT (Cognitive Behavioural Therapy). I found these ineffective and more of a sticking-plaster solution.

From a professional perspective, I was managing large teams of people, where absenteeism was a constant challenge, always high on the agenda. The frustration was that, as a therapist in my spare time, I knew what my team needed, but never had the resources available, so had to trust GP's, the NHS and our Occupational Health department to deliver an appropriate solution.

I valued the people in my team, but operationally and financially was not able to invest in them the way I thought I should.

When I had the opportunity to take voluntary redundancy, I launched SAS to be exactly the resource that I needed as a manager – a 'one-stop shop' where I could refer my team and have the confidence to know that they would have immediate access to specialist, appropriate care.

I launched the company in October 2012

Do you have any data which demonstrates the success of the treatment you offer?

I find statistics and welfare to be strange bedfellows. The importance of the work SAS provides for our clients is based on bespoke treatment, a person-centred approach and appropriate therapy. If our therapists understand a person's symptoms and the root-cause of their condition then have the tools to address them, recovery is not only possible, it is probable.

SAS developed our approach within the railway industry, with a particular interest in treating train drivers who had been involved in incidents of suicide and fatality, resulting in a diagnosis of PTSD. During the last six years, we have changed rail industry protocols from leaving drivers for 4-6 weeks to 'process the incident' and then treating them with conventional therapy to immediate access to treatment from SAS. This approach has significantly reduced the recovery time from over 150-days to around 32. We now apply the same principles within the police, with similar results.

Some people have strong support networks and take up the offer of our Functional Integrated Therapy (FIT), once they are ready. Others are adversely affected and are unable to function normally. These are offered an appointment within 48-hours.

Their treatment encourages them to recognise that the signs and symptoms are not a fixed state and if they engage with our skilled therapists, they will make a full and long-lasting recovery.

Over the last six years, SAS has treated a variety of conditions, including: –

Psychological:

- Work Related Stress
- Anxiety/Depression
- PTSD
- Grievance
- Bereavement
- Relationship problems
- Trans-Gender/Gender Re-assignment
- Gambling/Drug/Alcohol Addiction
- OCD's
- Confidence/Motivation
- Redundancy
- Pain management
- Insomnia

Physiological:

- Back/Shoulder/Knee/Hip Pain
- Muscular Pain/Strain/Sprain/Tear
- Sciatica
- Frozen Shoulder
- Whiplash
- Ligament Pain/Strain/Sprain/Tear
- Pre and Post Surgery support
- Headaches/Muscular Tension
- Swollen Joints
- Tendonitis
- Bursitis
- General Aches and pains
- Diabetes Management/Recovery

Your background is in the rail industry – are there any parallels or lessons for the police service in how to approach staff absences resulting from complex physiological and psychological conditions?

I think that there are definite parallels and lessons to be learned. When we first brought our approach to policing, we found that our railway protocols worked well, but we redesigned certain aspects so that railway specific became police specific. One of the main differences, especially with incidents of trauma, was that police officers can be affected not only by the incident itself, but also by their commitment to preserving evidence and identifying the civilians involved and then notifying next of kin. This can

result in a diagnosis of 'Complex PTSD' because of the additional exposure to trauma and greater involvement in an incident.

The introduction of 'TRiM' (Trauma Risk Management) and 'Mind – Blue Light' has been a major step-forward, but, as with the current wave of MHFA (Mental Health First Aid) initiatives, these are designed to be employee/peer based triage, rather than a solution for those identified as requiring specialist support. Triage is not a solution, just a signpost to appropriate treatment. That's where SAS come in. We are a recognised authority, using modern therapies that are not available via a GP or the NHS.

Many organisations with TRiM or MHFA in place are now using their champions to refer directly to SAS for immediate intervention. In addition to our expertise, SAS are independent and confidential. This enables our therapists to address any symptoms that are present, including cases where an employee is uncomfortable in disclosing personal issues to their line manager.

How well, overall, do you feel the police service responds to those affected by PTSD?

SAS has been working closely with police force employees for over 18 months. Although I feel that each force has a positive approach to PTSD and psychological conditions, there are still employees who feel that to admit having a mental health problem may result in the loss of their job, being removed from 'front-line' duties, or being labelled as 'sick, lame and lazy'. The stigma around mental health is diminishing and is high on the agenda for most organisations. At SAS, we work very closely with OHU, HR, the force doctor and in-house psychotherapists to enhance the levels of support and expertise, delivering treatment, in complex cases where conventional methods have been unable to deliver a solution.

What could the police service do better?

I believe the answer lies in consistency and that everyone appreciates that there is a confidential and independent service available for all employees to access.

The current climate of continual budget cuts and savings and being asked by central government to do more with less has focused efforts towards reducing long-term absenteeism. Some forces have now employed a 'spend to save' initiative and the SAS approach of immediate access to appropriate treatment supports this, whilst dovetailing into other initiatives such as TRiM.

There has been a significant change in the force that we work with. Employees have seen a positive change towards investment in them and their wellbeing.

Examples of feedback following treatment by SAS include, 'being sent to SAS made me feel valued', 'I had given up on ever recovering from my back-pain, but SAS treated my mind and my body and now I enjoy the job again' and 'my GP said I was lucky to get this from my employer as I couldn't get it from the NHS'

What do you feel is the best approach?

There is not a one size fits all strategy when it comes to employee wellbeing. Each employee has their own story, their own background and their own symptoms. Whether their symptoms are psychological or physiological (or both), only by identifying and understanding the root cause of the condition, will a full recovery be possible. By providing independent, specialist, confidential, Functional Integrated Therapy, SAS are able to deliver a treatment plan as unique as each individual employee referred.

The therapies we use, and some specialist tools and protocols that we devised for ourselves, identify each persons preferred forms of therapy and their learning style, to maximise the efficacy of each therapy session.

Our highly skilled team of therapists is trained to deliver treatment unlike that of any other welfare service provider and their aim is to assist each person to make a complete recovery and to be the best that they can be.

What does success look like in terms of treating people with mental health conditions?

Success is always subjective. In the case of mental health conditions, success is delivered by addressing all of the symptoms that are present at the start of treatment. The employee should be able to recognise the changes made and have no emotional attachment to thoughts about the incident or when asked to describe the incident to others. Treatment is complete when the therapist(s) and the employee are happy with the outcome. At this point, the employee will be back to normal life, or on many occasions, feeling much better than they were before their symptoms materialised.

With musculo-skeletal conditions, we would expect the employee to be pain-free and be able to function normally.

Are there any quick or easy wins an organisation could implement that would make a difference to those suffering mental ill health?

The short answer would be to send their employees to us at SAS! Organisations should have confidence in their welfare service provider. They would need a specialist company, with experience in treating employees with complex psychological and physiological conditions, combined with an understanding of the demands of a modern police force. They would need an assurance that their welfare service provider is independent and confidential, with the ability to deliver appropriate therapies with immediate access rather than a waiting list.

Employees would need the confidence to know that treatment is bespoke and open-ended.

SAS has access to serving police employees that we consult with on a regular basis, to gain a valuable insight into the challenges of modern policing. SAS do not treat labels, they treat people.

Case Study

An employee was referred with a history of trauma. Consultation revealed that he had, three years earlier, been a train driver involved in an incident of suicide that had affected his ability to function and resulted in long-term use of prescribed drugs. As a result of his reliance on anti-depressants, he was unable to return to his position as a train driver and was relocated in a booking office.

Over the past two years, his booking office had been broken into on several occasions but he had advised his employer that he was okay. On the last occasion, a week earlier, the burglars trashed his personal belongings, including cherished photographs of his wife and children. The employee saw this as the last straw, that his world was against him, planning his suicide, because he felt that to be the only long-term solution to his symptoms.

His therapist asked about his suicidal ideation and revealed that the employee planned to jump from a motorway bridge during the rush hour, on a specific day. He had normalised his intent and was calm and focused on 'checking out'. An initial two-hour session was extended to 3-hours and the employee agreed to Functional Integrated Therapy, to address all of his symptoms. By the end of the session, he understood his thoughts and feelings and felt capable of making a recovery and focusing on a positive future.

He agreed that SAS could contact his GP to inform him of the situation and that he would continue with his planned treatment, which addressed all of his symptoms, including the PTSD from the initial incident of fatality up to the final booking office break-in. He returned to work once his treatment was complete and now feels that he is happy and back to normality.

Mark Eastwood is the Director of [Staff Absence Solutions Ltd \(SAS\)](#) which offers bespoke therapeutic treatments to those who have been affected by a major trauma. Email: mark.eastwood@staffabsencesolutions.com