

Change • Challenge • Opportunity

Injury & Disability Schemes Seminar



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PTSD: The Informed Health Consumer

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Phoenix Australia: Centre for Posttraumatic Mental Health

- *Not-for-profit organisation*
- *Affiliated with the Department of Psychiatry at the University of Melbourne*
- Mission: To be an international leader in building the capability of individuals, organisations and the community to understand, prevent and recover from the adverse mental health effects of trauma.



Phoenix Australia

- Three streams of work:
 - **Research:** military, veterans, emergency services, disaster survivors...
 - **Policy and Service Development:** High risk populations – law enforcement, first responder, security, military, media, transport, legal agencies, health services...
 - **Training:** Disaster response, trauma related mental health interventions, high risk agencies resilience, peer support and self care.

Phoenix Australia

Centenary of Anzac Centre

- Improve treatment – test new treatments, enhance treatment effectiveness, address gaps in knowledge
- Expert advice and guidance for practitioners

Across Australia there are over 80,000 full-time emergency services staff and 300,000 registered health services practitioners. One in 10 emergency service workers will experience post-traumatic stress disorder (PTSD) and similar incidences occur within the health industry.

What is trauma?

Experiences or events that are “out of the ordinary” – assault, abuse, rape, motor vehicle accidents, natural disasters



Single or
isolated
events



Chronic or
prolonged
events



Responses to PTEs

Even great jobs have

bad days

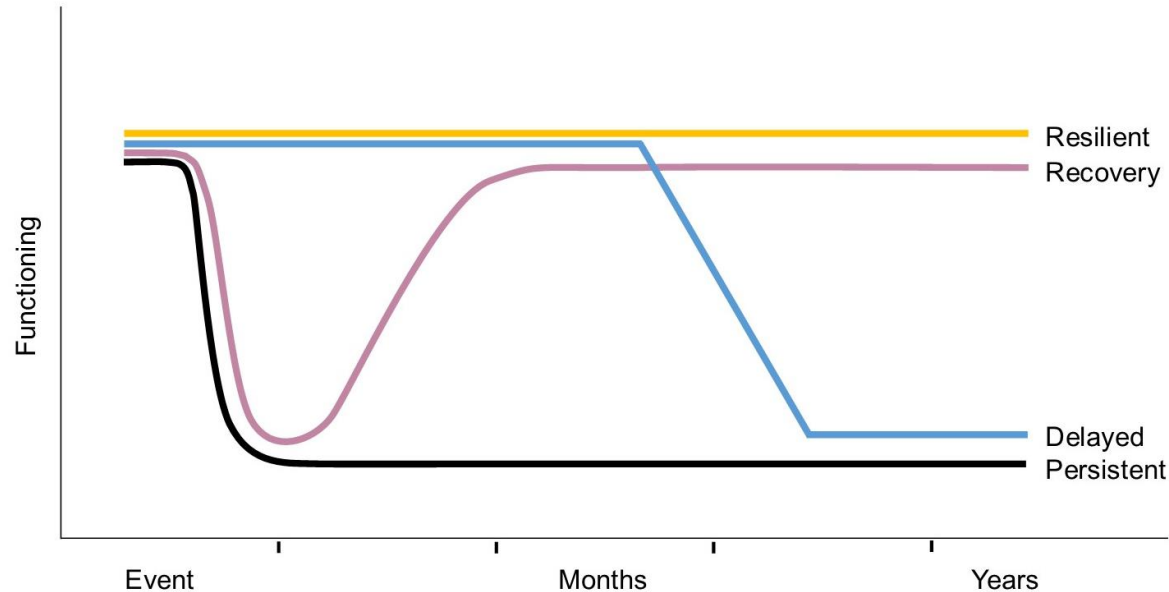


Trauma

- In relation to PTSD, trauma has a very specific definition:
 - Exposure to or witnessing an event that threatened death or serious injury
 - Learning that a close relative or close friend was exposed to trauma involving actual or threatened death
 - Exposure to unpleasant event details as part of professional duties
- Such events include war, torture, sexual assault, physical assault, natural disasters, accidents and terrorism



Common Patterns of Trauma Response



Potential for posttraumatic growth alongside all trajectories



Posttraumatic Stress Disorder

- One of a range of mental health problems that can happen following trauma
- Includes 4 types of experience:
 - Memory keeps coming back (re-experiencing)
 - Try to avoid or stay away from things that trigger traumatic memories (avoidance)
 - Persisting negative feelings or thoughts related to the traumatic event
 - Keyed up and on edge (hyperarousal)



Prevalence of PTSD in ES

- **Emergency workers have higher rates of PTSD than the general population**
- General Population – 4.4% (Australia)
- Ambulance Personnel - 14.6% -20%
- 79% of student paramedics experience psychological distress
- All Rescue workers – 10%
- Fire Fighters – 7.3%
- Police Officers – 4.7%



Prevalence MHD in ES

- Anxiety, Depression, Substance Abuse
- Ambulance Officers – 22-32% other MHD
- 92% of Australian Ambulance Officers report mental and emotional fatigue.
- Increased prevalence of MHD in family members



Risk Factors

- General Job and Organisational Stressors*
- Workplace Social Support*
- Supervisor Support, Behaviour and Leadership
- Time in Service
- Critical incident Job Stressors (type/intensity)
- Cumulative exposure*
- Individual Factors



Economic costs of PTSD

- MHD are leading cause of sickness absence and Long-term work incapacity in developed countries
- Mental Illness costs AU businesses \$11-12Billion per annum
- PTSD is associated with greater disability than other mental disorders
- Has higher healthcare costs than depression and anxiety
- The costs to the community of 'years living with disability' from PTSD would be reduced by 34 percent if evidence-based care were used for all

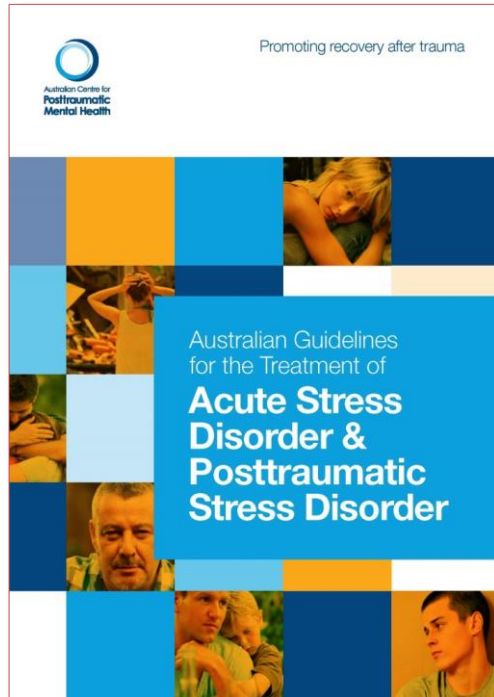


Recovery

- In 50% of cases PTSD will subside without treatment over the course of 1-2 years
- Just as commonly: chronic and ongoing
- Fluctuates in intensity and severity
- Important to access treatment early



Australian Guidelines: ASD and PTSD



- Based on a systematic review of existing evidence and evaluation of the quality of that evidence
- Developed in consultation with experts and people affected by PTSD
- Supported by the Australian Government and approved by peak health research body (NHMRC)
- Endorsed by professional associations, the college of psychiatrists, GPs, and psychological society



Key recommendations

Stepped care Advised

- Ensures individuals receive care commensurate with the severity and complexity of their need.
- Involves ongoing monitoring of people that are more distressed/or at heightened risk of poor outcomes
- Increasingly intensive interventions delivered as indicated

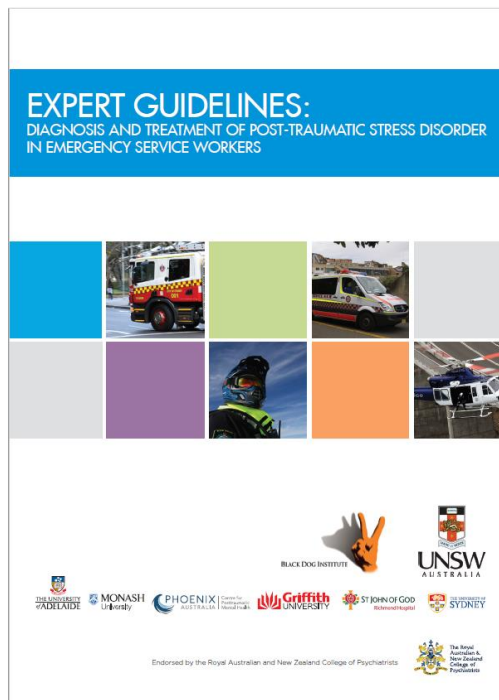


Key recommendations

- First line treatments
 - Trauma-focused cognitive behavioural therapy (TF-CBT)
 - Eye movement desensitisation and reprocessing (EMDR)
 - Consider medication in its own right as preparation for psychological treatment



Expert Guidelines: PTSD in Emergency Service Workers



- Large numbers of emergency workers report ongoing psychological consequences from exposure to trauma, most notably PTSD
- All emergency workers suffering from PTSD should be offered either TF-CBT or EMDR (usually 8 to 12 sessions)
- Early intervention should reduce some of the occupational and social consequences of PTSD
- Medication should be considered for treatment of PTSD in certain conditions
- Remaining at or returning to work should be an aim of treatment and considered an important part of the recovery



What About Prevention and Early Intervention?

- Limited evidence on prevention and early intervention strategies
- BUT developing mentally healthy workplaces, improving mental health literacy and promoting individual resilience are strategies endorsed by experts.



1. Creating a Mentally Healthy Workplace

- *“A mentally healthy workplace is one in which risk factors are acknowledged and appropriate action taken to minimise their potential negative impact on an individuals mental health”* Harvey etal 2014
- Protective and resilience factors are maximised

Creating a Mentally Healthy Workplace

- A number of Australian literature reviews and policy documents on developing healthy workplaces eg
 - Creating Healthy Workplaces. Final Report: Reducing Workplace Stress (Vichealth 2016)
 - Developing a mentally healthy workplace: A review of the literature. (Harvey et al 2014)
 - Workplace prevention of MH problems: A guide for organisations. 2013
 - Mental Wellbeing Policy – Worksafe Victoria
 - Beyondblue National Workplace Program



Informed Workplace Strategies

Harvey et al 2014

1. Designing and managing work to minimise harm
2. Promoting protective factors at an organisational level to maximise resilience
3. Enhancing personal resilience, generally and for those at risk
4. Promoting and facilitating early help seeking
5. Supporting workers recovery from MI and during stressful life events
6. Increasing awareness of MI and reducing stigma

2. Mental Health Literacy

- Universal workplace application eg Mental Health First Aid Training (2000)
- MHFA has been reported to increase participants' self-awareness and pro-active management of their physical and mental health (Lucksted, Mendenhall, Frauenholtz & Aakre, 2015);
- Mental health literacy programs have been shown to increase help seeking and service utilization among individuals at elevated risk of suicide (Hom, 2015);



Mental Health Literacy

- A 4-hour manager mental health training program has also been found to reduce the rate of employee work-related sickness absence (Milligan-Saville et al., 2017).
- Mental health education and First Aid training increases awareness of mental health issues, can reduce stigma and may improve mental health of participants (Harvey et al 2014)



3. Promoting Resilience

- “Resilience has been characterised as the ability to “bounce back” from adversities, [to] “bend but not break” ...” (Meichenbaum, 2011)
- An internal resource that can mitigate the negative effects of stress and enhance one’s ability to maintain mental health during challenging times (Earvolino-Ramirez 2007)

Promoting Resilience

- Pre-Incident Preparedness Training
 - Guidelines Consensus Point:
 - For adults likely to be exposed to a potentially traumatic event, pre-incident preparedness training may facilitate psychological adaptation following the event.

Resilience Training

- Shakespeare-Finch et al (2014) Promoting Resilient Officers Program (PRO)
 - 246 QLD Police recruits with trauma exposure
 - RCT – PRO vs control
 - increases in post traumatic growth, but too early to know if it may help to influence the onset of PTSD symptoms
- Preliminary evidence to support ‘mindfulness’ and ‘CBT’ interventions to promote resilience



What is needed

- Increase community members' awareness of
 - The impacts of trauma
 - Signs and symptoms of PTSD
 - Evidence-based treatments
 - Potential for recovery
 - How to access best treatments



What is needed

- Increase capacity of mental health services and individual practitioners to provide evidence-based treatments
- In Australia and internationally, between a third to a half of practitioners providing treatment do NOT routinely use evidence based treatment



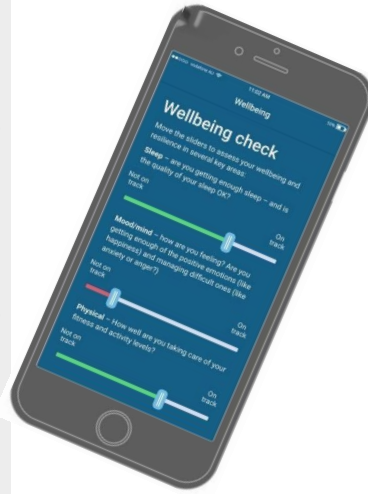
Phoenix Australia Projects

I am noticing unhelpful or unpleasant...

PT
BE

PHYSICAL REACTIONS <i>How does my body react?</i> LIKE: Racing heart, dizziness	THOUGHTS <i>What am I thinking?</i> LIKE: Worry, concentration difficulties
BEHAVIOURS <i>How am I behaving?</i> LIKE: Sleep problems, social withdrawal	EMOTIONS <i>What am I feeling?</i> LIKE: Anxiety or stress, frustration or anger

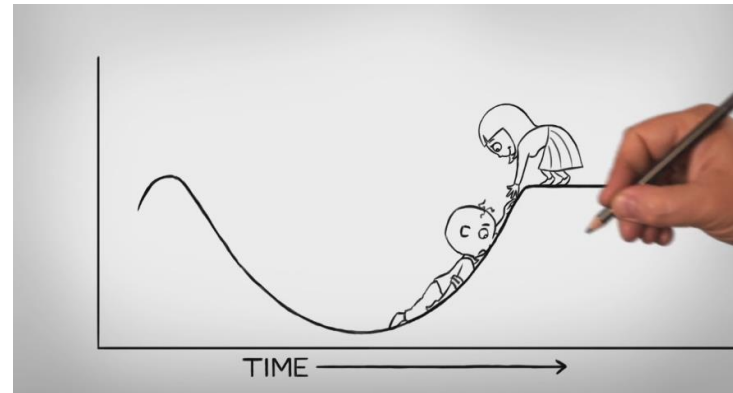
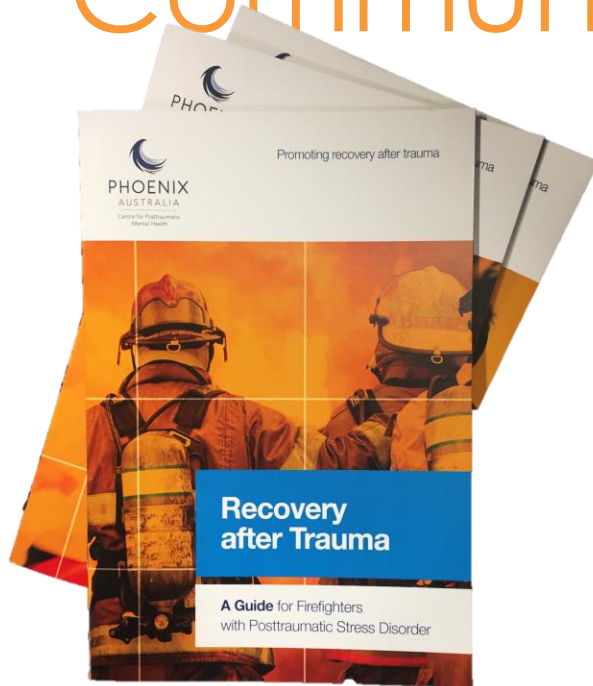
I AM NOT SURE



- Development of High Res web portal with online tools and training for ADF members
- Development of app for Victoria Police
- Accreditation of mental health programs for Department of Veterans' Affairs



Community Education





Key points to remember

- ✓ Trauma is common: most people recover
- ✓ First: practical support, information and get others' support
- ✓ Treatment: *confront memories and beliefs*
medication may help
- ✓ It's never too late to start
- ✓ Remember, it's your treatment; it's OK to ask questions.
- ✓ If something is not working, tell your health practitioner and,
if necessary, ask them to change it.
- ✓ Your local GP is a good place to start



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VIDEO: Looking after yourself







Opportunities for insurers

- Fund/support quality research into prevention/early intervention strategies
- Engage in rigorous accreditation process of mental health programs delivered to clients
- Facilitate dissemination of information to community
- Support training for health care providers
- Advocate for the ongoing development of evidence-base and guidelines
- Provision of accessible information at key access points (workplace, general practitioners)



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Thankyou