PRESENTATION
TO
YORKSHIRE REGION EMDR

14 March 2012

COMBAT STRESS

Ex-Services Mental Welfare Society

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www.combatstress.org .uk

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Combat Stress

- Combat Stress provides community outreach, welfare support and clinical treatment for ex-Service men and women who suffer from mental health problems, including psychological trauma, which might be attributable to or associated with their service in the Armed Forces, Merchant Navy or allied forces.

- Combat Stress is recognised as the specialist ex-Service charity working in this field.

93 Years of Care

- In the region of 105,000 Veterans and their families have been helped
- 4,800 active cases currently registered with the Society. This figure includes 589 who served in Iraq and Afghanistan.
- 1,443 new referrals year ending 31 March 2011
- Working at full capacity

Treatment Strategy

Chronic Disease Management

2005 NICE Guidelines for treatment of Veterans with PTSD

1. Initial preparation
2. Stabilisation and safety
3. Disclosure and working through of the traumatic material and psychotherapy on an individual basis
4. Rehabilitation and reintegration within society; normalising activities of daily living and maintenance within the chronic disease model

Post Traumatic Stress Disorder

- Post-Traumatic Stress Disorder (PTSD) is a complex and debilitating condition that can affect every aspect of a person's life.

- It is a psychological response to the experience of an event (or events) of an intensely traumatic nature. These type of events often involve a risk to life – one's own or that of one's colleagues.

- It is a condition that can affect anyone, regardless of age, gender or culture.

Post Traumatic Stress Disorder

- The sort of traumatic events that might be experienced by members of the general public include physical assault, rape, accidents or witnessing the death or injury of others – as well as natural disasters, such as earthquakes, hurricanes, tsunamis and fires.

- In the case of Serving personnel, traumatic events mostly relate to the direct experience of combat, to operating in a dangerous war-zone, or to taking part in difficult and distressing peace-keeping operations.

PTSD: Common Symptoms

- PTSD is characterised by three main symptom clusters. These are:
- R*e-experiencing.*
- *Avoidance.*
- *Hyper-arousal* symptom clusters.

Post Traumatic Stress Disorder

- PTSD has been known to exist since ancient times, albeit under the guise of different names.

- Although PTSD was first brought to public attention by War Veterans, it can result from any number of traumatic incidents. **The common denominator is exposure to a threatening event that has provoked intense fear, horror or a sense of helplessness in the individual concerned**.

Re-Experincing Symptoms

- Individuals with PTSD repeatedly relive the event in at least one of the following ways:
- Intrusive unwanted memories of the traumatic event.
- Unpleasant nightmares which comprise replays of what happened.
- Flashbacks where they may suddenly act or feel as if they are reliving the event.
- They become emotionally upset if something reminds them of the traumatic experience.
- Palpitations, sweating, feeling tense or shaky if they are reminded about their traumatic experience.

Avoidance Symptoms

- People with PTSD try to avoid thoughts and feelings related to the traumatic event. They find it extremely difficult at times, as the traumatic images and memories intrude spontaneously. Symptoms include:
- Avoidance of activities, places or people which remind them of their trauma.
- Difficulty remembering exactly what happened during exposure to their traumatic event (this reflects the intense fear at the time of exposure).
- Becoming less interested in hobbies and activities that they used to enjoy before the traumatic event.

Avoidance Symptoms (Continued)

- Feeling detached and estranged from people, and feeling that nobody understands them – a tendency to isolate themselves.
- Becoming emotionally numb, and having trouble experiencing their feelings.
- A sense of futility in relation to their future and feeling that somehow they will be stuck down by yet another disaster or tragedy.

Hyper-Arousal Symptoms

- Hyper-arousal symptoms cause problems with relationships, especially problems generated by irritability and anger. They include:
- Great difficulty falling or staying asleep.
- A tendency to being irritable and angry at the slightest provocation and for trivial reasons.
- A tendency to become aggressive, verbally or physically, or to become violent towards themselves or others.
- Great difficulty concentrating, and concentration usually requires effort.

Hyper-Arousal Symptoms (Continued)

- Remaining especially alert and watchful (hyper-vigilant).

- Looking for signs of danger in their environment and in an exaggerated way; they are tuned in to any sign that they might perceive as threatening.

Commonly Associated Symptoms

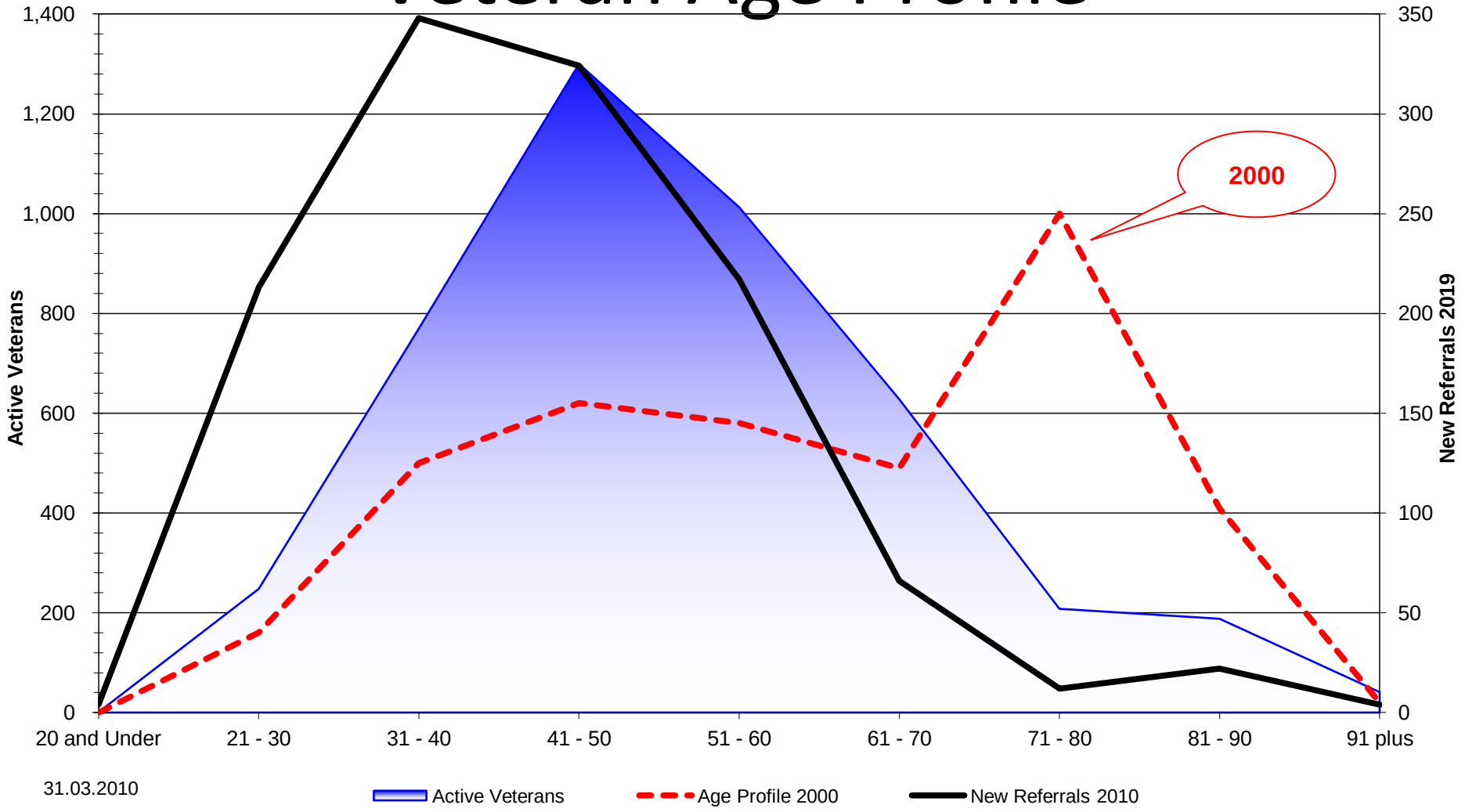
- The other symptoms that are commonly associated with PTSD relate to feelings of guilt, and difficulty relating to authority figures.
- Guilt can take two forms:
- Guilt in relation to what one should or should not have done during the traumatic exposure.
- Survivor guilt: while the individual survived relatively intact (physically, at least), others involved in the traumatic experience did not.

Post Traumatic Stress Disorder

- In many traumatic exposures, the individual may perceive that the system or hierarchy has let them down, and therefore anger and hostility can be a major factor in the presentation of PTSD.

- **It should be noted that the most common co-morbid presentations with PTSD are depression and alcohol abuse or dependence. Co-morbid illness needs to be addressed and treated alongside PTSD.**

Veteran Age Profile



Funding

- Current Government Funding extends to provision of SPO Article 21 remedial treatment to qualifying War Disablement Pensioners (43% veterans using service decreasing)
- Scottish Government intends to fund admissions to Hollybush House for all veterans resident in Scotland from 1 April 2009
- All other admissions (including AFCS casualties) and virtually all community outreach costs have to be met from charitable income . These costs are rising and prevent the introduction of badly needed new capabilities

Referrals

1 April 2009 to 31 March 2010

NHS / Social Services / Service Discharge Boards	13%
Service Charities, Welfare Organisations, VA / WPWS	24%
Self referral	56%
Other	7%

New Referrals

Average Age	42.8 years
Average Length of Service	10.2 years
Interval between discharge and first contact	13.1 years
Attributable War Disability Pension	9 (0.7%)

Short Stay Residential Treatment

Three centres providing a safe boundaries quasi-military therapeutic environment particularly well suited for the veteran patient unwilling to engage with therapy in a “civilian” NHS setting

Audley Court, Shropshire
27 places inc 4 carers

Tyrwhitt House, Surrey
30 places (being upgraded)

Hollybush House, Ayrshire
25 places plus 4 – 6 carers

Care in the Community

Combat Stress meets the needs of **Veterans living in the community** who are suffering from poor mental health

- We aim to engage with the veteran living in the community with mental health problems. Some have tried to engage other services with limited success
- We are a care in the community service aiming to help veterans and their families struggling with the extremely debilitating affects of military trauma related mental ill health

Care in the Community

Combat Stress provides a unique model of care tailored for the veteran who will not seek help from the NHS or who has reached the end of the line with what is available in the NHS

- Services designed to help veterans with mental health problems often bringing them back from the brink of despair, and teaching them how to get on with their lives again
- Interventions designed to prevent further deterioration, to stabilise, and which aim to achieve a positive trajectory and outcome
- Programmes which take a whole person needs approach to the problems being experienced by the individual
- Procedures aiming to encourage the benefits which can be gained through partnership working with NHS practitioners and with other organisations and service providers, and to return the veteran to the care of local community services where these exist, are of a satisfactory nature and are needed

Care in the Community

Combat Stress has a number of essential components in the services it provides. These components are carefully integrated so as to bring focused care to the individual veteran

- Community Outreach – 14 specialist teams working in the community.
- Clinical work conducted in the Combat Stress short stay residential treatment centres up to 2 weeks and also a 6 Week intensive PTSD programme.
- Reservist Liaison Team
- 24 Hour Helpline (0800 138 1619)

Community Outreach Services

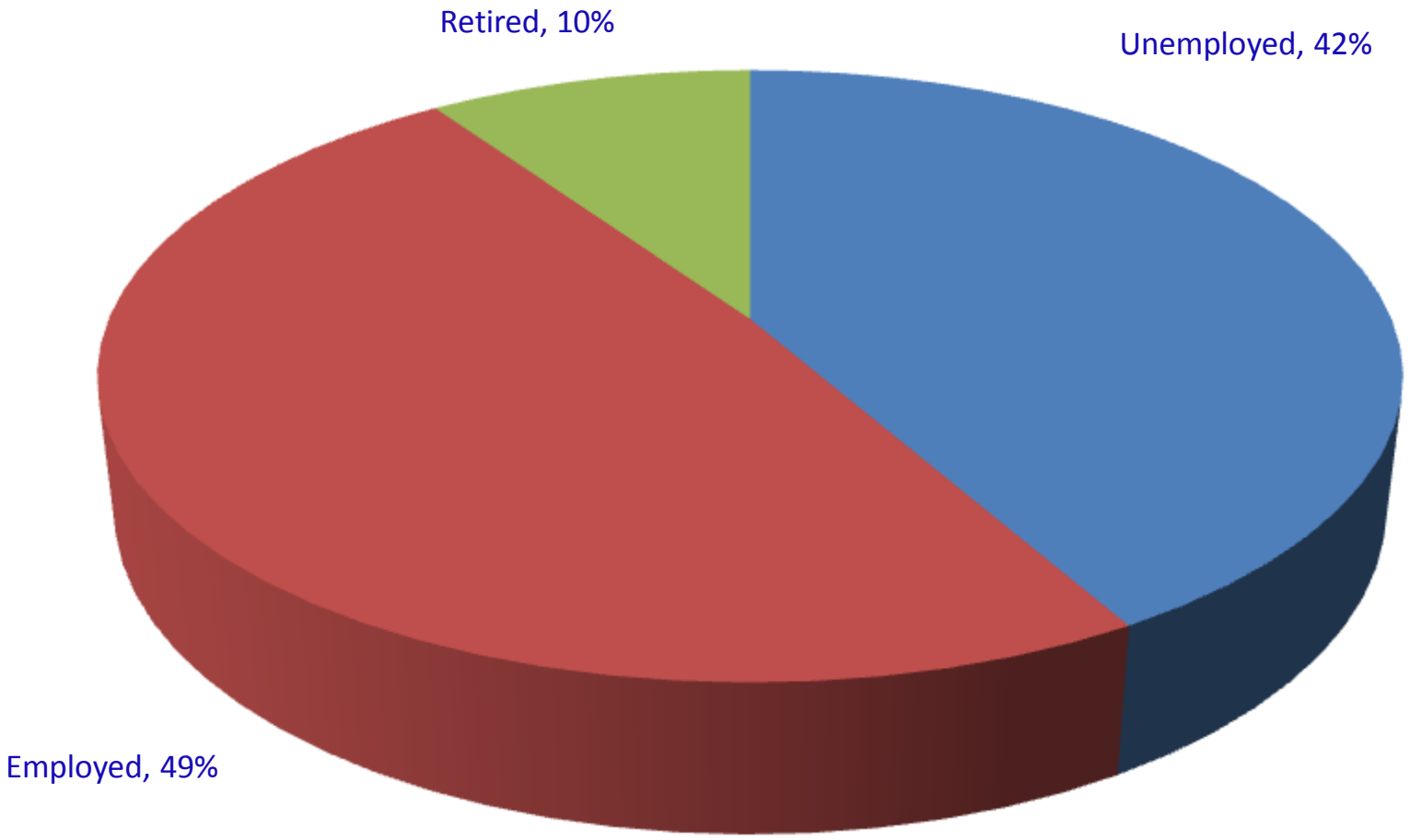
A service which builds on the highly successful Regional Welfare Service

- A service which aims to integrate with the NHS community based veterans mental health service and GPs and mental health teams throughout the UK
- 14 Community Outreach Officers leading Community Outreach Teams including CPNs; Systemic Therapists for family work; Carer's and adolescent groups;
- Regional Outpatient psychiatric assessment and follow-up clinics
- Specialised psychological assessments
- Outpatient Psychotherapy
- Family and Carers Groups
- Liaison with local services for those with alcohol and drug detoxification treatments – facilitate entry into TC care for underlying disorders

Major challenges not necessarily solvable by Combat Stress

- Acute alcohol / drug Detox
- Schedule 1 Sex Offenders
- Forensic cases – imminent violence, severe behavioural disturbance
- Veterans with mental ill health in the prison population
- There is an Increasing population of Old Age Veterans in the general population – hidden psychiatric morbidity plus locked in chronic PTSD
- Growing number of in service families with psychological and mental health problems

Employment Status
Active Veterans Under 65



The Needs of the Combat Stress Population: Clinical Audit Data

	All audits 2005-2009 N=608 %
Significant Physical illness	71
Physical injury during military service	48
History of Psychiatric illness diagnosed prior to contact with Combat Stress as a measure of chronicity	80
Multiple exposure to military psychological trauma	92
Present and past history of alcohol and drug dependence and abuse	69
Significant attachment difficulties in childhood / adolescence incl CSA and other abuse	52
Commonest diagnosis PTSD	75 (N=508)

Complex Bio-Psychosocial Presentations

Clinical Audit data (n=608), Psychometric Data Analyses (n=704) 2005-2009

Psychiatric Disorders

- VERY High levels of CHRONIC psychiatric disorder and co-morbidity
- PTSD Commonest diagnosis (75%)
- PTSD Co-morbidity in 62%: with Depression, Alcohol disorders commonest.

- Pseudo-Psychotic and Dissociative presentations of PTSD common
- Anxiety, anger, personality difficulties, Dissociative disorders
- Very high rates of attachment / abuse problems related to childhood
- Attachment problems regenerated after leaving military

Behavioural Disorders

- Aggression, violent behaviour
- Offending behaviours including Schedule 1 offences

Source -Combat Stress Clinical Audits
& Psychometric Data Analyses 2005-2009

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Complex Bio-Psychosocial Presentations

Clinical Audit data (n=608); Psychometric Data Analyses (n=704) 2005-2009

Physical Disorders

- Chronic physical disabilities / illness especially orthopaedic and chronic pain problems and deafness
- Premature onset of common physical disorders – cardiac, diabetes, hypertension etc.
- Very high levels of psychiatric and physical co-morbidity

Social Exclusion

- Dysfunctional relationships Marital and family break down
- Unemployment (up to 75% of those of working age)
- High percentage live alone and have accommodation problems
- Isolation – very common problem

Source -Combat Stress Clinical Audits
& Psychometric Data Analyses 2005-2009

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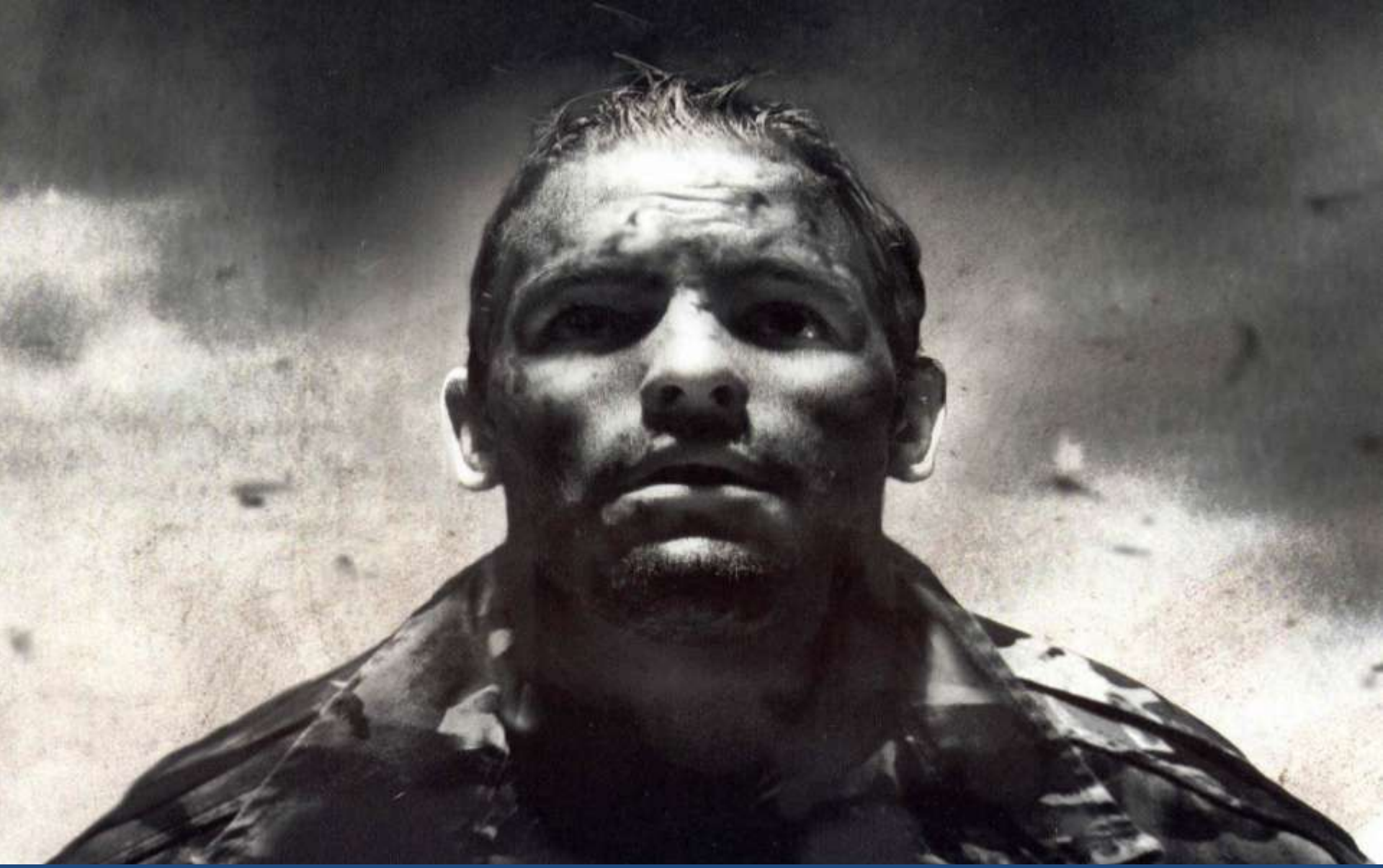

Without our help, for some the battle will go on forever!