

Policy – Mental Health Wellbeing and TRiM (Traumatic Incident Management) Policy

Version 2 - 03-07-17

Background and Remit of This Policy

As operational search and rescue (SAR) professionals, we are exposed to situations which can be hard to reconcile, and because we do SAR in our spare time in addition to our work and home life, we typically have less 'down-time' to relax, unwind, and deal with these difficult situations than other people.

Research by MIND shows that shows that 63% of emergency services staff and volunteers had contemplated leaving their job or voluntary role because of stress or poor mental health. Research also suggests that up to 30% of members involved in traumatic experiences will develop moderate to severe symptoms of Post Traumatic Stress (PTSD) at some point. Factor in that many of the team are also first responders, and we are highly likely to see some effects locally within the team.

West Mercia SAR therefore recognises that it has a duty of care to its operational team members to help promote their mental wellbeing, and resilience pre-incident, and effectively manage PTSD/mental ill-health following difficult incidents.

Traumatic Incident Management (TRiM) is an innovative system of peer group traumatic stress management which has been robustly investigated and found to be both acceptable to those who might benefit from it and, most importantly, to do no harm.

From an organisational perspective there is also evidence that it may benefit organisation efficacy and be of substantial benefit to those who become TRiM practitioners. However if TRiM is to be effective then it is essential that the system is implemented correctly, the right personnel are trained to become practitioners, and that the personnel remain up to date with continuing professional development .

It is noted that West Mercia SAR does not have internal TRiM practitioners and therefore its reactive SOP of TRiM after an incident should be supported by this document.

Our overall approach is based upon existing guidelines from NICE and MIND, and is as follows:

- Appointment of two Mental Wellbeing Champions within the team who are operational members - this is based on a MIND initiative dedicated to blue light emergency services and their voluntary services; Champions have a remit to raise awareness of mental ill-health and challenge mental ill-health stigma;
- Actively promoting a culture where mental wellbeing and mental ill-health are discussed in a normalised, open, respectful and supportive environment amongst team members;
- Raising awareness of how people can react to traumatic incidents, and how to spot someone who may need help;
- Raising awareness of how team members can help themselves to promote mental wellbeing;

- Establishing a clear procedure and responsibilities for management of PTSD in team members following a traumatic incident.

In much the same way as Health and Safety legislation and policy operates, this Policy places emphasis on how the team will look after its operational members, and how operational members have responsibility for looking after their own mental wellbeing and that of their team colleagues.

The remainder of the Policy provides more detail on this approach and is structured as follows:

- Personal Reactions to Traumatic/Critical Incidents - to help team members identify adverse reactions to traumatic incidents in themselves and other team members;
- Preventative Measures - what team members can do to promote their mental wellbeing before an incident;
- Post-incident Management - what team members can do for themselves following an incident, and what the team will do for them; and
- Appendix 1 - external sources of further help

Personal Reactions to Traumatic Incidents

As a search and rescue team, from time to time we are involved in the recovery of deceased missing persons, in varying states of physical decay, or are involved in many searches with no find for the same long term missing persons over long periods. For the purposes of this Policy, these scenarios will be collectively referred to as 'Traumatic Incidents' - those incidents that have a particular significance and carry a greater risk that a team member may develop an adverse reaction.

Personal reactions to such incidents can be acute (occur in a short time frame after one incident), or chronic/cumulative, and may occur sometime after several or many incidents.

We all respond in different ways to any event, but this Policy highlights the usual responses of individuals, and may offer some help in relieving the anxiety such incidents cause, assist in the healing process and give some assistance in identifying further sources of help.

The determining factor around the emotional responses for anyone involved in, or responding to, an incident can centre on challenges to core beliefs about ourselves or how we see the world.

It is important to remember that other factors in your life may contribute to your vulnerability to any incident, and its impact upon you.

Reactions to a critical/traumatic incident are likely to be worse if...

- There has been a death.
- There is a feeling of wanting to have done more.
- There is little or no perceived support from colleagues, family or friends.
- The incident follows closely on top of stress creating events in your life.

- Reactions may include:
- Sadness for deaths, injuries or losses of every kind;
- Guilt for not having done more; for having survived;
- Anger at what has happened, at whoever caused it;
 - or let it happen;
 - at the injustice of it all;
 - at the lack of understanding of others;
 - at the inefficiencies in the "system";
 - Why me?
- Shame for not having reacted as one would have wished;
 - for having been seen as helpless, "emotional" or needing others;
- Fear of "breaking down" or "losing control";
 - of a similar event happening again;
- Memories of feelings of loss or of concern for other people in your life;
 - of past, similar events;
- Disappointment which can alternate with Hope.

Physical and mental reactions

You may have some physical reactions, with or without the feelings described above. Sometimes they may develop long after the event.

Physical reactions include tiredness, sleeplessness, palpitations, nausea, headaches, neck and back aches, muscular tension, tightness in the chest and throat, changes in eating habits and sexual interest.

Mental reactions may be loss of concentration and/or motivation, poor memory, nightmares, flashbacks (feeling that it is happening all over again), hypervigilance (always on your guard), or being easily startled.

Irritability, loss of sense of humour and impatience with self and others are extremely common, and can put relationships with family and friends under strain. Try to remember that they too may be suffering additional stress, may feel left out, or do not understand how best to support you.

You may find yourself withdrawing from those closest to you, unable to express your feelings, rejecting what is offered.

Stop - and try to ask for what you want.

Defining a State of Mental Wellbeing/Good Mental Health

If you have good mental wellbeing you are able to:

- feel relatively confident in yourself and have positive self-esteem
- feel and express a range of emotions
- build and maintain good relationships with others

- feel engaged with the world around you
- live and work productively
- cope with the stresses of daily life
- adapt and manage in times of change and uncertainty

Remember this

- Our bodies and minds will look after themselves - reactions are a natural process.
- Nature will heal if you allow feelings to come out into the open.
- Concealing feelings can prolong the recovery period.

Sometimes there is a sense that too little or the wrong things are being offered, or that you cannot live up to others' expectations of you. Alcohol and drug intake may increase.

Preventative Measures

As search and rescue volunteers our spare time is taken up with rescuing in addition to our day jobs and family life, so it is particularly important to make time for strategies to maintain a state of good mental health, including:

- Self-awareness - think about your previous and current life events - are there previous life events outside of the team that were hard for you, or are there events in your life currently that make you feel stressed, lonely, isolated, and anxious/depressed? These can make you more susceptible to a Traumatic Incident.
- Build and maintain positive relationships - make time to be around the people you love, who care about you and who make you feel positive;
- Take time for yourself - take regular time to do something you enjoy outside of your work and outside of the team. Ensure you factor in relaxation time for just yourself.
- Look after your mental health - find someone you can trust to talk through your feelings regularly, not just when you are struggling. Tell them what helps you so they can remind you. Learn to know what your early warning signs when you are struggling so you can seek help early. What steps could you take to improve your self-confidence or self-esteem?
- Look after your physical health - a healthy diet, regular exercise, the right amount of sleep, limiting alcohol intake and avoiding drugs will all help promote good physical and mental wellbeing.
- Plan for help and ask for help when you need it - in advance, make a plan for who you can trust to ask for their help and what you can do to help yourself, when you are struggling.

Further guidance is available at the MIND website

Post-incident Management

Self-awareness and Self-help

There are some strategies you can use to make things easier to bear post incident. Your mind's defence mechanism may not let you feel the full impact of an incident straight away, often you are in shock. Your feelings will slowly unfold as the days go by.

- You may feel numb if your feelings are blocked and the event may seem unreal, almost dreamlike, and you may even wonder if it ever happened at all.
- Keeping yourself occupied with other things may help, your hobby, PT, additional work, etc. However, when combined with the numbing effect, this can be over used and delay your recovery.
- Talking to friends or colleagues, who were also involved, about the incident and how you feel.
- Returning to the scene of the event is one way of confronting the reality of it all.
- Dreaming about the event possibly repeatedly, is not uncommon. This is nature's way of helping you to collate and absorb the information.
- Having the support of others can be invaluable. Don't say "no", if it is offered. It may come from others who have had a similar experience. It is important not to isolate yourself. If you are feeling this way, then it is safe to assume that others have done so too under similar circumstances.
- There are times when you may need to be alone with your thoughts and feelings. Again, this is natural. Equally, you may need the company of your shipmates, family and friends.
- Pain, unfortunately may be part of the healing process.

Some Dos and Don'ts of dealing with your feelings:

- Don't bottle up your feelings.
- Don't avoid talking about what happened.
- Don't expect the memories to go away immediately, they may be with you for quite some time.
- Don't be too hard on yourself, give yourself a bit of 'slack' whilst you adjust to what has happened.
- Do express your emotions - to someone.
- Do accept opportunities to share your experience with others - they may have something to offer.
- Do make time to review the experience within yourself, but try to avoid isolating yourself.
- Do take the time to be with your family and friends.
- Do try and tell your family, close friends, shipmates, colleagues and managers how you feel.
- Do try to keep to your routines as much as possible.
- Do drive with greater care, your concentration may be impaired.
- Do be more careful - accidents are more likely to happen at this time.

When to seek additional help

- If you feel you are not able to handle intense feelings, or physical reactions continue.
- If you feel numb and your feelings are detached.
- If you have to keep highly active in order to cope.
- If you continue to have nightmares, or are sleeping badly after a couple of weeks.
- If you have no one, or a group with whom to share your feelings, and you feel the need to do so.
- If your relationships seem to be suffering badly, or sexual problems develop.
- If you are having accidents, or your work performance is suffering.
- If you are smoking or drinking to excess since the event.
- If you are suffering from depression or exhaustion.

- If you cannot control your memories of the event and they are affecting your sense of personal wellbeing.

WMSAR's TRiM Process

1. Immediately after an incident, it is the responsibility of the Search Planner, Search Operations Manager and/or Team Leader to hold a "Hot" debrief away from the public. EVERY member is encouraged to speak about the incident and how they feel, and discussions should be informal and open. If it is impractical to do this as a large group, smaller groups should be arranged.
2. Where appropriate, and at 72 hrs following the incident, it is the responsibility of the Search Planner, Search Operations Manager and/or Team Leader to call team members involved in a Traumatic/Critical Incident for an informal chat and to remind them of the advice in this Policy. At 72 hrs, the Operations Officer or their delegate will send this Policy and the External Help Providers' details to any team member involved in a Traumatic/Critical Incident.
3. A Buddy-System for informal follow-ups after this can then be established.
4. The charity will pay for up to £100 for post-traumatic-incident refreshments to help facilitate an informal debrief. These can be organised by any Search Planner, Manager or Team Leader without prior authorisation by a Trustee, but receipts should be kept and given to the Treasurer as soon as possible.
5. Details of self-initiated follow-up support for anyone feeling immediate effects should be shared. They are in Appendix 1 of this document.
6. It is accepted NICE (national institute for clinical excellence) guidelines that the charity should adopt a "watch and wait" approach for 1 month following any incident. During this period, members are encouraged to engage in a buddy system to informally engage with their peers and share feelings, or to self-assess. (see above)

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- If you are smoking or drinking to excess since the event.
- If you are suffering from depression or exhaustion.
- If you cannot control your memories of the event and they are affecting your sense of personal wellbeing.

5. One month post-incident, the Operations Officer or their delegate will resend this Policy and the External Help Providers' details to any member involved in a Traumatic Incident. The Buddy-system (where implemented) should be reminded to offer peer-support.

6. No formal debrief or follow-up session will be organised internally after 72 hours. Evidence suggests that this may cause more harm than good where it cannot be organised in a multi-session, TRiM Practitioner environment, and thus it is beyond the ability of the Charity to manage. .

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Appendix 1 – External help providers

If you are experiencing thoughts or feelings which are worrying you, and you need to speak with someone, there are options available below where you can find someone to talk to:

MIND

This specialist charity offers a confidential helpline and lots of information via their website:

<http://www.mind.org.uk/information-support/helplines/>

0300 123 3393

or text 86463

Their Blue Light Programme is specifically developed to help members of SAR and emergency services who are having problems. Monday-Friday 9am-6pm.

0300 303 5999 (local rates)

bluelightinfo@mind.org.uk

Text: 84999

SAMARITANS

Call 08457 90 90 90 any time

Or email jo@samaritans.org

or visit one of their face-to-face counsellors at:

(check www.samaritans.org for opening hours)

SANELINE

SANE runs a national, out-of-hours mental health helpline offering specialist emotional support and information – 6pm to 11pm daily.

0845 767 8000