

# Traumatic Stress Management Guidance for Organisations That Ask Personnel to Work In High Risk Environments

## Introduction

There is now considerable evidence showing that whilst most individuals who are exposed to traumatic events show resilience and do not suffer any longer-term negative psychological effects, it is inevitable that some will suffer temporary distress whilst a smaller proportion will develop formal mental health disorders (including but not limited to PTSD). It follows that organisations that operate in environments in which the likelihood of exposure to traumatic situations is considerable<sup>1</sup>, who have a duty of care for their personnel, should put in place reasonable mitigation measures. The United Kingdom Psychological Trauma Society (UKPTS) believes that there are, ethical, legal, economic and reputational reasons for trauma-exposed organisations to proactively protect the mental health of their personnel as far as is reasonably practicable.

The UKPTS is keen that trauma-exposed organisations whose personnel are exposed to potentially traumatic situations and/or material<sup>2</sup> ensure that they take reasonable steps to promote psychological resilience and prepare personnel for the possible impact of trauma exposure, to detect emerging mental health problems at an early stage and ensure that those with formal mental health problems are treated in an effective and humane manner.

The UKPTS intend for these guidance notes to help trauma-exposed organisations to formulate a Traumatic Stress Management (TSM) policy or guideline. Following these guidelines should assist a company to demonstrate it has procedures in place for traumatic stress management. By doing so the UKPTS believes that trauma-exposed organisations will be more effective as businesses as well as ensuring that those working in these organisations will enjoy better mental health and be better able to discharge their duties. Adopting and operating a TSM policy/guideline should therefore bring benefits for all concerned including healthcare providers who should find that they are able to treat people suffering from traumatic stress related conditions at an earlier stage of the disorders.

This document highlights the areas that organisations whose personnel are exposed to potentially traumatic situations and/or material should consider addressing in their Health and Safety procedures. The UKPTS acknowledges that every company will need to interpret

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<sup>1</sup> Referred to as *trauma-exposed organisations* during the rest of this document for the sake of brevity

<sup>2</sup> Including but not limited to text, film or recordings

this guidance to meet their own needs, taking into account the sorts of psychological risks that their personnel (permanent and contractors) face in the course of their work.

## **Policy development**

The development of a traumatic stress management policy, as with any Health and Safety procedure, is likely to involve discussions between many different areas of a business including operational managers, HR professionals, lawyers and occupational health advisors who understand the nature of the work the organisation carries out and the associated risks to mental health. Organisations should ensure that their TSM policy covers relevant topics such as

- basic entry standards for roles where personnel are likely to be exposed to potentially traumatic situations and/or material
- preparation and training of personnel aimed at promoting resilience and self-care<sup>3</sup>
- traumatic stress-related psychological information and advice which should be readily available in a variety of formats,
- the organisation's approach to the management of potentially traumatic events at work after a serious incident (and ideally about management of traumatic events which occur out of office hours)
- methods of managing and supporting individuals working regularly with potentially traumatic material
- the psychological considerations associated with leaving the company or high-risk role

The TSM policy/guideline should clearly set out the position of the organisation in regard to how it approaches mental health issues including traumatic stress related conditions. Care should be taken to ensure that personnel are encouraged to be open about traumatic stress concerns and are not dissuaded from admitting to having mental health problems for fear of being stigmatised as such an approach would be counter-productive. Adhering to a well-constructed TSM policy/guideline is likely to provide a psychologically healthy environment in which personnel can work optimally, but are able to seek and receive advice and support if required. Such an environment should be positive both for the individual and for business. The degree to which an organisation is likely to support personnel, in relation to traumatic

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<sup>3</sup> Encouraging self-care should include the ability of personnel who have specific circumstances which might make them vulnerable to trauma-related mental health problems to opt out of specific roles e.g. the parent of preschool children may not wish to be involved in child abuse investigations which include viewing explicit images of abuse

stress, is likely to depend on many factors including the degree of predictable exposure to potentially traumatic situations.

## 1. Promoting Psychological Resilience

### a. **Recruitment to a role where there is a substantial risk of occupational exposure to potentially traumatic stressors:**

Trauma-exposed organisations should ensure that personnel who are recruited, or move, into these roles have the opportunity to reflect on their suitability and preparedness for this work before they start the role. The UKPTS however noted that there is no reliable evidence to support the use of any formal pre-enlistment screening processes based upon psychometric testing or profiling of candidates for trauma prone roles. Personnel involved in allocating personnel to such roles should be aware of the possible impacts on individuals and teams working in environments where there is exposure to potentially traumatic material. Selection interviews should include frank and open discussion about the nature of the role being considered. Furthermore, if occupational health clearances for such a role are needed, they should be carried out by a healthcare professional who is either knowledgeable about traumatic stress or who has access to psychological health experts who are able to discuss complex cases with them. Where uncertainty exists about the nature of an individual's prior mental health history, a full assessment of the individual's mental health by an appropriately trained and experienced mental health professional who understands trauma-exposed environments should be considered to protect both the individual and organisation.

b. **Mental Health training/briefings:** All individuals who are about to work in high risk locations should be appropriately briefed about the traumatic nature of the work and the potential impact the work may have upon their mental health. Organisations should consider providing information/briefing materials for personnel's families too since doing so is likely to support the mental health of the individuals themselves (since families are often a good source of support). All relevant personnel should be aware of the organisational TSM policy/guideline and how they can support the mental health of colleagues who work in traumatic environments.

c. **Leadership and team training:** Trauma-exposed organisations should incorporate trauma awareness into management, leadership and team training. There is ample evidence to support the notion that resilience lies between individuals as well as within individuals. Trauma-exposed organisations should ensure that leaders and managers who are responsible for personnel working in higher threat locations are provided with appropriate

information about trauma and trained to be able to identify, and properly support, personnel who have to deal with potentially traumatic environments.

d. **Building traumatic stress management into standard operating procedures:**

Rather than wait until a crisis has occurred, organisations should ensure that they practice using trauma support skills whenever they 'test' or 'exercise' other elements of their crisis-management plan. Health and Safety protocols should recognise and prepare for the risk of psychological injury following exposure to potentially traumatic stressors in the same way as they acknowledge the risk of physical harm. These protocols should dovetail with other crisis management/business continuity policies and become routine practice.

## 2. Preventing the Development of Trauma Related Mental Health Problems

a. **Psychological First Aid/Peer Support:** Organisations should consider how best to ensure that active monitoring for traumatic stress symptoms is achieved without the need for routine interaction with health or welfare providers after a traumatic event. Evidence based, peer support programmes or programmes which train 'front-line' personnel in basic psychological first aid techniques should be considered as one mechanism to actively support personnel exposed to traumatic situations depending on the nature of the work being undertaken. Organisations should ensure that any personnel engaged in peer support are properly supervised, work with confidentiality in mind and remain up to date with respect to their trauma support skills in the same way as physical health first aiders are required to do so.

b. **Active promotion of a culture of stigma reduction / removal of barriers to help-seeking:** There is ample evidence that most people, no matter what type of work they undertake, are very concerned about the social and career consequences of asking for help for mental health problems. Stigma about mental health issues is a major barrier to care and may be especially so for personnel who have agreed to work in roles involving routine exposure to potentially traumatic situations. Such personnel may either not recognise that they are suffering from traumatic stress related difficulties or may fear that admitting to having a mental health problem will compromise their career or mean that they are not offered further work. Organisations should ensure that they provide confidential<sup>4</sup> avenues for personnel to seek help from appropriately experienced trauma-aware individuals who should

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<sup>4</sup> Confidential in this regard refers to being able to speak to someone who is not their line manager nor someone who has a role which involves accrediting/appraising the individual. Confidentiality may be broken if there are significant risks to the individual who is distressed or those around them (e.g. work colleagues or family). Breaching confidentiality should only be done for good reason, ideally with the knowledge of the distressed person and only information sufficient to ameliorate the risk should be communicated.

be easily accessible. Stigma-reduction and trauma-awareness campaigns aimed at personnel working in roles involving trauma exposure should become commonplace.

c. **Using appropriately experienced and trained mental health experts to assist with high psychological threat situations:** Where a trauma-exposed organisation encounters unusually traumatic situations (e.g. dealing with the psychological consequences of hostage taking, informing a family of a personnel member's death or similar) they should ensure that they avail themselves of appropriate psychological health advice to allow them to provide the highest standard of care to those at risk. Where the organisation has relevant experience it may not be necessary to formally consult with a psychological health advisor (e.g. utilising the experience of someone within an organisation who has previously worked successfully in a role in which they had informed an employee's relative of their loved one's death to do so again). However, where a critical incident has occurred, or is occurring, a trauma-exposed organisation should ensure that their response is informed by people who are appropriately trained and experienced to advise decision makers and that there are appropriate resources and sufficient resilience to sustain this support over time.

### **3. Treating/Managing Mental Health Problems**

a. **Clear statement of treatment responsibility:** All organisations need to decide on their approach to the routine provision of mental health care for personnel who are found to suffer with established mental health disorders. For those conditions which can be clearly understood as a psychological injury related to occupational role (e.g. mental ill health following a serious accident at work) then strong consideration should be given to ensuring that an affected individual is provided with evidence based care in a timely fashion and whether the individual should continue to receive financial support from the organisation/company. If national healthcare providers are unable to provide trauma-focused healthcare in a timely fashion, it may be appropriate to consider funding alternative care provision to both improve the affected individual's mental health and to ensure they regain occupational fitness within a reasonable time period. For other mental health conditions which are less clearly linked to work, companies should still consider how to minimise the occupational impact of trauma exposure and their approach should be clearly stated within their TSM policy / guideline.

b. **Provision of evidence based care:** Where a trauma-exposed organisation either funds or supports an individual to otherwise get mental health treatment, only interventions which are delivered in a manner which is consistent with medically approved and agreed

guidelines (e.g. the UK's National Institute for Health and Care Excellence (NICE) guidelines) should be supported. There are a variety of clinically proven interventions to treat operational stress related conditions (such as Post Traumatic Stress Disorder), which are detailed within the NICE guidance. However, there are also a number of untested therapies the use of which should not be supported unless recommended by an appropriately trained and experienced clinical trauma specialist who is satisfied that standard treatment approaches have either been ineffective or that there are compelling reasons to deviate from NICE approved guidance.

Draft Guidance produced by UKPTS Personnel