POST TRAUMATIC STRESS DISORDER.
PART ONE

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"I honestly believe you saved my son's life"
Mother of a Deptherapy beneficiary
"If it hadn't been for Deptherapy I would not have seen Christmas"
Deptherapy beneficiary

My name is Richard Cullen and until the charity Deptherapy www.deptherapy.co.uk closed on 31st August I was its Chair and Head of Ops. As with many armed forces charities giving massively declined during COVID and we saw our beneficiary pipeline pretty much dry up.

We sought to rehabilitate UK Armed Forces' veterans and serving personnel who had experienced life changing mental and/or physical challenges, through the medium of specially adapted scuba diving programmes. In addition, we provided 24/7 support to those who needed it. We continue to provide that support through an innovative Peer Buddy Support Scheme.

When we were formed in 2014 the majority of our beneficiaries had physical injuries, mainly amputations, as a result of the conflicts in Iraq and Afghanistan. As we moved forward 95% of our beneficiaries were experiencing PTSD and other mental health illnesses.

There is much ill-informed comment about PTSD, mainly by ultracrepidarian individuals. Most who experience a traumatic incident will recover. Others will need support and the first 6 months is described as the 'acute' stage where the condition, with proper support, is frequently successfully resolved. Beyond 6 months, if there has been no resolution, the condition is described as 'chronic'.

Complex PTSD is where an individual has experienced a series of traumatic events; commonly found in service personnel who have been exposed to 'war' situations; blue light personnel; victims of child sexual abuse and domestic violence.

Suicidal ideation is the term used to describe suicidal thoughts,

The majority of our beneficiaries have Complex PTSD, a number have tried to take their own lives, some on more than one occasion.

It is too simple to say that a veteran is experiencing PTSD as a result of their deployment to war zones such as Iraq or Afghanistan. The origins of PTSD in some individuals goes back to their childhood or teens – alcoholism in the family; domestic abuse, child abuse, both physical and sexual. However unpleasant it is to countenance; we have needed to deal with beneficiaries who have experienced each of the listed factors. We provide the necessary psychological first aid and ensure they are referred for appropriate professional help.

None of the team are doctors, medics, counsellors, therapists; we are diving instructors who have a good deal of life experience.

Our advisor in all things psychological Dr Richard Castle, an independent, consultant psychologist, specialising in trauma, ran eleven (11) Mental Health First Aid https://mhfaengland.org/ courses for us. Initially we ran the courses for beneficiaries only. We quickly expanded the programme to involve partners and/or parents. We learned that partners, parents, family members and friends of beneficiaries were often totally unaware of why, at times their partner/child, would be grumpy, need chill out time, or display anger. They did not know how to care for, or support their partner/child when they display symptoms of PTSD.

"Deptherapy is a charity that feels like a family"
Kevin Pryke formerly Royal Anglian Regiment

With PTSD it is good to be able to provide a secure and warm environment. As one of the studies into our work reported;

"..in a supportive and knowledgeable community."

Mental Health First Aid (MHFA) is just that; it is to provide emergency help to those who are experiencing a crisis. It does not make you are medic, a counsellor or a therapist. The course teaches you to identify and support an individual in crisis: The MHFA pneumonic is **ALGEE**

Assess for risk of suicide or harm

Listen nonjudgmentally

Give reassurance and Information

Encourage appropriate professional help

Encourage self-help and other support strategies

Working with veterans and emergency service workers provides special challenges, especially when the beneficiary is a male.

For whatever reason it is not the 'done' thing for a man to admit he a mental health problem. It certainly is not seen as 'macho' by veterans and blue light workers. Partly this is a reflection of how society views mental health. There is clear evidence of stigmatisation and discrimination. People see mental health as a weakness; they are scared and equate mental health, with not being normal, being violent.

This lack of willingness to talk openly about mental health is reflected in the fact that males account for 70% of all suicides, the majority being under the age of 40.

Just as a note, despite assertions by some veterans' groups; there is no discernible difference in the rate of suicides among veterans compared to the general population.

In Part Two we will look at how PTSD manifests itself and how we can support those who have the injury/illness.