

Critical Incident Wellbeing Support

Coping with personal trauma in the workplace

Introduction

Those who work in the emergency services are often exposed to actual and potentially traumatic events as part of their work, and the impacts they experience follow the same general patterns as for the population at large. When those incidents at work take place, they may be likely to experience a range of unfamiliar feelings and reactions associated with the shock of the event and may have some difficulty in collecting their thoughts and handling their emotional reactions about what has happened.

This brief leaflet is aimed at describing some common reactions to such events, helping you understand these reactions and indicating where to access further help or support if you feel that is needed. It must be emphasised that there are no 'right' or 'wrong' ways to react, and different individuals exposed to the same event may respond in quite different ways. Although everyone's experience will be unique and personal, the process of psychological adjustment and recovery will often be different.

While most staff involved in an extremely stressful or traumatic incident will be shaken by what has happened, some adjust to their experiences with little or no apparent distress. This would be considered a quite common response. Sometimes people may in fact feel satisfied by the way that they have acted when faced with a traumatic event (e.g. if they have been able to help colleagues and others who have been involved).

Others, however, may be shocked and stunned by the event, and have difficulty believing what has happened to them. In the days following the incident, it is often common to feel confused, distressed and fearful, or

experience other emotions or reactions, which can in themselves be unpleasant and worrying. Even though such reactions can seem unfamiliar, it is important to understand that they are also entirely normal and understandable responses to an extremely stressful or traumatic experience in the workplace. In most cases the reactions, are short-lived and pass after a few days or weeks.

Even experienced, professional first responders are not immune to these common feelings, emotions and behaviours which can be experienced or displayed by survivors, witnesses, relatives, in the hours, days and some weeks following an extremely stressful or traumatic event. *In addition, a specific event for a variety of reasons may have a significant impact because of other life stressors or similar accumulative events where support has not been sought previously.*

Some common psychological reactions*

- Feelings of fearfulness, nervousness or occasional panic, especially when faced by reminders of the event.
- Hyper-vigilance—constantly scanning the environment for cues of danger or seeing threat in things that would have appeared innocent before. This could mean being overly protective of children or loved ones.
- Sleep disturbance—difficulty in getting off to sleep, restless sleep, vivid dreams or nightmares.
- Memories—thoughts/images of the incident, which can appear to 'come out of the blue', without any triggers or reminders. Other thoughts, images or feelings may be prompted by something in the media, which have a resonance to their experience.
- Guilt—feelings of regret, about not having acted or coped as well as one would have wished, feeling that you may have let one's self or others down.
- Sadness—feelings of low mood and tearfulness.
- Irritability and anger—at what happened or the injustice of the event. Irritability can often be directed at loved ones, close family friends or colleagues.
- Feeling numb or detached from others or being unable to experience emotions such as love or happiness.
- Withdrawal—avoiding social and family contact.

- Mental avoidance—avoiding thoughts to do with the event. People often try to push distressing thoughts out of their head, often unsuccessfully, and in the longer term this can cause further problems.
- Behavioural avoidance—avoiding thoughts, feelings, activities that are reminders of the trauma. These can be often subtle at first, such as avoiding noisy or crowded environments, taking a different route to work and so on.
- Becoming 'jumpy' or easily startled by sudden noises or movements, e.g. a door slamming, the phone or doorbell ringing.

Physical reactions

Some individuals may also have certain bodily sensations, with or without the psychological reactions described above. Many of these symptoms are signs of anxiety, tension, or stress. For example:

- Shakiness and trembling.
- Tension and muscular aches (especially in the head and neck).
- Insomnia, tiredness, fatigue.
- Poor concentration, forgetfulness.
- Palpitations, breathing difficulties, dizziness.
- Feelings of nausea, vomiting and diarrhoea.

Things you can do to promote recovery

It is very comforting to receive practical, social and emotional support from colleagues and others. It is important not to reject support by trying to appear strong or trying to cope completely on your own. Talking to close colleagues or others who have had similar experiences, or understand what you have been through, is particularly important.

Over thirty years of research has shown that social support and community networks are important and can facilitate psychological recovery. So –

- In order to deal with your feelings, you will at times find it necessary to be alone, or just be with close friends or family.

- Confront the reality of the situation, e.g. by talking to a colleague, supervisor or friend, will help you come to terms with the event.
- Helping others, returning to and maintaining usual routines where possible
- If children are involved or present, talk about their emotions and allow them to express themselves in play.

You know yourself and the people you love best, so you are best placed to decide what works and is helpful for you.

Who should I talk to?

Generally speaking it is 'good to talk' about your reactions and feelings about what has happened. In the main it is probably best to talk to people who you know, trust and feel comfortable with – usually this will be with members of your family, colleagues or close friends.

Whilst you might find it helpful to talk to colleagues at work, a supervisor, other sources of support include your GP, a member of the clergy, occupational health, staff counselling or other professional mental health advice and support – details of these are included at the end of the leaflet.

When to seek professional help

It is important that you allow yourself to seek support from the sources outlined above about your experiences and feelings at the earliest opportunity. However, if some of the common reactions described above are particularly intense and distressing, or if they persist or have persisted for a long time (for more than about 6 to 8 weeks from the time of the event or debrief meeting), it is advisable to seek professional help. Some of the pointers which suggest you should consider asking for help include:

- If you feel you are overwhelmed by and cannot handle intense feelings and bodily sensations
- You are finding it difficult to manage in the workplace as a result of the incident.

- If you have no-one to share your emotions with and you feel the need to do so.

Or, if 6 months after the incident:

- You continue to feel numb and empty, or have persistent feelings of tension, confusion, exhaustion, or other unpleasant bodily sensations
- You have to keep overactive in order not to focus on your feelings
- You continue to have frequent thoughts or recollections of the traumatic experience
- You continue to have nightmares or poor sleep
- Your relationships, work and leisure activities seem to be suffering
- You are drinking or smoking to excess
- Your work performance suffers, or you have poor concentration

Where to seek professional help

- SYFR Occupational Health Service
- A counsellor in your GP surgery (if available)
- Self referral to local mental health services e.g. local mental health team or similar service
- Local specialist trauma and bereavement services which can be accessed by your GP

Support:

- For health & wellbeing support, including a **24/7/365 FREE & CONFIDENTIAL** helpline and over-the-phone counselling please access the **SYFR Employee Assistance Programme (EAP)**
Tel: 0800 030 5182
Web portal: www.healthassuredeap.com
(User: **SYFR**, Pass: **EAP**) or download the **app** (search '**Health e-Hub**' in Apple store / Google Play)

- For occupational health support, including counselling please contact the **SYFR Occupational Health team** on extension 2273, or emailing occhealthadmin@syfire.gov.uk (please note you can self-refer or be referred by your line manager).

- **SYFR Health & Wellbeing website** for dedicated mental health advice & support
<https://syfrwellbeing.co.uk/>
- **NHS 111** - If you need help urgently but are not at risk of death or serious illness, call the NHS non-emergency advice line - **Call 111**
- For information on types of mental health problems, where to get help, medication, and alternative treatments and advocacy contact the **MIND Infoline** on Tel: 0300 123 3393 (9am-6pm Mon-Fri except Bank hols.) or Text: 86463
www.mind.org.uk/information-support/helplines/
Email: info@mind.org.uk
- **Fire Fighters Charity** - The charity offers both physical and psychological support and rehabilitation and provide self-help information and advice on a range of issues **to All SYFR staff**.

Call: 0800 3898820 between 8am - 5pm (Mon to Fri)
Visit the website:
www.firefighterscharity.org.uk/how-we-help-2

24-hour listening support:

- **Samaritans** are here to **listen at any time of the day or night**. You can talk to them about anything that's troubling you, no matter how difficult. **Call free on 116 123** or visit: www.samaritans.org/ **Email:** jo@samaritans.org (response time 24 hours)
- **Shout** offers confidential 24/7 crisis text support for times when you need immediate assistance. **Text "SHOUT" to 85258** or visit: www.giveusashout.org/