

**PTSD RESOLUTION NETWORK CONFERENCE
5TH FEBRUARY 2011 LONDON**

120 people attended the conference in London on 5th February 2011. Its purpose was to bring therapists up to date with the Charity's progress and set out plans for the coming year. The press release is shown at Annex A.

National Campaign. The conference opened with a message of support from our President, Lord Ramsbotham, and a summary of activity at the national level. The general thrust of the activity, encouraged by the new government, is to improve Veterans' access to treatment by encouraging better cooperation between charities, the opening of 6 Community Veterans Mental Health Centres, and the general reaffirmation that treatment has to be within NICE guidelines, compliant with the Care Quality Commission, and following the referral pathway of Royal British Legion, GP, Combat Stress.

Research. Working inside the HUMAN GIVENS model makes trauma reasonably straightforward to understand, so Bill Andrews' summary of the current state of research with respect to PTSD and its treatment was fascinating. Bill took us through the defining elements of the 'official' view of PTSD, from the DSM definition to the various meta-analyses on risk factors and treatment, summarised the many different treatments that are considered to be 'trauma-focussed' and took us through the current controversy over whether there is actually any benefit in using a 'trauma focussed' treatment over a 'non trauma-focussed' one.

Bill then described the current metamorphosis of the HGI Practice Research Network into the new Pragmatic Research Network, quoting Fishman's *Case for Pragmatic Psychology*:

"Coming down from the lofty perch of ideological purity, pragmatism meets the world as we find it and asks: How can we improve it - not in some ideal way with a predetermined endpoint, but in a practical way in the here and now, within a context of the social, cultural, political, and economic realities we are given?"

Which is, of course, precisely where we are as a charity; keen to learn more about the factors that make treatment likely to succeed for the individual, and what we can all do to contribute to the development of the evidence base for our work. Bill Andrews is currently working on a new forms pack and data management system for Resolution, to make sure that therapists get the right paperwork from us and that the client change data goes back into the database.

Survey. We now have over 150 respondents to the online survey Resolution has been running, and the results are looking very interesting indeed. If you divide respondents

into the 'well' group who have sub-clinical symptoms, the 'Ill but not diagnosed' group who have clinical symptom levels but no diagnosis, and the 'Ill and diagnosed' group who officially have PTSD, you see some that the probability of anxiety and depression diagnoses is lowest in the first group, higher in the second and highest in the third, as you might expect. But the picture with alcohol is quite different – excess alcohol use and alcohol dependency diagnosis are actually *higher* in the undiagnosed group than the diagnosed group – even though the mean symptom score is the same. We don't know why this is, so more research is, as always, needed. Perhaps the sober veterans manage to get a diagnosis and the drinkers either don't or can't present to the doctor. The survey is an internet exercise with all the methodological constraints that implies, and we need more respondents to make the findings more robust, but we know that of the respondents so far:

- Half the people suffering trauma at a clinical level are undiagnosed, and they are suffering just as badly, on average, as those with a diagnosis;
- The undiagnosed sufferers are 50% more likely to be drinking to excess and nearly twice as likely to have an alcohol dependency diagnosis as those with a PTSD diagnosis.
- The diagnosed group have the same mean symptom score as the undiagnosed group, so diagnosis doesn't seem to have helped them get better...

Case Studies. Patrick Hennessey, the author of *The Junior Officer's Reading Club*, a vivid account of life on operations in Afghanistan, gave a flavour of his experience with mental health. This was followed by two ex soldiers' accounts of their experiences of Post Traumatic Stress, their treatment journeys, and their positive outcomes from Resolution. Then followed a 40 minute DVD of a programme made by Scottish TV showing the negative experiences of three ex soldiers on their treatment journeys, and the positive outcome of one of them treated through Resolution.

Criminal Justice System. This section was to highlight the particular considerations for helping find and treat veterans in the CJS, before, during and after prison. Experience shows that prisons are autonomous in their provision of health and welfare support, and therefore delegates were urged to make contact with prisons in their area, through the appropriate Health and Welfare staff or the Veterans in Custody Support Officers that exist in many prisons.

Reservists. The particular needs of Reservists were discussed, and ways to help were suggested:

- a. Reaching the Reservists at the point of discharge (Chilwell)
- b. Coordinating with Reserves Mental Health Programme based near Nottingham
- c. Contacting SaBRE, a government agency organised nationally and with regional offices

- d. Highlighting benefit to commercial companies of early, private, treatment through employer education and awareness, such as the proposed Trauma Awareness Training (TAT) programme.

The Trauma Awareness Training (TAT) programme is aimed at employers who are wondering whether their employees' behaviour is symptomatic of a demanding job or of some earlier events they have experienced. The course will explain how trauma works, how employers can recognise traumatised behaviour, and what they can do to support traumatised employees. There are two parts to the training – the awareness seminar is for managers and HR people who need to know about the *condition*, and the second is a practical workshop on the *approach* and engagement style for line-managers who will actually have to talk to traumatised people and bring them to the point of choosing what to do about it.

Resolution County Network. It is proposed that we should create county networks, based on the willingness and energies of the therapists to make contact with the service and non-service agencies that exist in each county. A list of such agencies was provided in the handouts, and is available on request. Further details of the network will follow.

Resolution Pub Hubs. Within each county are hundreds of pubs, many of which are frequented by service personnel, and which could form the basis of local support networks and routes for referrals and fund raising. One very successful example is The Hare Inn at Leighton Buzzard, run by Jim Woolley (www.thehare.co.uk). Delegates were urged to find pubs near them whose publicans would be interested to set up a similar operation. Support would be provided by Jim. Publicans providing details will be sent a welcome letter and materials.

CAPEST. We see Resolution's development of the county network and the pub-hubs is a very important development. It reflects the importance of social support in treating psychological trauma, and when the network is developed it will provide broader support than sufferers have previously been able to access. In recognition of this move and the theoretical justification for it, the last session at the conference saw the first presentation of the 'bathtub' model of support, with therapy nested inside the broader supportive environment of the pub-hub. This was also mapped into an expanded version of the APET model, explicitly acknowledging the broader social environment, the bottlenecks in sufferers' thought patterns and the circular nature of the mechanisms that sustain trauma.

Fund Raising

Fund raising was discussed at the conference, as we do require help in fund raising, to help pay for free treatment. Here is a summary of the various ways in which we are and could be doing more of, to raise funds:

- Who Cares Wins is the on line campaign to raise money from individual donations, which can be as small as £1, and if cascaded via everybody's network, can create a substantial amount. People should be directed to www.bmycharity.com/whocareswins.
- Large corporates or individual donations need to continue to be approached
- Grant making bodies, Lottery funds, and other third sector donors continue to be approached.
- Marathon and half marathon runners are often looking for a charity to sponsor them and to collect for. It has been reported that people may be tiring of collecting for traditional charities, and may welcome a new charity to collect for.
- Resolution Pub Hubs can sponsor local collections. Contact us about setting up a local hub. Proceeds should be sent by cheque to Resolution, Meadow Cottage, Poundfield Road, Chalvington, Sussex, BN27 3TH.
- UK Outdoor Adventure is a company that helps people and groups to do sponsored challenging pursuits. See Annex B for details
- www.recycle4charity.co.uk gives money for mobile phones and printer cartridges. Please make contact and become a local collector.
- T shirts. We will be getting T shirts printed with the logo
- Locally organised talks, tea parties, dinners, dances, etc etc are all ways of generating funds which we need, so we can pay you so that treatment is free to the client.
- PR & the Media: our therapists are encouraged to send press releases to local and other media, as well as professional press, to publicise services and involvement with Resolution Network.

Key Contact points:

Web site: <http://www.ptsdresolution.org>

Twitter: <http://twitter.com/ukwhocareswins>

Facebook <http://www.facebook.com/pages/whocareswins/177583270527?v=wall>

Donations: <http://www.bmycharity.com/whocareswins>

Conclusion. There was some useful discussion in the Q&A and a general feeling of enthusiasm. Delegates were provided with a bag of handouts and publicity material and exhorted to develop local contacts. From the 92 feedback forms and messages received, it would seem to have been a success and supports a general view to hold another one next year. The same premises have been provisionally booked for **4th February 2012**.

Some feedback quotes:

"The Q&A at the end was great – so much variety, interest, a wealth of experience"

"Particularly enjoyed Jim and the ex-servicemen who spoke – brought the conference to life"

"Great value for money"

"Excellent conference. Thank you"

"I really enjoyed it all. It was very informative"

"Gained a lot of new knowledge & ideas about veterans, their problems & needs which was enlightening, useful & moving"

"The idea of CAPEST is excellent"

"Really found this interesting and hope we can work together"

Annex A to PTSD Resolution newsletter No. 2

Resolution release post conference 2011

Military Covenant requires Better Coordination of Initiatives for Services Veterans and Reservists – hears PTSD Resolution Network Conference, 05 February 2011, London

Closer cooperation of the work of the health services, armed forces' charities and criminal justice system are essential to ensure adequate support for veterans and reservists in the community - according to charity PTSD Resolution Network.

"Too many veterans are let down by the military covenant because they fall through the safety-net of only patchy service provision around the country. There is a lack of joined-up thinking for the delivery of practical support at a local level," said Piers Bishop, chief therapist of PTSD Resolution, speaking at the Resolution Network Conference, 05 February 2011 at Mark Masons' Hall, 86 St James's Street, London -

www.ptsdresolution.org/conference.htm. "Better coordination of services at a community level is essential – such as those for treatment for military PTSD, housing and employment. With the rising numbers of services' personnel suffering from the symptoms of military trauma, veterans and reservists need single points of local contact to fast-track the right support, delivered on a local basis."

This was the message from the first annual conference of the PTSD Resolution Network when 120 of its therapists from across the UK met with representatives from military charities, the prison service and criminal justice system - as well as services' veterans, who included former sufferers of military PTSD.

PTSD Resolution offers the first UK outreach programme to help veterans and reservists in the community who struggle to reintegrate into a normal work and family life because of military post traumatic stress suffered as a result of service in the armed forces.

Treatment is free, on an outpatient basis delivered by a national network of 250 therapists.

Conference delegates heard details of a new initiative, 'Resolution Pub Hub', which focuses on the pub as a centre of community life. Pubs that participate in the scheme offer veterans social contact in a sympathetic setting, and will provide information on local services by trained therapists, employers, housing and services charities and other organisations.

"The starting point for successful rehabilitation is to identify and treat any symptoms of military PTSD - which if unresolved will prevent the possibility of any return to normal work and family life. This is what Resolution deals with every day on a local basis, through the work of our network of therapists.



“ At Resolution we are very aware that hand-in-hand with therapy, it is essential to meet a range of other practical needs, such as for jobs and housing, ideally in the context of the local, familiar community - and also with the involvement of the many excellent services’ charities that support veterans and their families, such as Royal British Legion,” said Piers Bishop.

For further information: PTSD Resolution Network, Registered Charity No. 1133188
www.ptsdresolution.org . ends
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Annex B to PTSD Resolution newsletter No. 2

WHY NOT FIND A PERSON OR BUNCH OF PEOPLE TO DO A CHALLENGE EVENT TO RAISE FUNDS FOR PTSD RESOLUTION?

All you have to do is find a person or group of people who would like to do a challenge event and plug into UK Outdoor Adventure who’ll organize the whole thing (www.ukoutdooradventure.com).

UK Outdoor Adventure is a specialist organizer of Challenge Events for Individual, Charity and Corporate clients. Their range of challenges includes the National Three Peaks, The Yorkshire Three Peaks, the Welsh Three Thousand, and the Caledonian Canal Challenges.

Since 2007 they have established a reputation for quality amongst the thousands of individuals, families, business teams, private parties, charity fundraisers, and youth groups, who come back time after time for another UK Outdoor Adventure.

Using the best equipment and instructors that money can buy, UK Outdoor Adventure guarantees you’ll have the time of your life.

It will cost £325 per person to enter, and each person commits to being sponsored for £500 or more. UK Outdoor Adventure takes a cut and the rest goes to PTSD Resolution.