

Arriva Trains Wales new approach to Supporting Employees involved in a Workplace Trauma and the reasons for the change

The Benefits so far

- By having increased provision of trauma focused psychological treatments has led to a more focussed and structured process and return to work plans being considered midway through treatment
- Devised a training plan for managers who have to deal with trauma.
- New drivers are warned during the Induction stages of the horrors they could face on the track.
- In the development of a robust training plan and supporting Management Guidance – gives consistent approach across the business.
- We have concentrated on highlighting its advantages to employees, in particular, setting out that it is a therapy focused on the future and does not encourage them to dwell on the past.
- We can provide employees with access to face-to-face TF-CBT sessions or telephone and /or a mixture of both.

What we had before

Support via AXA PPP Healthcare (Employee Assistance Programme)

Individuals would be provided with contact details for the counselling support and in some areas they would be self refer whereas in others a manager may refer. As such there was an inconsistent approach throughout the business.

- Individuals were still not recovered at the end of the sessions and in 1 case never returned to work.
- Counselling was individual choice and not mandatory.

Occupational Health

- Individual would attend Occupational Health Assessment after 4 weeks as part of LTS Procedure.

Welfare Meetings

- Individual would attend meetings with Line Manager and Human Resources following Occ Health review.
- The counsellors role was to draw the client out through open-ended and closed questions and make the individual feel safe enough to open about their thoughts and feelings. What it didn't do is to get an individual to face their fears.

Each of these processes got them to avoid talking about the incident

Research findings - Why change

- Advice from Professor Rogers (CBT Therapist) was that the 'test case' was suffering with PTSD but treatment was left too late – premature retirement resulted.
- Feedback from interviews with employees and managers was that the current system was not working. The aftercare attention following the incident was critical to recovery but lacking in our processes.
- The team researched PTSD and found that the symptoms of sufferers in disasters etc. were identical or similar to those involved in operational fatalities. Recognised that we were a high risk employer where employees could be exposed to PTSD.
- International research shows that 16% experience a person under train event and go onto develop PTSD. 30% develop other mental health issues – depression/anxiety disorder.
- Reviewed and considered best practice of the NHS National Institute for Clinical Excellence (NICE) Guidelines on Post-traumatic stress disorder (PTSD) on the treatment of psychological trauma and organisational approaches to trauma management.
- TF-CBT is fairly quick and effective as it helps employees to reverse negative thought processes.
- International research showed recovery from PTSD is unlikely if sufferers do not have access to Trauma-Focussed treatment.
- Embraced and embedded it into our Health and Wellbeing Strategy.

Research to justify the change

- As part of our Health and Wellbeing Strategy we wanted to analyse current levels of support to an unpredictable situation that is beginning to become something inevitably encountered by drivers during the course of their career.
- Devised a programme of 1:1 sessions with employees and managers to assess current system with the initial interviews carried out independently supported by RSSB secondee.
- Common theme coming through was that drivers who had counselling support continued to have issues of avoidance of work, colleagues and saw little or no improvement in symptoms.
- Research showed individuals had some and / or all the symptoms of Post Traumatic Stress Disorder (PTSD).
- Studied a driver exposed to two separate fatalities and compared recovery with soft skilled counselling v Trauma Focussed CBT.
- Looked at the specialist support available in treatment of PTSD.
- Used test case referral to Professor Paul Rogers and analysed the two different approaches. Found that those exposed to trauma had twice as much time off as non exposed Drivers 1 year after incident and some went onto have Safety of Line incidents.

What we did

- Reviewed our existing Chain of Care Policy against the NICE Guidelines.
- Identified through data analysis that Chain of Care was the highest of the sickness absence cases to be off work 12 months or more.
- Worked with experts in the field of TF-CBT.
- Looked at the changes Royal Mail had made to help Postal workers who had a high amount of trauma related incidents.
- Designed a Manager Guidance and Trauma Pack.
- Compiled a training programme to launch the new way of working and rolled out to Managers and Trade Union representatives.

Management Information

In conclusion

Since beginning this piece of research we have found that individuals are experiencing an event outside of their normal human experience and often the response can be delayed.

The reactions that follow such a trauma may seriously hamper and interfere with their life.

By considering that the traumatic accident is a job related risk and providing close psychological support for each individual, is likely to increase their ability to recover from the event.

Furthermore, the “person under train” accident which a driver can be confronted with during the course of their career should be recognised as an occupational risk and this is made clear during interview and induction stages. Ultimately, by having a better knowledge of the vulnerability factors and evaluating the support provided have been essential.

There is a great deal to gain from early intervention as it can prevent secondary disabilities and premature retirement along with long term benefits for the business and economy, in terms of sickness absence costs.

Question and Answer Time