Dealing with crew mental health issues following a traumatic event

Rachel Butlin
Partner
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Todays discussion

- Yachting industry continues to work hard
- Increased awareness - still some serious & fatal incidents from many different causes
- Impact on crew involved
- Don’t underestimate stress/trauma they can cause
- Living on board can accentuate/deepen trauma
- Benefits owner to have healthy, happy crew
Initial observations

- Such incidents increasing?  More aware?
- Can lead to issues for other crew / Captain / Yacht Managers / Owner:
  - Operational problems and delays (e.g. crew absence)
  - Drop in general & individual crew wellbeing /motivation
  - Reputational issues/bad publicity for yacht & owner
- Handling sensitive issues/liaising with crew family & social media involvement
Initial observations

- **On board systems** - ensure these can identify problems early whether result from an incident that might affect all crew or a private health issue of one crew member unrelated to any incident.

- **Act quickly** – offer help/treatment from properly trained medical professional to all relevant crew.

- **AIMS** - early diagnosis, prompt treatment, quicker recovery, perceived as caring employer and mitigates potential losses if claim on horizon.
Common psychiatric illnesses after incidents

- Examples of psychiatric illnesses following a traumatic event:
  - Acute Stress Reaction
  - Adjustment Disorder
  - Depression
  - Anxiety disorders (such as general anxiety disorders, panic disorder, social phobias, agoraphobia etc.)
  - Post Traumatic Stress Disorder – PTSD
Post-Traumatic Stress Disorder ("PTSD")

- What is PTSD?
- Recognised Psychiatric Illness?
- Diagnosing PTSD & Treatment
- Obtain clear picture of the problem
- Obtaining medical evidence if a claim for damages is made for psychiatric injury
- Psychiatrist v Psychologist?
What is PTSD?

- Distinct medical condition
- More than normal anxiety reaction to an event
- Symptoms do not cease after a few months - sometimes increase in severity. Functional impairment problems
- Results from exposure to a threatening/traumatic event/series of events - involves actual or threatened death or serious injury, or witnessing an event that involves death, injury or threat to others
- Response of fear, horror, helplessness
No completely typical response. Range of physiological and psychological responses - can come and go, including:

- avoidance of anything relating to the trauma, exaggerated startle response, flashbacks, nightmares, feelings of isolation and detachment, aggressive behaviour, problems concentrating

All can be normal reactions to a traumatic event but if continue, may indicate PTSD

Not as common as you may think
Is PTSD a recognised illness?

- Yes. Psychiatry always recognised disorders after traumatic events e.g. shellshock.
- Other major diagnostic text is World Health Organisation’s *ICD-11*, International Classification of Diseases. [https://icd.who.int/browse11/l-m/en](https://icd.who.int/browse11/l-m/en)
Diagnosing PTSD & treatment

- Ignoring continuing/increasing symptoms will not help
- Immediately post-trauma treatment not necessary (or advised) in most cases
- Social support, reduced exposure to trauma-related stimuli will help
- Minority of individuals will suffer intense & impairing symptoms - Acute Stress Reaction for first month or so post-incident
- Early intervention, medication, CBT can help to stabilise individual. Involve DPA/managers/P&I if appropriate asap
Obtain a clear picture of the problem

- Offer crew counselling. Might not want it immediately but offer should remain open
- Try to check if a crew member visited GP if returned home. Keep in contact and ensure they submit regular sick notes (normally required by SEA)
- Have they been diagnosed with PTSD / other disorder(s)?
- As employer, can ask for a report from GP/treating psychiatrist to confirm diagnosis & if fit for work
Psychiatric evidence if a claim for damages is made

- **Need information.** In UK there has to be a diagnosis of a recognised psychiatric disorder for successful claim - need expert medical opinion

- **Obtain & check medical records** asap for previous relevant symptoms & any pre-employment medical examination

- Claimant must **establish causation of illness** from medical and legal perspective

- **Identify and instruct** correct medical expert. Normally we instruct Psychiatrist not Psychologist (unless Clinical Psychologist or Neuropsychologist)
Medical training & experience of Psychiatrist

- **5 – 6 years** undergraduate (MB, BN B.CH)
- **Approx. 10 years, further 6 years** in Psychiatry then research postgraduate
- **Total medical training – 15 – 16 years training**, sometimes more
- **Medically qualified experts**, with postgraduate training in psychiatry, members of Royal College (MRCPsych), who **both diagnose and treat** mental health disorders AND **prescribe medication**
- **Clinical grades** - HO, SHO, Specialist Registrar, Consultant
- **Academic grades** – Research worker, Lecturer (Senior), Professor
Medical training & experience
Psychologist/Clinical Psychologist?

- 3yr undergraduate psychology degree / 3-4yr postgraduate qualifier’s clinical psychologist
- **No medical training.** Only undergraduate degree & may not even have postgraduate clinical training
- **Cannot diagnose mental illness** (e.g. PTSD, Acute Stress Reaction or Adjustment Disorder)
- Can treat mental illness only with psychological approach. They use “scales” but a scale score is NOT a diagnosis.
- A scale score can be used with clinical interview to quantify level of disability but **always** obtain crew member’s medical records
Type of Psychologist

◆ Non-Clinical Psychologist
  – These are possibly of little use at all from the point of view of a medico-legal opinion / proper diagnosis

◆ Clinical (2 types)
  – Behavioural Clinical (rarely instruct)
  – Neuropsychologist – more highly trained & practising. Brain injury cases along with Neurologist for capacity / diagnosis, and for evidence of a claimant’s level of cognitive function
Summary

- Attractive industry – opportunities and benefits
- In UK contributes £450m to GDP. In 2018 DoT estimated 19,000 UK nationals employed in sector
- Talking more openly about these issues is a start but need to keep dialogue going
- Quicker you help a crew member the better it will be for them, other crew, owner & less likely you will face a claim
- If a claim made, investigate incident quickly. If solicitors appointed for crew member, keep pressing them for medical information – often hard to obtain – may ignore you but keep lines of communication open...