



Dealing with crew mental health issues following a traumatic event

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- ◆ 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

- ◆ 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

- ◆ **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

- ◆ **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

What is PTSD?

- ◆ 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
- ◆ 1980 PTSD formal diagnosis - American Psychiatric Association (“APA”) included it in 3rd edition of diagnostic publication, **Diagnostic and Statistical Manual of Mental Disorder**. Now ‘DSM-5’ (2013).
- ◆ Other major diagnostic text is World Health Organisation’s **ICD-11**, International Classification of Diseases. <https://icd.who.int/browse11/l-m/en>

- ◆ 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

◆ **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

- ◆ 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...