Dr. Neil Kitchiner

Director & Consultant Clinical Lead
Veterans’ NHS Wales

Honorary Research Veterans’ Mental Health Lead
Cardiff University
Who am I?

- Director & Consultant Clinical Lead – Veterans’ NHS Wales & Honorary Research Veterans Mental Health Lead, Cardiff University
- Core background RMN 1988 (Beds), MSc 1995 (Cardiff University), Behavioural Psychotherapist 1997 (Sheffield Hallam University), PhD Cardiff University 2012
- Rtd Capt 203 Welsh Field Hospital (V) Cardiff, Wales 2011-2014
- Provide:
  - Day to day running of the VNHSW
  - Clinical service to Cardiff & Vale’s ex-service personnel
  - Clinical supervision & training
  - Research via Traumatic Stress Research Network (GSH PTSD, PTSD Registry, 3MDR)
VNHSW Clinics/Staff

Veterans’ NHS Wales

**Betsi Cadwaladr UHB**
- Karen Hawkings (4 days)
- Anglesey

**Betsi Cadwaladr UHB**
- Mark Birkili (full-time)
- Wrexham

**Hywel Dda LHB**
- Julie Campion (full-time)
- Claire Young (7.5hrs one day, part-time)
- Lampeter, Carmarthen and Haverfordwest

**Powys Teaching HB**
- (Covered by BCUHB, ABLHB and ABMUHB)

**Aneurin Bevan LHB**
- Vanessa Bailey (full-time)
- Max Bergmanski (2.5 days, part-time)
- Brecon, Pantypool and Hengoed

**Abertawe Bro Morgannwg UHB**
- Victoria Williams (4 days, part-time)
- Swansea

**Abertawe Bro Morgannwg UHB**
- Oxana Jones (2 days, part-time)
- Neath and Port Talbot

**Abertawe Bro Morgannwg UHB**
- Margaret Gibbons (2 days, part-time)
- Bridgend

**Cardiff & Vale UHB**
- Neil J. Kitchiner (full-time)
- Clara Croll-Rees (3 days, part-time)
- Cardiff

**Cardiff & Vale UHB**
- William Watkins (full-time)
- Julie Devlin (1 day, part-time)
- Merthyr Tydfil, Mountain Ash and Pontypridd

**Director**
- Dr Neil J. Kitchiner
- Cardiff & Vale UHB
Aims

The primary aim of the VNHSW is to improve the mental health and wellbeing of veterans

Secondary aim to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and wellbeing difficulties who live in Wales
Psychosocial Response to Mass Disasters

White van man Cardiff Fri 18 Oct 2012 - 1 fatality – 17 injured (inc 7 children)

Tunisia attacks, Sousse Beach, 26 June 2015 – 38 people killed, 30 British (1 Welsh)
PTSD IS REAL
Post-traumatic Stress Disorder (PTSD)

The management of PTSD in adults and children in primary and secondary care

Clinical Guideline
Published: March 2005

www.nice.org.uk
DSM5 Criteria for PTSD

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):
- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders
Criterion C (one required):
Avoidance of trauma-related stimuli after the trauma, in the following way(s):
- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required):
Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):
- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect
Continued

**Criterion E (two required):**
Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):
- Irritability or aggression
- Risky or destructive behaviour
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

**Criterion F (required):** Symptoms last for more than 1 month

**Criterion G (required):** Symptoms create distress or functional impairment (e.g., social, occupational)

**Criterion H (required):** Symptoms are not due to medication, substance use, or other illness
Prevalence & epidemiology

Community studies

Rates of lifetime exposure to trauma – 50%-90%

Lifetime prevalence of PTSD – 5%-10%

USA lifetime prevalence of PTSD 8-12% (Kessler, 2000)
Factors thought to affect development of PTSD

Pre-trauma Factors

Family or personal history of psychiatric illness

Socio-economic status (lower at greater risk)

Gender (women at greater risk)
Factors thought to affect development of PTSD

**Trauma Factors**

- Trauma type (rape, *military combat*, assault)
- higher risk; manmade or natural disaster
- Level of perceived danger
What is a Potentially Traumatic Event (PTE)?

• An event which includes:
  – intense helplessness
  – intense horror
  – intense fear
  – in response to experiencing or witnessing a traumatic event

• However, not all PTEs lead to illness
What is the natural history of PTSD?
Factors thought to affect development of PTSD

Post-trauma Factors
Lack of social support
Economic resources
Additional stresses
Psychological reactions after trauma

Depression
Grief Reactions
Agoraphobia/Specific Phobias
Alcohol/Drug Dependence
GAD/Panic Attacks
Brief Reactive Psychosis
Somatisation e.g. fibromyalgia
Borderline Personality
Disorder/DESNOS/Complex PTSD
PTSD
Enduring personality change
PTSD Co-morbidity

Approximately 80% of patients with PTSD will have a co-morbid psychiatric condition, the most common being:

- Depression
- Drug & alcohol abuse (esp ex-service)
- Other anxiety disorders
PTSD disease burden

Patients with PTSD are at a 6-fold higher risk of suicide than general population.

PTSD can severely impair social functioning resulting in unemployment and relationship problems.

Individuals with PTSD more likely to use primary and secondary healthcare services.

 Serious mental illness
Understanding Post-Traumatic Stress Disorder (PTSD)

Traumatic event

- Fragmented memories of the trauma
- Changes beliefs about: Your self, The world, Other people

Fear
- Sense of threat
  - Avoidance means that the memories remain unchanged
  - Avoidance means that the beliefs go unchallenged

Avoidance
Cognitive Processing Therapy
Eye movement desensitisation & reprocessing

Modular Motion-assisted Memory Desensitisation and Reconsolidation (3MDR) therapy
Our Research into PTSD

• Guided self help multi-centre randomised controlled trial

• Modular Motion-assisted Memory Desensitisation and Reconsolidation (3MDR) therapy

• PTSD registry (Bio-bank)
"YOUR COUNTRY NEEDS YOU"
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