Bozo Lugonja: Hello and welcome to Piece of Mind, a podcast looking at mental health and psychiatric conditions and the science behind these conditions. My name is Bozo Lugonja. I am the research coordinator for National Centre for Mental Health, and we are based here at Cardiff University but also across Swansea and Bangor. So we are bringing you conversations from patients affected by these conditions alongside researchers working at furthering the understanding of an incredibly complex area of psychology and biology. This episode, we are focusing and will be talking about post traumatic stress disorder or as it is more commonly known PTSD. I would like to welcome our guests, Dr Neil Kitchiner, director and clinical lead at Veterans NHS at Wales, and Darren George, an RAF veteran who will speak to us about his experience of PTSD. Thank you both for joining us and for agreeing to speak with us. Thank you for your time as well. I think the best place to start would be to speak to Neil about your work and your background and just to get an idea of what is PTSD and why you work on such a condition and find this so interesting.

Neil Kitchiner: Thanks for inviting me. So I have been interested in PTSD from fairly early on in my career. I trained initially as a mental health nurse in 1985 and came to Wales to work in the forensic services here. I suppose my first exposure to PTSD as a disorder was working in a secure hospital where one of my first patients was a female who had murdered her boss with a knife, a very traumatic event for both parties, one survived and one didn't, and the one that survived developed PTSD as a result of her actions. So that was very interesting to meet someone that had PTSD through murdering someone and I worked with that person, that lady for about 4 years while she was with us. She was diagnosed with PTSD about a year or so after her stay with us and was offered psychological treatment which I gave her under supervision from a clinical nurse specialist. Frankly, that treatment was very successful and it was amazing to see someone with very severe symptoms become symptom-free after a fairly short period of psychological therapy. So I developed an interest there. I went off to university to become a psychological therapist in cognitive behaviour therapy and developed an interest in PTSD and working with civilians and veterans ever since.

Bozo Lugonja: Excellent. So that is quite an interesting story considering, I mean, someone developing PTSD having murdered someone, so what usually are the causes of PTSD and is there a specific traumatic event?

Neil Kitchiner: Well, it's very wide, isn't it? As humans, we go through lots of different challenges during our lifetime and so some of us have been exposed to traumatic events as children where we may have been physically, sexually or emotionally abused by caregivers and that can be very traumatic and give us problems later on in life, and then as adults, when we go out in towns and drive cars, we can be assaulted or crash things. We can be on planes that crash, we can be in natural disasters with

tsunamis and fires and all sorts of things. So, you know, 90% of us in our lifetime will be exposed to a traumatic event where we could develop post traumatic stress disorder.

Bozo Lugonja: I see. Darren, if I bring you in, so thank you again for joining us, if you could tell us about your experiences and your time in the military and how you became to be diagnosed with PTSD.

Darren George: Okay. I spent about 10 years in the Royal Air Force. I started off as an airman, ended my career as a flight attendant, engineering officer.

Bozo Lugonja: Excellent.

Darren George: The time when I believe I developed the PTSD was on an operation with the Chinooks flying in the Atlas Mountains. It was a good detachment. We were just about to wind up and finish, and as tradition, we go out and have a few drinks, celebrated, blow off some steam just before we go back to the UK. That night, some of my airmen took a trinket from a bar to take home to put in the Squadron Bar. They usually have a little story behind them. There is a collection of things which people like to talk about when they've had a drink. Although that wasn't the right thing to do, what happened next did not really ... wasn't justified for what they had done, they were found with this item on them and they were put on their knees, guns put to their heads, threatened with other weapons, and were told if they could not get the rest of the trinket back that they would feel the consequences. So I was not aware that this was all happening while we were in the bar. They were taken off to a room. As I was leaving the bar, I saw them out of the corner of my eye and wanted to know what was going on. As their officer, I felt responsible for them, got involved in this situation, realised how intense it was and decided that it should be me that deals with this. It was difficult. We needed a translator and emotions were tense when the other officer was attacked and knocked out. You could see the fear in my men's eyes at that point. We eventually sorted it. Everything went back to normal, but the men broke down emotionally whereas I remained flat and unresponsive to the whole situation. I went back home and reported it to my senior officers and that was the end of it, and I thought "fine, I've dealt with this well" and went on my merry way, carried on with my career, and things started to change at that point but not in the way that I would have expected from what I knew about post traumatic stress disorder. I started to not want to go out and started to get migraines, could not relax, just wanted to work, work, work all the time and --

Bozo Lugonja: So was that only to distract yourself or --

Darren George: I think so, although in the military that is almost encouraged. You know, they will not say no to someone working.

Bozo Lugonja: Overtime.

Darren George: No. People pride themselves on their hard work.

Bozo Lugonja: Of course.

Darren George: Yes, and it was not until almost 10 years later that I realised there was something really wrong. It just crept up on me over time.

Bozo Lugonja: So a whole decade.

Darren George: Yes.

Bozo Lugonja: Wow. So that is quite interesting with regard to misconceptions about PTSD. Neil, People often talk about PTSD and assume that PTSD happens immediately after or occurs immediately after an event, but like we see with Darren, like a whole decade, 10 years later that these symptoms started to present themselves.

Neil Kitchiner: Yes. So that is very interesting and the research would show that not everyone develops intrusive images, nightmares or flashbacks and avoidance behaviour straight after a trauma, although, you know, a substantial amount of people do. In Darren's case, he probably had what we would call a delayed onset and that was probably driven by various psychosocial stressors that Darren was under at the time that tipped him over the edge, if you like, so individual capacity to cope is compromised and we all have a different level of capacity to cope with stressors and I imagine once they were tipped too far, then Darren's symptoms emerged which he had been able to box off and keep filed away.

Bozo Lugonja: Okay. So what was the process of how you ended up working with Neil? So you guys, just so whoever is listening understands that you know each other, you have worked together and Neil has been instrumental in your treatment. So what was the process before you became aware of Veterans NHS Wales? What were your experiences during that time?

Darren George: You initially realised that there is something wrong. I took myself to the doctors and they go through a process that the GPs say, I am assuming they have to, take 2 weeks off, it could be stress, they do not really dig too deep at that point. After the 2 weeks, I said there was still something wrong and at that point, I happened to see a different doctor and I think they were a little bit more aware of PTSD, started to ask a few questions and said, "I am not sure what is wrong, but I think you need a mental health assessment." So you wait to be referred to some specialists where I saw psychiatric nurses. You are interviewed and you talk through everything that is going on and then they put your case forward to a panel and the panel come back with what they think is the right course of treatment, so at that point, they referred me to the Veterans NHS Wales, and a month or two later, I got to meet with Neil who formally diagnosed me.

Bozo Lugonja: With that diagnosis, how did you feel receiving that diagnosis? Was it a relief? Was it --

Darren George: It is a double-edged sword. You are relieved because somebody is telling you there is something wrong and it is not just you. You are not just miserable, lazy, cannot handle work because those are the things you worry. Then at the same time, it is, "Oh my God, I've got PTSD. What do we do about this?"

Bozo Lugonja: So it can be quite a frightening time in addition to having the symptoms.

Darren George: Yes.

Bozo Lugonja: That makes a lot of sense and how did you ... in terms of treatment, what do you find the best route? How did you –

Darren George: After Neil had a couple of sessions with me, he decided that there were 2 ways of going with the treatment and from what I have been telling him, he believed the cognitive processing therapy was the way forward for me, which I found so useful. I can't state how important that has been to –

Bozo Lugonja: So this is like a form of cognitive behavioural therapy, is that right?

Neil Kitchiner: That is right. Yes, so there are several different versions of trauma-focused psychological therapy. Cognitive processing therapy is very much a cognitive-based therapy that looks at the patient's thoughts about

why the trauma happened, why they still got symptoms and what they think about the symptoms.

Bozo Lugonja: Sure, okay.

Darren George: From being in the military, you take pride in being able to handle situations and it is difficult to ask for help in the first place, but the cognitive processing therapy slowly gave me the tools and taught me how to use the tools that I could use then for when I had an episode, that I can work my way through it and realise that what I was thinking, what I was doing was based on emotions and trying to protect myself rather than on logic and fact –

Bozo Lugonja: So you had a kit available of tools that you could use to help you. Does your background, military background, kind of like help facilitate that?

Darren George: It is not so much my military background facilitated it, but I think people that gravitate towards the military are people that want to look after themselves, proud of what they can do, using their initiative, finding ways around the problem, and when you have got something like PTSD, you have not got the tools or the way to resolve that. So over the course of 16 weeks, I would be sent home each week with homework and tools to try out and different procedures of processes of working things out in the way of thinking and feeling, and then I would go back in the next session that I would do with Neil. We will go through that work and pull out areas in your life that you are creating these situations and you are unaware that you are doing it.

Bozo Lugonja: And this is all at Veterans NHS Wales.

Darren George: Yes.

Bozo Lugonja: So Neil, could you talk us about Veterans NHS Wales and the work that you do as part of that service and the way it helps veterans?

Neil Kitchiner: This service evolved from MOD-funded pilot, so we were the Welsh pilot based in Cardiff and we were very lucky in Cardiff to have an eminent psychiatrist, Professor Jonathan Bisson, who is an ex-Army psychiatrist with a big interest in PTSD and has been running the Cardiff and Vale Traumatic Stress Service for about 17 or 18 years, an international researcher. We are very lucky. The MOD came to speak to Jon and said, “Would you like some money?” We said, “Yes,” and I volunteered to run that for 2 years funded by MOD and Welsh government, and I tested

through my PhD on it and modelled for Veterans coming through the NHS and after that, we developed the all NHS Wales Veterans Service funded by the Welsh government. So we now have a whole Wales service and we probably have about 18 veterans' therapists across the 7 health boards who only see veterans who reside in Wales and have a service-related mental health problem that does not have to be PTSD but the majority of it is currently, but we also see veterans with alcohol problems, anxiety and depression and relationship issues, and loads of psychosocial problems that they need some help with.

Bozo Lugonja: Darren, what was the impact on your family? From my perspective, from what I understand, is that it is relatively, it is easier for people in the civilian world to understand a traumatic event if it is a car crash, if it is a mugging or if it is some kind of assault because you can place yourself in that situation. However, I am assuming it is going to be very different for someone who is in a combat situation to experience the trauma because it is so unique anyway, let alone the unique situations that you are going to experience within that environment. What was it like with your family going through that difficult time?

Darren George: PTSD is difficult on all members of the family maybe not so much because they do not relate to what goes on in the military compared to if you had a car crash. I think that people understand, they see enough on the television to understand what people go through when they are in the military. The problem is PTSD itself. You are suffering with something initially you do not understand. It takes a long time to get your head around what is going on. The process takes a little bit of time for you to be referred, and in that time, you have not got the answers for yourself and you have not got the answers for your family and they do not understand. It causes tension because their worried that they have done something wrong or you are worried because you know how you're being and it is not fair on them. So it is a cauldron of emotions for a while until the treatment starts and you can start getting an understanding of what you are actually going through.

Bozo Lugonja: So Neil, you were in the army yourself, weren't you?

Neil Kitchiner: Yes.

Bozo Lugonja: Does that help in regards to working with veterans as part of Veterans NHS Wales? On both sides really, does it help you, Darren, knowing that you are speaking to someone who has had the similar experiences and has seen similar things, and does it help you, Neil, again having seen and having experienced those things?

Darren George: Absolutely. There is a military context. You do feel different to a civilian, you feel that there is camaraderie because you have been through similar experiences and you understand this military world which is nothing like civilian world. It is not meant to be because we are there to do a different job, but having people that you can just say something to and they understand where you are coming from immediately without having to explain every situation or scenario, it is really beneficial.

Neil Kitchiner: I think that is true. I think a lot of our veterans have, you said to us at various times, have you served, and before I joined the Army reserves, I had been an army cadet. My father was in the RAF as a regular serviceman, so I had some experience of it. In fact, I used to deliver newspapers to US Air Force Base Chicksands which is a US Air Force base, so that was great to do. So I used to say that to my patients and they would roll their eyes and then they would probably walk out of the door thinking he is not going to understand me, so when I was invited to join 203 Field Hospital, I did and this is full of NHS doctors, nurses, and physios etc and spent 4 years as a captain in that 203, and we were lucky enough to deploy to Afghanistan in October 2013 which we were volunteered to do and we were away for 4 months and I was part of the British Army field mental health team, which meant that we left Camp Bastion on helicopters flown by Darren's colleagues and Americans to go forward to operating bases, the main operating bases, patrol bases, and the like to deliver mental health clinic to serving troops, which was very satisfying and very exciting at times and got to eat lots of pizza and not drink alcohol for 4 months.

Bozo Lugonja: Would you say that the mental health provisions in the army, in the services are more progressive, further progressed compared to civilian world because there is, I mean, if you look at… one of the stats I picked up was that if you are in the military, you are at the higher end of the risk spectrum to develop PTSD, you are actually at 30% as opposed to 5% to 10% in the regular population. If you are working with more people developing PTSD, obviously the treatment is going to be more progressive, I suppose.

Neil Kitchiner: I think the military has been really excellent in lots of different ways for the NHS, so developing physical, surgical and mental health treatments that we have taken from the military and embedded back into civilian world. One of the good things that has been going since about 2005 is trauma risk management which the Royal Marines developed through psychiatrist Neil Greenberg and colleagues and that has been rolled out to the tri-services where you have a TRiM-trained practitioner embedded in all ranks who is responsible for talking to people like Darren and colleagues when they come back from a difficult situation. They would have a similar rank, go for a semi-structured interview within 72 hours and do that again at 4 weeks. If the symptoms are high, then there is a fast-track route to

see the Defence Community Mental Health team which has psychiatrists, psychologists, CPNs, and social workers, and they will offer an evidence-based treatment. So that gives people an early intervention, and like all diseases, if we catch the disease early, there is a better prognosis for treatment and outcome.

Bozo Lugonja: Absolutely. And one of the things we do here at the NCMH is that we do work with participants who have experienced PTSD, and I know that you, Darren, have taken part in one of our research studies and given us a sample, and every podcast is going to be a big advert for people to give us a sample, and so how did you get involved with NCMH?

Darren George: Neil referred me. I was keen to help as much as possible. As I started to come out the other side of the PTSD, I realised it takes part of your life slowly so the more I could do to help others either nip this in the bud or push them towards getting help and any further knowledge that we can get on the subject, then the better really. Neil mentioned it, I said I was interested. It involved half-an-hour to 45-minute interview which was over the phone and they sent out a pack as a saliva test which you then sent away to see if there is something in your DNA that makes you potentially more susceptible to PTSD.

Bozo Lugonja: So that saliva sample would have been picked up by me, so I will be the person who opens that pack or one of our colleagues who would open that pack and we would have logged it and it will be completely anonymised and the things that we do with it are very similar to what you say. What we are doing at the NCMH is we are taking saliva samples, we are taking blood samples from our participants, whether you have got mental health condition or whether you are just a family member who wants to act as a control. Controls in biological studies are just as important as those with the actual condition. We need to be able to compare, and in our labs, our amazing tech team and lab team, they extract the DNA, genotype it, and then we have that data available to work with international collaborations to work in some really exciting research projects.

So Neil, I thought we can move on to some of the research themes of NCMH that have to do with PTSD, one of the really interesting things that is coming along is the 3MDR project and the NCMH PTSD registry. Could you tell us a little bit about those?

Neil Kitchiner: So let‘s start with the PTSD registry because that is what Darren has gone through. The NCMH is interested in a lots of different disorders and one of those is post traumatic stress disorder and we are able to ask veterans like Darren to take part so they go through this process of semi-structured interview and give some DNA so we are very up for that and we ask all our veterans who come into treatment to take part because like

Darren says, we need to find cures for these disorders if we can. So that is really exciting. I think, you can correct me here, but I think the NCMH has probably had about 7,000 to 8,000 participants.

Bozo Lugonja: Yes. That is what we've had over, I think in terms of participants, it is nearly 10,000 now, 9,500. In terms of biological samples, we are well over 7,000 now, and so one of the things we are always looking for is more participants, more people to give their samples. There is no limit to the amount, the only limit is space, but otherwise and there is no limit in the amount of people that we want to work with. So how does the 3MDR project work? The 3MDR is modular motion-assisted memory desensitisation and reconsolidation.

Darren George: I am glad you said that.

Bozo Lugonja: So let us call it 3MDR for everyone.

Neil Kitchiner: Yeah, let us just stay with that. So this is actually a novel, new treatment which we are trialling in Cardiff. We don't know whether it is going to work or not, but we borrowed it from the Dutch military. Jon Bisson and his colleagues in Netherlands talked about this, Jon went to have a look at their lab, and luckily, we have a similar lab in UHW Hospital where we have a treadmill which is sunken in to the floor with 180 virtual reality screen that goes around the treadmill. Basically, the idea is that you get the participant to walk for 60 minutes whilst they go through 7 images of their traumatic event which they have brought in on a USB stick with a piece of music that reminds them of their deployment, the therapist helps them go through what feels like a virtual reality tunnel where they walk down this tunnel. The door opens and there is their first picture and the picture gets bigger and bigger as they keep walking, so they are walking back into their trauma, and by doing so, they cannot avoid it. As we know with PTSD patients, they try not to think about it or talk about it and avoidance is one of the major problems that keeps PTSD going. So this kind of nails that by saying just walk into it and keep walking, and we will be with you every step of the way as your therapist and we are going to do 7 photos in 60 minutes, and we think and we hope that this will help the patients to be able to emotionally process and consolidate that memory into the past. When you think about it, all PTSD is something that has happened a long time ago, either weeks, months or years ago. It is in the past. It is not happening now. So we need to help the brain realise that and move that traumatic memory and file it where it should be, in the past.

Bozo Lugonja: It is a really, really interesting project. I have seen some pictures, some that we actually have here and at the NCMH or some of the kit, and it looks fascinating. Obviously, to be honest I've never seen anything like

that, it seems a very involved way and really high tech way of treatment. Are you guys still looking for volunteers, still looking for participants to take part in it?

Neil Kitchiner: We certainly are. We have just opened for business and we have recruited about 10 veterans who are deemed as treatment resistant, so that means they are not Darren. Darren had a good course of psychological therapy and came through the other side and is much better. Had he not come through that therapy and were still symptomatic, he would be deemed treatment resistant, and I would be knocking on Darren's door again and saying, "Come and have a walk on the treadmill with me and let's try this new, novel treatment."

Bozo Lugonja: It's a really positive, I think it is a really positive project. Any projects that we talk about on the podcast, any papers or research that we talk about, we will put upon our websites. So if you go to ncmh.info/podcasts there are links to all our podcasts and any kind of materials, any papers and links to the research projects that we talk about. If you go to ncmh.info you would be able to find much more about the work that NCMH does but also our friends at the MRC Centre here in Cardiff and at the NMHRI here in Cardiff. So we are a big umbrella of people who are doing lots of different things and you will be able to find out all the work we do.

You have also done some Cochrane Reviews.

Neil Kitchiner: Yeah.

Bozo Lugonja: What is a Cochrane Review?

Neil Kitchiner: Cochrane Review. Cochrane Review again is a bit of a Welsh thing, although it was put together by a medic, Archie Cochrane, who is actually Scottish but was working in Wales at the time. When we were looking at what works for any disease, there was a lack of systematic way to collect evidence. Archie Cochrane and colleagues came up with Cochrane Reviews, which basically means that experts in a particular disorder, for instance PTSD, would get together, they would extract all the published research, so the randomised control trials where there are trials, and extract the data from those and put that into a bit of software that does some crunching of date and it comes out with some nice graphs and forest plots which tell us whether any of the treatments that have been tried on a particular disease have worked and how well they have worked. So Cochrane Reviews use lots of very clever people, clever software that are able to produce guidelines and information for others to either do further research or offer to guide our clinical interventions. So for instance in PTSD, in 2005 when Jon Bisson and _____ and team looked to developing guidelines for PTSD, the treatments that seemed to work

well then were trauma-focused CBT and EMDR (eye movement desensitisation and reprocessing) therapy. So those two psychological treatments went into guidelines and that is what we should be offering patients who have got PTSD.

Bozo Lugonja: Excellent. One of the interesting things that NCMH has been lucky to be part of actually and more than likely, Darren, your sample will end up being part of this as well, is a genetics study that's been _____ genetic study recently has been published in molecular psychiatry, so we will put that link up again on our ncmh.info/podcast page. This was looking at a 20,000 person study and they showed that there was a genetic risk implicating PTSD. One of the key findings from that was that there was a 29% heritability in European-American women. Basically this means that 3 in 10 PTSD diagnoses amongst these women specifically could be linked to common genetic variants. Women are more likely to develop PTSD, is there a particular reason for this?

Neil Kitchiner: So the research is not that sound to give us the definitive answer to that but we can speculate that maybe females are more and better at seeking help, the treatment, rather than the male stereotype of avoiding it and burying his head in the sand or drugs and alcohol, then I think females are much more able to go and seek help, and maybe that is one of the reasons that they are more prevalent.

Bozo Lugonja: NCMH is contributing to this study and we are hopefully looking to get a goal of 75,000 participants for our future international collaboration which will give us some incredible data.

Darren, talking about that kind of, like, the typical male, reserved, "I'll deal with it," is that something that you came across or is that something that… are more people that you know able to speak about their experiences with PTSD?

Darren George: Yeah. To start with, I would say there is a pride thing going for help. You should be able to sort this out yourself. Why has it affected you, it didn't affect the others. Just brush it aside, keep yourself busy, I have got far more important things to be thinking about than this, so you would create work for yourself to justify why you did not have to deal with these issues, and over time then, that becomes a habit and you just work, work, work whether that is at home or whatever it is you distract yourself. What I have noticed over the last year or so where I have told people I have got PTSD, I have always been open and joke about it in work rather than the elephant in the room and no one talking about it, I would rather people be open and not uneasy, tiptoeing around me. But more and more people are opening up about similar things that they have gone through or emotions they have gone through. It is almost as if one of you lays your card on the table, then the other are more likely to do the same, but up to

that point it is “well, I can’t tell anybody I’m going to mental health” and there is a stigma around having that self-issue.

Bozo Lugonja: That is something that NCMH is… one of the remits, in addition to doing research, in addition to doing the NHS work, is education and we also try to combat stigma through our communications and engagement work that we do. Have you experienced any stigma coming along with PTSD or…?

Darren George: I think at first people do not know what to do, if I go from work side and social side. In work, your managers are not quite sure what to do, how to deal with it. You go to Occupational Health but they are not experts either and people aren’t quite sure what is the best, and there has been a little bit of a learning curve for both sides with work. I am not quite sure what I need, they are not quite sure what to do, so that is a difficult area to find out, whether that is working flexibly, working from home.

Bozo Lugonja: One of the things… I suppose regarding stigma, do you think that it is a lot… has it been dampened down? Has it been…?

Darren George: The stigma… everybody in work has been absolutely fine with it, and I think it is easier if you are open and you talk about it to get rid of the stigma.

Bozo Lugonja: I think everyone knows that there are a lot of people who know people who have mental health conditions and I have been in a situation where I have had people who have had mental health conditions and we make light of it, we joke about it, in a positive way. So do you feel like being able to speak about it, be joking about it… in our previous podcast we also were quite light-hearted about it, is that kind of like a good way of coming to terms with it and also talking about it?

Darren George: For me, it has definitely worked. Although I must admit there have been times where I have been in a certain kind of place mentally that I am not sure how that will go down, but because everybody was aware, I just put my hand up and say, “Look, I’m having a difficult day.” A few colleagues have recognised that I was having a difficult day and said, “Maybe you should just go home today” and that has helped because you are not always the best judge of how you feel at that moment. The way for me I have coped with it has been through a little bit of humour and that might be a military… that seems to be a military thing, that we deal with a lot of serious things in humour, so it is a way of talking about it without getting too…

Bozo Lugonja: Would you agree, Neil?

Neil Kitchiner: Definitely. I think the black humour that the armed forces, police and fire service uses, and the NHS actually, is very common and very helpful to get people through some very difficult moments at work.

Bozo Lugonja: So earlier on we spoke about you had a toolkit and some new treatment. One of the other things that you are involved in, Neil, is this rapid product study which is looking at guided self…

Neil Kitchiner: Self-help?

Bozo Lugonja: Self-help, that is the one. Thank you very much.

Neil Kitchiner: Yes, that is a really another interesting study that the team here such as Jon Bisson, Neil Roberts, Catrin Lewis and others, sorry if I have forgotten to mention names… but we are looking at testing a guided self-help website which we have already completed on one randomised control trial of 42 patients in Cardiff. We are running this out now across England and Scotland, so we are recruiting patients with pretty mild to moderate PTSD. So they have probably had a one-off trauma car crash assault, sexual assault or fire or something, and they have got PTSD, and we are going to randomise those patients to either the guided self-help websites or to the kind of gold standard trauma-focused psychological face-to-face over 12 sessions therapy. And we are going to see whether the guided self-help website is as good as the traditional one-to-one therapy. The good thing about the website is you are giving the patient much more time and responsibility to treat themselves, so we are trying to minimise… well, we are, we are minimising the amount of face-to-face exposure. Rather than 12 to 16 hours of face-to-face contact, we are taking it down to 3-1/2.

Bozo Lugonja: So there is an ownership of your own treatment ultimately, you are able to… I suppose that would help patients and participants be able to feel like they are taking control of their own recovery and their own condition.

Neil Kitchiner: Yeah. We hope so. We think it is a modern way to treat things. The website comes with an app so you can either work off your phone or the website. It syncs so it is really great. But we also know that coming to therapy is a bit of pain, is it not, because you need to take time off work if you work, it is usually 9 to 5 appointments, it is difficult to park, all that stuff that is painful, whereas if you give someone less face-to-face time and say, “if you follow these steps in this website we think this will help you treat yourself and we’ll guide you through those steps.” So there are 9 steps and we ask the patient to go off and do so many steps before

they come back in 2 weeks' time for half an hour interview, catch up, how is it going, any problems, and then off they go again for another 2 weeks, and in between sessions we give them a quick phone call for a couple of minutes or an email, but what patients report is they can do it in their own times. So if they are busy working, they can do the therapy at night-time. If they are busy looking after children, they can do it when their kids are at school or when the kids are in bed. So it has given people more flexibility.

Bozo Lugonja: Absolutely, that is fantastic. So again, that could be found on the NCMH website, I suppose, with regard to more information about that.

Neil Kitchiner: So that is the rapid study, yes.

Bozo Lugonja: It is fantastic. We are doing a lot of work looking at PTSD with NCMH. I suppose that we do have a very strong background in that because of people like Jon Bisson and so I think… would you say it is a positive time for PTSD research, for PTSD treatment and understanding? I assume that in the last 10 or 20 years that PTSD has come a lot more to the fore and a lot less stigmatised.

Neil Kitchiner: Yes, I think we are in this very… Darren said earlier, there being less stigma and people are able to open up once we started to talk, and so the campaigns that are going on at the moment that Prince Harry is involved in, Talking Heads, the contact group that we are involved in, these are all campaigns to get people to talk about their mental health. Both princes and Kate are involved in lots of media stuff to get stigma reduced. So those conversations are really helpful and Prince Harry being an ex-military guy himself, who has been to Afghan on several occasions, he is very pro-military personnel getting the right treatment. So with high profile people like that, I think we are in a phase where stigma is going to reduce and military personnel will step up and come forward.

Bozo Lugonja: I think really, honestly, Darren, it really does help having people who had first hand experience of things like these speaking about it. We were speaking before the podcast just briefly when we first met and it helps people in the lab or from another side of the research project or doing whatever behind the scenes on these projects to meet participants and to understand the things they have been through because it definitely gives you a better perspective of why you are doing the research that you are doing. It is very easy to get bogged down and say "we've done a recent study on 20,000 people, we've got 500,000 markers and found all these things" but they are just numbers ultimately. So thank you so much for talking about your experiences. It has definitely kind of helped me to understand a lot more about it and a lot more of the excellent work that NCMH does.

So how are you these days? How are things these days?

Darren George: Good. I was talking to Neil just before we started and it goes back to the self-help that I had a little rough patch. I started my treatment about a year ago. For the last 8 months, everything has been great. I started to have a few symptoms again but the first thing I did is go back to my book, work through some of the issues, use the tools that I have got there, I have a plan that if I feel like PTSD is coming back a little bit then I can work through that, and I knew the red signs immediately, spoke to work, got some time off, been to the doctors, reviewed some of the medication that I was on to try and get the balance right, so I have managed to then nip it all in the bud and not let myself get back to where I was. So that confidence I have now that I am not in a parent-child relationship where I have to keep going back to Neil, that is the only way I can get better. I feel like he has given me the tools that I can use these whenever… hopefully one day it won't _____ but for now I have got the tools to deal with it.

Neil Kitchiner: Which one of us is parent?

Bozo Lugonja: Just to say as well, I really recommend that if you are interested in PTSD, if you are concerned about PTSD, if anyone has symptoms obviously to go see their GP, to speak to families and to seek help, there are amazing resources out there as well. If you want to find out some more information, NCMH is a very good resource. Mind are a very, very good resource, they have got excellent booklets on there. Are there any ones that you would recommend?

Neil Kitchiner: There a few decent websites for PTSD now which are worth looking at to give some sensible advice. NHS Choices which is an English website is worth looking at. I am sure we can do better here.

Bozo Lugonja: In Wales absolutely. I think that has been great. I just like to say a big thank you to both of you for agreeing to take time out of your days and actually coming to speak about your experiences. We really would like, if you are listening, to rate and review us on iTunes, so let us know what you think, what can we do better, what can we change, and give us a 5-star review after you tell us what we can better, what we can change, and go check us out on ncmh.info/podcasts. If you want to take part in our studies, if you want to get in touch with us for anything, please do. We are very, very approachable. Check us out on Twitter, on Facebook, and thank you very much for listening to Piece of Mind. Thank you, Neil and Darren, and we will speak to you guys another time. Thank you.