

# RIVERS CENTRE SCOTTISH FIRE & RESCUE SERVICE ANNUAL REPORT

**APRIL 2024 TO MARCH 2025**

This report provides information on the service provided by the Rivers Centre/NHS Lothian to SFRS staff between April 2024 to March 2025

Published July 2025



## TAKEN RESPONSE

A rush to get there,  
Will we make it in time?  
Will another poor soul,  
Be taken in line.

Adrenaline pumping,  
In time with your heart,  
Your mind rushing,  
About to fall apart.

Why do we do it?  
I can't really say,  
It's not for glory,  
It's not for the pay.

The answer it is simple,  
We are the chosen few,  
We don't think we are heroes,  
Each time that we pull through.

It takes a certain courage,  
To run in when others run out,  
It's just another day,  
It's just another shout.

But spare us a thought,  
As another call comes in,  
Family left again,  
Dinner wasted what a sin.

We are the part timers,  
Who will continue to turn out,  
To save lives in our community,  
Of that I have no doubt.

## ANOTHER NIGHT

Another night unsettled,  
As I try to make some sense,  
Visions of the faces,  
Lined like a stretching fence.

As I look upon the wounded,  
I replace their face's with my own,  
I only see my family,  
Then I am left alone.

To try and make sense of carnage,  
and the broken bones,  
Fighting to free the trapped,  
So they are not left alone.

Standing in for family,  
Who are many miles away,  
Some times they hold you,  
Plead for you to stay.

A connection that is made,  
In a desperate situation,  
But you never shake it off,  
On your way back to the station.

You wait to hear the news,  
Of their state or condition,  
Why we feel the need,  
To make it our mission.

But sometimes it's hard,  
Like our recent call down the road,  
A wee lassie of just eight,  
Packed and ready to load.

Onto the rotors of hope,  
To fly many miles away,  
Your left there for a moment,  
With thoughts and the need to pray.

So it's back to the station,  
Where the comrade kicks in,  
A cup of tea with colleagues,  
To talk about what we din.

Then reality bites,  
It's back to your other life,  
Home for a comforting smile,  
From my dear wife.

She knows when to ask,  
Or just to leave it be,  
It seems she knows me better,  
Than any one can see.

But she has lived this to,  
For over 30 years,  
Anger and frustration,  
Sometimes even tears.

They are the forgotten heroes,  
Our biggest sounding wall,  
Ready to offer comfort,  
So we never stall.

Well that's us clean and ready,  
To be called upon once more,  
So the wheels keep on turning,  
As we speed on out the door.

David McCreadie, Firefighter, SFRS



# EXECUTIVE SUMMARY

## POST INCIDENT SUPPORT PROCESS (PISP)

Over the past year SFRS initiated the Post Incident Support Process (PISP) for 515 incidents and the Rivers Centre provided the following clinical services:

- Screened a total of **744** PISP questionnaires through which **40** people self-referred for support.
- Contacted **190** individuals whose questionnaire responses indicated a risk of post-traumatic injury, **22** of whom were offered follow-up support.
- Carried out **121** full clinical assessments (including **15** people referred by the SFRS Health and Wellbeing team).
- Provided psychological therapy to **103** SFRS staff members.
- Delivered **648** treatment sessions of psychological therapy.
- Completed **14** assessment reports for those people referred by the SFRS Health and Wellbeing team.

We also provided wellbeing check-ins for **staff working in specialist roles** including:

- Fire Investigation
- International Search and Rescue (ISAR) and
- Operations Control

**We were able to see people quickly:**

- **100%** of people were offered an **appointment within 10 working days**, with **65%** being seen **within 5 working days**.

**Early intervention works:**

- PISP allows us to offer support before symptoms become severe or chronic. People seen through PISP required a brief intervention with an average of **6** sessions of psychological therapy.
- In contrast, people referred to us through Health and Wellbeing required longer episodes of care, with an average of **13** sessions. This may be explained by them being off sick, more unwell and perhaps experiencing difficulties for longer before accessing help.

**Psychological therapy works:**

- **77** people **completed treatment** at the Rivers Centre in this reporting year and the majority had **significant improvements** in their symptoms.

**Supporting attendance at work:**

- **82%** of people completing treatment **remained at work or returned to work** after a period of sick leave.
- **50** of the **77** people seen were **at work and stayed at work** during their treatment.
- **20** people were off sick at the start of treatment. **13** **had returned to work** by the end of treatment and **2** had retired or left the service.

**Feedback from staff** regarding the Rivers Centre has been highly positive:

- **100%** said they would make use of the Rivers Centre if they were experiencing problems.
- **100%** said the clinician was knowledgeable about mental health and post-traumatic stress.
- **100%** said they would feel confident about contacting the Rivers Centre for help if problems arose in the future.
- **100%** had an increased awareness about what they can do to keep themselves well.
- **100%** thought that PISP was a worthwhile initiative.
- **92%** felt the clinician understood the challenges of working for a fire and rescue service.

## CONSULTATION/TRAINING PROVIDED

**We provided specialist clinical input in a range of settings over the year including:**

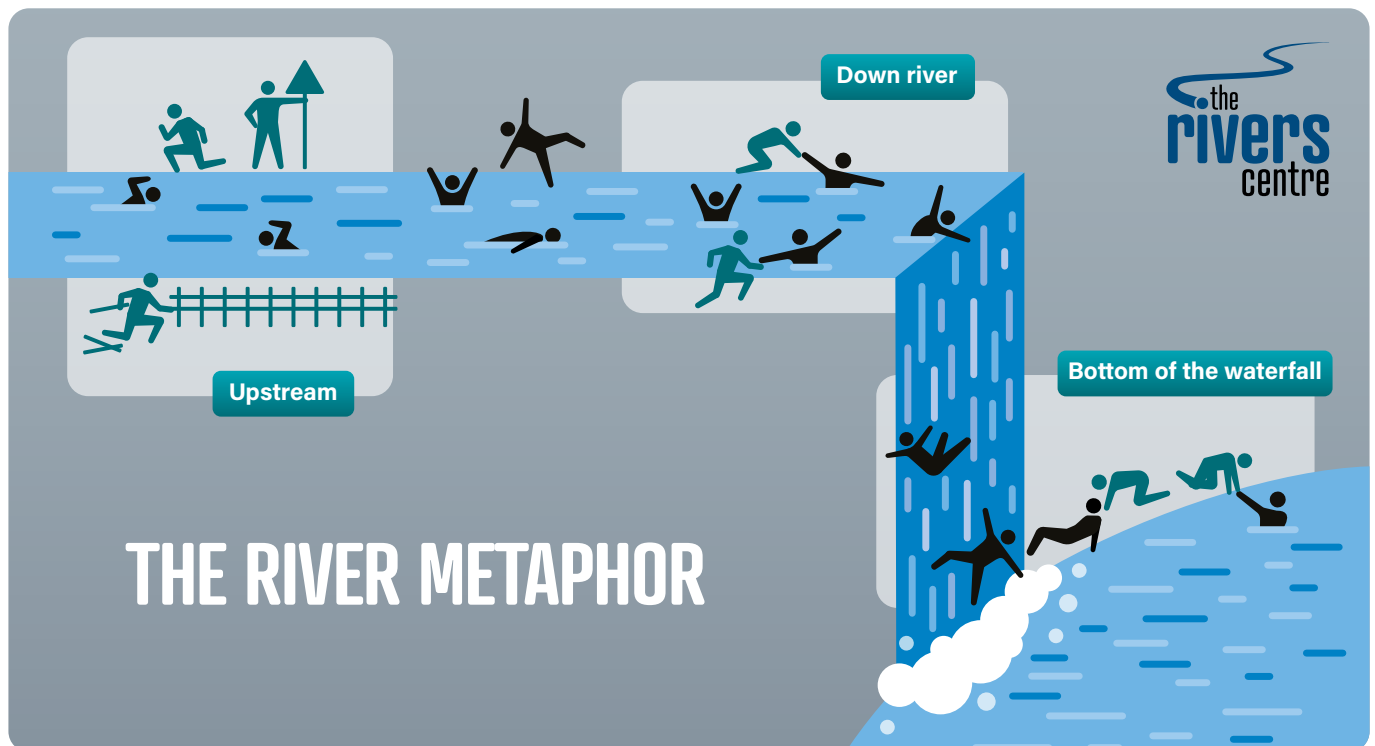
- The Mental Health and Wellbeing Group
- Training and consultation sessions for Health and Wellbeing Practitioners
- Training for Fire Investigation staff

# OUR APPROACH

The Rivers Centre adopts a public health approach and we use this in our work with SFRS. We want to help staff stay well in their role and to support recovery should they sustain a psychological injury.

In addition to our partnership through this clinical contract, we work with SFRS and the other emergency services in Scotland through [Lifelines Scotland](#) providing consultancy and training to promote resilience, peer, and post trauma support.

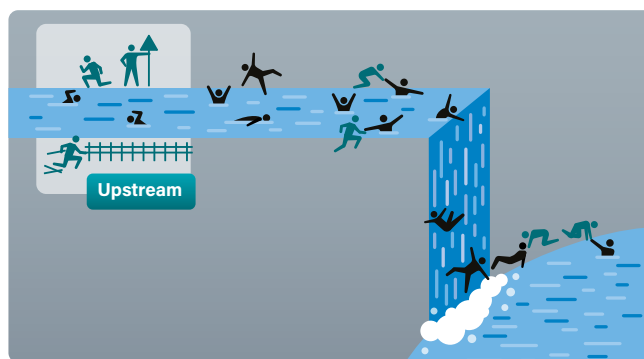
We use the public health metaphor of a river to illustrate the need to intervene upstream, down river, and at the foot of the waterfall. PISP allows us to provide a clinical service at all stages of the river.



*"The service provided is next to none and so worthwhile and required for employees exposed to trauma"*

*"I found my sessions helpful and feel that I learned techniques to deal with my issues and how to express my feelings better."*

# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)



Following a particularly challenging and potentially traumatic incident the Incident Commander can initiate Post Incident Support Process (PISP). This means that 3 weeks after the incident, all those involved receive a screening questionnaire which gives them the opportunity to reflect on the impact the incident may have had on their health and wellbeing.

The questionnaire includes questions about the incident, general stress, a checklist for trauma symptoms and a space for comments.

At the end of the questionnaire, staff are asked if they would like to meet with a Rivers clinician. The questionnaire is returned directly to the Rivers Centre and screened by one of the clinicians.

If people request an appointment with a Rivers clinician by ticking the box on the PISP questionnaire, we refer to this as a **"PISP Self-referral"**.

If there are some indicators on the questionnaire that the incident has been particularly challenging for the individual and/or they appear to be experiencing some trauma symptoms, then a Rivers clinician will contact that person by phone or letter to check in with them - we refer to this as a **"PISP Outreach contact"**.

People can also call or email us directly to seek support and make an appointment with a clinician - we refer to this as a **"Direct Self-Referral"**. If it becomes apparent at assessment that their difficulties are not work-related we shall support the person to access appropriate support elsewhere.

## How is the Post Incident Support Process being used?

Between April 2024 and March 2025, **PISP was activated for 515 incidents**. This compares with 454 in the previous year, **an increase of 16%**.

The average **return rate** of PISP questionnaires this year was also **16%**, a decrease of 4% on the previous year.

The tables and figures below display the breakdown of the types of incidents that triggered PISP across the three Service Delivery Areas (SDA).

## How often was PISP activated?

**Table 1.1** below details the number of incidents for which PISP was activated by month and by SDA.

We can see that the use of PISP continues to increase, with **61 more PISP incidents** this year compared to the last, **an increase of 13%**.

There was a significant rise in the number of PISP activations for the **West** and **North** SDAs with **increases of 28% and 25%** respectively. This contrasts with previous years where they have maintained steady rates of activation.

The number for the **East** SDA **decreased by 15%** this year. Without more information we cannot say if this reflects changes in the number of critical incidents staff attended, or changes in the usage of PISP.

**Table 1.1: Total of PISP Incidents activated by month and by SDA**

SDA	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total	% increase from 22/23
<b>Total</b>	<b>50</b>	<b>54</b>	<b>45</b>	<b>45</b>	<b>33</b>	<b>42</b>	<b>43</b>	<b>40</b>	<b>44</b>	<b>46</b>	<b>43</b>	<b>30</b>	<b>515</b>	<b>+13%</b>
North	12	14	11	16	14	15	11	7	9	15	6	9	<b>139</b>	<b>+25%</b>
East	11	11	10	14	5	5	11	10	14	18	14	6	<b>129</b>	<b>-15%</b>
West	27	29	24	15	14	22	21	23	21	13	23	15	<b>247</b>	<b>+28%</b>

# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

Table 1.2: What kinds of incidents trigger PISP?

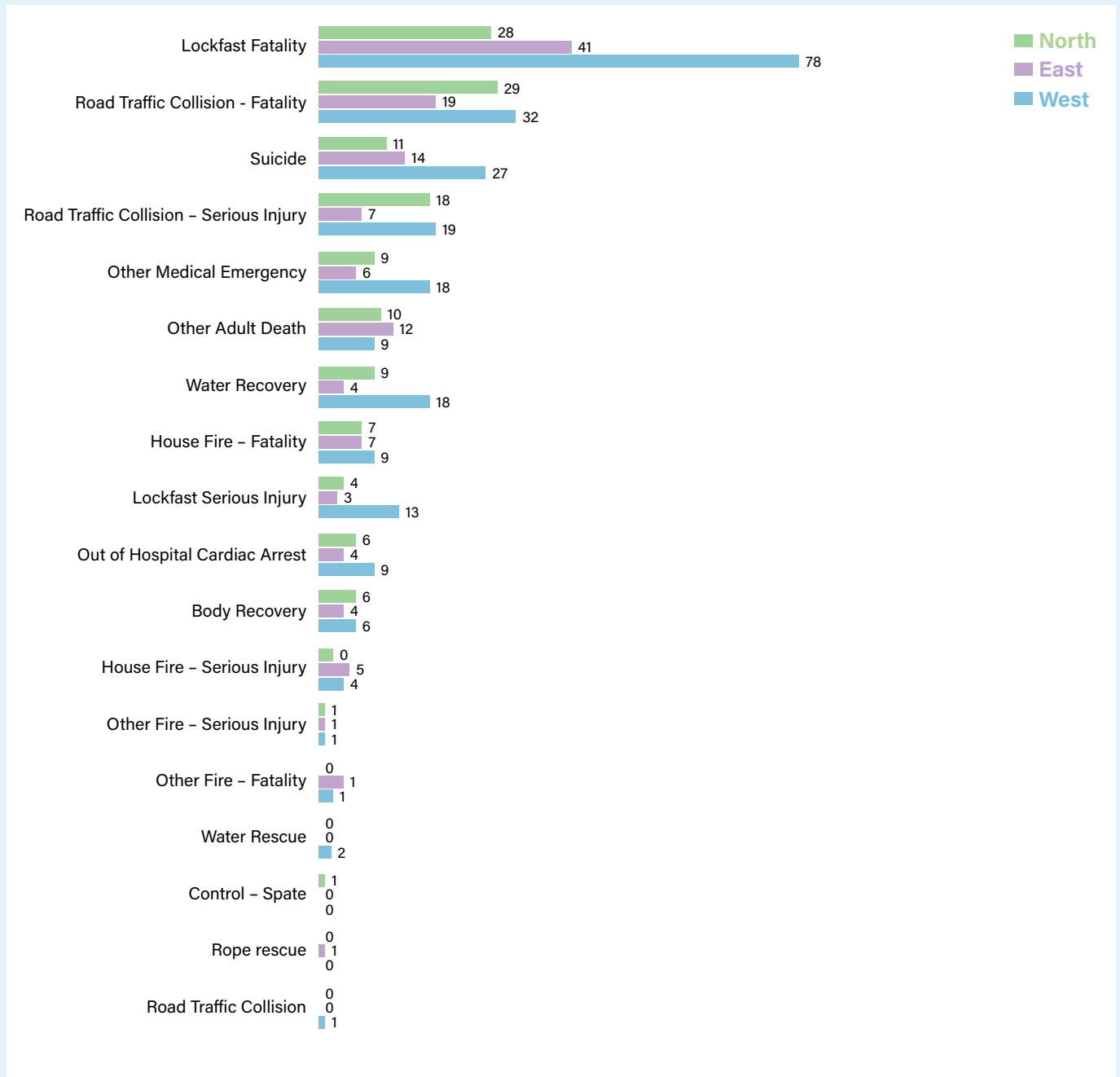
PISP Incident Type	North	East	West	Total
Lockfast Fatality	28	41	78	147
Road Traffic Collision - Fatality	29	19	32	80
Suicide	11	14	27	52
Road Traffic Collision – Serious Injury	18	7	19	44
Other Medical Emergency	9	6	18	33
Other Adult Death	10	12	9	31
Water Recovery	9	4	18	31
House Fire - Fatality	7	7	9	23
Lockfast Serious Injury	4	3	13	20
Out of Hospital Cardiac Arrest	6	4	9	19
Body Recovery	6	4	6	16
House Fire – Serious Injury	0	5	4	9
Other Fire Serious Injury	1	1	1	3
Other Fire Fatality	0	1	1	2
Water Rescue	0	0	2	2
Control – Spate	1	0	0	1
Rope Rescue	0	1	0	1
Road Traffic Collision	0	0	1	1
<b>Total</b>	<b>139</b>	<b>129</b>	<b>247</b>	<b>515</b>

Table 1.2 shows that nationally, the incidents most likely to trigger PISP are Lockfast Fatalities, Road Traffic Collision (RTC) Fatalities and Suicides. These are the same types of incidents that triggered PISP most often in the previous three years.

Figure 1.1 on the next page, displays the number and types of incidents for which PISP has been activated across the three SDAs. (Please note: we do not have information on the how many incidents of these types SFRS attended through the year, only those that led to PISP being activated.)

# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

Figure 1.1: Number and types of incidents for which PISP has been activated by SDA



# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

## Does the incident type affect the return rate?

The overall average return rate of PISP questionnaires was **16%**.

The return rate varies according to incident type, as is shown in [Table 1.3](#). The incident types that had the highest return rates this year were for **Control Spate, Out of Hospital Cardiac Arrest (OHCA)**, and **Body Recovery**. It is important to note that PISP was activated only once for spate conditions. Although this is a rare occurrence, the high return rate suggests this was an appropriate activation.

[Table 1.3](#) reports on the **return rate** of questionnaires for incidents which occurred between April 2024 – March 2025. This differs from the total amount of questionnaires screened within this time, as some questionnaires screened at the start of the financial year may pertain to incidents which happened in the previous reporting year. We screened a total of **744** PISP's in total throughout the year, with **649** of those regarding incidents which occurred between April 2024 – March 2025.

**Table 1.3: Breakdown of PISP Questionnaires Returned and the Return Rate by Incident Type**

PISP Incident Type	Totals		
	Total Sent Out	Number Returned	Return Rate
Control - Spate	9	5	56%
Body Recovery	104	36	35%
OHCA	105	31	30%
RTC - F	858	153	18%
House Fire Serious Injury	145	24	17%
RTC Serious Injury	498	85	17%
Suicide	337	58	17%
House Fire Fatality	348	54	16%
Lockfast Fatality	727	95	13%
Water Rescue	33	4	12%
OME	231	26	11%
Other Adult Death	210	24	11%
Water Recovery	404	42	10%
Lockfast - SI	95	9	9%
Other Fire - F	23	2	9%
Rope Rescue	21	1	5%
Other Fire - SI	21	0	0%
RTC	9	0	0%
<b>Total</b>	<b>4178</b>	<b>649</b>	<b>16%</b>

**Figure 1.2: Return Rate of PISP Questionnaires by SDA for Incidents between April 2024 – March 2025.**





# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

Table 1.4 illustrates the increase in both the number of incidents for which PISP is being activated and the number of PISP questionnaires sent out over the last few years. Without information on the incidents for

which PISP was not activated, it is not possible to say if the increase in the use of PISP reflects an increase in attendance at challenging incidents. Similarly, we don't have an explanation for the lower return rate this year.

Table 1.4: PISP Incidents and PISP Questionnaire Return Rate Over Last Four Reporting Years.

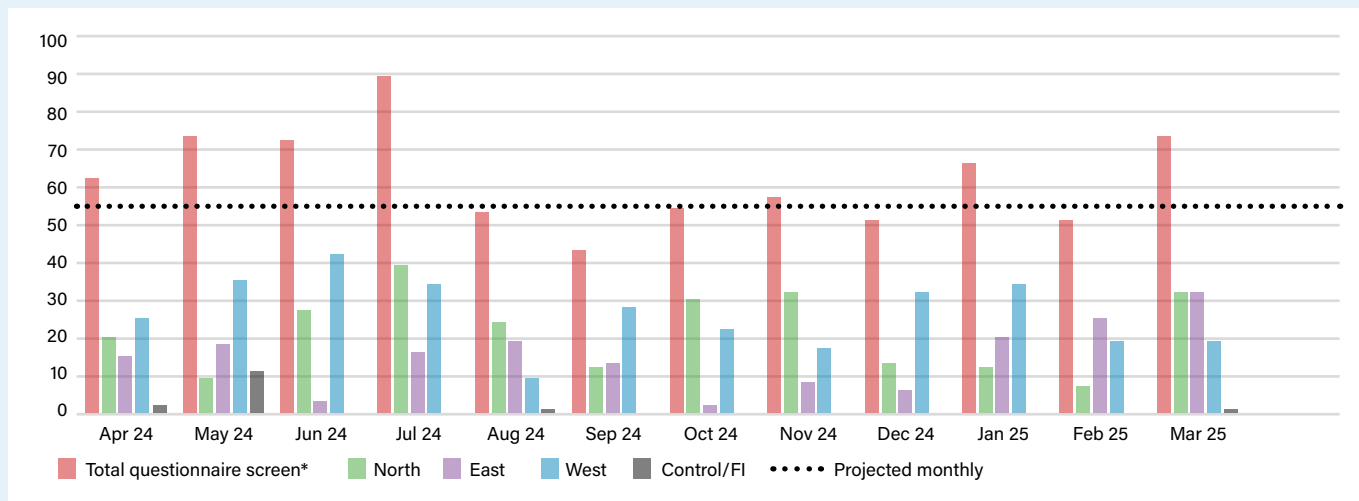
Reporting Year	PISP activation	Questionnaires sent out	Questionnaires returned	Return rate %
2021/2022	306	2684	483	18%
2022/2023	418	3651	522	14%
2023/2024	454	3589	715	20%
2024/2025	515	4178	649	16%

## Screening of PISP Questionnaires

Figure 1.3 outlines the number of PISP questionnaires returned to the Rivers Centre and screened by a clinician each **month** and by **service delivery area**, including how these figures compare to the projected activity.

We screened a total of **744** PISP questionnaires in this reporting year, an average of **64** a month. The total number fluctuates from month to month but has often met or exceeded the projected number of **55**.

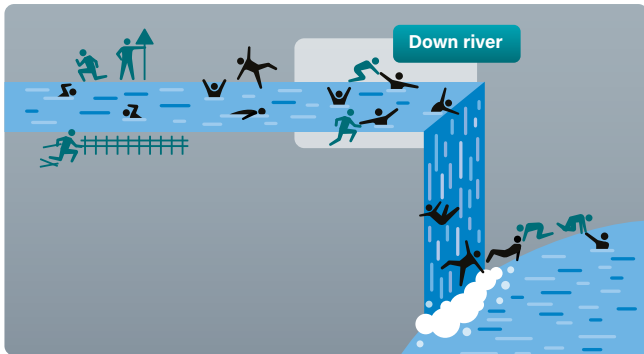
Figure 1.3: Questionnaires Screened



# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

## Catching people early

The PISP questionnaire allows us to provide support for staff who are experiencing some post traumatic symptoms, i.e., find themselves in the river. People can ask for support, or we may reach out to people we think need a hand.



*"The service provided at the Rivers Centre is second to none. This job can definitely take its toll with the amount of grief that we see and previously I have personally just bottled this up inside. Incidents from almost 30 years ago have been spoken about with my interactions with the Rivers Centre and I understand how work trauma can sometimes dovetail into personal trauma."*

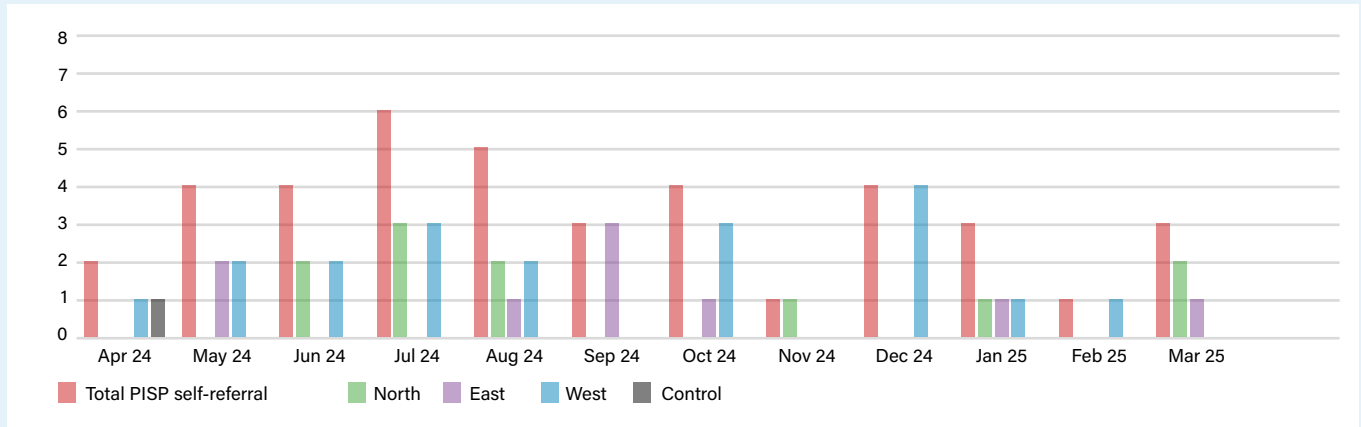
*"I didn't realise how much I needed to talk until my appointment, and also how much talking would help me to get perspective on things. It was very useful."*

## PISP Self-Referrals

Figure 1.4 illustrates the numbers of people using the PISP questionnaire to access support between April 2024 and March 2025.

A total of **40** people used the PISP questionnaire to request support this year, an average of 3 self-referrals a month.

Figure 1.4: PISP Self-Referrals per Month by SDA



# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

## PISP Outreach

Having received people's PISP questionnaires, we **reached out** (by telephone or letter) to **190 people** this year. The goal of outreach is to support the normal recovery process after a potentially traumatic incident and help people stay well in the future. [Figure 1.5](#) shows the outreach contacts made by month and SDA.

Rivers clinicians had a **Psychological Check-in call** with **93** of these **190 people**. [Figure 1.6](#) shows the outcome of these conversations. The majority (**71 people**) benefitted from this single psychological check-in and did not require further follow up.

However, **15** required a **brief clinical follow-up** and another **7** required **psychological therapy**.

Again, this shows that the PISP questionnaire allows us to catch people early, if they are experiencing difficulties following trauma exposure (have fallen in the river). There were a significant number of people (**22** in this reporting year) who hadn't asked for help but needed it and were **identified by pro-active outreach** from the clinical team.

The average number of outreach contacts made each month by Rivers clinicians, either by telephone calls or letters, was **16**.

Figure 1.5: Number of Outreach Contacts Made per Month by SDA

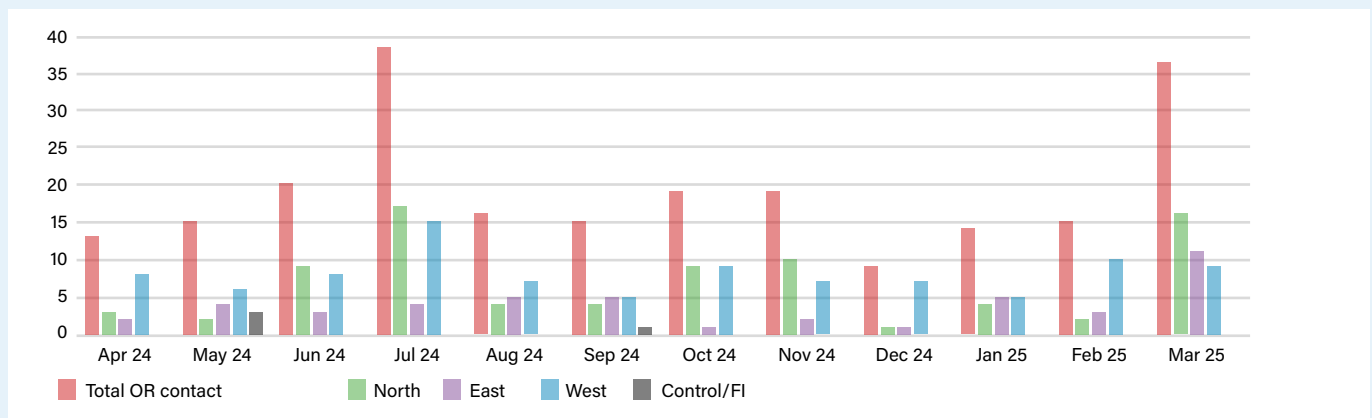


Figure 1.6: Outreach contact outcomes



*It's been excellent. I didn't think I'd ever have to use it (PISP/the support from Rivers) but having used it I wouldn't have any qualms about using it again or advising anybody else to use it. I'll be open about using the service and can really vouch for it now as I have a better understanding of how it works and the benefits from my first-hand experience.*

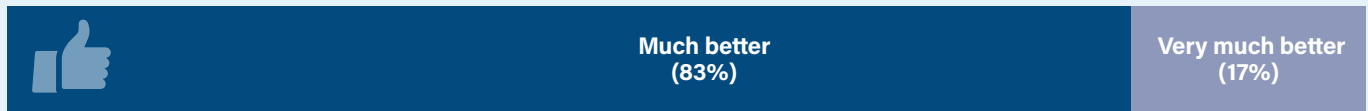


# 1. MOVING UPSTREAM: POST INCIDENT SUPPORT PROCESS (PISP)

Following an outreach call or brief follow-up the Rivers team use the brief validated psychometric measure, the Client Global Impression – Improvement. This simple 7-point scale allows us to gain feedback on our therapeutic intervention when using a full set of detailed psychometric measures is not required.

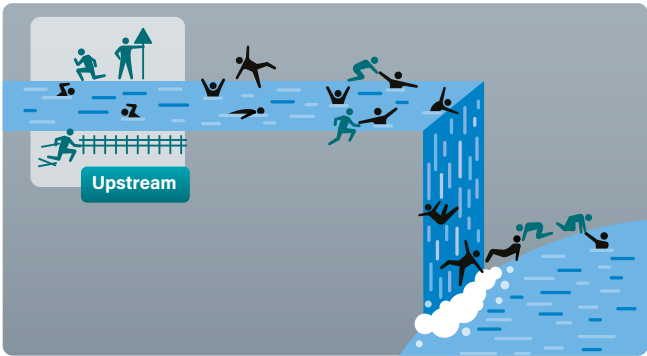
Figure 1.7 illustrates that everyone who completed this measure felt much better or very much better after a single outreach call or with brief follow up from a Rivers clinician.

Figure 1.7: Client Global Impression - Improvement



7-point scale: Very much better, much better, a little better, no change, a little worse, much worse, very much worse

## 2. WORKING UPSTREAM: SUPPORTING STAFF IN HIGH-RISK ROLES



### International Search and Rescue Team (ISAR)

We have continued to work closely with Health and Wellbeing colleagues to support the ISAR team. Each member of the team has a named clinician at the Rivers Centre who meets with them in the month before the start of their 4 month “on call” period. There were 2 of these resilience check-in appointments this year. The ISAR team member completes a Resilience and Wellbeing Check-in Questionnaire and then meets with their allocated clinician to review their psychological health and wellbeing and discuss their readiness for deployment. If they’re deployed, then they are offered an appointment with their named clinician on return.

**85%** of the team returned their questionnaires and **85%** attended their assessment appointment at both check-in points throughout the year. Of the 11 who were seen, **2 people** received follow-up support / psychological therapy.

### Fire Investigation

Fire Investigation Team members are not included in PISP for every incident they attend. Instead, on a quarterly basis, they are sent a modified PISP questionnaire with a focus on promoting resilience and monitoring cumulative trauma exposure.

Over the past year **57** questionnaires were sent out but only **4 were returned**. This is an increase on the previous year (2 returns) but is still very low. An outreach call was made to **1** of the 4 people returning a form, but no further support was required.

We have been working to promote the support available to those working in Fire Investigation, including delivering a presentation at a Protection Day Training in November 2024. This involved a discussion on how to improve the uptake of PISP, but we have only seen a minimal increase in the return rate since then. We remain keen to provide a service that is acceptable to this group of staff.

Table 2.1 ISAR monitoring process

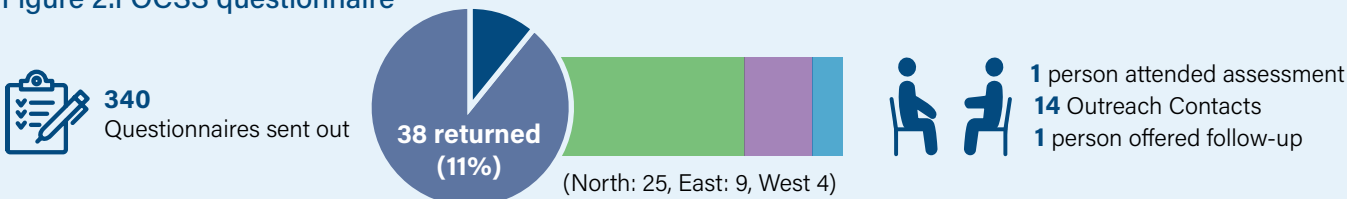
	April 2024	January 2025
Questionnaires sent out	13	13
Questionnaires returned	11	11
People attending assessment	11	11
People offered follow-up	1	1

### Operations Control

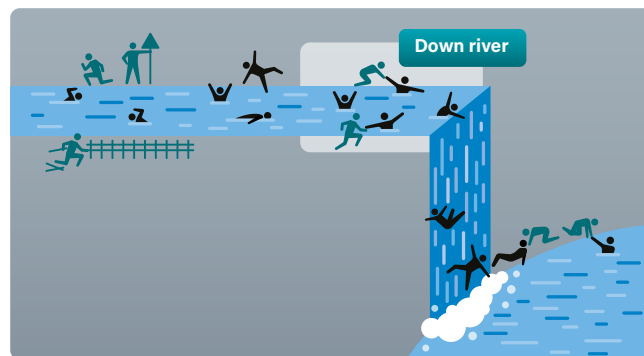
In April 2024 we introduced an improved package of support for staff working in Operations Control. Although these staff are included in the Post Incident Support Process for individual incidents, a need was identified to offer a regular check-in for cumulative exposure and we developed the “Operations Control Support Surveillance” (OCSS) questionnaire.

This was due to be sent to all control staff (170) on a quarterly basis. However, due to the demands on the Health and Wellbeing admin team we understand this was paused in October 2024, with the process recommencing in April 2025.

Figure 2.1 OCSS questionnaire



### 3. REACHING PEOPLE DOWNSTREAM: HEALTH & WELLBEING REFERRALS

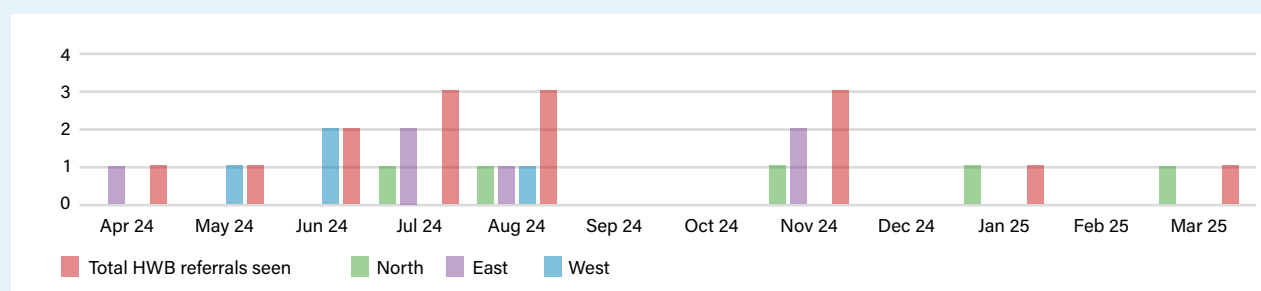


SFRS staff can also be referred to the Rivers Centre directly by the Health and Wellbeing (HWB) practitioners. We call this “downstream” because if people are in contact with the HWB team they are likely to be experiencing more difficulties and may be off sick. [Figure 3.1](#) below shows the number of referrals each month by SDA.

Between April 2024 – March 2025, the HWB team referred **22** individuals to the Rivers Centre.

Of these referrals, **15** were assessed and **13** were taken on for treatment. Some individuals were not assessed as they were not suitable for the Rivers Centre and others were assessed but then linked up with a more appropriate service for follow-up. Almost half of the referrals required more than one assessment, which explains why the total number of assessments (**28**) is higher than the number of people referred.

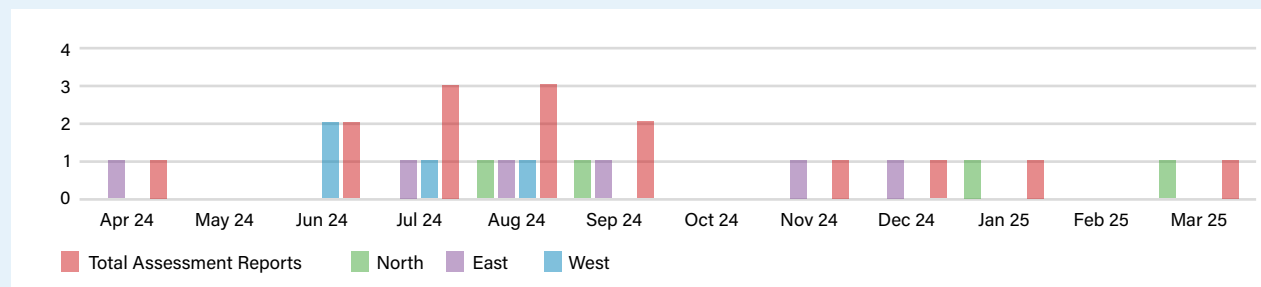
**Figure 3.1: Individuals Assessed following referral from Health and Wellbeing by SDA**



For those referred by the Health and Wellbeing team, the clinician provides an assessment report which summarises the discussion, their impression and recommendation for treatment. This is returned to the referring health and wellbeing practitioner within 10 days of the appointment where possible.

[Figure 3.2](#) below illustrates the numbers of reports provided each month by SDA. Please note, one assessment took place towards the end of the financial year, with the assessment report being sent in the new financial year.

**Figure 3.2: Assessment reports per month by SDA**



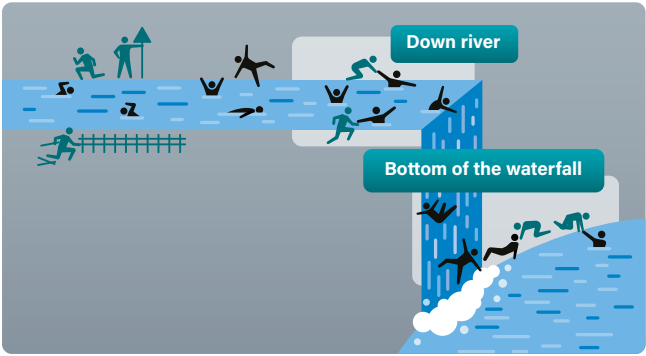


# 4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

The total number of people accessing psychological support at the Rivers Centre between April 2024 – March 2025 was **103**.

## How do people come into treatment?

There are four routes into treatment at Rivers. These are PISP self-referral, PISP outreach contact, Direct self-referral or referral by a Health and Wellbeing Practitioner. The figure and table below display the referrals received in total and by Service Delivery Area.



We are pleased to report a shift towards self-referral and outreach compared with the previous year, with more people contacting us directly for work incident-related difficulties. This means we are **reaching more people earlier** (upriver). **Figure 4.2** shows that this year **70% of people receiving treatment came to us through PISP**. This compares with 60% in 2023 – 2024 and 50% in 2022 – 2023.

Figure 4.1: Referrals by route and SDA

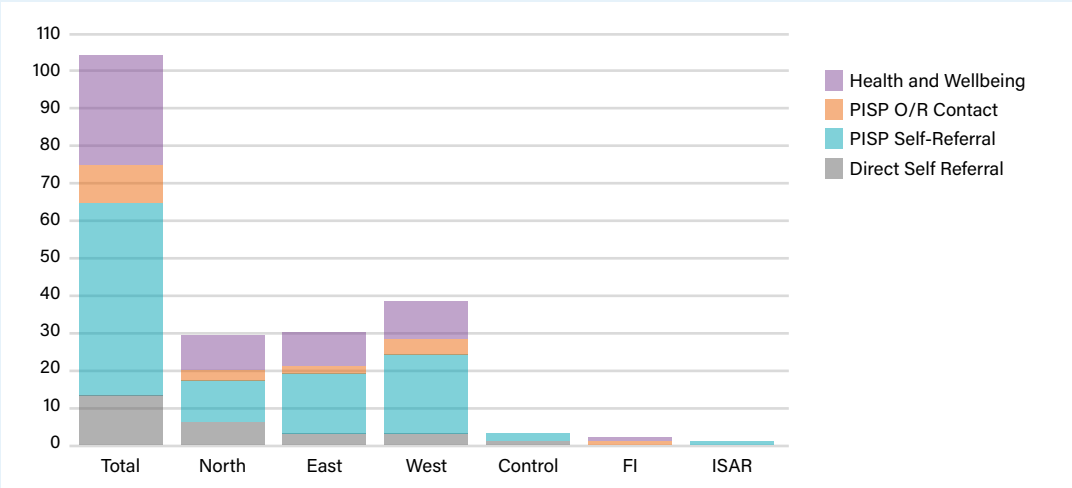


Figure 4.2: Number of people being treated coming through PISP



## 4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

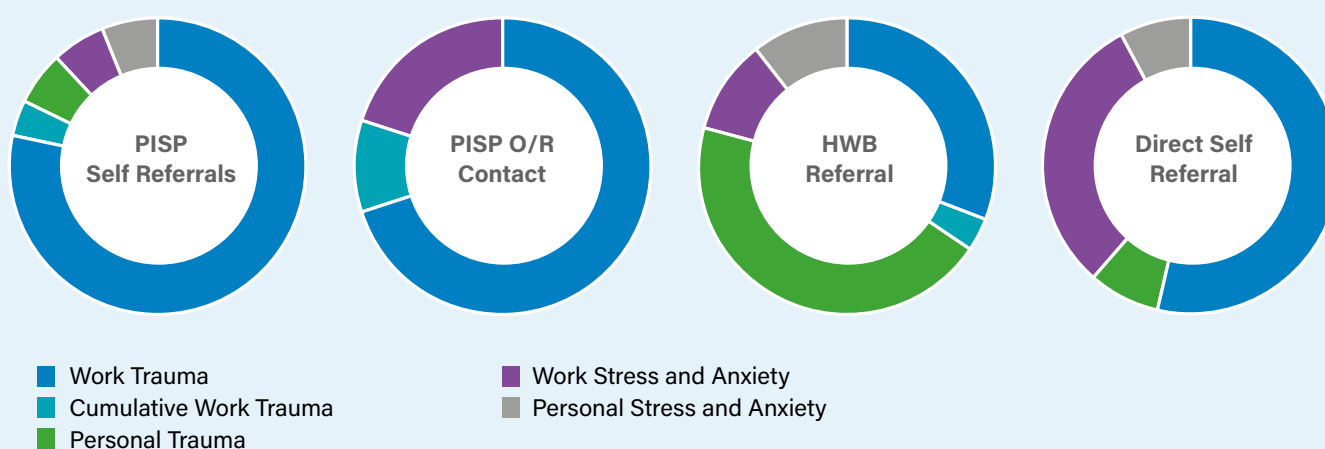
Table 4.1 – Treatment Focus of Referrals by Referral Route

	PISP Self-Referral	PISP O/R Contact	Direct Self-Referral	Health and Wellbeing	Total
Work Trauma	40	7	7	9	63
Cumulative Work Trauma	2	1	0	1	4
Personal Trauma	3	0	1	13	17
Work Stress and Anxiety	3	2	4	3	12
Personal Stress and Anxiety	3	0	1	3	7
<b>Total</b>	<b>51</b>	<b>10</b>	<b>13</b>	<b>29</b>	<b>103</b>

Table 4.1 shows the **main treatment focus** for staff accessing support **through PISP** is **work trauma**, both single events and cumulative impact. By comparison, the treatment focus for Health and Wellbeing team referrals has a different distribution, with **45%** of the referrals focusing on Personal Trauma, **34%** on Work Trauma or Cumulative Work Trauma, and **21%** on Work or Personal Stress and Anxiety.

Often individuals come into treatment with a variety of factors that contribute to their difficulties and symptoms but for the purpose of reporting we have highlighted the primary contributing factor. It is important to note the treatment focus may vary during treatment depending on individual's circumstances. There can be contributory and overlapping factors that place an individual more at risk of sustaining a work-related trauma injury, including stress at work and stress at home.

Figure 4.3: Treatment focus



## 4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

### HOW DO PEOPLE DO IN TREATMENT?

**77** people completed treatment and were discharged from the Rivers Centre between April 2024 and March 2025.

#### How many treatment sessions do people typically have at the Rivers Centre?

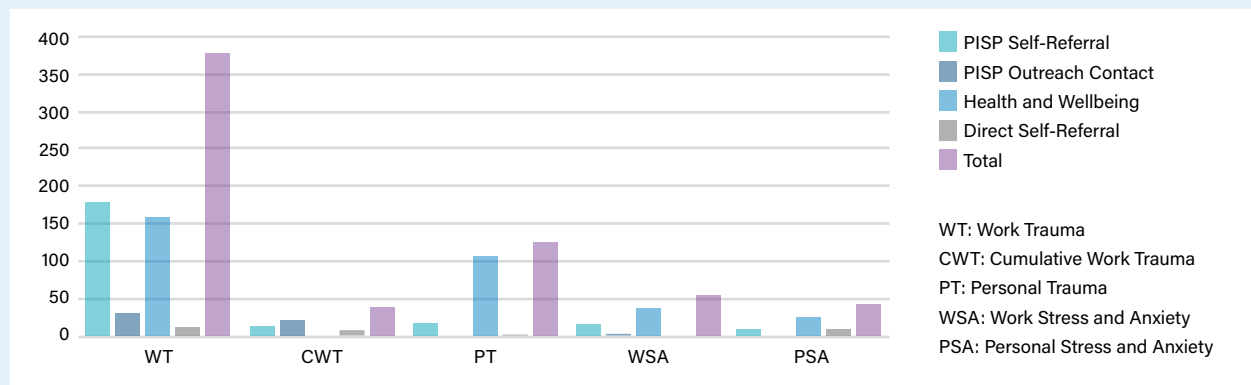
The average number of treatment sessions continues to be **8**, the same as the previous two years.

Figure 4.4 below displays the number of treatment sessions discharged clients received over the past year, split by treatment focus and referral source.

These figures show that the Post Incident Support Procedure is working. We are catching people soon after they develop a post-traumatic stress reaction (fall in the river) and people coming into treatment through PISP require fewer sessions of therapy to get well.

The average number of sessions through these routes are **6** through PISP self-referral and **7** through PISP outreach, similar to previous years. People who refer themselves directly (not using a PISP questionnaire) average a number of **3** sessions.

Figure 4.4: Total number of treatment appts by treatment focus



*"I can honestly say that the support I was provided by the Rivers Centre has been transformational for me. I've learned a lot about myself from the information, support and guidance that Rivers gave me and it has changed my everyday life and the way I think about my role in the Fire Service and not just returned me to a position of wellbeing like I had before but to an improved position. I can't thank you enough for everything you've done for me."*



## 4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

Figure 4.5: Treatment Sessions for PISP Self-Referrals

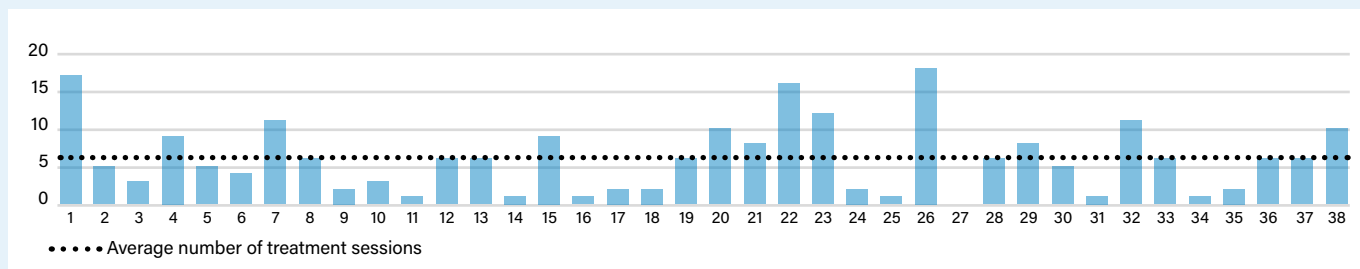
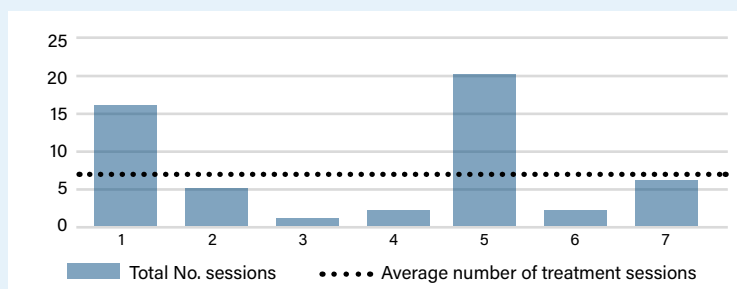


Figure 4.6: Treatment Sessions for PISP Outreach

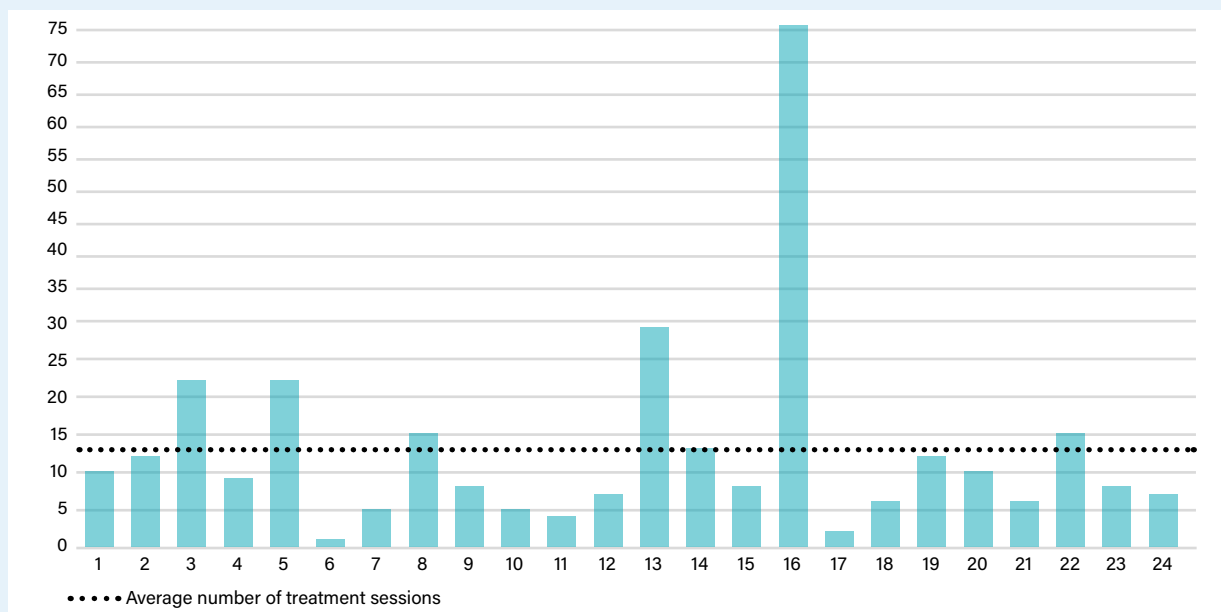


People referred by Health and Wellbeing require longer episodes of care to address their difficulties; an average of **13** treatment sessions. [Figure 4.7](#) illustrates this.

Our experience is that when people are in touch with Health and Wellbeing, they may be absent from work and their problems can be more complex or chronic. Staying with our metaphor, these are people who have been in the river for a while or have gone over the waterfall.

Best practice guidelines recommend between 12 – 16 sessions of evidence-based treatments for people with PTSD, anxiety or depression. This number increases if people have Complex PTSD or a co-morbid condition. An average of **13** sessions indicates we are providing effective treatment within the recommended timescale to get people out of the river.

Figure 4.7: Treatment Sessions for Health and Wellbeing



### TREATMENT OUTCOMES

As part of the clinical assessment the Rivers team use a range of validated psychometric measures. We know that PTSD is not the only psychological injury that staff can sustain following exposure to a potentially traumatic event and so we also screen for other mental health problems.

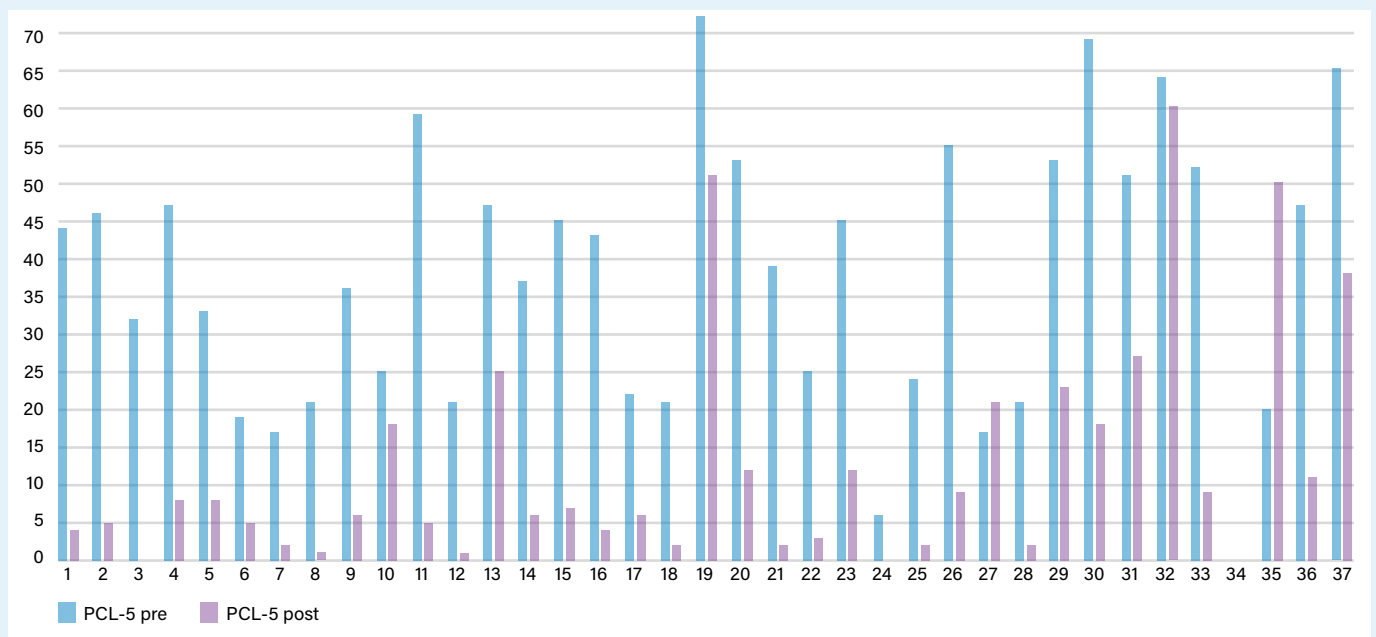
These measures form a baseline and allow us to track progress in treatment through improvements in symptoms scores and general psychological health and wellbeing. We ask people to repeat the same questionnaires at the end of treatment. Not everyone completes and returns these, so there is some missing data. However, the data we do have demonstrates a significant improvement in symptoms for almost all clients, indicating the effectiveness of the psychological therapy provided.

#### Post traumatic stress (PCL-5)

The PTSD Check List (PCL-5) is a 20-item questionnaire which gives a numerical score corresponding to the diagnostic criteria for PTSD. A score above 33 may indicate PTSD.

Figure 4.8 illustrates the change in symptoms of post-traumatic stress for people completing this measure before and after treatment. The scores show that all but 3 people had a **significant improvement** in their post-traumatic symptoms.

Figure 4.8: Trauma Symptoms before and after treatment – PCL5 scores



Note: Each number corresponds to an individual who has completed treatment at the Rivers Centre.  
Please note, we do not have information for individual 34 but otherwise an absence of data reflects a score of 0.

## 4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

### General psychological distress (CORE-34)

The Clinical Outcomes in Routine Evaluation (CORE-34) Questionnaire is a measure of psychological distress across four domains of Wellbeing, Symptoms, Functioning and Risk. A score above 1.29 may indicate mental health difficulties. [Figure 4.9](#) shows that the majority of people had a **significant reduction in psychological distress** when completing treatment.

### Anxiety and depressions (HADS)

The Hospital Anxiety and Depression (HADS) is a 14-item questionnaire which generates a score to measure both anxiety (HADS-A) and depression (HADS-D). A score above 8 indicates probable clinical symptoms of depression or anxiety, although this may vary according to population. [Figure 4.10](#) shows the improvements in symptoms of anxiety before and after treatment. [Figure 4.11](#) shows the same improvements for the majority of people with depressive symptoms.

Figure 4.9: Distress before and after treatment - CORE-34 scores

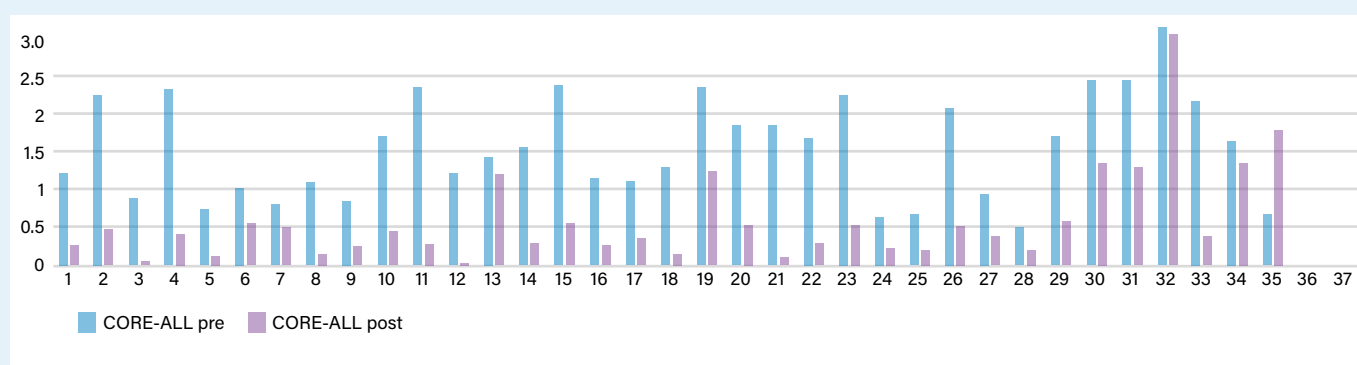


Figure 4.10: Depression before and after treatment - HADS-A scores

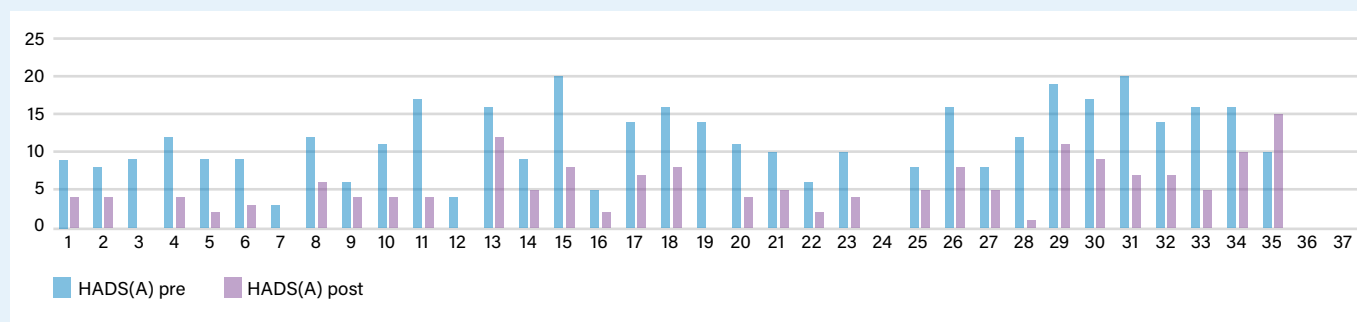
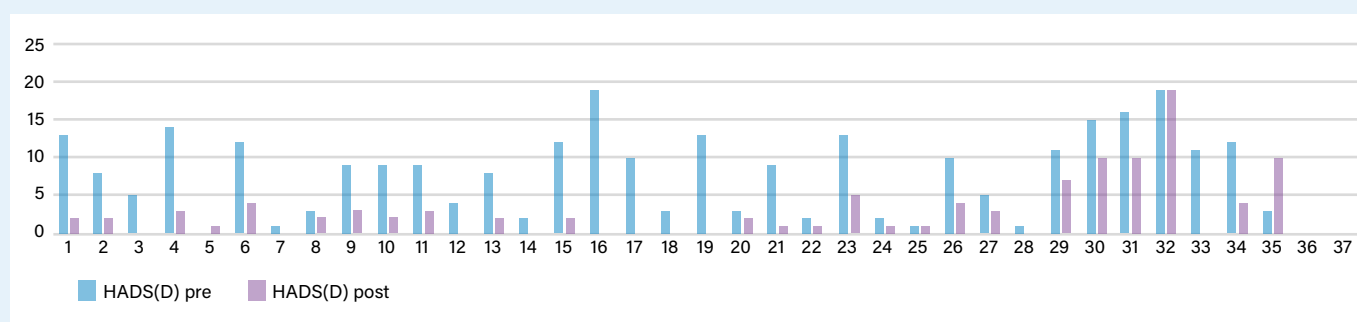


Figure 4.11: Anxiety before and after treatment - HADS-D scores



Note: Each number corresponds to an individual who has completed treatment at the Rivers Centre. We do not have information on individuals 36 and 37.



# 5. FEEDBACK

## Feedback about Post-Incident Support and treatment at the Rivers Centre

We use an anonymous survey to collect feedback from clients on both PISP and their experience of treatment at Rivers. Between April 2024 and March 2025, 13 clients completed this and their feedback is presented below.

*"Rivers gave me some excellent advice and has really set me on the road to feeling better."*

- 100%** said they would make use of the Rivers Centre if they were experiencing problems
- 100%** said the clinician was knowledgeable about mental health and post-traumatic stress
- 100%** said they would feel confident about contacting the centre for help if problems arose in the future
- 100%** had an increased awareness about what they can do to keep themselves well
- 100%** thought that PISP was a worthwhile initiative
- 92%** felt the clinician understood the challenges of working for a fire and rescue service

Figure 5.1: Attitudes to PISP

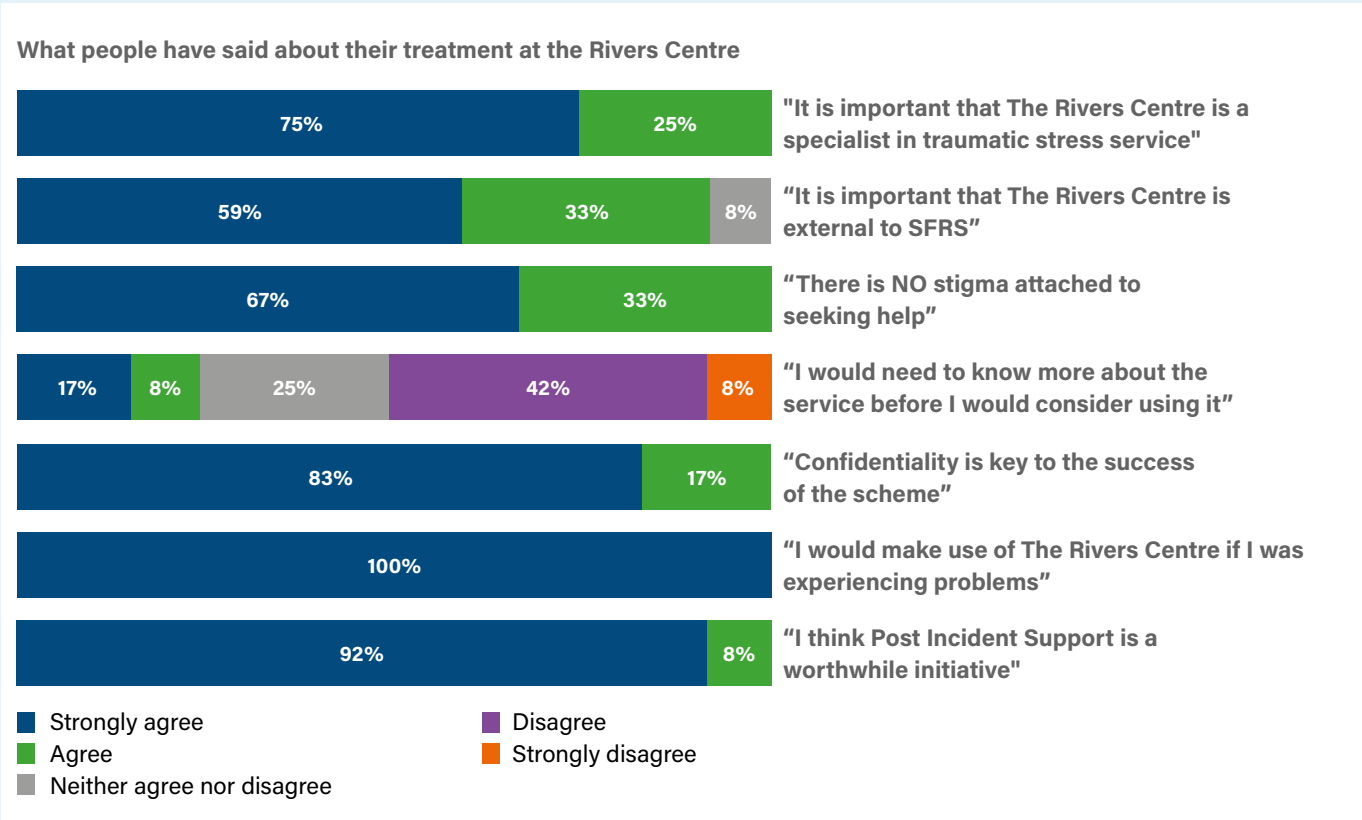
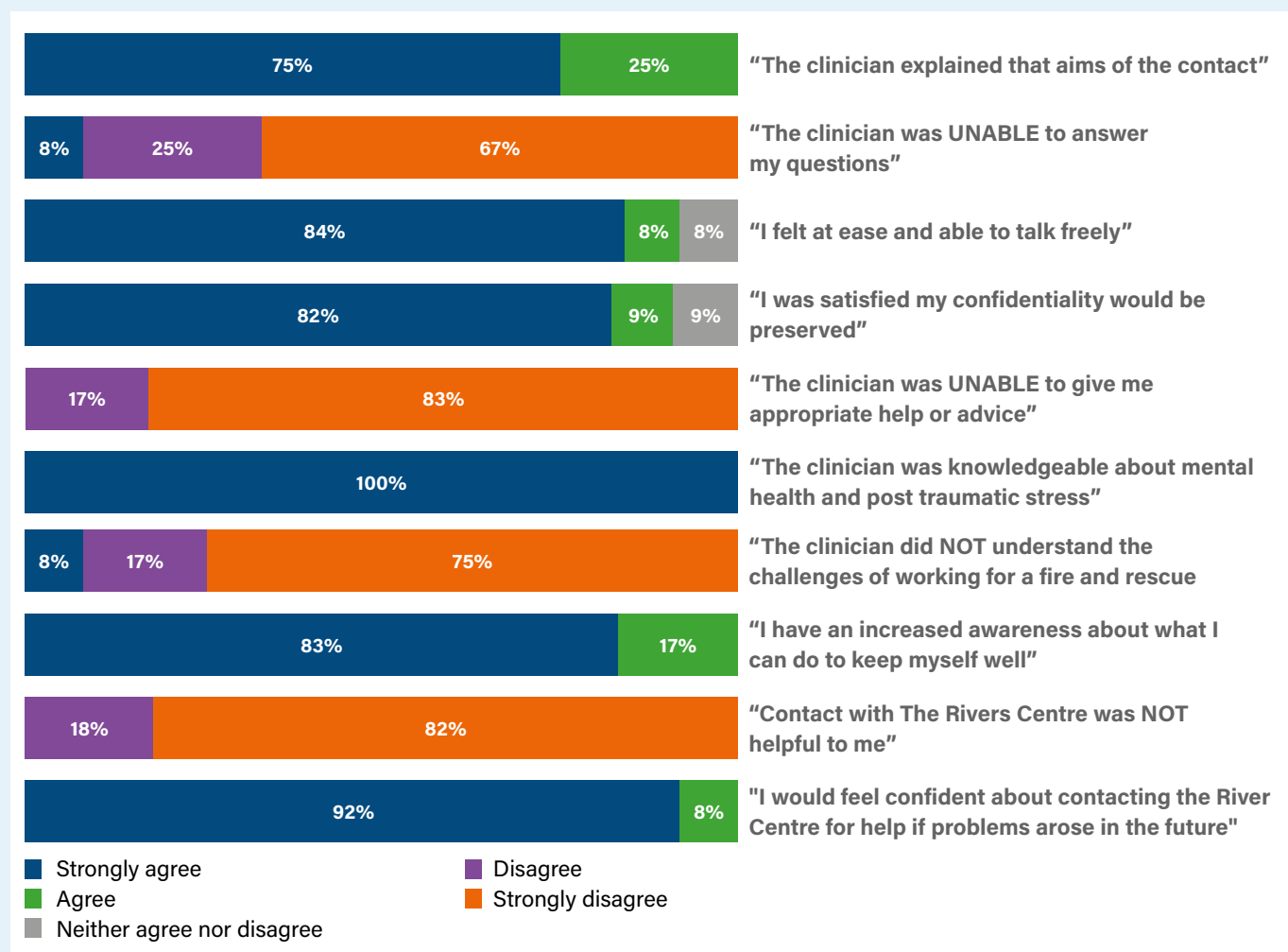


Figure 5.2: Experience of treatment at the Rivers Centre



## What people have said about their treatment at the Rivers Centre

- 100%** of staff would recommend accessing support at the Rivers Centre to their colleagues.
- 100%** of SFRS staff were satisfied with the service provided.
- 100%** of staff say their problems have improved because of the treatment they received.

*"I have used this service twice and both times it was very effective and found solutions to my mental health"*

*"Amazing service. Great team. Can't thank you all enough for all the support and help you gave me."*