


RIVERS CENTRE SCOTTISH FIRE & RESCUE SERVICE ANNUAL REPORT

APRIL 2025 TO MARCH 2026

This report provides information on the service provided by the Rivers Centre/NHS Lothian to SFRS staff between April 2025 to March 2026

Published June 2026



I reached out to the Rivers Centre via the PISP process as I was exhibiting behaviours that weren't customary for me. I was having angry outbursts and found myself being hijacked by emotion and brought to tears easily. At work I was still highly functioning, but I knew that something wasn't right. I was apologetic when I first presented at the Rivers Centre, feeling my concerns were not worthy of their attention.

The value that Rivers Centre staff presented to me was that they were subject matter experts; impartial, removed from my support network, with a long history of working with the fire service. This history means that they are well versed in fire service structure, culture and language. Time is spent addressing your concerns instead of explaining the job.

Being impartial meant that they held me accountable for my tendencies and traits that were contributing to my ill feeling. This is something that my support network would never do, in their bid to always 'be in my corner! This has ultimately led to me appreciating that I have agency in improving my state of mind and it is often too easy to point the finger elsewhere.

Being experts in their field means that the process of understanding your predicament and proposing remedial actions is quick and in a manner which is tailored to you. This is what I wanted and aligns with how we operate in the fire service... 'I have a problem, I want to know how to fix!...'this is the hazard, I want the control measure tactic to proceed!

In short, I'm so glad I sought the guidance of the Rivers Centre early. I knew something wasn't right, I spent a few short sessions with them and left better equipped to handle my situation, with favourable outcomes at work and at home.

EXECUTIVE SUMMARY

POST INCIDENT SUPPORT PROCESS (PISP)

Over the past year SFRS initiated the Post Incident Support Process (PISP) for 483 incidents and the Rivers Centre provided the following clinical services to SFRS staff:

- Screened a total of **641** PISP questionnaires through which **36** people self-referred for support.
- Contacted **163** individuals whose questionnaire responses indicated a risk of post-traumatic injury, **18** of whom were identified as requiring follow-up support.
- Carried out full clinical assessments for **77** people.
- Provided psychological therapy to **77** people.
- Delivered **420** treatment sessions of psychological therapy.
- Completed **10** assessment reports for those people referred by the SFRS Health and Wellbeing team

Support for staff in specialist roles:

We also provided **wellbeing assessments** 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 **57%** 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 an average of **6** sessions of psychological therapy.
- In contrast, people referred to us through Health & 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:

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

Supporting attendance at work:

- **89%** of people completing treatment **remained at work or returned to work** after a period of sick leave.
- **38** of the **52** people seen were **at work and stayed at work** during their treatment.
- **11** people were off sick at the start of treatment. **8** had **returned to work** by the end of treatment and **3** 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%** felt the clinician understood the challenges of working for a fire and rescue service.
- **100%** had an increased awareness about what they can do to keep themselves well.
- **100%** said they would feel confident about contacting the Rivers Centre for help if problems arose in the future.
- **100%** thought that PISP was a worthwhile initiative.

CONSULTATION/TRAINING PROVIDED

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

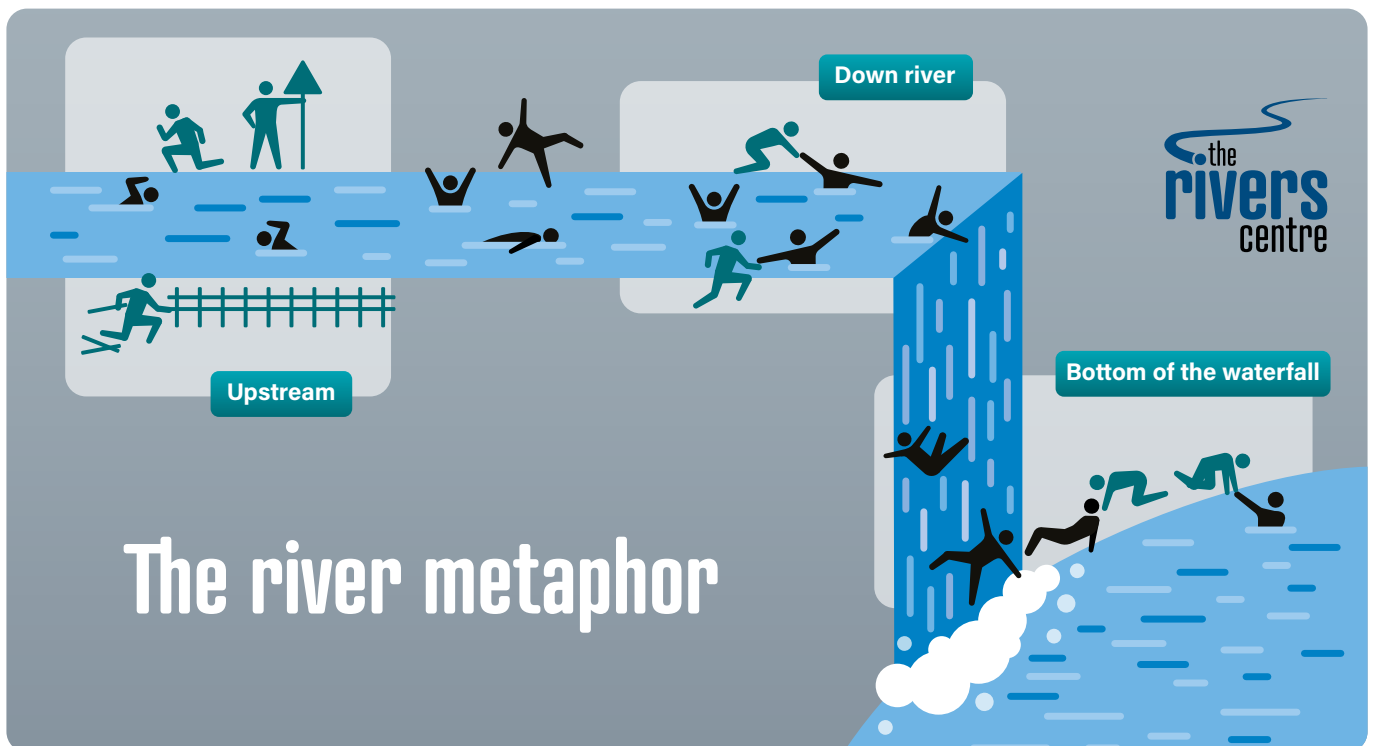
- Ongoing support and consultation for Health and Wellbeing Practitioners
- Training for Fire Investigation staff
- Training for the International Search and Rescue Team
- PISP awareness session at WC/CCs development days in Edinburgh City in March 2026

The Rivers Centre also provides consultation and training for SFRS staff through **Lifelines Scotland**, a Scottish Government funded project.

OUR APPROACH

The Rivers Centre adopts a public health approach 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](#) 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. The Rivers Centre provides clinical support to SFRS staff at all stages of the river.

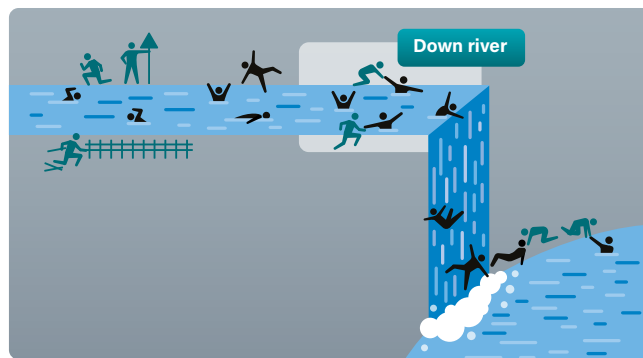


The river metaphor

Having someone explain to you why you are feeling the way you are and giving you the reassurance that it is alright to feel that way, really helped me during a worrying and traumatic time. Thanks again for your support.

Have to admit that I was very sceptical about the service and kind of knew the cause of my issue but the therapy allowed me to open up and talk about it which is something I would never do. It was really helpful and I would definitely recommend the service.

1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS



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 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 by freepost or email and is screened by one of the clinicians.

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

If, when we screen the questionnaire, there are some indicators 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 2025 and March 2026, **PISP was activated for 483 incidents.**

The average **return rate** of PISP questionnaires this year was **15%**.

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 times PISP was activated by month and by Service Delivery Area.

We can see that there was an overall reduction in the number of PISP activations this year compared to 2024 – 2025 with some variation across the Service Delivery Areas. There was a 16% drop in the West SDA, but without more information, we cannot say if this reflects a reduction in the number of critical incidents staff attended, or a change in the usage of PISP.

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

SDA	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Total	% change from 24/25
Total	42	36	32	39	42	33	45	46	41	43	34	50	483	-7%
North	16	4	10	11	14	14	11	9	12	13	8	14	136	-2%
East	11	10	6	9	10	7	9	18	14	10	11	20	135	+4%
West	15	22	16	19	18	12	25	19	15	20	15	16	212	-16%

1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

Table 1.2: What kinds of incidents trigger PISP?

PISP Incident Type	North	East	West	Total
Lockfast Fatality	26	48	74	148
Road Traffic Collision - Fatality	23	16	14	53
Other Medical Emergency	17	10	22	49
Suicide	15	13	13	41
Road Traffic Collision – Serious Injury	15	4	21	40
Other Adult Death	10	10	11	31
Water Recovery	6	6	17	29
Body Recovery	6	10	7	23
House Fire - Fatality	8	5	8	21
Out of Hospital Cardiac Arrest	3	8	7	18
House Fire – Serious Injury	2	2	6	10
Lockfast Serious Injury	0	2	6	8
Water Rescue	2	0	2	4
Other Fire - Serious Injury	2	0	1	3
Other Fire Fatality	1	0	1	2
Road Traffic Collision	0	0	2	2
Other Fire	0	1	0	1
Total	136	135	212	483

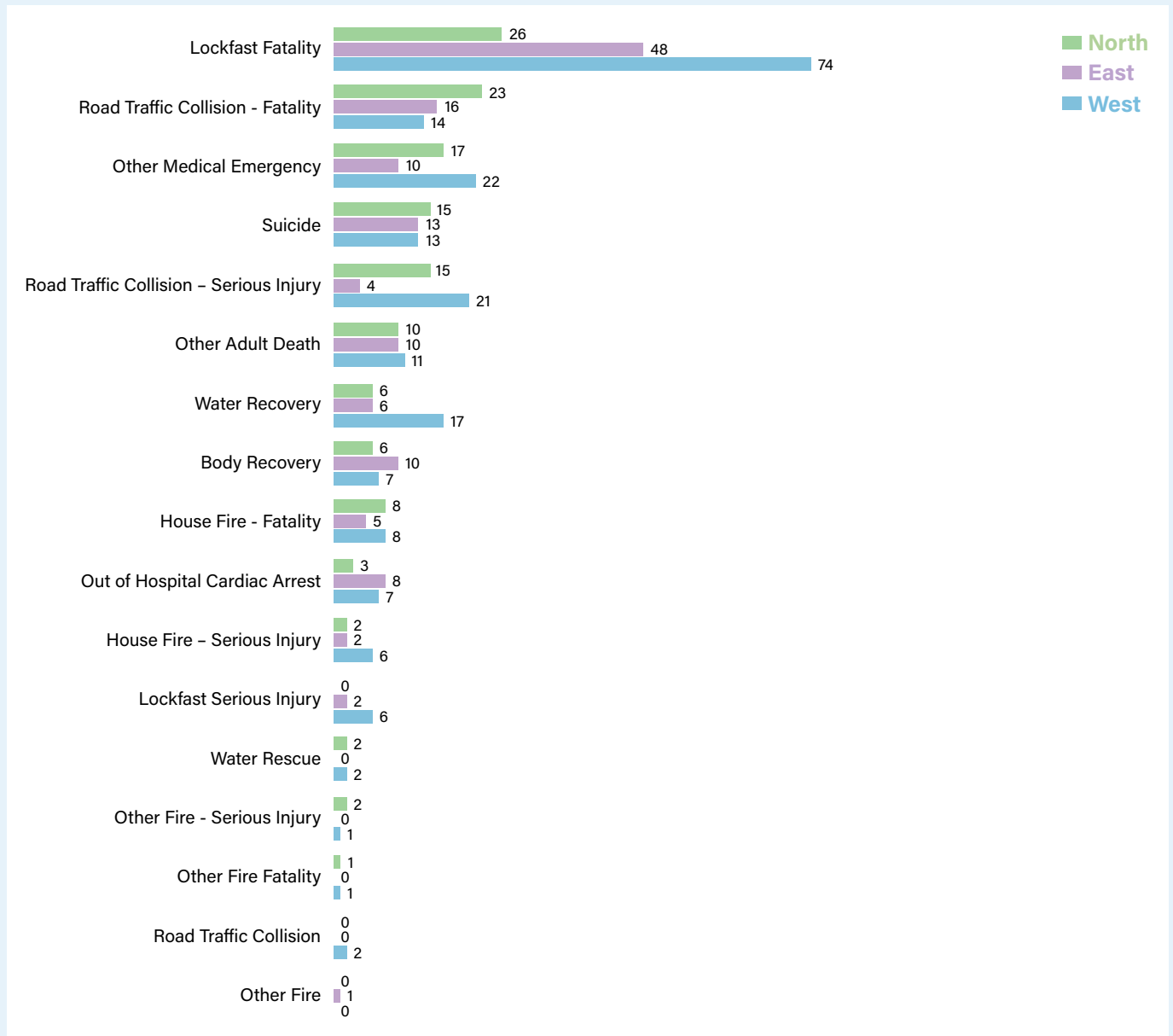
Table 1.2 above shows us the incidents that senior officers think are most challenging to their staff and require post incident support.

The incidents most likely to trigger PISP are **lockfast fatalities, which account for 31% of all PISP activations**. Fatal road traffic collisions, other medical emergencies, suicides and road traffic collisions involving serious injury are the next highest, each accounting for about 10% of activations. This pattern is consistent with previous years.

Figure 1.1 on the next page displays the number and types of incidents for which PISP has been activated across the three Service Delivery Areas. (Please note that, as always, 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. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

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



1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

Does the incident type affect the return rate?

These figures tell us about the incidents that influence whether staff engage with PISP.

The overall return rate of PISP questionnaires for incidents between April 2025 – March 2026 was **15%**. **Figure 1.2** shows the return rate by Service Delivery Area.

Table 1.3 reports on the return rate of questionnaires by incident type for incidents which occurred between April 2025 – March 2026.

The incident types that had the **highest questionnaire return rate** were **fires involving serious injury and road traffic collisions**.

Figure 1.2: Return Rate of PISP Questionnaires by SDA for Incidents between April 2025 – March 2026.



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
Other Fire Serious Injury	34	8	24%
Road Traffic Collision	17	4	24%
Road Traffic Collision - Fatality	491	101	21%
Lockfast Serious Injury	37	7	19%
Other Adult Death	175	32	18%
Body Recovery	189	32	17%
Road Traffic Collision - Serious Injury	368	61	17%
House Fire - Fatality	350	57	16%
Other Fire Fatality	26	4	15%
Suicide	330	48	15%
Lockfast Fatality	706	99	14%
Water Recovery	390	42	11%
Water Rescue	37	4	11%
House Fire - Serious Injury	146	14	10%
Other Medical Emergency	349	35	10%
Out of Hospital Cardiac Arrest	136	10	7%
Other Fire	5	0	0%
Total	3786	558	15%

1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

Table 1.4 shows PISP activity over the last 5 years. The figures are broadly consistent with a small reduction in PISP activation and the return rate in the past year.

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

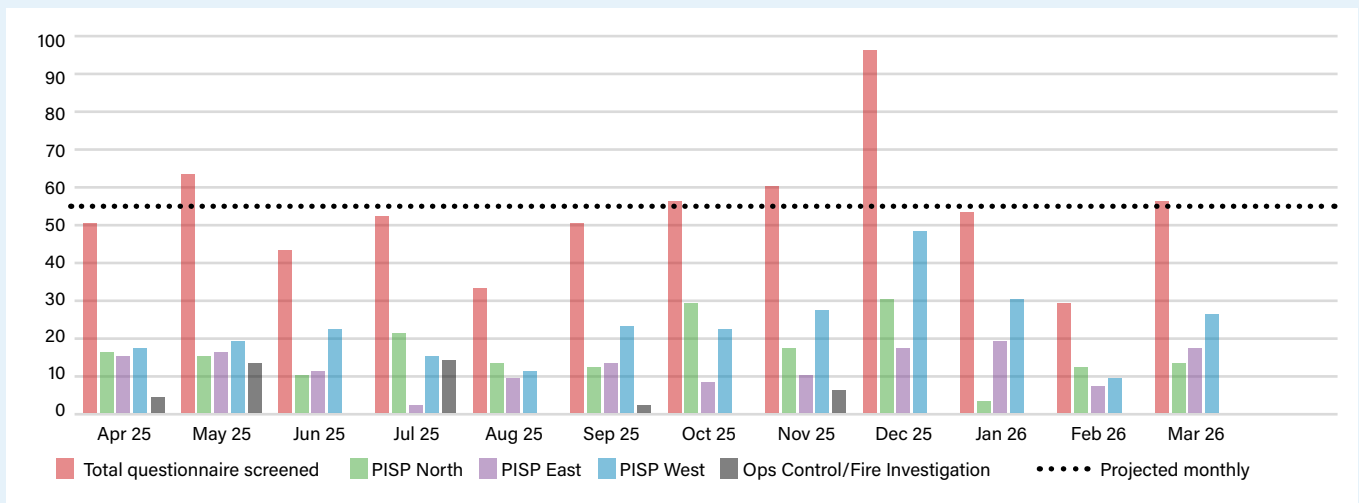
Reporting Year	PISP activation	Questionnaires sent out	Questionnaires returned	Return rate %
2021/2022	306	2684	483	18%
2022/2023	418	3651	522	14%
2023/2024	454	3589	715	20%
2024/2025	515	4178	649	16%
2025/2026	483	3786	558	15%

Questionnaire Screening

Figure 1.3 outlines the total number of questionnaires returned to the Rivers Centre and screened by a clinician **each month**, including how these figures compare to the projected activity. The PISP questionnaires are broken down by SDA.

We screened a total of **641** questionnaires in this reporting year. The total number fluctuates month to month, with an average of **53 questionnaires** a month which is close to projected number of 55.

Figure 1.3: Questionnaires Screened



The support and assistance I have received has been exceptional and this has assisted with my recovery going forward. I will always be grateful for the support to which has made a huge difference to me and my family.

Before joining these sessions I was concerned about my life and the direction it was going, after an incident. I was always over thinking and brought it into my home life. This was affecting both my life and work life. After having virtual calls with Rivers, they helped me understand the reason behind how/why I'm feeling this way and direct me into a path where now I feel more confident and comfortable each day.

1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

Catching people early

The PISP questionnaire allows us to provide support for staff who are experiencing some early symptoms of post-traumatic stress. People can ask for help, or we may reach out to people we think need a hand.

PISP Self-Referrals

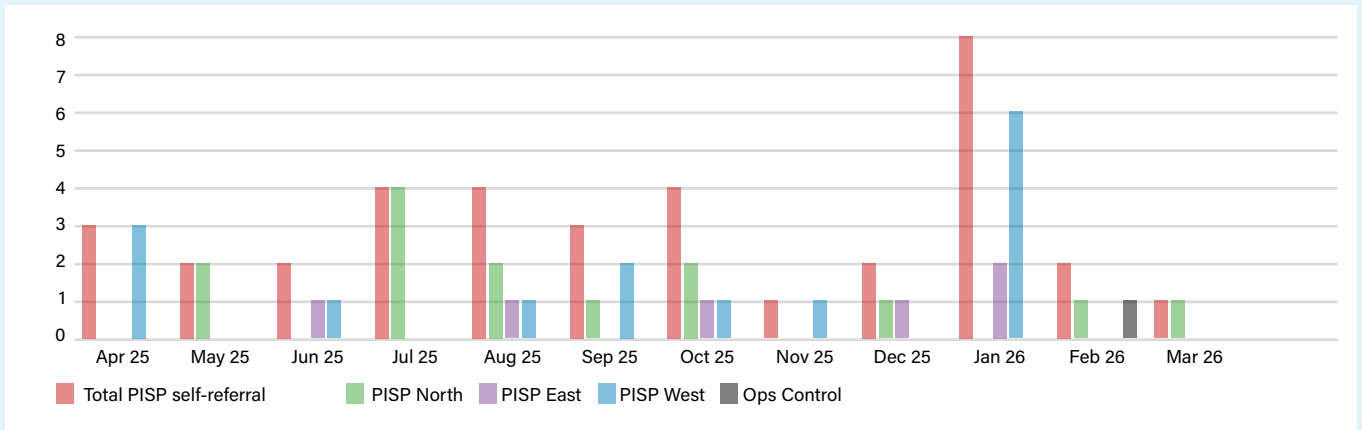
Figure 1.4 illustrates the numbers of people using the PISP questionnaire to ask for help between April 2025 and March 2026.

A total of **36 people** used the PISP questionnaire to request support this year, an average of 3 people a month.

I cannot praise the Rivers Centre enough for the support it has provided me, I would like to personally thank my therapist who has helped me so much during a difficult period.

Fantastic service that's available to firefighters and has really helped me with what I was going through.

Figure 1.4: PISP Self-Referrals per Month by SDA



1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

PISP Outreach Contacts

On screening, we identified **163 people** this year who were experiencing signs of stress and **contacted** them (by telephone or letter) **to offer support**. We understand that it can be difficult to ask for help and the goal of this contact is to reach people proactively at the earliest sign of stress so we can promote a healthy 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. We made an average of **17** contacts each month.

We had **check-in calls** with **91** people. **Figure 1.6** shows the outcome of these psychologically informed conversations.

The majority (73) benefitted from this single check-in and did not require further follow up. However, **14** required a **brief clinical follow-up** and **4** required **psychological therapy**, demonstrating that PISP allows us to identify and intervene early to support people experiencing difficulties following trauma exposure.

In addition to the 36 people who used the questionnaire to ask for help, our **pro-active outreach identified another 18 people** who hadn't asked for help but required a clinical intervention.

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

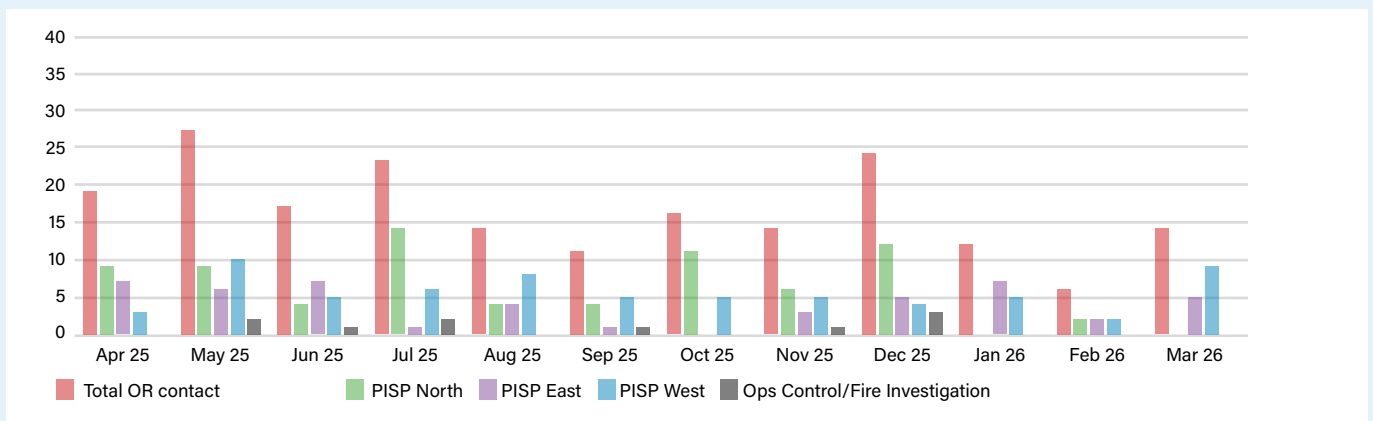
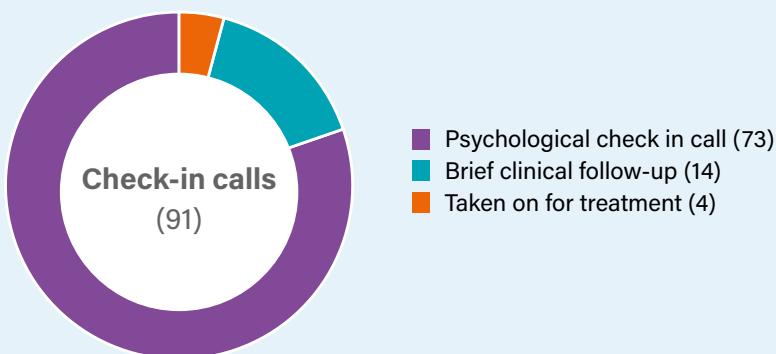


Figure 1.6: Outcome of check-in calls



1. EARLY INTERVENTION: THE POST INCIDENT SUPPORT PROCESS

Following our outreach contacts, the Rivers team use a brief standardised psychometric measure (the Client Global Impression – Improvement) to gain feedback on our therapeutic intervention.

Figure 1.7 illustrates that 100% of individuals who completed this validated measure felt much better or very much better after a psychological check-in or brief clinical follow up with a Rivers clinician.

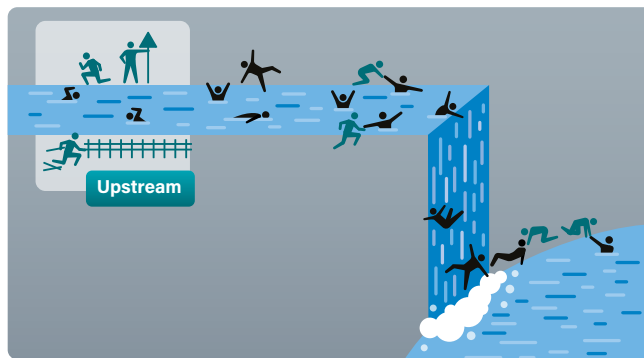
Figure 1.7: Client Global Impression - Improvement



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

This is the second time I have engaged with the Rivers Centre, and I cannot recommend the service highly enough. The support provided is exceptional, and I feel genuinely passionate about encouraging my colleagues to access this invaluable resource. Thank you to all the staff for the fantastic work you do.

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



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 psychological questionnaire with a focus on promoting resilience and monitoring cumulative trauma exposure.

Over the past year **78** questionnaires were sent out but only **6 were returned**. This is an increase on the previous year but is still very low. However, we made **outreach calls to 4** of the 6 people returning a form and **2 required further support**. With a low response rate it is impossible to tell whether those people not returning a questionnaire are coping well, or experiencing role-related difficulties. However, we can say that a third of those who returned a questionnaire were experiencing signs of stress and benefitted from psychological support.

We have been working with SFRS Health and Wellbeing colleagues to promote the support available to those working in Fire Investigation, including delivering a presentation to the team in December 2025. This session went well and included a discussion on how to improve the uptake of PISP.

There has been a small increase in the return rate since then and we remain keen to provide a service that is acceptable to this group of staff.

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.

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 are deployed, then they are offered an appointment with their named clinician on return. The team had only **one** on call period in this reporting year.

The ISAR team are well-engaged in the support process with **91%** of the team returning their questionnaires and **91%** attending their assessment appointment. Of the 11 who were seen, **3 people** received follow-up support.

Table 2.1 ISAR monitoring process

	2025-2026
Questionnaires sent out	11
Questionnaires returned	10
People attending assessment	10
People offered follow-up	3

2. WORKING UPSTREAM: SUPPORTING STAFF IN HIGH RISK ROLES

Operations Control

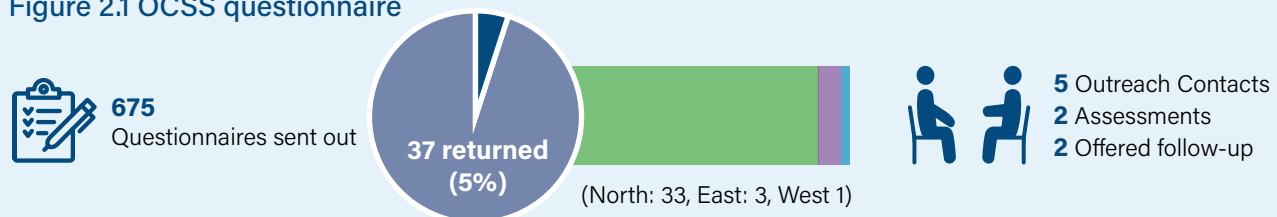
We introduced an improved package of support for staff working in Operations Control in April 2024. Operations Control staff continue to be included in the Post Incident Support Process for individual incidents but they are also offered support to monitor their cumulative exposure to potentially traumatic incidents. The "Operations Control Support Surveillance" (OCSS) questionnaire is sent on a quarterly basis.

At the request of the SFRS Health and Wellbeing team, this process was paused in October 2024 and restarted in October 2025. Between April and October 2024, the return rate for the OCSS questionnaires was 11%. When it restarted in October 2025 until the end of this reporting year (March 2026) the return rate dropped to 5%, with most of these coming from the North SDA. This suggests the 12-month break may have had an impact on staff engagement with the process, especially in the West and East SDAs.

Table 2.2 Operations Control Support Surveillance (OCSS)

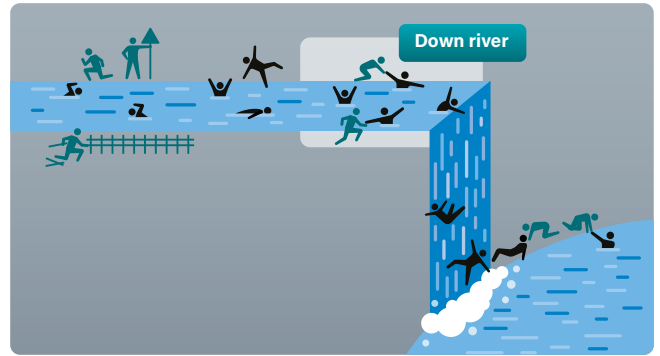
	2024/25	2025/26
Questionnaires sent out	340	675
Questionnaires returned	38	37
Return Rate	11%	5%

Figure 2.1 OCSS questionnaire



I found talking to someone who knows the right questions to ask and listen to the answers has really helped me to understand my own mental health and awareness. Without the help I received from the Rivers Centre I think my personal life and work would have been at risk. So, I would like to take this opportunity to thank you all for your support and understanding.

3. REACHING PEOPLE DOWNSTREAM: HEALTH & WELLBEING REFERRALS



SFRS staff can 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** shows the number of individuals assessed following referral from the HWB team each month by SDA.

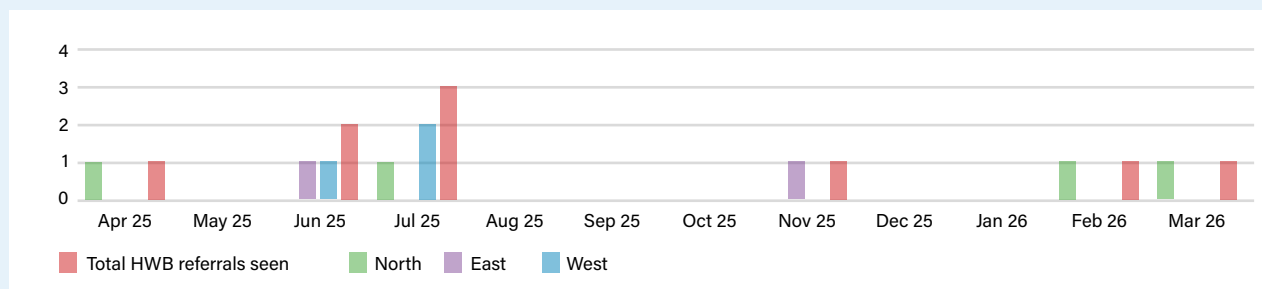
Between April 2025 – March 2026, the Health and Wellbeing team referred **11** individuals to the Rivers Centre. This is a 50% reduction on the number of people referred in 2024/2025 and coincides with case management being outsourced to an external occupational health provider. Although we worked with this provider and with the SFRS Health and Wellbeing team to try to maintain clear referral pathways for any

staff off sick with post-traumatic stress symptoms, the 50% reduction raises concerns for us that some people may have been missed. We have shared these concerns at our regular meetings with the Service.

10 of the individuals referred to the Rivers Centre were assessed and **8** were taken on for treatment. It was clear at referral that one individual was not suitable and advice regarding a more appropriate referral route was offered. Following assessment **2** individuals were linked up with a more appropriate service for follow-up.

Three people required an extended assessment, requiring more than 1 assessment appointment. The total number of assessment appointments (14) is therefore higher than the number of people referred.

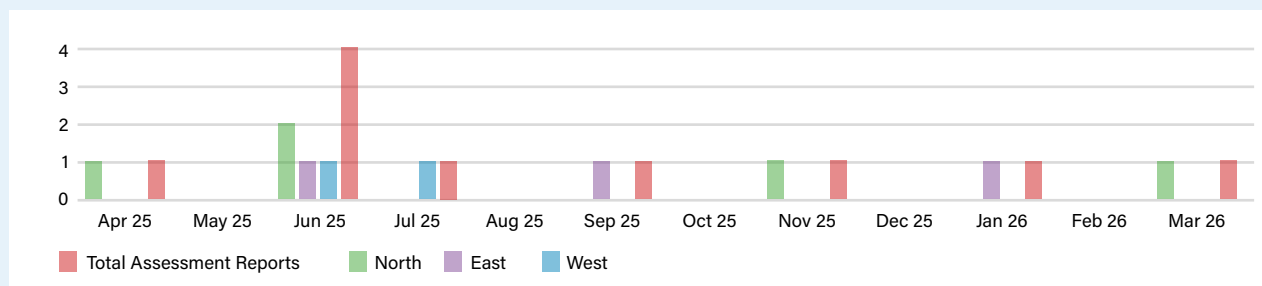
Figure 3.1: Individuals Assessed following referral from Health and Wellbeing by SDA



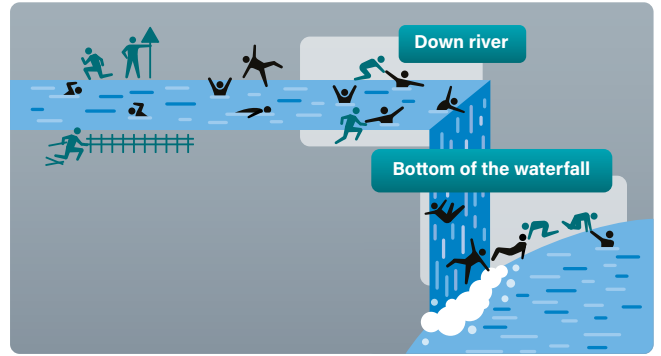
For those referred by the Health and Wellbeing team, the clinician provides an assessment report which summarises the discussion, their impression and recommendation for treatment.

Figure 3.2 illustrates the numbers of assessment reports completed each month by SDA.

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 treatment at the Rivers Centre between April 2025 – March 2026 was **77**.

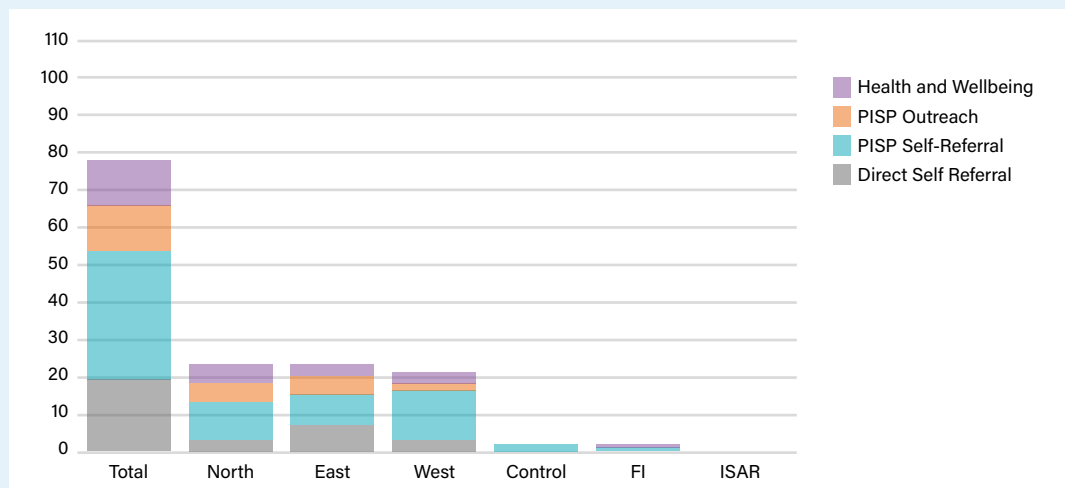
How do people come into treatment?

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 total referrals received by Service Delivery Area and by focus of treatment.

We are pleased to report a continued shift towards self-referral either through PISP or by direct contact with the Rivers Centre. **This means we are reaching more people earlier.**

This year **68%** of the people we had contact with at The Rivers Centre self-referred (**44%** through PISP and **24%** by making direct contact with us by phone or email). From the feedback we have gathered it is clear that SFRS staff have an awareness of the support available from the Rivers Centre and feel confident they will receive a good service due to our expertise, well-established partnership and reputation.

Figure 4.1: Referrals by route and SDA



It's a pleasure working with your team. I really respect the team for the excellent clinicians they are, but more than that, the good morals and ethics they display and the compassion and care this allows them to give to others.

HEALTH AND WELLBEING PRACTITIONER

4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

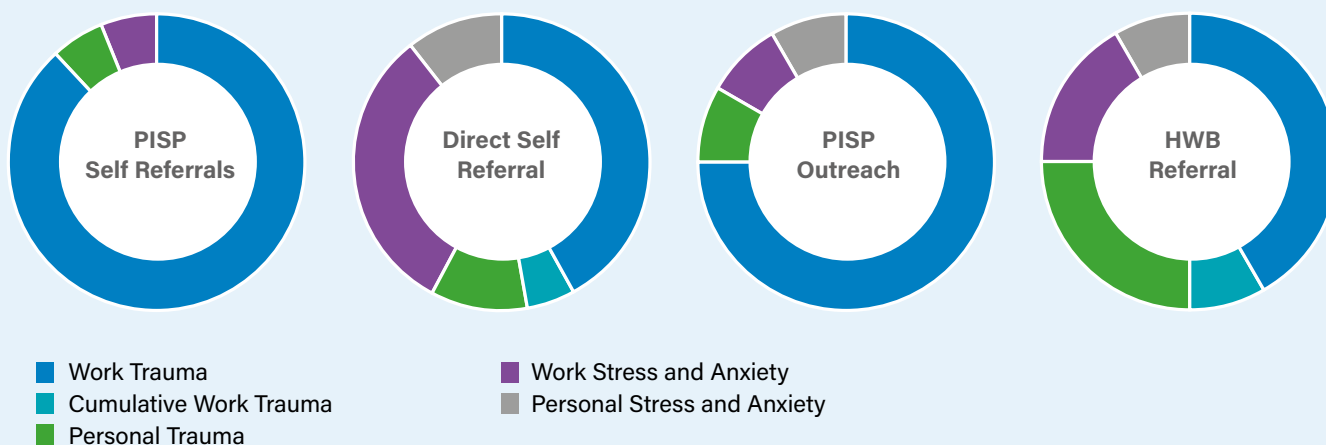
Table 4.1 – Treatment Focus of Referrals by Referral Route

	PISP Self-Referral	PISP Outreach	Direct Self-Referral	Health and Wellbeing	Total
Work Trauma	30	9	8	5	52
Cumulative Work Trauma	0	0	1	1	2
Personal Trauma	2	1	2	3	8
Work Stress and Anxiety	2	1	6	2	11
Personal Stress and Anxiety	0	1	2	1	4
Total	34	12	19	12	77

Table 4.1 shows the **main treatment focus** for staff accessing support **through PISP** is **work trauma**. By comparison, the treatment focus for Health and Wellbeing team referrals has a different distribution, with **25%** of the referrals focusing on Personal Trauma, **50%** on Work Trauma or Cumulative Work Trauma, and **25%** 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 this 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 4.2: Treatment focus



The support I received took me from a very dark place where suicidal thoughts entered my head daily, to a place where it was light at the end of the tunnel, not an oncoming train. I feel lucky to have this facility available to me. Thank you Rivers Centre.

4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

WHAT HAPPENS IN TREATMENT?

52 people **completed treatment** and were discharged from the Rivers Centre between April 2025 and March 2026.

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

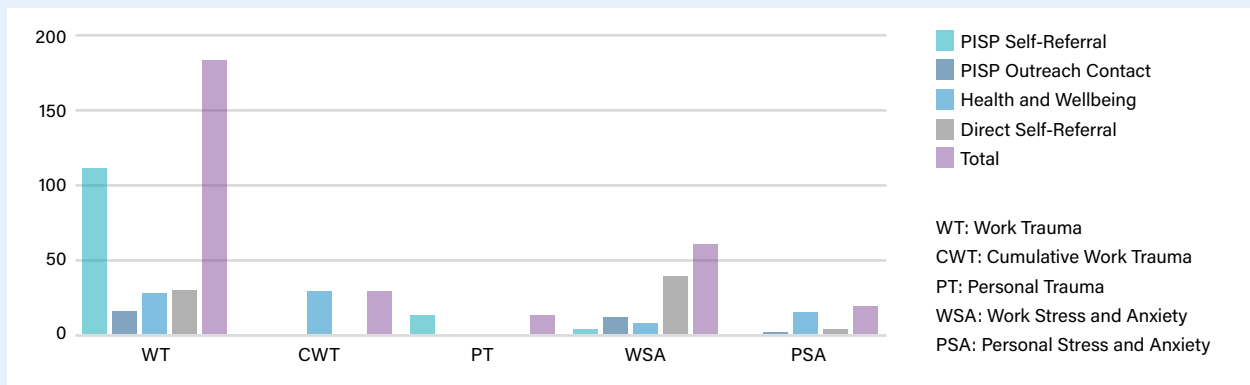
The average number of treatment sessions individuals received between April 2025 and March 2026 is **6**.

Figure 4.3 displays the total 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. The majority of treatment sessions we provide are to people who have self-referred through PISP requiring treatment for work-related trauma. We are catching people soon after they develop symptoms of a post-traumatic stress reaction.

The average number of sessions through these routes is **5** through PISP self-referral and **3** through PISP outreach. Similarly, people who self-refer directly (not using a PISP questionnaire) average a number of **6** sessions.

Figure 4.3: Total number of treatment sessions by treatment focus



The entire team at the River Centre truly care, and it shows in everything they do. They took the time to listen, to help, and to support me when I needed it most. I would 100% recommend the River Centre to anyone in the fire service who is struggling or finding it hard to talk. Asking for help is not weakness, and if you're lucky enough to have someone like my therapist supporting you, it can genuinely change your life. Thank you. I'll always be grateful.

4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

Figure 4.4: Treatment Sessions for PISP Self-Referrals

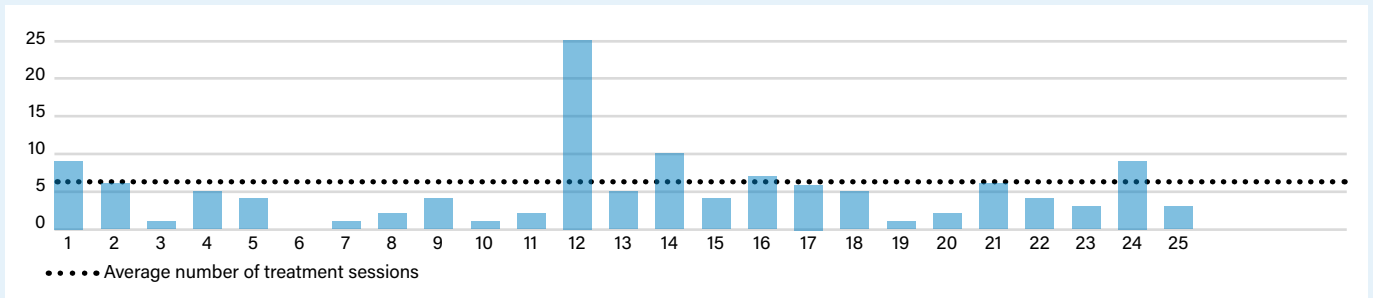


Figure 4.5: Treatment Sessions for PISP Outreach

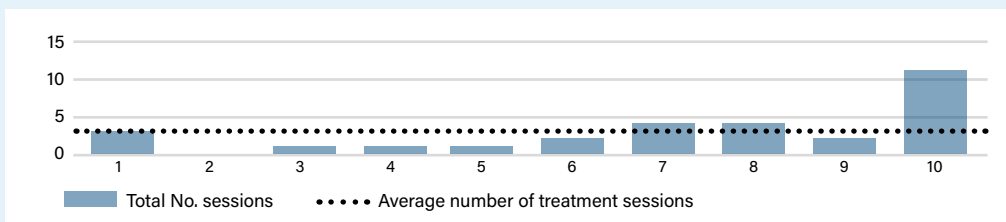
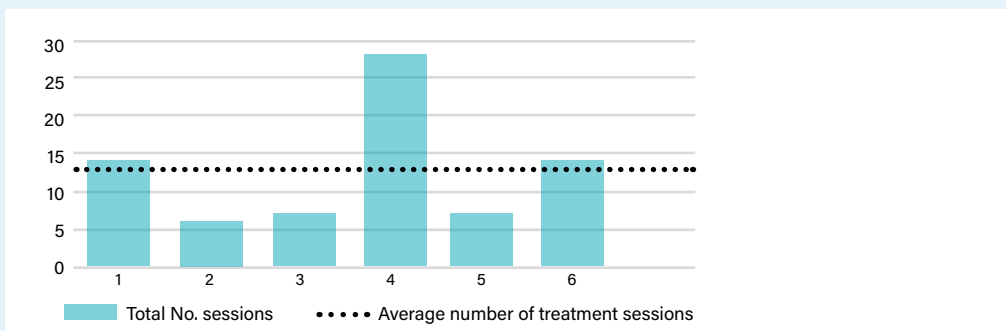


Figure 4.6 shows that people referred by Health and Wellbeing tend to require longer episodes of care to address their difficulties with an average of 13 treatment sessions. As the figure shows, this average is raised by the one person who needed a longer episode of care.

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.

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.

Figure 4.6: Treatment Sessions for Health and Wellbeing



TREATMENT OUTCOMES

The Rivers clinicians use a range of validated psychometric measures at assessment and to monitor progress in treatment. 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 returns these and so there is some missing data.

However, the 17 **datasets we have demonstrate a significant improvement in symptoms** for almost all clients, indicating the effectiveness of the psychological therapy provided.

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. **Figure 4.7** shows that most people had a significant reduction in psychological distress when completing treatment.

Figure 4.7: Distress before and after treatment - CORE-34 scores

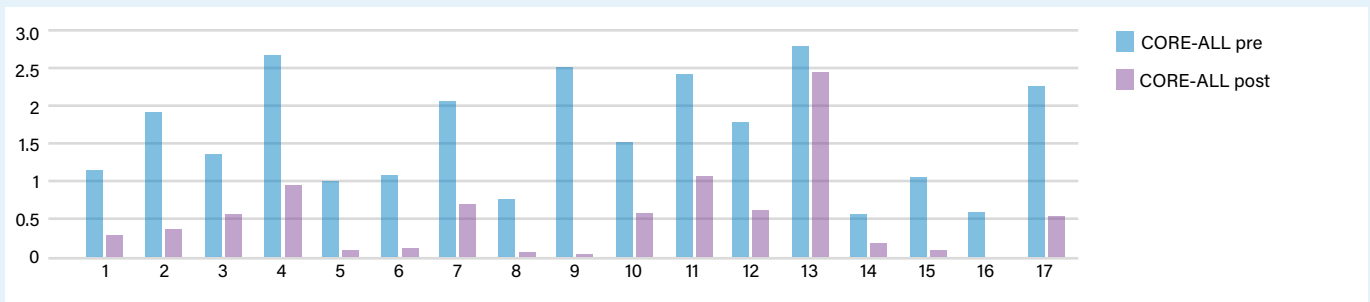
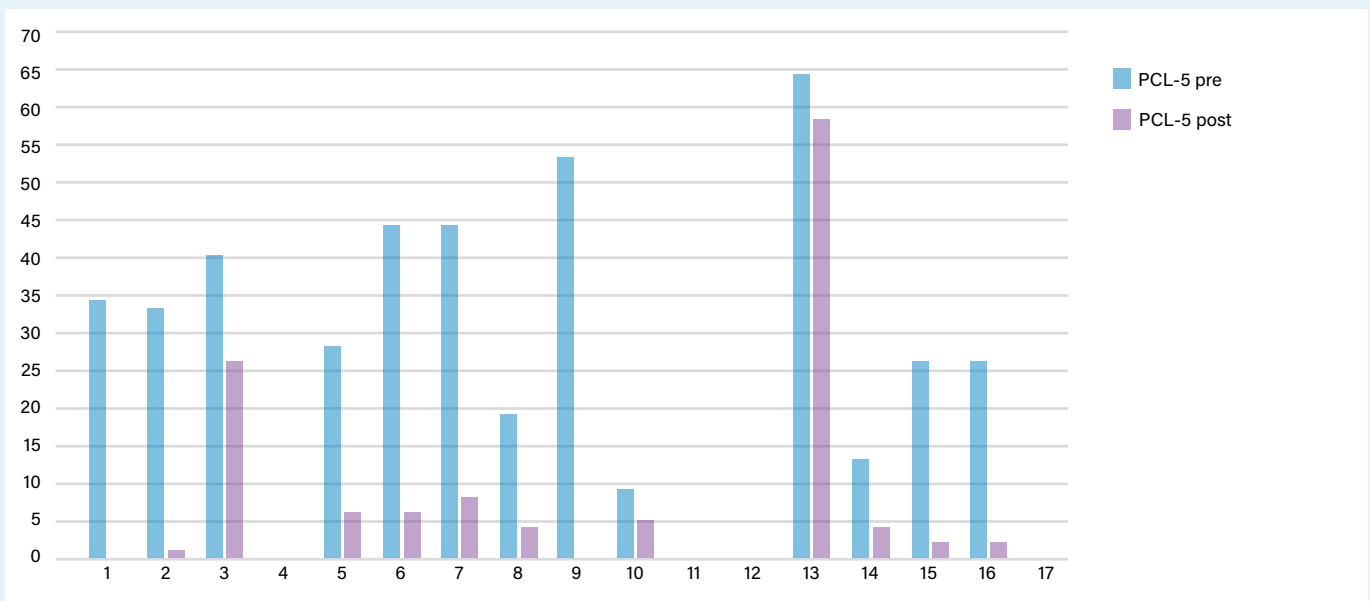


Figure 4.8: Trauma Symptoms before and after treatment - PCL-5 scores



Note: Each number corresponds to an individual who has completed treatment at the Rivers Centre. Please note, we do not have information for individuals 4, 11, 12 and 17, but otherwise an absence of data reflects a score of 0.

4. HELPING PEOPLE OUT OF THE RIVER: PSYCHOLOGICAL THERAPY

Post traumatic stress (PCL-5)

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

Figure 4.8 (on the previous page) illustrates the reduction in symptoms of post-traumatic stress for people completing this measure before and after treatment. The scores show that most people had a **significant improvement** in their post-traumatic symptoms.

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). Figure 4.9 shows the improvements in symptoms of anxiety for the majority of people before and after treatment. Figure 4.10 shows the same improvements for the majority of people with depressive symptoms.

Figure 4.9: Anxiety before and after treatment – HADS-A scores

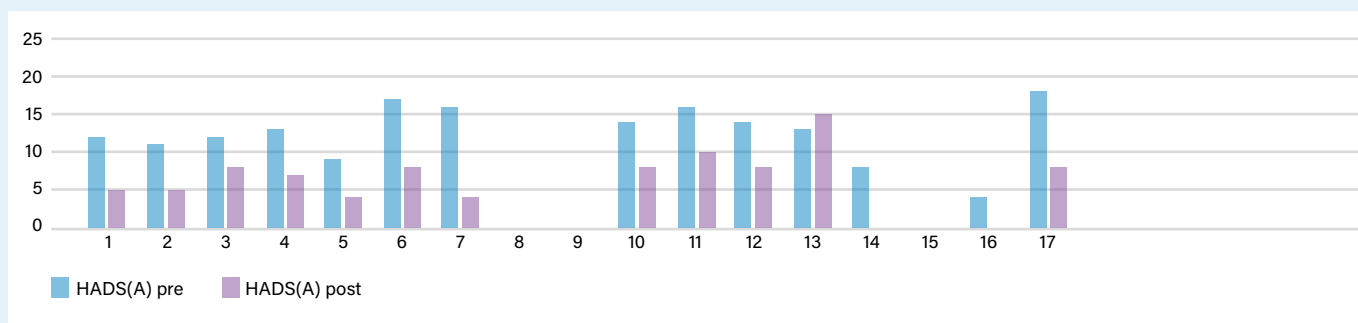
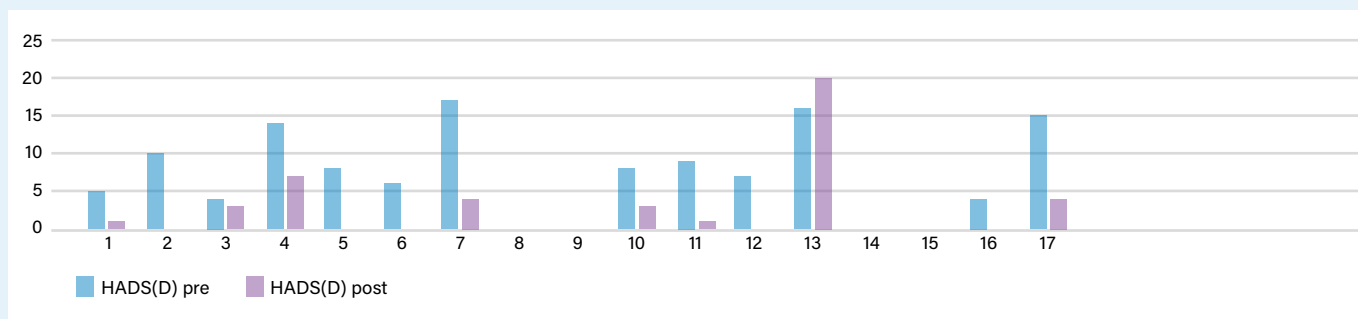


Figure 4.10: Depression before and after treatment – HADS-D scores



Note: Each number corresponds to an individual who has completed treatment at the Rivers Centre. We do not have information for individuals 8, 9 and 15, otherwise an absence of data reflects a score of 0.

I have attended the Rivers Centre on two separate occasions. The hardest thing for a person is to ask for help. The second hardest is to turn up and accept the help you asked for. My therapist has assisted me in breaking down internal barriers that I didn't even know I had. I am so happy I asked for help, even happier I turned up. This is a tremendous service, a calming environment and beautiful staff. Thank you.

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 2025 and March 2026, 22 clients completed this and their feedback is presented below.

I cannot praise this service enough. What it has done for me has been life changing. My therapist was incredible throughout all our interactions. Every session I felt like I made progress. And through her guidance and expertise I was able to process a lingering traumatic experience. I can't thank her enough for help and understanding. She saved my life.

- 100%** strongly agreed or agreed they would make use of the Rivers Centre if they were experiencing problems.
- 95%** strongly agreed or agreed that the clinician was knowledgeable about mental health and post-traumatic stress.
- 100%** strongly agreed or agreed they would feel confident about contacting the Rivers Centre for help if problems arose in the future.
- 96%** strongly agreed or agreed that they had an increased awareness about what they can do to keep themselves well.
- 100%** strongly agreed or agreed that PISP was a worthwhile initiative.
- 100%** felt the clinician understood the challenges of working for a fire and rescue service.

Figure 5.1: Attitudes to PISP

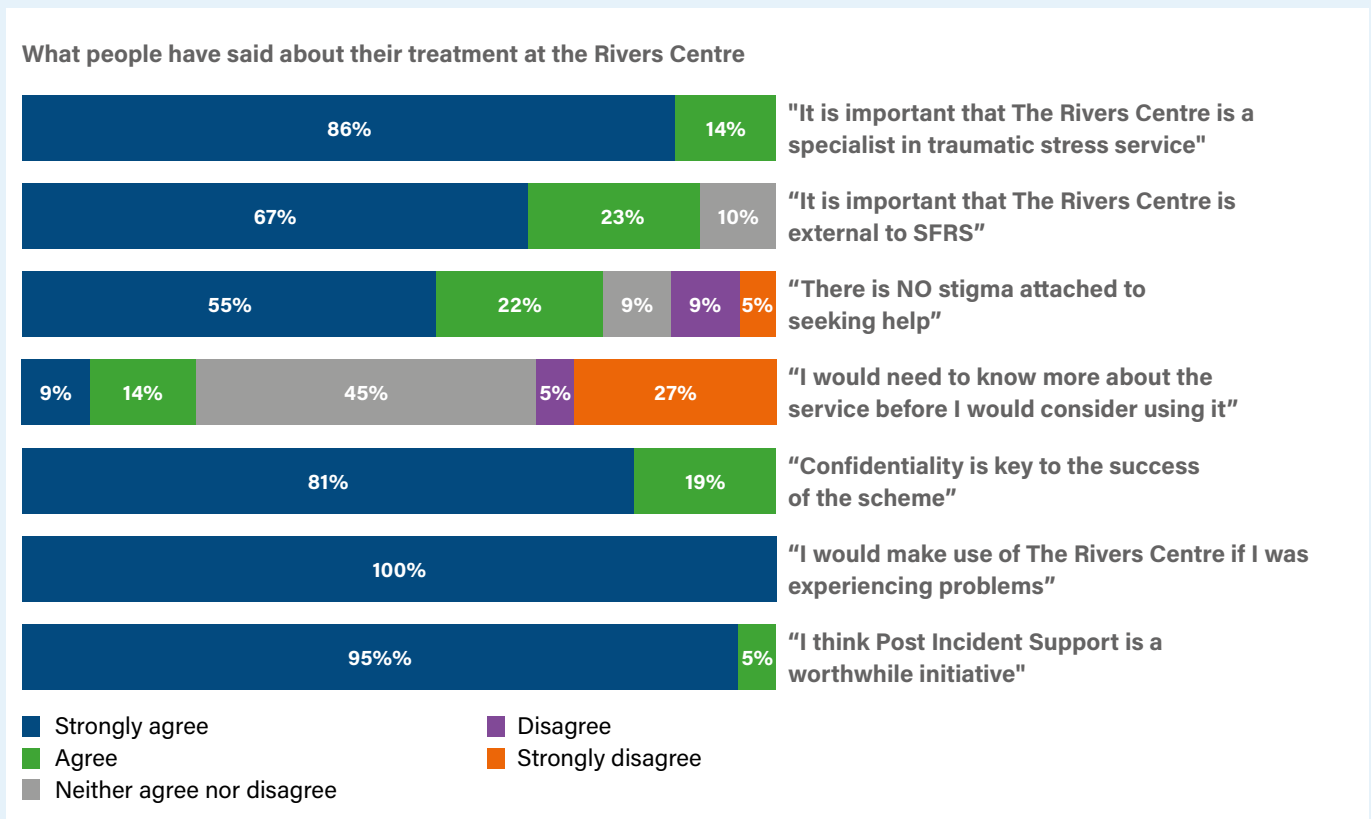
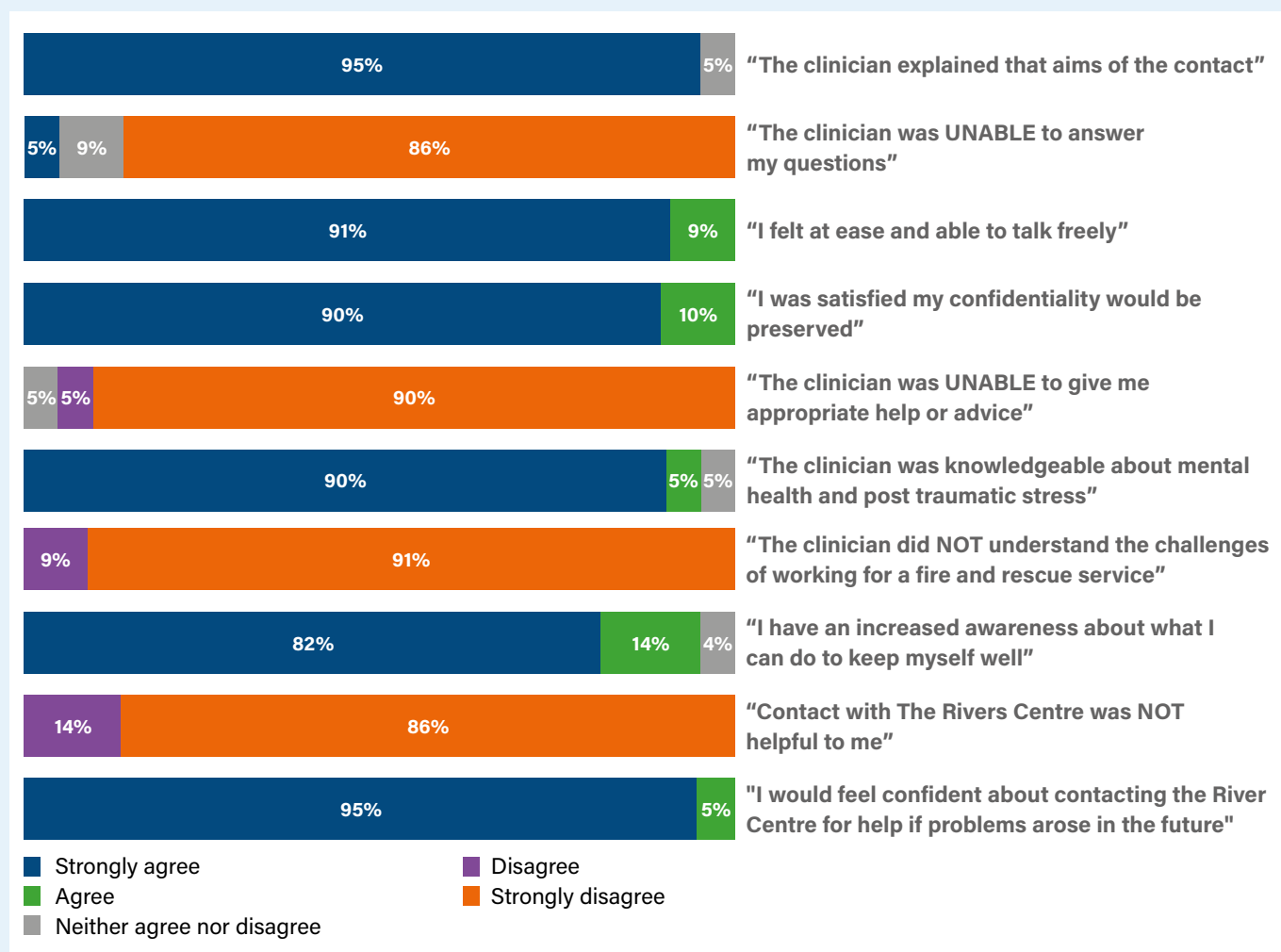


Figure 5.2: Experience of treatment at the Rivers Centre



What SFRS staff have said about their treatment at the Rivers Centre

100% would recommend accessing support at the Rivers Centre to their colleagues.

100% were satisfied with the service provided.

100% say their problems have improved because of the treatment they received.

I would highly recommend The Rivers Centre and feel the help my therapist has given me has allowed me to move forward and think of how to deal with certain personal and work life situations in a different way. Thank you so much!

Can't thank my therapist enough for her support during the several challenges that I was facing, work and personal. I feel a very different person from what I was at the beginning of the sessions, I feel stronger, more confident and able to implement and maintain my boundaries to look after myself.