



**INSPIRED
TO CHANGE**

Understanding how online Solution-focused hypnotherapy can support the wellbeing of police personnel and treat anxiety and depression

INTRODUCTION TO THE STUDY

A feasibility study investigating the effectiveness of online Solution Focused Hypnotherapy with employees from Northumbria Police Service who identified problems with their wellbeing and general functioning at work.

CONTEXT FOR THE STUDY

Mental Health in the Police Service

Police Care (2018) estimate:

“66% of the police workforce may have mental health issues and 71% of officers are likely to have anxiety and depression”.

CONTEXT FOR THE STUDY

Trauma and PTSD

Avon and Somerset Police Federation (2021) state:

“whilst most citizens will experience 3-4 traumatic events in their lifetime, each police officer is likely to encounter between 400-600”.

WHY A NEW THERAPY?

- Psychotherapy seen as the most effective treatment for common Mental Health disorders
- Most commonly used and validated is Cognitive Behavioural Therapy (CBT).



WHY A NEW THERAPY?

What we know about CBT

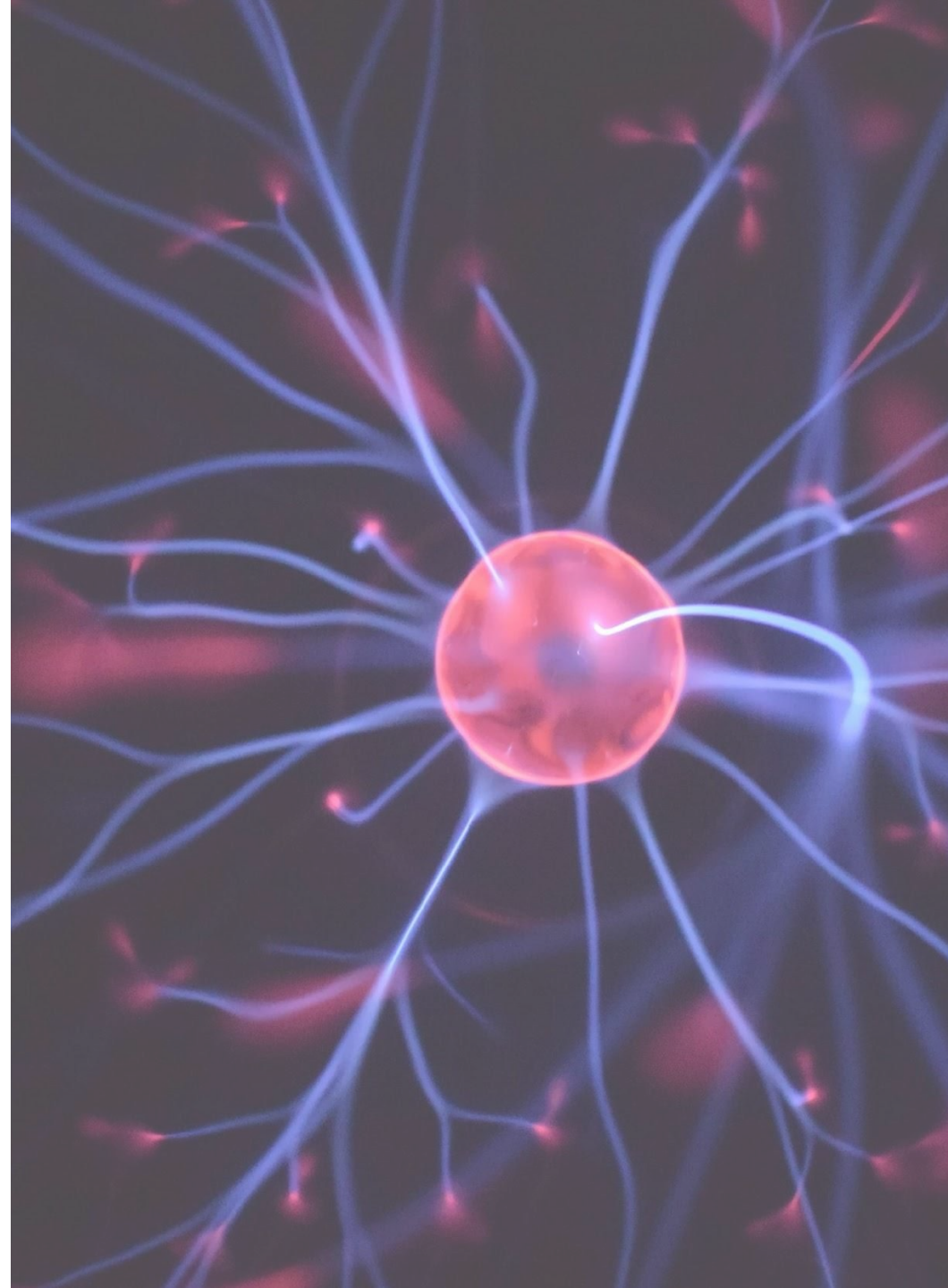
- **Recovery rates are between 37-47%**
- Over **50% do not respond to treatment** i.e. no symptom reduction
- Response is not necessarily associated with **improvement in wellbeing and wellness** (Widnall et al 2021).

WHAT IS SOLUTION FOCUSED HYPNOTHERAPY (SFH)?

- Psychotherapy with Hypnosis
- Modern, highly-structured intervention –
Developed by David Newton – CPHT (1990s)
- Neuroscience based
- Solution rather than problem focused
- Incorporates best elements of CBT, NLP & SFBT.

WHAT IS SOLUTION FOCUSED HYPNOTHERAPY (SFH)?

- Suitable regardless of presenting issue as it is not problem focused
- Founded on the importance of brain-based education
- Uses the state of trance (non sleep deep rest) to enable change.



THE STUDY

- 51 officers & staff responded to advert
- 42 invited to participate
- 36 completed treatment
- Independent Clinical Psychologist provided triage
- Participants randomly assigned a therapist (20)
- Therapists received fortnightly supervision.

MIXED METHODS

Quantitative:

- Symptoms of anxiety & depression measured using GAD 7 & PHQ 9
- Indicators of wellbeing measured at each therapy session

Qualitative:

- Attendance at supervision
- Questionnaires with participants & therapists
- Interviews with therapists.

THE PARTICIPANTS

The data presented reflect those with clinically significant symptoms of anxiety and/or depression

Presenting issues:

- Anxiety
- Stress
- Depression
- Sleep issues
- Loss of confidence
- Public speaking
- Fertility issues.

THE PARTICIPANTS

- The mean number of sessions a participant received was 8
- The majority of participants received between 8-12 1-hour sessions with their therapist.

Mental Health and the Police: Headline results



<i>Our Hypotheses</i>	<i>Our findings</i>	<i>Compared with CBT</i>
Over 75% of participants will complete therapy once started	86% completed	77-83% completed
100% of participants who complete therapy will respond	100% response rate	50% response rate
75% of participants who complete therapy will recover (i.e. no clinical symptoms)	78% recovery rate	37-47% recovery rate

HEADLINE RESULTS

- 77% reduction in Anxiety scores (GAD7)
- 72% reduction in Depression scores (PHQ9)
- 84% increase in Wellness (from Life wellness indicator scores).



HEADLINE RESULTS

- Understanding how the brain worked was key
- Sessions were enjoyable, logical, structured and provided a shared language
- Process demonstrated practical ways to take personal responsibility for mental health
- Improvements were seen at home and work.

HEADLINE RESULTS

Participants noted tools gleaned through therapy which they could use to **cope better with stress, gain perspective, prioritise and build resilience.**



CONCLUSIONS

- SFH was effective in treating symptoms of anxiety & depression and in improving wellness
- This model could be a more powerful form of psychotherapy for treating common mental health conditions
- Findings support the investment of more resources to build the evidence based and for a large RCT.



ACCESS THE ABSTRACT TO OUR PUBLISHED ARTICLE



CONTACT ME:
Dr Emma Treby
Emma@inspiredtochange.biz
07894555075



AUTHORS: Emily Barney, Emma Treby,
Gary Johannes and Kerry Seymour.