

# SHOCK TACTICS

Post-traumatic stress disorder in civilians is soaring, but are claimants driven more by money than need, asks *David Leask*

**S**HE went down, her crew said, like a stone. The *Radiant*, less than a year old and bristling with the latest safety gadgets, plunged to the bottom of the Atlantic in minutes, dragged to the depths by her own snagged nets.

The trawler's six men were left behind her, in the heaving, black, cold ocean, all struggling with lifejackets that wouldn't inflate. One, a strong, wiry 53-year-old father, could only gasp that he had a "problem" and then disappear. His terrified crewmates somehow managed to right an upturned life raft and then wait, for four and a half freezing hours, for rescue. They were eventually found, clinging together, 60 miles off the Butt of Lewis.

Wheelman Willie Beedie is still reliving that night. "At that point I was a non-swimmer," he said, describing the moments it took for the *Radiant* to sink in April 2002. "I felt my boots fill up with water and I started to panic.

"The following January I went back on my first trawler. Everything that could go wrong, did go wrong. I absolutely keeled myself. I told the skipper I couldn't do it any more."

Beedie, from the fishing village of Rosehearty, Aberdeenshire, was just 25 at the time of the sinking. Ever since, he says, he has suffered flashbacks and nightmares. Unemployed and entering his mid-30s, he is trying to sue his former employers for half a million pounds, enough, he believes, to see him through to retirement. His grounds? Beedie has been diagnosed with post-traumatic stress disorder, or PTSD, the condition soldiers in the trenches of the First World War called shell shock and is now a recognised side effect of combat from Iraq to Afghanistan. He is far from alone.

Civilian Britain, new research by the BBC

will reveal tomorrow, is being swept by an epidemic of post-traumatic stress with 220,000 people treated by the NHS for the condition in 2005. To put that figure in perspective, that is more than the entire UK armed forces can muster at full strength.

Official Scottish figures obtained by Scotland on Sunday are lower but GPs, who treat most patients with PTSD, still carried out more than 3,000 consultations with people suffering from the condition in 2007-2008, according to robust estimates based on Government polls of surgeries. In addition, although numbers are again small, the number of people treated for the condition in acute hospitals has more than doubled in the last decade north of the Border. This is not workplace stress, itself a rising diagnosis in 21st century Britain. But although many people, like Beedie, have genuinely lived through trauma unconnected with the battlefield, there are concerns among insurers and some doctors that the condition is now being over-diagnosed and that some victims are inflating their symptoms to gain lucrative compensation payouts.

James Thompson, an expert in the condition who helped the victims of the 1987 King's Cross fire, said: "Now you can teach yourself PTSD on the internet within five

minutes. It has become a fashionable diagnosis because it has the key feature that it is about what the world did to you. That's always attractive to all of us."

So what exactly is post-traumatic stress disorder? Why are so many more people now being diagnosed with it and does everyone who makes a claim for compensation for PTSD really suffer from it? And is suing really the best way to get better?

The BBC's Allan Little has a personal interest in asking those questions. The

award-winning war reporter will tomorrow present an edition of *Panorama* devoted to the issue. After interviewing Beedie for the programme, he instantly knew what the former trawlerman was talking about. Because Little has had the nightmares too, after Bosnia and losing a cameraman. "It was a dangerous job but I found it exciting, exhilarating," the journalist said of covering the bloody break-up of the old Yugoslavia in the 1990s. "I believed in the importance of being there. To witness. Then one day something catastrophic happened. Someone I was working with, someone I felt responsible for, was killed. He was my cameraman. He had died and I had survived and I pretty much blamed myself.

"For a time I came apart. I couldn't sleep. I had nightmares. Flashbacks. Immobilising anxiety. You would wake in the night sweating in terror. I felt guilty just for being alive. I did not know it at the time, but looking back, I ticked all the boxes. I know this condition exists because I am pretty sure I have had it."

War reporters, along with soldiers, were the first to be diagnosed with PTSD. The term dates back to the Vietnam war, when US authorities were trying to figure out how to treat thousands of veterans struggling to come to terms with what they saw, what they did and what they endured.

The symptoms are clear enough: flashbacks and bad dreams, often accompanied by depression, anxiety and "hyper arousal". Little spelled out his own slow recovery after returning from Yugoslavia in the late 1990s. "I remember coming back to London and being scared to step on the grass in case of landmines and scanning the buildings in case of snipers and diving to the pavement when somebody made an un-



expected loud noise.”

Soldiers are still suffering. The US government estimates that one in five of its troops returns from Iraq with PTSD. But it is not returning soldiers who are fuelling the rise of PTSD in the UK. Many are people who have never seen military action but have consulted a lawyer.

Some doctors, and far more insurers, are sceptical of litigants waiting to tell courts of their horrific flashbacks after a low speed road shunts. Jo Pizzala, an insurance company lawyer, said: “We see it in people who have been rear-end shunted at 10mph at traffic lights in what we would say were minor road traffic accidents.”

Insurance fraud investigators told *Panorama* of how one bus driver, claiming PTSD, said he could never get behind the wheel again after a low-speed collision – only to be secretly filmed roaring down the road in a sports car complete with personal number plate. *Panorama* also cites the case of a woman who claimed for £800,000, saying she was in so much pain she couldn’t work, but was later fined after being caught on a shopping spree with her family.

David Alexander has seen plenty of people suffering from real PTSD. A professor at Robert Gordon University, Alexander was the psychiatrist brought in to help the recovery of the sur-

vivors of Scotland’s most horrific industrial disaster, the Piper Alpha oil rig explosion. He has been dealing with similar victims from all over the world ever since. Now he is starting to lose patience with those turning to the law. “What I am worried about is that they are devaluing the currency of trauma, which I think is an insult to people who have suffered genuinely catastrophic events,” he told Scotland on Sunday. “Perhaps some of these patients would be better given another diagnosis, perhaps work-related stress?”

PTSD, some doctors believe, has been given its real boost by a new breed of no-win, no-fee lawyer. Some patients, moreover, may take longer to heal mentally after a traumatic event because a pending court case constantly reminds them of their experiences. “It is a money spinner, let’s be blunt about it,” said Alexander. “If you’ve got at the end of the road the prospect of £100,000 by continuing to have headaches and insomnia you can see why people may not relinquish those symptoms.”

His colleague Thompson, the King’s Cross veteran, added: “There are conflicts of interest wherever you have a legal case. The whole process of testing patients may damage them psychologically and keep them ill, reminding them perpetually of what happened which, without the court case, they might have forgotten.”

Lawyers insist they are only providing a service. “It brings justice to the public who need that assistance,” said Frank Lefevre, of Aberdeen-based Quantum Claims, the lawyer credited with bringing no-win, no-fee to Scotland.

So what are the chances, on civvy street, of experiencing an event so horrific that it leaves you unable to sleep, to work, to function? About 100 to one, reckons Alexander, in peaceful European nations. “Basically about 1 per cent of the population will suffer trauma at some point in their lives,” he said. “But the figure varies from country to country.” Most of the evidence comes from America, where guns are rife. There figures are higher, pushing 5%. In crime-ridden Mexico, trauma prevalence shoots up to 12%.

Few suffer the kind of horrors seen by the crew of the *Radiant*. Only two have gone back to sea. One was Willie Ritchie. He thinks the best way to deal with such trauma is to get on with your life, not your litigation. “What do you sue folk for?” he said. “It is just a dangerous job. It was an accident.”

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## Anxiety through the ages

The modern understanding of PTSD dates from the 1970s, largely as a result of the problems that were still being experienced by US military veterans of the war in Vietnam.

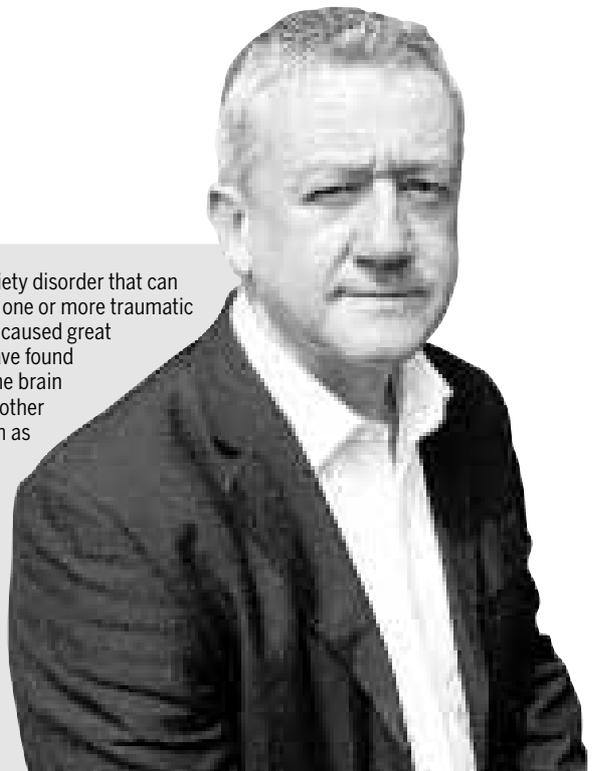
One of the first descriptions of PTSD was made by the Greek historian Herodotus. In 490 BCE he described, during the Battle of Marathon, an Athenian soldier who suffered no injury but became blind after witnessing the death of a fellow soldier.

Victorian doctors had no name for it but recognised the symptoms in survivors of rail crashes. In the US, it was called "Railway Spine" but the rail companies refused to pay compensation, regarding the claims as fraudulent hoaxes. With the progression of psychiatry in the military context of World War One, the condition became known as "shell shock".

Symptoms include flashbacks, nightmares, hypervigilance, heightened arousal and psychosomatic pain. The condition is now defined as

a severe and ongoing anxiety disorder that can develop after exposure to one or more traumatic events that threatened or caused great physical harm. Studies have found biochemical changes in the brain and body that differ from other psychiatric disorders such as major depression. PTSD also involves changes in brain morphology.

Treatment involves psychotherapy, including basic counselling. Group therapy may be helpful in reducing isolation and stigma. Medication can reduce symptoms, but rarely achieves complete remission.





**In the firing line: soldiers knew it as shell shock, but post-traumatic stress is now reaching epidemic proportions in civvy street, with 220,000 people treated by the NHS for the condition in 2005. BBC reporter Alan Little, below, suffered from the condition after seeing a cameraman killed**

