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THE EFFECTIVENESS OF SOLUTION FOCUSED HYPNOTHERAPY TO MANAGE MENTAL HEALTH IN NORTHUMBRIA POLICE

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EXECUTIVE SUMMARY

BACKGROUND

The UK Police Force experiences elevated levels of anxiety and depression within their population where Police Care UK estimate 66% of the police workforce may have psychological or Mental Health issues and 71% of officers are likely to have anxiety and depression.

£1.87
million

At present it is approximated that Mental Health issues costs Northumbria Police £1.87 million per year – through working days lost to absenteeism and presenteeism. Northumbria Police recognise that whilst provision of Mental Health support services is varied that uptake could be increased.

Psychotherapy is seen as the most effective treatment for common Mental Health disorders such as anxiety and depression. **The most commonly used and validated psychotherapeutic tool is that of Cognitive Behavioural Therapy (CBT), however, it has been suggested that effectiveness is only marginally more than placebo.**

50%
do not
respond

According to several meta-analysis studies, whilst current psychotherapeutic interventions may reduce symptoms for those who undertake therapy, over **50% do not respond to treatment**, meaning they experience no significant reduction in symptoms.

Recent studies have also highlighted that for those 50% who do respond to treatment and experience a reduction in symptoms, this is not necessarily associated with any improvement in their wellbeing and wellness even for those who have experienced recovery i.e., no clinical symptoms.

What is Solution Focused Hypnotherapy?

Solution Focused Hypnotherapy (SFH) is a modern, highly structured form of intervention which takes the best from Cognitive Behavioural Therapy (CBT), Neuro-Linguistic Processing (NLP) and Solution Focused Brief Therapy (SFBT), which is neuroscience based and solution focused rather than problem focused.

SFH is presenting itself as a viable alternative for psychotherapeutic intervention, with a high uptake and good outcomes, coupled with the fact that the process itself is comfortable, safe, and indeed often enjoyable and due to its highly structured approach, demonstrates consistency in outcomes across SFH therapists.

This therapy does not focus on the problem or disorder and is therefore a suitable therapy regardless of a participant's presenting issue.

Most Mental Health issues have their basis in anxiety and therefore this process is effective across common Mental Health issues such as anxiety, depression, OCD, PTSD, disordered eating or drinking and substance misuse including drugs and alcohol. SFH is therefore able to meet a variety of needs and due to its consistency across therapists is easily accessible and scalable.

Thousands of hours of client data collected by practicing SFH therapists demonstrate a high uptake of therapy and positive results in terms of a reduction in symptoms of anxiety and depression and importantly, an improvement in wellness and wellbeing, both of which being essential to enhance workforce resilience.

INTRODUCTION TO THE PROJECT

The feasibility study investigated the effectiveness of online Solution Focused Hypnotherapy (SFH) with employees from Northumbria Police Force who identified problems with their general wellbeing and/or functioning at work.

The effectiveness of SFH was evaluated through qualitative and quantitative data collection from participants through the collection of pre and post intervention outcomes measures (to measure anxiety and depression symptoms), Life wellness indicator scores (to measure wellness), information gathering participant data, participant and therapist questionnaires, interviews with therapists and conversations with Police HR and Wellbeing staff.

Outcome Measures

Participant data included the measurement of outcomes on specific symptoms of anxiety and depression, using self-report measures at pre and post intervention. The outcome measures used in the project are widely used and well validated self-report questionnaires. The **Generalised Anxiety Disorder scale (GAD-7)** was used to measure severity of anxiety symptoms and the **Patient Health Questionnaire (PHQ-9)** was used to measure severity of depression symptoms and to enable comparison to other psychotherapeutic interventions such as CBT.

The therapists collected data from their client participant using a standardised data collection form to include presenting issue, other symptomology, and sleep patterns. At the Initial Consultation and all subsequent sessions therapists also asked a series of standardised questions which are a measure of Life wellness i.e., wellbeing and wellness – to include scaling 1-10 in terms of each participant's thoughts, interactions, activity, confidence, strengths, achievements, and happiness.

Therapist questionnaire data were also collected regarding therapists' experience and confidence to ascertain if there was any relationship to participant outcomes.

The following hypotheses were proposed:

- 1 **Over 75% of participants will complete therapy once started**
- 2 **100% of participants who complete therapy will respond**
(see at least 25% reduction in one outcome measure)
- 3 **75% of participants who complete therapy will recover**
(scores in the "non/normal" range on both measures, i.e. No clinical symptoms).

Qualitative Analysis

Qualitative data was collected to assess the effectiveness beyond that of the reduction of symptomology and to capture improvements in wellness. The subjective experience of therapy is also useful to enable the design of appropriate future support for the Police Force. Data collection included the therapists' and participants' subjective experiences of therapy, using questionnaires and interviews. Particular attention was given to reporting on outcomes of wellbeing, quality of life, job satisfaction and ability to function at work and home.

Conversations with the Police Wellbeing Officer and HR alongside attendance at therapist supervision meetings enabled insight into experiences on the ground outcome measure data alone would not have been able to capture.

A SUMMARY OF RESULTS

Reasons for Seeking Support

The reasons for seeking support through this study were varied but predominantly for **anxiety and stress reduction**. Participants also sought support for:

- **Depression**
- **Sleep issues**
- **Loss of confidence**
- **Public speaking, and,**
- **Fertility issues.**

Whilst sleep was not commonly mentioned as a primary reason for seeking support, sleep quality data were collected through participant information gathering, where **the majority reported sleep issues**. Where trauma was mentioned, this was also addressed successfully.

Treatment Outcomes

100%

100% of participants that completed treatment responded i.e., were getting better as a result of therapy.

78%

78% of participants completed therapy with **no clinical symptoms** i.e., they recovered completely. Data demonstrated that participants progressed regardless of their therapist's years of experience or confidence as a therapist.

84%

Life wellness score increases of 84% echoed the reduction of anxiety and depression symptoms demonstrating an improvement in participant wellbeing and wellness.

The **average number of sessions** participants received was **8-12** which reflects the average number for sessions for anxiety and depression in general. Completion of therapy was decided between the participant and therapist.

The Therapy Experience

Therapy
was
enjoyable

More than 50% of participants had previously experienced therapy, either independently, through the Force or both. Regardless of any prior therapy, expectations of SFH were varied, but themes emerging from the data suggest that the majority of participants were invested in the process and enjoyed the structured, logical and positive nature of therapy sessions, often sharing their experiences of therapy and newly developed tools with other work colleagues.

Tools to
cope
better

Participants noted a number of **tools** they had gleaned through therapy which they could now use to **cope better with stress**, gain perspective and to **build their resilience**.

Positive
Ripple
Effect

The impact of therapy moved beyond that of participants' working lives, with the majority commenting on the difference it had made to their **home and family life** – there being a positive ripple effect as a result of therapy

THE WAY FORWARD

SFH has demonstrated its effectiveness in symptom reduction and improved wellness and resilience regardless of presenting issue for Police Force Officers and Staff.

Its highly structured, logical, and understandable approach enables participant engagement and quick results. Any future studies or roll out could focus on the role of SFH in preventative work alongside trauma resolution (PTSD) and Mental Health recovery.

To ensure buy in and to create a culture of embracing personal responsibility for wellness, a general shared language around Mental Health is essential and can be achieved first and foremost through the roll out of **Mental Health Awareness training with a basis in neuroscience and an in depth understanding of how the brain works.**



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