An investigation into the psychological effects and sickness absence on London Underground staff following the July 7 London bombings

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ABSTRACT

Background: The 2005 London bombings resulted in an occupational cohort being exposed to the aftermath of a terrorist attack. Few studies examine sickness absence as an outcome measure when investigating the effects of terrorist attacks on those workers involved. No study has investigated the utilisation and effect of an in house counselling and trauma service (CTS).

Aims: To examine the pre and post incident sickness absence in London Underground Ltd. (LUL) staff working at the time of bombings. Psychological outcomes were measured, and the utilisation and outcomes of CTS interventions was assessed.

Methods: A historical cohort (n=183) had data on sickness absence collected 1 year before and 4 years after the bombings from an electronic database of recorded absence. Data on health was obtained from the medical and CTS records. Impact of Events scores (IES) were analysed before and after treatment.

Results: Sickness absence duration increased from 5 days in the six months before the bombings to 15 days in the initial 6 months after ($p<0.001$). This increase in mean absence reduced back to pre incident baseline in the subsequent 7-12 month period after the bombings, where it remained for the subsequent 4 years. 48% of the cohort attended CTS. 13.1% of the cohort had a diagnosis of Post Traumatic Stress Disorder (PTSD) and the incidence of Severe Trauma Stress Reaction was 8.7%. A significant improvement in the IES was seen after CTS intervention; (mean score 54 pre-treatment and 30 post treatment, $n=19$, $p<0.001$).

Conclusions: This study showed an increase in mean sickness absence duration only for the first 6 months following the bombings. It shows an incidence of PTSD similar to other published findings, and a positive impact of in house counselling provision. This has important implications for ensuring adequate support to exposed workers in the aftermath of such traumatic incidents.