Wellbeing and Front Line Policing

Peter Spreadbury

Police Workforce
and Professionalism Unit

Home Office

Front Line Review

• Ministerial commission to connect **Government policy development** with **frontline, operational experience**

• The review aimed to create an *evidence base*, providing a channel for frontline officers and staff to share their feedback and ideas with the Home Office

• Frontline police officers and staff **occupying operational, public facing roles** (drawn from across officer ranks and police staff equivalents) invited to contribute.

Home Office

The Front Line Review
Recommendation report

July 2019

Home Office

Frontline Engagement

1. Digital engagement

- Multiple opportunities to contribute feedback or ideas under the Review's 4 main themes – **Wellbeing, Professional Development, Leadership and Innovation**.
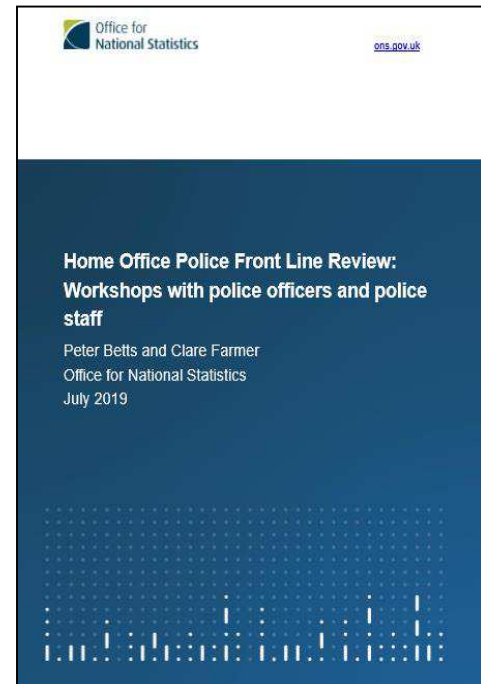
.

#WeCops
The first chat caught the eye of 40,000 people, with 500 ideas and comments

- **2. Face-to-face engagement**

- **28 formal face-to- face workshops (Independently facilitated by ONS)**

- Complemented by informal visits to forces and meetings with staff associations.

Home Office

Wellbeing - What did we find?

The Review exposed a wide range of concerns and issues:

- scepticism about the authenticity of the emerging wellbeing agenda and a desire to see it embedded in a consistent way with a lasting impact

- a feeling that the front line is not afforded sufficient time or space for activities that positively impact on their wellbeing, such as:
  - time for decompression
  - training and development
  - counselling

- frustrations caused by unnecessary demands on time seen to get in the way of core policing

- a profound scepticism about the appetite for the front line to inform change and improvement

Home Office

Recommendations

A commitment to embedding wellbeing at the heart of policing and freeing up frontline time for core policing activities. Actions include working with:

- the College of Policing **to create a space for the front line to directly influence innovation and improvement**.

- **Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)** on how it inspects the extent to which wellbeing is embedded within day to day policing.

- **National Police Wellbeing Service** and College of Policing to provide the front line with a direct means to evaluate national and local progress on wellbeing.

The FLR Evidence is also informing the development of the Police Covenant

Home Office

Sector Oversight

- All Steering Group members signed a '**Joint Statement of Cooperation**', published alongside the FLR findings.

- Underscored the collective commitment to deliver the FLR recommendations and to ensure that the findings are used to inform "meaningful changes in policing".

Home Office

What did we find?

- All FLR reports can be found here:
  https://www.gov.uk/government/publications/front-line-policing-review

Home Office

The Front Line Review
Recommendation report

July 2019

Office for National Statistics
ons.gov.uk

Home Office Police Front Line Review:
Workshops with police officers and police staff

Peter Betts and Clare Farmer
Office for National Statistics
July 2019

Durham University

Research into Workplace Factors, Well-being, Attitudes and Behaviour in Policing

Summary of Evidence and Insights
Presented for the Front Line Review of Policing

24 June 2019

Les Graham
Marisa Plater
Natalie Brown
Yuyan Zheng
Sara Gracey

Policing Research Unit
International Centre for Leadership and Followership
Durham University Business School
Durham University

Home Office

Mind's Blue Light Programme

Key learning and implications for future research with emergency services staff and volunteers

Ashley Austin – Evaluation Manager, Mind

mind
for better mental health

The Blue Light Programme and beyond...

Although the Blue Light Programme came to an end in March 2019, its legacy continues, both in terms of sharing our learning, and in the support and resources we and our network of local Minds continue to offer. We have learned a significant amount about what works when it comes to responding to the specific mental health and wellbeing needs of 999 teams.

Year one: 2015–16

We developed the Blue Light Programme in collaboration with key stakeholders and blue light staff and volunteers. In the first year the programme operated in England and focused on five areas:

- Tackling mental health stigma and discrimination
- Boosting workplace wellbeing
- Building resilience
- Increasing access to mental health information
- Improving access to local support

Years two and three: 2016–18

We continued to provide successful, evidence-based activities, training and information to thousands of blue light staff and volunteers, expanding the programme to cover Wales as well as England. We also extended the programme to effectively support the groups who needed it most. This included:

- Developing Blue Light Mental Health Networks to deliver multiple aspects of the programme in specific local areas
- Refining the resilience course developed in the first year
- Providing targeted support for new recruits, and tailoring existing support for 999 call handlers

Year four: 2018–19

We built on what we'd learned from previous years to boost our support, particularly in the following areas

- Providing more support after trauma
- Working with partners to influence national-level support
- Empowering passionate staff and volunteers to lead work locally
- Identifying learning from the previous four years, and ensuring ongoing access to key resources and information
- Piloting an approach to supporting Emergency Department staff in hospitals. The findings from this will be published separately later in 2019.

Why bother?

- Develop a deep understanding of need

- Amplify the voices of staff and volunteers across the services

- Conduct rigorous evaluations to improve efficiency and effectiveness of new interventions

- Generate learning to inform future work and build sustainable legacy

It can seem in the emergency services like nothing affects us. But there's no way that you can't be affected by what you've seen and dealt with.

Need

- Blue Light personnel experience more mental health problems but less likely to take time off work

- They are twice as likely to identify problems at work as the main cause of mental health problems as the general workforce

- Staff and volunteers work in diverse & demanding environments and support needs to be tailored to the specific pressures they face
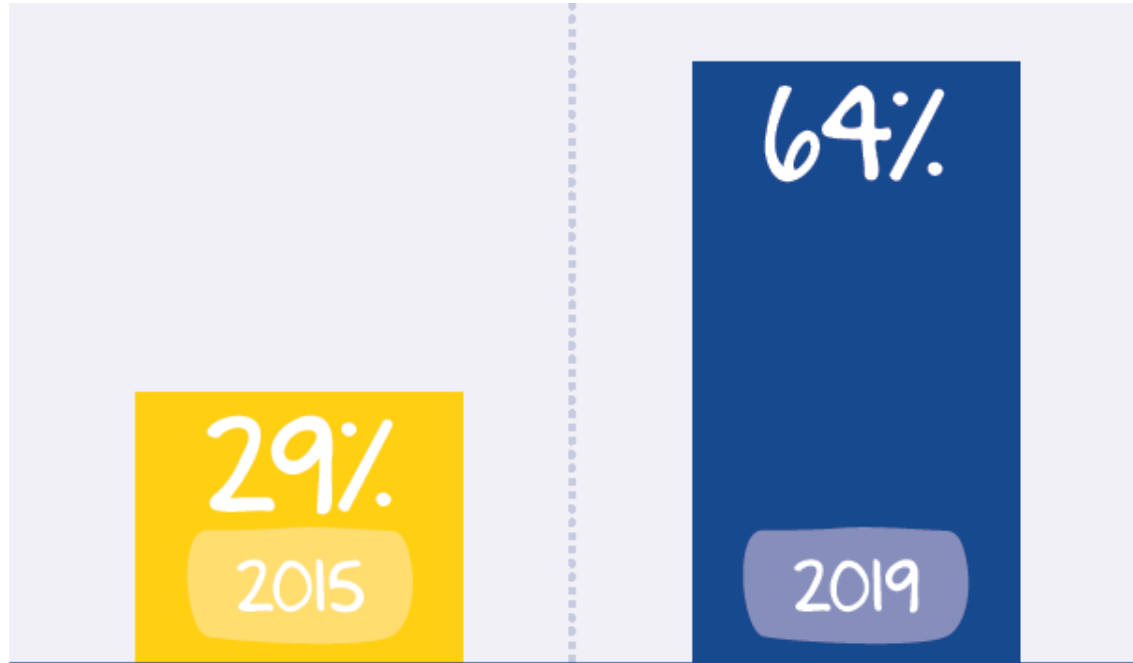
Most of the people in your life outside of work have never seen or been involved in a traumatic event, so this can lead to you feeling alone, different, or isolated from family and friends.
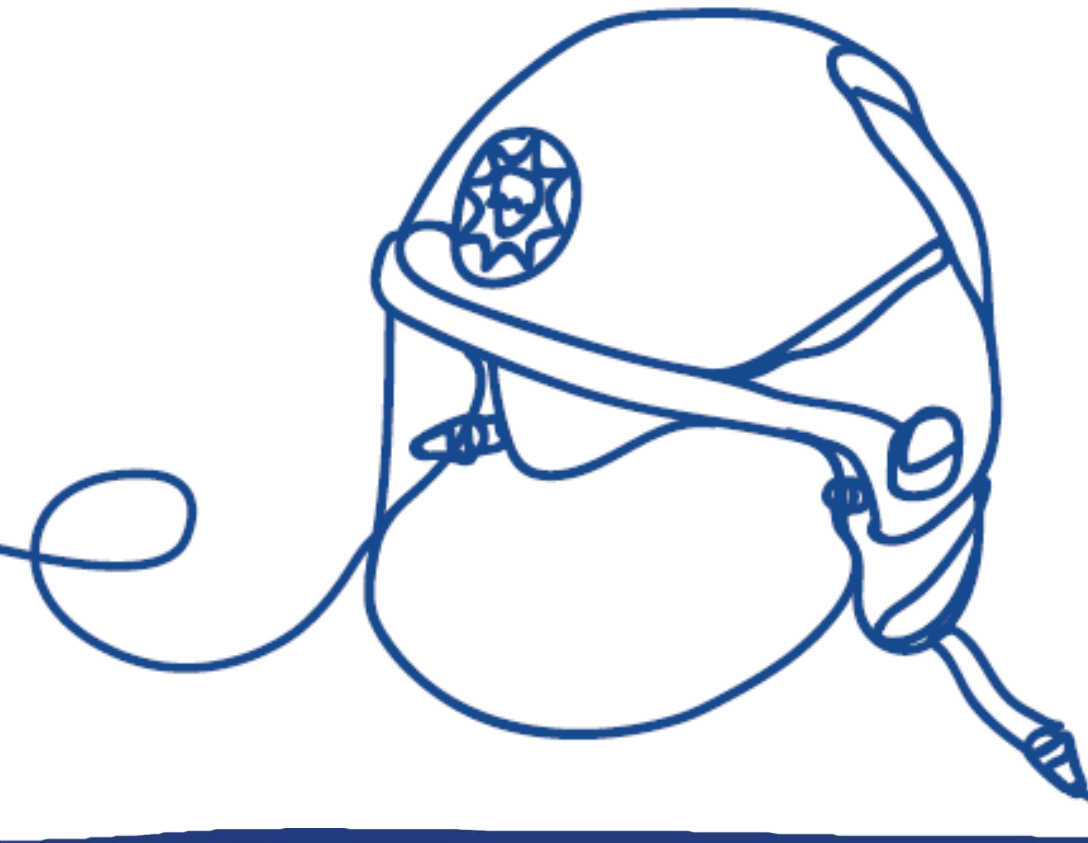
My organisation encourages staff to talk openly about mental health
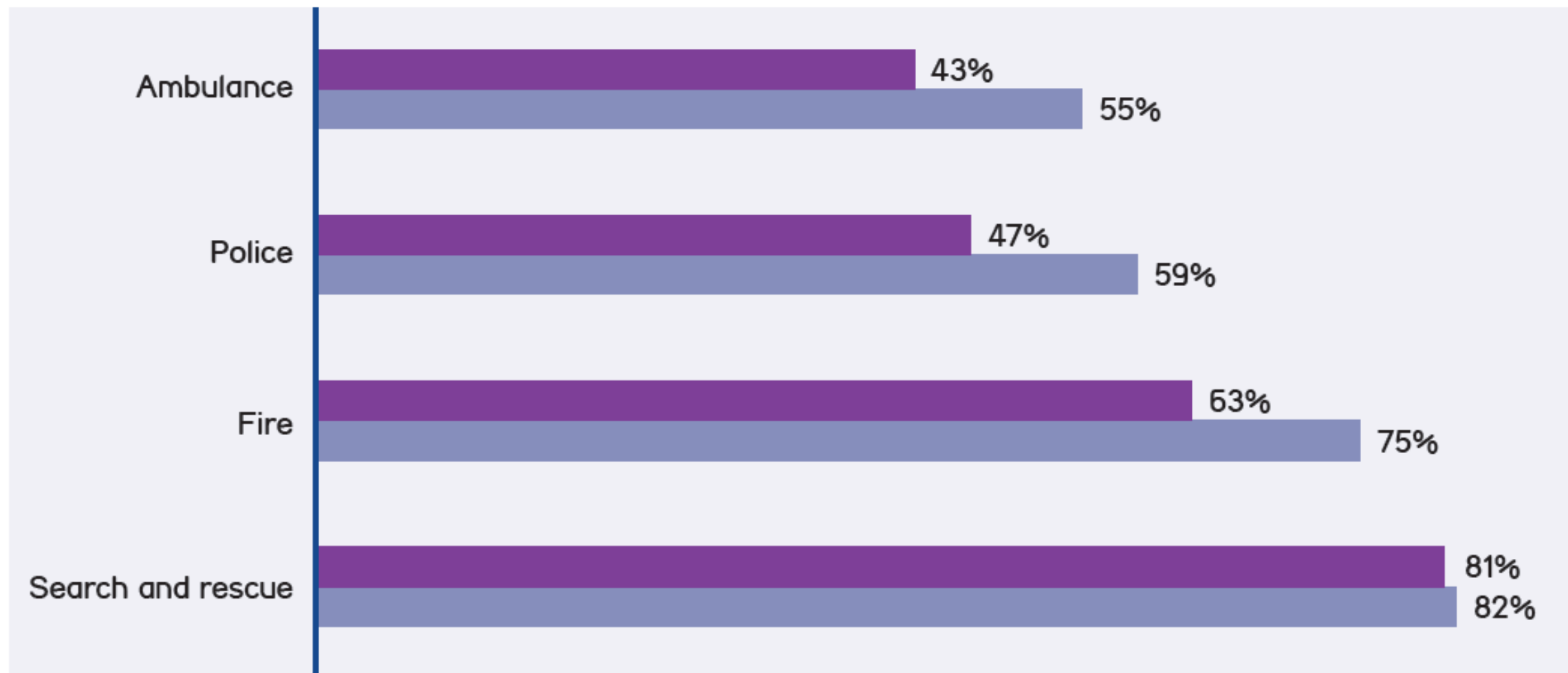
My organisation supports employees who experience mental health problems ('well' or 'very well')

29% 2015

64% 2019

34% 2015

53% 2019
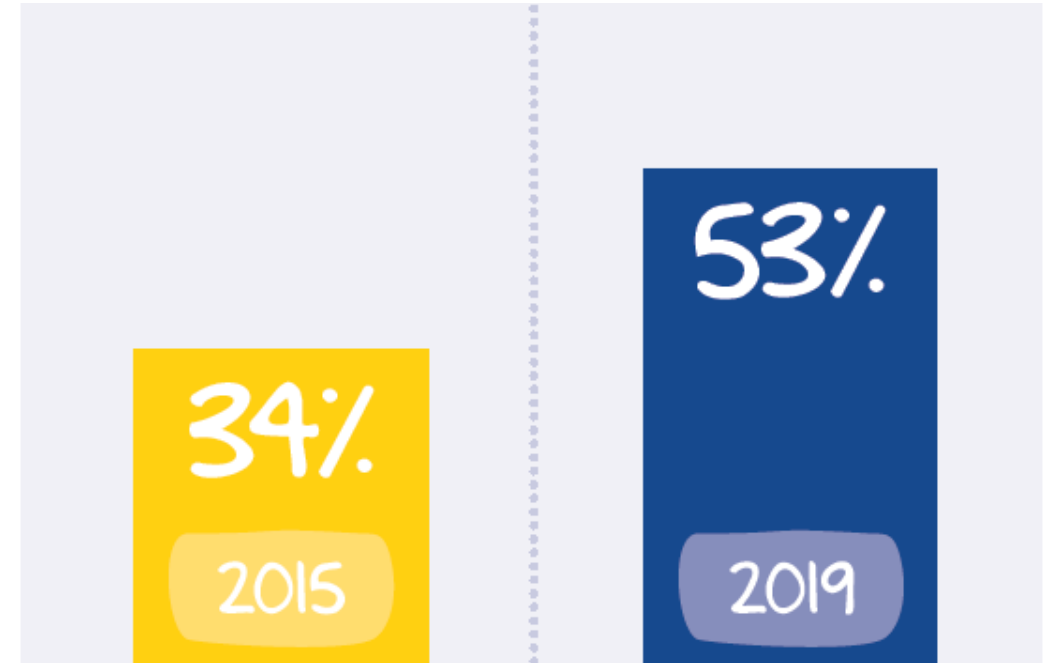
It's been my experience that the more I've spoken to colleagues about how I'm feeling, the better I feel.

Ambulance	43%
	55%
Police	47%
	59%
Fire	63%
	75%
Search and rescue	81%
	82%

■ My organisation supports employees with mental health problems well

■ My organisation encourages staff to talk openly about mental health

Impact on the public

- New recruits twice as likely to receive mental health training to help them support members of the public than themselves.

- 60% of ambulance workers and 40% of police agreed they were less patient with the public because of their own mental health.

Key Learning

Tackling Stigma

Empowering staff to lead change

Training line managers

Making support accessible

Building resilience

Sharing good practice locally
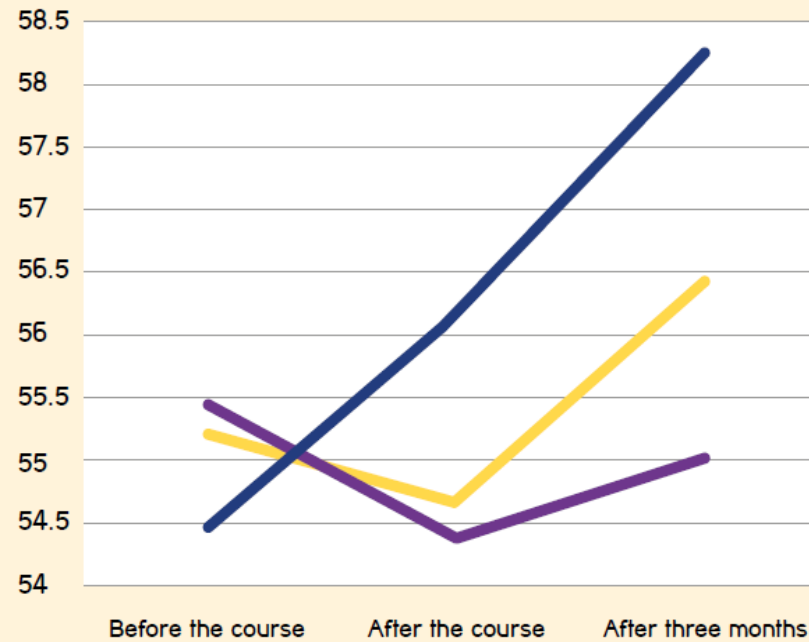
Resilience Course

Legend:
- Mixed format
- Placebo online
- Wait period

Wagnild resilience scale

Mental health awareness

Wellbeing

(x-axis for all three charts: Before the course, After the course, After three months)

Final Thoughts

- Input from thousands of staff and volunteers across the services has made the programme possible

- Whilst cultural change takes time, we have shown this is possible at a large scale

- Extensive evidence base now available – with unprecedented detail on mental health need and rigorous evaluations of targeted interventions

Where next?

- Further develop the strong evidence base we and others have developed to enhance our knowledge of how to support the mental health of 999 teams.

- Consider the wider impact of emergency responder mental health on the public and how to evidence this.

- Promote research, and advocate its application in the development of future mental health and wellbeing initiatives and interventions.

research@mind.org.uk

"We have learned more about the human brain in the last 15 years than in the whole of human history"

Michael Taft
Neuroscience Summit 2015

Police **PTSD research** deficit (Foley & Massey, 2018)

Police have smaller hippocampi after trauma (Lindnaur, 2007)

Police need more Pfc and less amygdala –using fMRI (Peres et al., 2011)

Neuroscience of police **compassion management** (Mercadillo et al., 2014)

Healthy police can't navigate well after trauma (Miller et al., 2016,17)

Activating **brain reward centres** in special ops' (Vythiligam et al., 2009)

Brain activation in police after trauma (Henig-Fast et al., 2009)

Police **trying not to think** about traumatic incidents (Green, 2004)

Secondary trauma from disturbing images in policing (Perez et al., 2010)

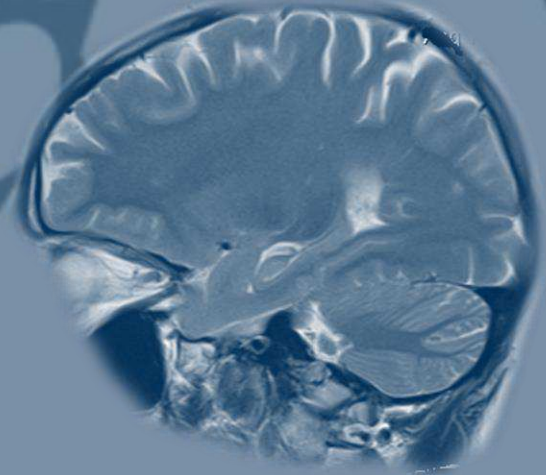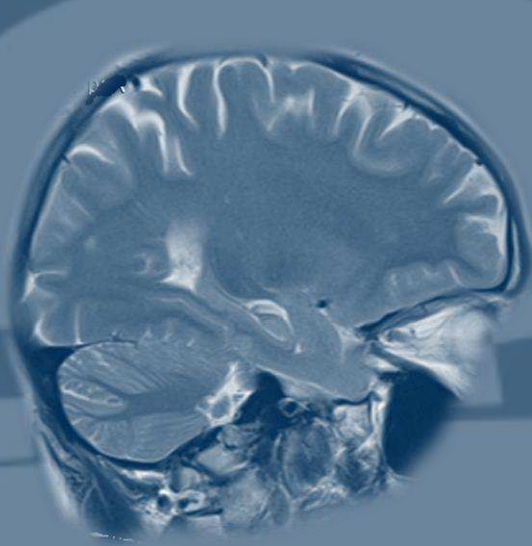Timeline techniques for police to **process incidents** (Hope et al., 2013)

Mental preparedness for police resilience on duty (Andersen et al., 2015)

Police call handlers' psychological health (Golding et al., 2017)

Training police trainees in **trauma management** (Manzella & Papzpglou, 2014)
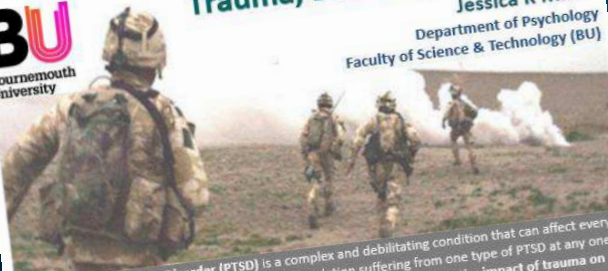
The brain **evolves** to fit its environment…

…*not* to make you **happy.**

Trauma, DNA and Navigation

Jessica K Miller
Department of Psychology
Faculty of Science & Technology (BU)

BU Bournemouth University

Post Traumatic Stress Disorder (PTSD) is a complex and debilitating condition that can affect every aspect of a person's life, with 3% of the UK population suffering from one type of PTSD at any one time. Bournemouth University (in collaboration with UCL) investigate the **impact of trauma on navigation** amongst combat veterans, serving Police officers, and civilians with childhood and /or adult trauma. Navigation skills, strategies, styles and success are all put to the test to quantify this impact. The research aims to establish the **first genetic connection between PTSD and spatial processing** .

Facts
- The hippocampus is needed to process trauma and to process spatial information in navigation₁
- Unprocessed trauma (as in PTSD) disrupts navigation₂
- PTSD is associated with smaller hippocampal volume
- Hippocampal integrity predicts PTSD severity₃
- Increasing hippocampal volume by practising spatial processing increases (e.g. taxi drivers) is genetic₄
- The val66met variation of the BDNF gene prevents hippocampi from benefitting from spatial training₅
- Val66met is associated with PTSD symptom severity
- 30% of the UK population carry the val66met gene₆

Experiments
150 participants 2012-2015
Screens (depression, alcohol use, sleep etc)
Childhood Trauma Questionnaire (CTQ)
PTSD Diagnostic Scale (PDS)
Navigation questionnaires (SBSOD, QSR and FRS)
4 Mountains Test (topographical memory)
Virtual reality 3D navigation paradigms
Questionnaire investigating subclinical PTSD and cognitive traits of hippocampal dysfunction
DNA saliva swab to test variation of BDNF gene

Initial findings
- Having *any* unprocessed trauma decreases navigation performance
- Despite higher navigation confidence, performance is worse for those with PTSD from combat rather than other trauma
- DNA seems to influence information processing biases after *any* trauma exposure which in turn affects navigation and recovery
- Treatment for childhood trauma seems to correct this bias
- DNA may affect PTSD treatment success (small sample sizes)

For more information contact millerj@bournemouth.ac.uk

UCL **NHS**

COMBAT STRESS   THE VETERANS MENTAL HEALTH CHARITY

Supporting The Service

Police Injury On Duty Research Results 2016

#WELFARE #THATWORKS

Police Dependants' Trust & the National Police Fund

50

Police Care UK

The launch: 2017

Trauma Resilience in UK Policing

Trialling techniques
RCT with Greater Manchester Police

Surveying C/PTSD prevalence
The Job & The Life Survey

Understanding atypical exposure
Qualitative study (CSE, CT, firearms, etc)

Developing a common language
Coding: Police Trauma Events Checklist

Police Care UK
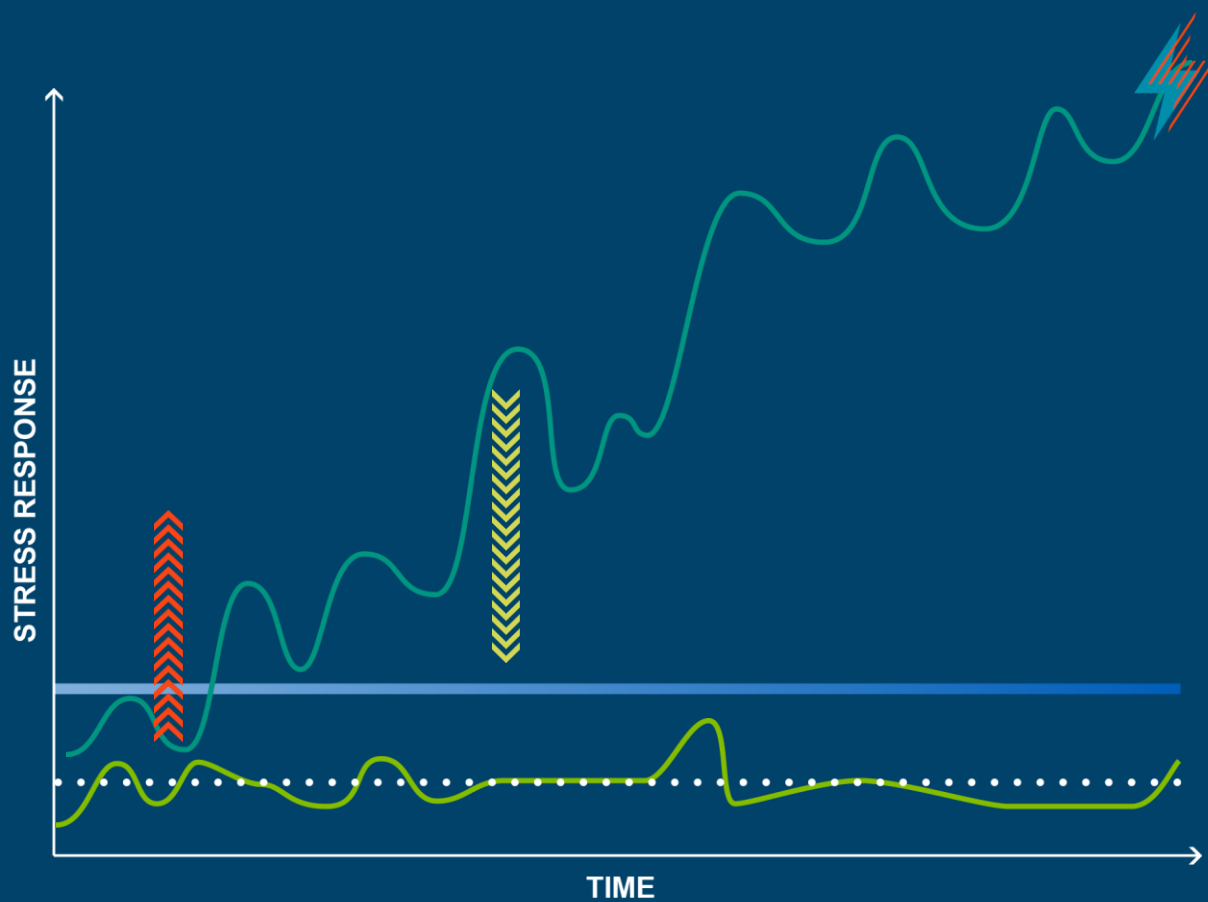
TRAUMA
IMPACT
PROCESSING
TECHNIQUES®

Article

Can police be trained in trauma processing to minimise PTSD symptoms? Feasibility and proof of concept with a newly recruited UK police population

Controlling for variance

- Age
- Genetics
- Lifestyle (running, diet)
- Early life experiences
- Cumulative trauma impact

Reference: Miller, J.K.; McDougall, S.; Thomas, S.; Wiener, J. The Impact of the Brain-Derived Neurotrophic Factor Gene on Trauma and Spatial Processing. J. Clin. Med. 2017, 6, 108.

Short Film 2019
Lee's Story

TRAUMA
IMPACT
PROCESSING
TECHNIQUES®

Policing:
The Job & The Life

Funded by
Police Dependants' Trust

About the 2018 survey?

Police Care UK

Getting a grip

- **C/PTSD**:
  International Trauma Questionnaire (Cloitre et al. 2018)

- **Working conditions**:
  EWCS Job Quality Indices (Eurofound 2015)

- **Wellbeing** and mental health:
  WHO-5

- **Role**, **rank**, **demographics**:
  Police Injury on Duty Survey (PFEW 2016)

Police Care^{UK}

Headline findings:

Trauma exposure

90% exposed

56% no time to process

1/3 re-experience, avoid & feel under threat

1 in 5 PTSD symptoms

Police Care UK
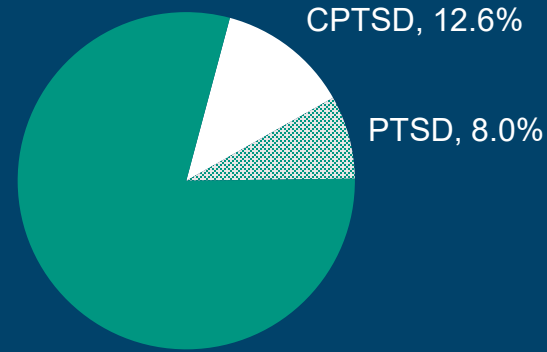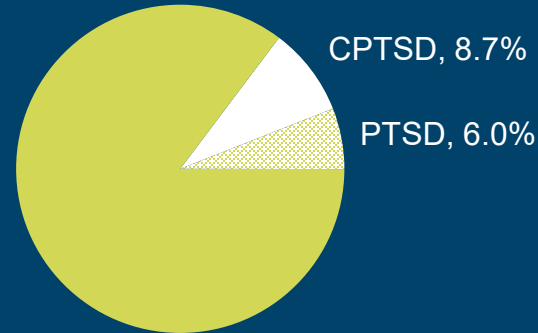
Headline findings:

Wellbeing

10% CVD among those with C/PTSD

93% would go to work as usual

M=**42** WHO (0-100)

60% as bad as UK's lowest quintile

Police Care UK

Survey impact

- Media coverage

- Academic publications

- Parliamentary debate

- 2019 Cambridge VC Award for Impact

- 2012 Cambridge REF

What's next?

Police Trauma Event Checklist (PTEC)

- UK first
- Developed using real traumas
- 20% of 7k experiences coded
- Nvivo software
- Peer reviewed (summer)

Police Care UK

Thank You

hello@policecare.org.uk
www.policingtrauma.sociology.cam.ac.uk

Police Care UK

Wellbeing of emergency service staff and their families

Dr. Rowena Hill

Emergency Services Research Unit

School of Social Sciences

Nottingham Trent University

rowena.hill@ntu.ac.uk

@hill_rowenahill

Wellbeing: Prevalence and Commonality

What should we be worried about?
How many?
Is this per service or common across bluelight services?

Why research on *families* of emergency workers?

- Work-Home interface Organisation=> Employee=> Family Generally regarded as a bidirectional relationship(Witt & Carlson, 2006) where spillover from home, mainly time & resources (energy, mood, coping) are depletes work effectiveness. BUT spillover effects do not have to be negative. Positive spillover can include: social support, life enrichment and life facilitation (Hanson et al., 2006)

- There are also reasons relating to occupational specific factors such as; Shiftwork (Fratesi, 1998), Serious incidents (Linkh, 2006; Blaney & Shepherd, 2006), Social support – implicated in well being (Jenkins, 1997; Durkin, 2000; Nixon et al., 1999)

NTU
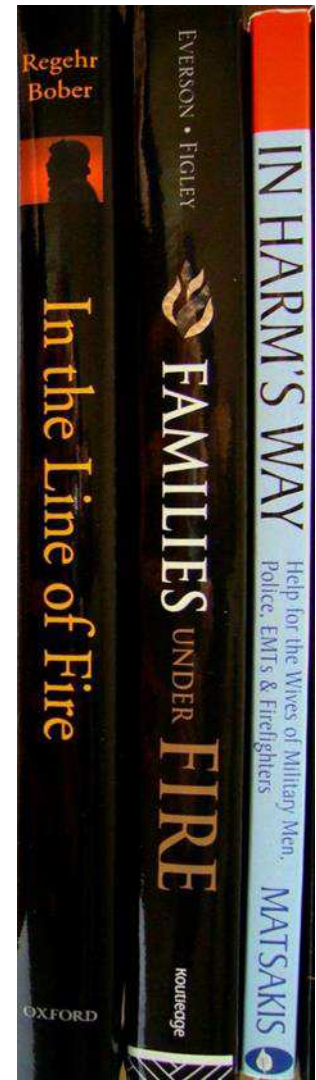
Literature on emergency service families

Police

- Niederhoffer, A. and Niederhoffer, E. The Police Family. Lexington Books, Lexington, MA, 1977.
- Maynard, P. E. and Maynard, N. W. (1982). Stress in police families: Some policy implications. Journal of Police Science Admin, 10: 302-314.
- Alexander, D. A. and Walker, L. G. (1994). A study of methods used by Scottish police officers to cope with work-induced stress. Stress Medicine, 10.
- Reiser. M. The problem of police officers' wives. Police Chief 1978; 45: 38-42.
- Alexander, D.A. and Walker, L.G. (1996). The perceived impact of police work on police officers' spouses and families. Stress and Health, 12 (4).
- Allen, T. D., Herst, D. E. L., Bruck, C. S., Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. Journal of Occupational Health Psychology, 5, 278–308.
- Google Scholar | Crossref | MedlineOpenURL Nottingham Trent University
- Alexander, D. A., Walker, L. G. (1996). The perceived impact of police work on police officers' spouses and families. Stress Medicine, 12, 239–246.
- Beehr, T. A., Johnson, L. B., Nieva, R. (1995). Occupational stress: Coping of police and their spouses. Journal of Organizational Behavior, 16, 3–25.
- Davidson, A. C., Berah, E., Moss, S. (2006). The relationship between the adjustment of Australian police officers and their spouses. Psychiatry, Psychology, and Law, 13, 41–48.
- Kirschman, E. (2007). I love a cop: What police families need to know (2nd ed.). New York, NY: The Guilford Press.
- Maslach, C. & Jackson, S. (1979). Burned out cops and their families. Psychology Today, 12 (2), 59 – 62.
- Matsch, M. A., Sachau, D. A., Gertz, J., Englert, D. R. (2009). Perceptions of work-life balance among military law enforcement personnel and their spouses. Journal of Police and Criminal Psychology, 24, 113–119.
- Maynard, P. E., Maynard, N. E. (1982). Stress in police families: Some policy implications. Journal of Police Science & Administration, 10, 302–314.
- Mikkelsen, A., Burke, R. (2004). Work-family concerns of Norwegian police officers: Antecedents and consequences. International Journal of Stress Management, 11, 429–444.
- Miller, L. (2007). Police families: Stresses, syndromes, and solutions. The American Journal of Family Therapy, 35, 21–40.
- Rajaratnam, S. M. W., Barger, L. K., Lockley, S. W., Shea, S. A., Wang, W., Landrigan, C. P.…Czeisler, C. A. (2011). Sleep disorders, health, and safety in police officers. Journal of the American Medical Association, 306, 2567–2578.
- Youngcourt, S. S., Huffman, A. H. (2005). Family-friendly policies in the police: Implications for work-family conflict. Applied Psychology in Criminal Justice, 1, 138–162.

Ambulance

- Alexander, D. & Klein, S. (2001). Ambulance personnel and critical incidents: The impact of accident and emergency work on mental health. British Journal of Psychiatry, 178, 76 – 81.
- Larson, R. & Almeida, D. (1999). Emotional transmission in the daily lives of families: A new paradigm for studying family process. Journal of Marriage and the Family, 61, 5 – 20.
- McCann, L. & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress, 3, 131 – 149.
- Regehr, C., Goldberg, G., Glancy, G., & Knott, T. (2002). Post-traumatic stress and disability in paramedics. Canadian Journal of Psychiatry, 47, 953–958.
- Regehr, C., Goldberg, G., & Hughes, J. (2002). Exposure to human tragedy, empathy, and trauma in ambulance paramedics. American Journal of Orthopsychiatry, 72, 505 – 513.
- Kaitlyn Regehr, Cheryl Regehr, Graham Glancy. (2019) Murder at the Dinner Table: Family Narratives of Forensic Mental Health Professionals*. Journal of Loss and Trauma 24:1, pages 31-49.
- Kaye Adams, Jane Shakespeare-Finch, Deanne Armstrong. (2015) An Interpretative Phenomenological Analysis of Stress and Well-Being in Emergency Medical Dispatchers. Journal of Loss and Trauma 20:5, pages 430-448.
- Elizabeth A. Donnelly PhD, LICSW, MPH, NREMT, Jill Chonody PhD, LCSW, Derek Campbell MSW, RSW. (2014) Measuring Chronic Stress in the Emergency Medical Services. Journal of Workplace Behavioral Health 29:4, pages 333-353.
- Alison Rowe, Cheryl Regehr. (2010) Whatever Gets You Through Today: An Examination of Cynical Humor Among Emergency Service Professionals. Journal of Loss and Trauma 15:5, pages 448-464.
- Lucy Anderson. (2019) The impact of paramedic shift work on the family system: a literature review. Journal of Paramedic Practice 11:8, pages 335-341.
- S.R. Clompus, J.W. Albarran. (2016) Exploring the nature of resilience in paramedic practice: A psycho-social study. International Emergency Nursing 28, pages 1-7.
- Brett Williams, Mal Boyle, Tracy Earl. (2013) Measurement of Empathy Levels in Undergraduate Paramedic Students. Prehospital and Disaster Medicine 28:2, pages 145-149.
- Vicki R LeBlanc, Cheryl Regehr, Walter Tavares, Aristathemos K. Scott, Russell MacDonald, Kevin King. (2012) The Impact of Stress on Paramedic Performance During Simulated Critical Events. Prehospital and Disaster Medicine 27:4, pages 369-374.
- Joanne Mildenhall. (2012) Occupational stress, paramedic informal coping strategies: a review of the literature. Journal of Paramedic Practice 4:6, pages 318-328.

For fire references see draft copy of manuscript

Results for FRS Families as a Wider Group

- Well-being: Similar scores for well-being than a general population sample with similar characteristics

- Spillover: Reported more than the wider population

- Secondary Trauma: 12% have been deeply affected by the reactions their firefighter has displayed to an event at work to clinical levels (but small sample size)

- FRS Family: On balance most of the relatives have a functional relationship with their group

- Perception of Risk: Most relatives within this sample perceive the firefighting occupation to be risky

- Trust in Operational Safety: On par with other critical occupations

NTU

# Overarching Conclusions

- No differences between countries/cultures for relatives

- Differences in years lived when processing threat

- Emergency responder (ER) as a 'satellite' family member

- Importance of education of role, knowledge gain, normalisation for relatives

- Relatives actively monitor their ER

- Relatives facilitate coping for ER

- Facilitation of an engaging resource ecology

Creating Engaging Resource Ecologies within the Emergency Service Community
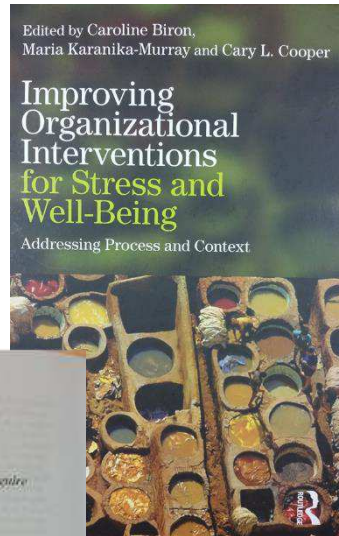
- Family Targeted:
  - Reliable, credible messages to minimise impact and facilitate normalising, allowing for self-management/support of families
  - Awareness messages targeted to families in when ER is in training
  - Facilitation of family contact: family invites to open/training days/family run forums and discussion pages

- Emergency Service Targeted:
  - Evidenced-based support mechanisms for firefighters, police officers, paramedics
  - Embed messages in selection (pre-training), professional training, promotion points, at points of role change,

- Sustainability
  - Support should be embedded, invested over a period of years, not forgotten about and resources should be continuously reviewed and updated, not a webpage where documents go to die
  - Support for families should be family run and administered if possible, aided by organisations

Any Questions?
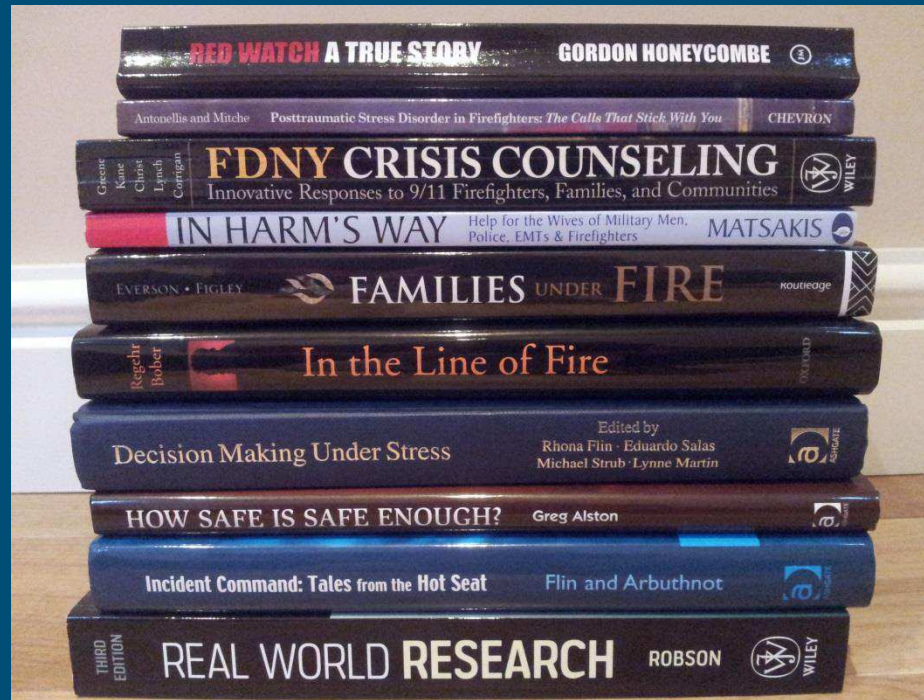
Policy and practice initiatives to improve ambulance staff mental health and wellbeing in the UK
A national picture in a global context

Professor Kristy Sanderson *BSc(Psych) PhD(Psychiatry)*
Chair in Applied Health Research
School of Health Sciences

30 January 2020

Some Results slides removed – contact for details

Why the ambulance sector?

Increased risk of a range of poorer health outcomes: PTSD, depression, poor sleep and fatigue, alcohol use, diet quality, cardiometabolic risk profile

Increased risk of suicide in comparison to both the general workforce (x2-x4) and other emergency service occupations

Perform consistently worse than other health sectors on staff experience including engagement, sickness absenteeism, morale

Global Paramedic Mental Health Leadership Summit

UK
Canada
USA
Australia
NZ

Ambulance Services developed a Joint Statement and Ten Strategic Objectives to be pursued in their respective countries

1. Promote a positive culture
2. Reduce stigma
3. Improve mental health literacy
4. Develop staff skills in supporting someone with mental health issues
5. Adopt an integrated approach to workplace mental health
6. Share examples of best practice between services
7. Support staff across all stages of their career
8. Implement systems to pick up early signs of psychological harm
9. Monitor and evaluate
10. Seek expertise when necessary

Aims

- Study 1. What is the evidence base in the UK to respond to these staff health and wellbeing challenges? Evidence map systematic review

- Study 2. Policy review staff health and wellbeing – how are Services prioritising these issues and responding? Content analysis of policies on staff health and wellbeing

- Study 3. SleepSmart: sleep, fatigue and wellbeing in an ambulance service in England

Evidence Mapping Systematic Review

- Follows systematic review methodology, data extraction of study characteristics and research focus only, not quantitative extraction of results

- PRISMA Extension for Scoping Reviews, PROSPERO registered

- MEDLINE, EMBASE, PsychINFO, CINAHL and AMED databases, along with Google searches, hand-searching of grey literature sources and reference lists, contact with experts, charities

- Inclusion criteria: published in English between 1999 and June 2019 and included original data on the health risk, mental health and/or wellbeing of past, present or future (paid or voluntary) UK ambulance service personnel

Aims

- Study 1. What is the evidence base in the UK to respond to these staff health and wellbeing challenges? Evidence map systematic review

- Study 2. Policy review staff health and wellbeing – how are Services prioritising these issues and responding? Content analysis of policies on staff health and wellbeing

- Study 3. SleepSmart: sleep, fatigue and wellbeing in an ambulance service in England

head first

Welcome to head first, our free mental wellness resource designed for the ambulance service.

Start

http://www.nhsemployers.org/your-workforce/plan/ambulance-workforce/head-first

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Association of Ambulance Chief Executives (AACE)
Employee Mental Health
Strategy Guidance

Supporting Wellbeing of Ambulance Personnel (SWAP)

Yorkshire Ambulance Service, University of Lincoln, UEA, Edge Hill University: HEE 2019-2020

- Collated staff health and wellbeing policies from English NHS Ambulance Trusts in July-December 2019
- Directed content analysis, where each action in policy coded as Primary, Secondary or Tertiary prevention, and whether targeted at Individual or Organisation

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed

Review Article

Workplace mental health: An international review of guidelines

Kate Memish, BSc (Hons) [a,*], Angela Martin, PhD [b], Larissa Bartlett, BMedSc (Hons) [a], Sarah Dawkins, PhD [b], Kristy Sanderson, PhD [a,c]

[a] Menzies Institute for Medical Research, University of Tasmania, Australia
[b] Tasmanian School of Business and Economics, University of Tasmania, Australia
[c] School of Health Sciences, University of East Anglia, United Kingdom

Staff Wellbeing Policies: some example actions

	Primary	Secondary	Tertiary
Individual	Take responsibility for own wellbeing Follow good nutrition, exercise and sleep Support each other	Self-refer to occupational health in anticipation of a health concern Participate in Occupational Health Service assessment if referred	Participate in return-to-work meetings as requested Comply with sickness absence procedures
Organisational	Provide a clear, accessible entry point for employees to obtain wellbeing advice Ensure managers are equipped to support employee wellbeing	Providing access to TRiM process for everyone Line managers discuss any concerns early where necessary	Ensure a fair and equitable process for managing alternative duties Support employees' transition back into work

Aims

- Study 1. What is the evidence base in the UK to respond to these staff health and wellbeing challenges? Evidence map systematic review

- Study 2. Policy review staff health and wellbeing – how are Services prioritising these issues and responding? Content analysis of policies on staff health and wellbeing

- Study 3. SleepSmart: sleep, fatigue and wellbeing in an ambulance service in England

Global Paramedic Leadership Mental Health Summit Joint Statement

1. Promote a positive culture
2. Reduce stigma
3. Improve mental health literacy
4. Develop staff skills in supporting someone with mental health issues
5. Adopt an integrated approach to workplace mental health
6. Share examples of best practice between services
7. Support staff across all stages of their career
8. Implement systems to pick up early signs of psychological harm
9. Monitor and evaluate
10. Seek expertise when necessary

SleepSmart Research Study N=689

Survey and focus group cross-sectional study with EEAST staff to:

1. Estimate extent of clinical fatigue and poor sleep quality
2. Identify modifiable correlates of fatigue and poor sleep quality to inform intervention adaptation/development
3. Investigate acceptability of two fatigue mitigation interventions from USA/Australia

First study in UK looking at sleep quality and fatigue in ambulance staff using clinically relevant measures

Online survey open to all staff – anonymous convenience sample

Participants were representative in terms of demographics and role, use of wave analysis to investigate possible response bias

Image: EEAST

NIHR | Applied Research Collaboration East of England

SleepSmart: Headline Results

Scope of problem

Poor sleep quality (Pittsburgh) and severe fatigue (Chalder) were common, and not just amongst night workers

Poor sleep habits an issue, especially in under 30 years of age

Few staff with a mental health condition reported good sleep

Risks

Staff arriving for shift with inadequate rest beforehand

Severe fatigue increased risk of being injured at work

Severe fatigue increased risk of reporting being at an unsafe scene

The opportunity

Staff trying to improve alertness at work, and we know the actions they are taking

Staff want help with their sleep

1 in 3 staff using a sleep tracker (e.g. smartwatch)

14

Example qualitative comments from staff

Why don't we manage fatigue like other high-risk industries

"Other workplaces actively get staff to consider their fatigue levels …e.g. airline industry … staff are actively encourage to reflect on their fatigue levels. The trust should start recognizing fatigue is a risk."

Consider needs of different staff in your Trust

"For call handlers on day shifts …. 11 hours of taking non stop calls is tough …we actually can have a huge impact on the heath / safety of the patient if we are fatigued."

Public health approach to sleep and fatigue management

Predictive

Biomathematical models for shift scheduling

Personalised rotas

Companies in UK offering these approaches

Proactive

Promote good sleep habits

Manage sleep disorders (e.g. Sleepio, Sleep Station)

Manage mental and physical health conditions that impact sleep

Reactive

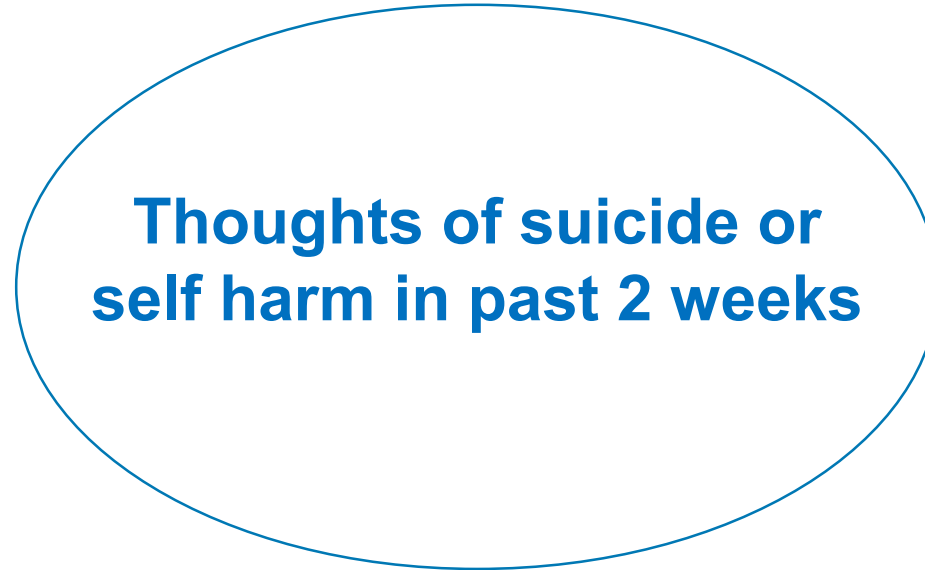Policies and procedures for self-identification of dangerous fatigue

Personal fatigue countermeasures such as naps

16

SleepSmart: correlates of thoughts of suicide or self-harm

Younger women

PTSD

Men working in the control room

Thoughts of suicide or self harm in past 2 weeks

Poor sleep quality

Lack of feeling connected to others

Research Teams

kristy.sanderson@uea.ac.uk

@KA_Sanderson

Evidence Map
UEA: Prof Kristy Sanderson, Dr Lucy Clarke, Dr Roberta Fida, Dr Jane Skinner, Dr Jamie Murdoch
U. Hertfordshire and South East Coast Ambulance Service: Prof Julia Williams
East of England Ambulance Trust: Theresa Foster
Welsh Ambulance Trust: Dr Nigel Rees

Supporting Wellbeing of Ambulance Personnel (SWAP) - HEE
Yorkshire Ambulance Service: Dr Fiona Bell, Kelly Hird
University of Lincoln: Prof Niro Siriwardena, Viet-Hai Phung, Dr Zahid Asghar
UEA: Prof Kristy Sanderson, Dr Gary Pritchard
Edge Hill University: Prof Paresh Wankhade
Association for Ambulance Chief Executives: Anna Parry

SleepSmart – NIHR Applied Research Collaboration East of England
UEA: Prof Kristy Sanderson, Dr Lucy Clarke, Dr Zarnie Khadjesari, Dr Alpar Lazr, Allie Welsh, Lawrence Hill, David Shepherd
East of England Ambulance Trust: Theresa Foster, Debra Winterson
James Paget University Hospital: Helen Hall