

Setting the scene: England

Global Paramedic Leadership Mental Health Summit: March 2018

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Mental health: national context

- One in four people experience a mental health problem each year whilst it is estimated that only 25% of those receive support (Mind 2016)
- Over recent years, prevalence of mental health problems has increasingly been recognised at governmental level and across the NHS
- November 2013: Government refreshed its Mandate to NHS England calling for parity of esteem putting mental health on a par with physical health



Increasing pressure: NHS context

- Increasing demand upon services combined with an ageing population; increases in technological advances coupled with restrained investment
- Climate of austerity social services and community services impacted, which heightens demand upon the ambulance service
- Issues regarding paramedic recruitment and retention





- ➤ 2013/14: increase in number of suicides amongst ambulance service workforce perceived by trust chief executives and medical directors
- Resulted in study of suicides over a two year period combined with inclusion of ambulance service staff in Office of National Statistics suicide study to ascertain whether perception correct
- Provided the evidence base and clear mandate for greater focus on staff mental health and wellbeing at trust and national levels

Mind ambulance research findings



91% of ambulance personnel have experienced stress, low mood or poor mental health

14.5% rated their current mental health as very poor or poor, compared to 4% of the general population

40.7% cited work as the main cause of their mental health problems Excessive workload (68%), pressure from management (63%), long hours (60%), and changing shift patterns (56%) were identified as triggers more often than exposure to traumatic incidents (52%)

80.4% said that their organisation doesn't encourage staff to talk about mental health

80.5% wouldn't talk to their managers. They were much more positive about talking to colleagues

79.1% gave a negative rating of their organisation's support

ONS data – high risk groups



Suicide by occupation and the standardised mortality rate (SMR) for deaths registered in England 2011 to 2015 High risk groups – males (aged 20 to 64 years) (source: ONS 2017)

	100 000		CI
and common to	No. of		(Lower,
Description	suicides	SMR	Upper)
Coal mine operatives	12	416	(215,726)
Elementary process plant occupations	275	370	(327,416)
Elementary construction occupations	380	369	(333,409)
Agricultural and fishing trades n.e.c.	45	364	(265,487)
Call and contact centre occupations	37	290	(204,399)
Beauticians and related occupations	12	278	(144,485)
Roofers, roof tilers and slaters	103	266	(217,323)
Scaffolders, stagers and riggers	58	260	(198,337)
Plant and machine operatives n.e.c.	73	254	(199,320)
Musicians	54	252	(189,328)
Steel erectors	17	245	(142,391)
Actors, entertainers and presenters	45	241	(176,322)
Plasterers	92	234	(188,287)
Window cleaners	56	224	(170,291)
Farm workers	53	221	(165,289)
Artists	38	215	(152,295)
Metal working machine operatives	239	207	(182,235)
Bakers and flour confectioners	27	205	(135,298)
Painters and decorators	214	204	(177,233)
Welding trades	96	202	(164,247)

Gardeners and landscape gardeners	186	201	(173,232)
Construction and building trades n.e.c.	413	198	(180,218)
Market & street traders and assistants	17	193	(112,309)
Care workers and home carers	185	192	(165,221)
Fitness instructors	25	186	(120,275)
Animal care services occupations n.e.c.	16	186	(106,302)
Fork-lift truck drivers	99	185	(150,225)
Refuse and salvage occupations	52	184	(137,241)
Tyre, exhaust and windscreen fitters	19	183	(110,285)
Vehicle valeters and cleaners	35	179	(125,249)
Paramedics	17	175	(102,280)
Elementary security occupations n.e.c.	20	174	(106,268)
Book-keepers, payroll mgrs, wages clerks	90	171	(137,210)
Hairdressers and barbers	39	164	(117,224)
Publicans/managers-licensed premises	45	157	(114,209)
Nurses	64	112	(86,143)
Farmers	62	101	(78,130)
Fire service officers (watch mgr & below)	32	100	(69,142)
Dental practitioners	14	90	(49,151)
Police officers (sergeant and below)	74	68	(53,85)
Medical practitioners	59	63	(48,81)



The AACE position....

The Association of Ambulance Chief Executives (AACE) is wholly committed to, and supportive of, improving the health and wellbeing of ambulance staff across the UK. Employee health and wellbeing is intrinsic to the AACE's strategic priorities. The AACE works closely with the National Ambulance Strategic Partnership Forum (NASPF), as well as with other partner organisations, to enhance its understanding of workforce issues and support UK ambulance services in helping their staff stay well and offering them support when they are not.

Martin Flaherty, Managing Director, AACE

Areas of focus - nationally

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

- 1. Develop a mental health strategy for all staff which includes specific emphasis on suicide prevention
- 2. Review and assess suicide risk at times of increased risk e.g. after returning to work following sick leave, suicide of a colleague, loss of driving license
- 3. Collect and monitor data on ambulance service suicides
- 4. Review occupational health, counselling and support services
- 5. Training for staff in identifying and responding to a colleague in distress
- 6. Return to work discussions should appropriately and effectively consider and establish the status of an individual's mental health and wellbeing to enable appropriate support mechanisms to be put in place









NHS Employers/Unison



Training

Advice lines

Research

Suicide 'postvention'

Staff engagement