## Working Together to Prevent Suicide in the Ambulance Service

Next Steps

**May 2021** 

















#### Working Together to Prevent Suicide in the Ambulance Service: Next Steps



This document sets out the recommendations for action to prevent suicide in the ambulance service. It takes forward the commitments made in the national consensus statement for England, which are based on our findings from reviewing the evidence and engaging with stakeholders.

Action to prevent suicide in the ambulance service should encapsulate the six priority areas shown in Figure 1.



# Figure 1: The six priority areas

#### Universal Prevention Supportive Culture

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Vision Proactive Interest of Staff Support Support Support Interest of Support Interest of Supervision Intere

Leadership the Leadership that Leadership the Leadership those who may be struggling in order to offer early support e.g. inclusion of mental wellbeing check-up.

Ability to identify those management of work life balance and minimising impact of shift work on sleep and fation. Supervision, mental wellbeing identify those will be supervision, mental wellbeing identify those will be supervision, mental wellbeing identify those will be supervision, mental wellbeing impact of shift work on sleep and fatigue

Preparing the

future work-force

Inclusion of content and

experiences Within pre-

expenses with training to qualification training to

grepare students to:

Understand mental illness,

Trauma and impacts on

Develop coping

Willingness to speak about mental health

and how work experiences affect

Enhanced support for early career paramedics and frontline staff

Provision of preceptorship, mentoring and supervision support during the first 2 years in post to provide opportunities to discuss the impact of work experiences Appreciateand normalise on personal well-being and support The natural response to early career ambulance mental health stressors service staff to develop effective coping strategies and a strategies.

#### Targeted prevention

Occupational health service with adequate capacity and experiences in mental well-being and trauma.

Services available to support staff e.g. debt advice, addiction support, psychology, counseling.

Proactive support offered for those at increased risk e.g. known mental illness or who have made a previous suicide attempt.

#### Postvention

Organisation / team or individual psychological Support following attendance at a serious incident involving a Colleague or the death of a colleague including attendance at a Suicide or suicide attempt.

#### **Family Support**

Support extended family members recognising the potential secondary trauma they experience and their role as support for staff.

To achieve progress across each of the six priority areas, the following recommendations are made.

#### **Recommended 1:**

#### **Commit to delivery**

Prevention of suicide in the ambulance service relies on protecting the mental health and wellbeing of all staff, regardless of role. To achieve sustainable change, all signatory partners must commit to delivering the measurable actions for which they are responsible, and work together to enhance capability and overcome barriers.

#### What will this look like?

 A national multi-agency delivery group oversees the implementation of action to deliver the commitments of the national consensus statement.

- A national strategic work plan sets out the actions, accountability and timescales for the delivery of progress towards the goal of zero suicides.
- The national multi-agency delivery group works with the Ambulance Improvement Programme to identify and resolve issues impacting on progress.

#### **Recommended 2:**

#### Support ambulance trusts to lead change

Ambulance trusts are committed to improving the health and wellbeing of all staff, to support the prevention of suicide. Trusts should be supported and guided to further improve.

#### What will this look like?

- Each trust undertakes a baseline review against the forthcoming trust-level suicide prevention framework and develops a prioritised, detailed, measurable improvement plan.
- Each trust has a director-level lead for mental wellbeing and suicide prevention, with responsibility for overseeing implementation of its improvement plan.
- Trust-level policy relating to staff mental health and wellbeing is reviewed to ensure it adequately supports delivery against the national consensus commitments.
- Current pilots to support better work–life balance for ambulance staff are formally reviewed for effectiveness, with a view to scale and spread learning across all ambulance services.

#### **Recommended 3:**

#### Support the mental health and wellbeing needs of all staff, at all levels and all stages of their careers

A person will only seek support if they recognise their mental health and wellbeing is deteriorating, and know the organisation they work for has a supportive culture that encourages help-seeking behaviour and normalises conversations about mental health and wellbeing. All staff must:

- feel able to identify personal indicators of poor or deteriorating mental health
- feel comfortable to raise concerns and have conversations
- be able to access timely, confidential support that is culturally appropriate and takes account of diverse needs.

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#### What will this look like?

- The ambulance sector develops and promotes a Mental Health Continuum Model to show that mental wellbeing is individual, fluid and influenced by a range of occupational and non-occupational factors.
- All staff with line management responsibility, regardless of seniority or length of service, are appropriately trained and supported to respond to the mental health and wellbeing needs of their teams, be that directly or by signposting to support services.
- A model of professional supervision should be followed for all patient/public facing staff.
- Occupational health provision and access to mental health support services are reviewed at trust level to provide assurance that staff can confidentially access evidence-based support in a timely way.

- Guidance is developed to support trusts to respond to the needs of staff following the death of a colleague (by suicide or any other cause).
- Student paramedics are guided and supported in how to recognise and respond to their own mental health stressors, through reflective practice, supervision and other appropriate means.
- All staff entering the ambulance service should be given extra mental health and wellbeing support, such as through preceptorship and ongoing peer support, for as long as individually deemed necessary.
- Alongside the rest of the NHS, deliver the People <u>Promise aspirations</u> in the ambulance service.

#### **Recommended 4:**

#### **Evidence change**

Evidencing progress in preventing suicide is essential, building on the advances in data use already made in the ambulance service.

#### What will this look like?

- Individual trust-level interventions to improve mental health and wellbeing among staff are robustly evaluated and learning shared about their effectiveness.
- A set of standardised indicators is developed to help trusts measure improvement in staff mental health and wellbeing.

#### **Recommended 5:**

#### Support for those who support ambulance staff

Family and friends of ambulance service staff provide invaluable support, but themselves have inadequate access to support, both formal and informal. Addressing this gap will protect the mental health and wellbeing of those in a supporting role and help to ensure they can continue to support ambulance staff outside the workplace.

#### What will this look like?

- A national standardised resource is developed to support family and friends of ambulance service staff. This resource identifies the occupational mental health stressors and signposts to extra support and guidance.
- A mechanism is established for ambulance trusts to share best practice approaches to engaging and supporting the families and friends of ambulance service staff, eg setting up and running informal events that allow families to network.

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