healthwatch Essex

Mental Health on the Frontline

Daniel Potts September 2020

"You don't realise how much impact it has seeing the stuff we do. So not only the dead bodies but dealing with the families and telling them; you don't realise how much it continues to impact on you."

Report participant

Who are Healthwatch Essex and what do we do?

Healthwatch Essex is an independent charity formed under the Health and Social Care Act 2012. We undertake high-quality research and engagement that focuses on the lived experiences of patients, social care users and citizens related to health and social care services in the county to inform improvements in commissioning and provision of local services and to help influence positive change.

Acknowledgements

We would like to thank all participants who gave up their time to tell us about their lived experiences. We hope you find it empowering to have your voice listened to and that reading the report is meaningful. All images used in this report are for illustrative purposes.

Glossary

Anxiety | a feeling of unease, such as worry or fear, that can be mild or severe.

Pay 'band' | The range of financial compensation given for certain roles, based on factors like location, experience or seniority.

Bipolar Disorder | A mental health condition that affects your moods, which can swing from one extreme to another.

Cognitive Behavioural Therapy (CBT) | A talking therapy that aims to improve mental health by changing cognition and behaviour. It is most commonly used to treat anxiety and depression.

Civilian Role | A person not in the armed or emergency services, but hired by such organisations to do a specific job.

De-brief | A series of questions about a completed mission or undertaking as a team or department.

Health in Mind | An NHS organisation providing courses and therapies that help with stress, anxiety and low mood.

Mental Health First Aid (MHFA) | A social enterprise offering expert guidance and training to support mental health, in the workplace and beyond.

PTSD | Post Traumatic Stress Disorder.

PTSD 999 | An organisation that supports all members of the UK emergency services impacted by PTSD.

Rank | A position within a hierarchy of some work organisations.

Stage one or two sickness | Procedure in a police force regarding unsatisfactory levels of attendance at work.

Trauma Risk Management (TRIM) | A method of secondary PTSD prevention.

Contents

Introduction **3 - 6**
- Engagement
- Key Findings

The Context : Mental Health in Emergency Services **7**
- Immersion in the Field
- Policy

Attributing Factors **8 - 14**
- Exposure to Traumatic Events
- Structure of the Work Environment
- Complaints
- Presenteeism

Impact on the Individual **15 - 20**
- Work-Life Balance
- Coping Strategies

Support Offered to Staff **21 - 28**
- Occupational Health
- Debriefs & Trauma Risk Management
- Training

Barriers to Seeking Help & Support **29 - 38**
- Mental Health Stigma
- Organisational & Management Cultures

Conclusion **39 - 40**
- Recommendations

INTRODUCTION

Due to the nature of their roles, frontline workers and staff in emergency services are often exposed to difficult situations and unique pressures in their daily working environments.

In 2016, the mental health charity Mind conducted an online survey as part of its 'Blue Light Programme'[1]. The survey of over 1,600 staff and volunteers from police, fire, ambulance and search and rescue services indicates a high incidence of mental health conditions amongst staff and volunteers.

- **92% of emergency service workers or volunteers had experienced stress, low mood and poor mental health at some point**
- **62% experienced a mental health problem, whether it be depression, anxiety, post-traumatic stress disorder (PTSD) or bipolar disorder**
- **46% said they would be treated differently if they disclosed a mental health problem at their place of work**
- **55% sought medical help due to stress-related illness or poor mental health**
- **53% of workers were comfortable talking about mental health issues**
- **86% strongly agreed that there needed to be more emotional support available to emergency support services staff and volunteers**
- **87% believed there needed to be more investment in promoting good mental health among emergency services staff and volunteers**

[1] Mind (2016). *Wellbeing and Mental Health Support for the Emergency Service.*

The key findings within the Blue Light Programme report highlight how mental health is not viewed as a legitimate illness within these services, in addition to a lack of awareness of support and the need for more information about mental health within the workplace more generally.

However, in the last few years, there has been a significant increase in the amount of investment by the government in providing services and initiatives to support staff in the emergency services. There has also been work to counter the trivialisation of mental ill health through encouraging those who may need it, to seek help and support.

In one sense, there appears to be a recent increased acceptance and willingness to discuss mental health, especially in the workplace, which could explain why more emergency staff are being recorded as taking sick leave due to poor mental health.

Figures released to the BBC from 57 fire, police and ambulance services in England, Wales and Northern Ireland, indicate that the number of staff who took time off due to mental ill health, rose by a third between 2014 and 2018.[2] Yet the amount of working days lost is alarming, especially with cuts to the number of police officers and firefighters across the country, as well as current demand on the ambulance service being at an unprecedented high.

Furthermore, the prevalence of suicide remains significantly high amongst emergency service personnel, with three East of England ambulance staff taking their own lives within the space of 11 days during the final quarter of 2019.[3] The type and amount of social support received by emergency service workers from their employers is therefore of paramount importance.

Based on our engagement with emergency service and hospital personnel, this report outlines findings of the conversations we initiated concerning mental health, highlighting some of the triggers for experiencing mental health issues and the barriers and opportunities for seeking and receiving support. Subsequently, we also offer some comparison of experiences unique to the everyday work cultures of specific emergency services.

2. Robertson, S. & England, R. (2019) *Mental Health Sick Leave Rises For Emergency Workers*. BBC News.

3. Hudson, M. (2016) '*Concern for welfare of East of England ambulance staff after three deaths in 11 days.*' ITV News.

Recommendations made based on our findings are separated into the categories of training, support for staff and refreshment breaks. It was felt that all staff would benefit from MHFA training, including awareness of how to spot signs amongst colleagues they do not regularly interact with at work.

Although some support was available for the mental health of staff, this needed to be signposted and promoted more consistently. Finally, it is imperative to ensure that staff working long shifts are able to take their entitled refreshment breaks.

Engagement

Healthwatch Essex set out to listen to the lived experiences of those who are employed as frontline emergency service workers across Essex, instigating conversations that paid specific attention to mental health.

To do so, we made contact and spent time with the local police force, the regional ambulance service, the British Transport Police (BTP) and an acute hospital in Essex. Additionally, Essex Fire and Rescue were involved in the initial formulation of the project, but were unable to participate in the engagement process due to work-related circumstances at the time.

After gaining verbal or written consent from frontline staff, we invited them to attend focus groups and interviews to share their storied experiences of mental health.

Participants were recruited via their respective Occupational Health team, who cascaded information to relevant service leads and department managers. Focus groups were held at the workplace and staff voluntarily attended during breaks or following their shift. Individual in-depth semi-structured interviews were also arranged to allow participants to speak openly about their experiences and, where appropriate, to expand on what they had shared during the focus groups. These were arranged at the workplace, the participant's home address, or at a venue chosen by the participant, which allowed for private and confidential discussion.

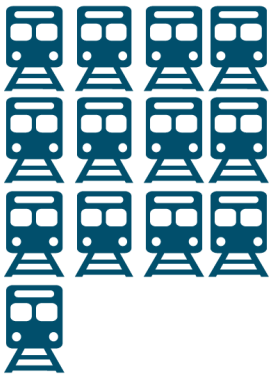
Focus groups and interviews took place between April and November 2019. All participants consented to take part, have their interviews recorded and were willing for their experiences to be shared within this report. To ensure the anonymity of participants and the confidentiality of the information they provided, all names mentioned in the report are pseudonyms. Given the personal, sensitive and potentially traumatic nature of participants' experiences, we approached and conducted our engagement in a supportive and respectful fashion, while listening intently.

Interviews were transcribed and key themes identified according to the frequency at which they reoccurred across interviewees' recalled experiences. To supplement these themes and to use the full richness of lived experience data, individual case studies are also presented to the reader, to add depth to the main findings.

In total, we engaged with 72 frontline staff:

12

Essex Police Staff engaged in individual interviews



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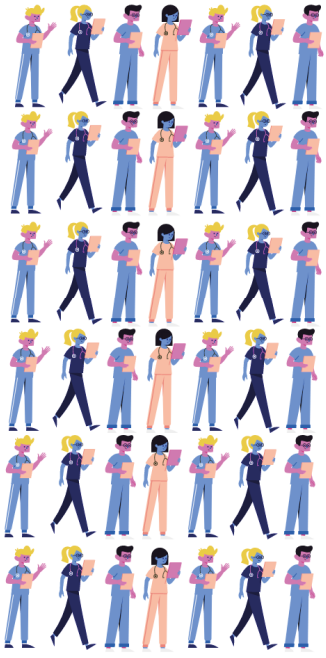
British Transport Police engaged in a single focus group



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Hospital staff in Burns Unit and Operating Theatre at local acute hospital. 5 focus groups were held with staff employed on bands 6, 7 and 8.

5

East of England Ambulance Service staff engaged with us: 3 paramedics and Wellbeing Hub staff.

Key Findings

Through our engagement and analysis, the following key findings were identified:

- **Main attributors:**

  This concentrates on key factors which have an impact on people's daily working life. These include traumatic events witnessed by theatre staff who deal with the death of children and other patients, to British Transport Police who see fatalities on the railway. The working environment, and the lack of resources within it, was another cause of much stress.

- **Impact on individuals:**

  Frontline staff develop a range of coping mechanisms, such as the strategic mask they wear at work, to hide their struggles. Developing a work-life balance that supports the challenges of the job and the negative impact of organisational sickness policies.

- **Support offered to staff:**

  Resources and support for staff were available, but varied greatly, and this section highlights the benefits and challenges faced when accessing occupational health services, as well as the impact that policies and procedures can have on an individual. Although some training is being carried out, there are gaps in what is offered and concerns with management is also highlighted in this section.

- **Barriers to seeking help and support:**

  Even when support was available, there were often barriers to accessing this, either due to stigma or attitude of management or fear felt by the individual that their referral or concern would not be kept confidential.

THE CONTEXT

MENTAL HEALTH IN THE EMERGENCY SERVICES

Immersion in the Field

When planning and initially embarking on this project, we actively sought to gain a deeper understanding of the mental health support currently offered to emergency service staff by their work organisations, in terms of both promoting mental health and dealing with issues that staff encounter.

To do this, we visited the Wellbeing Hub of the East of England Ambulance Service. Through our conversations, we learned that this department works closely with the Occupational Health department. We were also made aware that staff can either be referred to the service by their supervisor or can arrange their own appointment to discuss their mental health and well-being at any time.

We also visited Flint House, the police rehabilitation centre in Oxfordshire. Staff working in this setting explained to us that their workplace is primarily funded through monthly donations made by police officers, and it offers access to a range of services for physical and mental health, with the aim of assisting police officers to get back to full operational health.

Policy

To further enhance the quality of the engagement and provide us with a current context within which to make recommendations, we also sensitised ourselves to recent government and stakeholder policies and reports concerning mental health.

ATTRIBUTING FACTORS

We asked all of the participants about their roles and how their day-to-day duties had an impact on their health and well-being. Around a third of participants admitted to dealing with, or having experienced, work-related stress, anxiety, depression, suicidal thoughts, and PTSD.

There were common triggers for poor mental health across all of the participant groups. Paramedics and BTP officers described traumatic incidents as being the main trigger for poor mental health. Police officers told us that their heavy workloads and lack of resources had caused them stress and anxiety and the hospital staff's long hours and lack of breaks had caused fatigue and exhaustion which influenced their well-being.

Exposure to Traumatic Events

For all of the participant groups we engaged with, there was potential for exposure to upsetting, disturbing and traumatic events daily. Participants shared some of the many traumatic incidents that they have experienced, which can be extremely disturbing and often require the need to remain calm, restrained and professional during their line of duty.

Several participants from British Transport Police described how fatalities on the railway were extremely distressing and very different to road traffic collisions.

'They are like nothing you've ever attended. When you've been hit by a 100mph train, it is not something that you can compare to anything else'.
BTP Participant

The aftercare and informing family members and loved ones was also seen as especially traumatic and this could sometimes affect staff to the same degree as the incident or event itself.

'You don't realise how much impact it has, seeing the stuff we do. So not only the dead bodies, but dealing with the families and telling them; you don't realise how much it continues to impact on you.'
Police Participant

Participants highlighted that it was often the case that a culmination of incidents within a short period of time could create the 'perfect storm'.

'I think theatre staff do get forgotten about. I personally have been traumatised. Last year, within a month, three babies had died in theatre and it just broke me. There's no back up for it... "Get on with it, you're a nurse".'
Hospital participant

'You have a bucket and every day your bucket gets filled with trauma that you deal with during the day. At night you go home, and that bucket empties a little bit, but it got to the point where mine wasn't emptying so it just began overflowing.'
Police participant

Interestingly, it was not only the traumatic events personally experienced by participants that caused stress and anxiety, but also those attended by colleagues in the service locally, or even nationally, that had an effect.

'We've had some massive incidents; the 7-7 bombings, Manchester Arena; BTP were first on scene. It was BTP who were at London Bridge when Wayne Marques got a kicking and we also had a lad [from BTP] who people tried to slit his throat in Ilford a few months back.'
BTP participant

Steve

'I've just been attacked & I've got no support from my immediate manager...

all he wants to do is put me back into the DANGER ZONE that I've just been pulled out of'

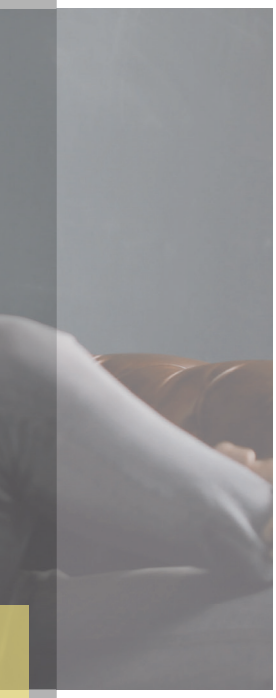
Steve's case study shows the impact of traumatic events on the individual, not only at the time of the incident, but also after the event. The cumulative effects of trauma 'that are not dealt with appropriately at the time', can go on to impact staff both personally and professionally.

- Support and adequate supervision should be offered to all staff, especially after traumatic incidents.
- Engagement with staff who are signed off work due to mental health, should be routinely carried out, not just to ascertain a return to work date, but to continually assess their welfare.
- Improvements are being made and being able to talk about mental health is helping to combat the stigma.

Steve, who has been working in the Ambulance Service for over 20 years, experienced a severe decline in his mental health, which he felt was due to a lack of support from a supervisor following a traumatic event five years ago.

Working in another ambulance trust at the time, his home life was particularly stressful as he had recently made the decision to relocate to Essex. As well as this, he was dealing with ongoing health issues and struggling to manage a work-life balance.

During a shift as a lone worker, Steve attended an emergency call which resulted in him being attacked by a woman with a knife. After the woman escaped, a Duty Officer from the Ambulance Service attended to assist and requested that Steve find the woman immediately, giving no regard to how he was - physically or mentally.



During his hospital stay, a manager and friend of Steve's visited, telling him that several complaints had been made about his behaviour in the weeks following the incident. However, the manager assured him that they would not be upheld, as it was believed they were linked to Steve's mental health and recent trauma.

"It was the first contact I'd had from anyone in the Ambulance Service. The first person that actually took an interest."

Taking two months off work, Steve accessed counselling both privately and via the NHS, through his own perseverance. He felt being able to talk about what he had experienced was crucial to his recovery, despite it being something that was never previously encouraged in his working life.

No debriefing took place, which left Steve feeling 'angry and unsupported'. Expected to return to his shift, he was left without anyone to turn to for help. The impact of this only came to light two weeks later, when Steve awoke from a nightmare, crying uncontrollably.

"It was like some sort of nightmare. I was crying, my wife came up and asked me what was wrong, and I said 'I don't know. I don't know what's wrong'."

With physical as well as emotional symptoms, Steve made numerous trips to A&E and his GP and was eventually diagnosed with post-traumatic stress disorder (PTSD). He was prescribed medication, but the side effects sent him into further decline with what he described as excruciating stomach pain, vast weight loss and bouts of extreme depression. It became apparent that he needed to be hospitalised as there were concerns for his mental health and safety at home.

Other than a phone call to determine his likely length of sickness, Steve explained that his access to Occupational Health was only at the point of wanting to return to work. As they were previously unaware of what had happened to him, the only support offered was in the form of a phased return to work. Steve was unaware of any manager ever escalating concerns for his welfare following the initial incident.

Having returned to work, and with the impending move to the East of England Ambulance Trust, Steve felt anxious about declaring his mental health issues and ongoing treatment to his new employer.

"I disclosed that I was currently being treated for a breakdown for PTSD. She [Occupational Health] turned around to me and said - legally you're not allowed to discriminate against people for a job, as long as they are actively seeking help or currently in treatment."

Being able to share his diagnosis and receiving a positive response gave Steve confidence, allowing him and his family to successfully move to Essex around four months later. After a difficult first year with minor relapses, things eventually settled down and he has since recovered from this experience.

Since the incident, Steve believes that the Ambulance Service has made improvements to make support available to staff, including Trauma Risk Management (TRiM) assessments, a peer-led process during which a structured risk assessment is conducted with staff that have been exposed to a potentially traumatic incident. He believes that a formal recognition that some staff need such support has been a positive step, but that there is still much more which could be done to support emergency service workers.

Lack of Resources

Participants employed by various emergency services highlighted that the lack of resources was a significant issue and could be extremely stressful, as it had an impact on their workload. Over the years it had become noticeable that staffing levels had decreased, which created an everyday struggle in trying to maintain a satisfactory level of service to the public.

Amongst hospital employees, there was a consensus that departments were under-resourced and teams were struggling to cope throughout the hospital. The consequences of this often meant that patients were left waiting for long periods of time, which not only could be detrimental to the patient, but also leave the professionals feeling guilty and stressed.

Participants cared deeply about delivering a high-quality service and felt frustrated that factors beyond their control sometimes hindered them from doing so.

'There's not enough staff to provide the service we need to provide, so then that has an effect on the patients, which then has an effect on us because we can't do what we come into this job to do - which is help people.'
Hospital participant

Police participants who were line managers, expressed their increasing concern about the safety and welfare of their police officers when staff numbers were low. Dispatching a unit to respond to a potentially volatile situation had to be risk assessed and, with the increasing frequency of incidents, it was often a struggle for management to justify the decision when the safety of crew members was paramount.

'I haven't got enough people and I'm sending them out and I'm putting them at risk. That's very stressful from a line management point of view.'
Police participant

A knock-on effect of staff shortages has resulted in annual leave being rejected or time off in lieu not being granted, according to a large proportion of participants. This was prevalent amongst police officers, who reported that their leave requests have been rejected due to either staff sickness, training courses or other abstractions, such as court. This can prevent them spending time with their families at home or on holiday which adds to their stress and low mood.

'I hate seeing the effect it has on my two crewmates because neither of them have been able to take leave.'
BTP participant

Staff also felt coerced by senior management who, after a period of sickness, wanted to know when they were going to return to work. One participant from Essex Police explained how she had taken some time off work due to a stress-related illness but felt forced to rush her return to work. She believes this was because of the shortage of staff.

'She kept asking me when I'm going to come back to work, even though I was signed off. Kept contacting me; I didn't want to be contacted.'

'You are a collar number and they are paying you, and they want you on that seat. And if you're not on that seat, you better have a good reason why you are not.'
Police staff participant

Workload, Breaks and Shift Work

Unmanageable workloads were also a result of understaffing. The participants we spoke to who worked on a response policing team agreed that a manageable workload for an officer was between 10 and 15 investigations. However, some had been trying to stabilise a workload of around 50, which was overwhelming.

'I think I got to 52 and then I just said to my sergeant I can't deal with this anymore.'
Police participant

Some of the police officers reported that it was common practice to come into work on their rest days in order to complete some of their workload. According to them, there was a fear of being subjected to disciplinary proceedings if investigations were not updated and, more importantly, if victims of crime had not been contacted since reporting an incident.

'You cannot keep on top of it. I've seen officers coming in on their days off to get rid of the workload. That's not supposed to be happening; those rest periods are supposed to be for rest.'
Police participant

'You're dealing with them [investigations] and then you'll find ones which you haven't even seen in there, which isn't good, is it? After two weeks you find one which you hadn't seen before.'
Police participant

Opinions from the hospital participants echoed this and found that they often needed to help other departments who were short-staffed. This, in turn, influenced their performance and ability to cope with the priorities of the day.

'Because you're so short-staffed you don't often have that time to say to that person "go off and have a cup of tea; don't worry about it, you come back when you're ready". Because you have to pick up their workload and it slows down your workload.'
Hospital participant

Some participants believed that these issues were the reason the hospital was struggling to retain staff, despite the ongoing recruitment.

'The new staff that come in, we train them for six months - eight months and then they leave us and go, so then you're starting all over again.'
Hospital participant

'There's no staff. The youngsters are not stupid enough to stay in this environment. They look at it and they think "there's got to be something else out there". Why would you want to put yourself through that?'
Hospital participant

51%

of participants revealed that they do not receive a refreshment break during their shift

Where possible, participants valued any opportunity during their shifts to take a refreshment break. It appeared, however, that there was often little or no time to eat or drink during a busy shift. This can have a negative effect on staff's physical and mental health and can lead to fatigue and exhaustion, impeding their ability to make decisions. Participants agreed that the main reason for the difficulty in allowing their colleagues to take a break was the lack of staff to cover.

'We go weeks without a break. We could do a 12-hour shift without a break because there is no one to cover us. That is on a day-to-day basis.'
Hospital participant

Participants who worked in the operating theatre suggested that an extra member of staff to help cover refreshment breaks, would make all the difference during what can sometimes be a shift in excess of twelve hours long.

'An extra Operating Department Practitioner (ODP) in every day who can come and give lunch breaks so we can actually leave the department. That's something that doesn't happen; we don't actually get proper breaks.'
Hospital participant

The paramedics we engaged with disclosed that they were often able to take their entitled refreshments

break but admitted that it was frequently interrupted by being diverted to respond to an emergency.

'You might get a 30 to 45-minute break. That can be interrupted after half an hour if we hit certain surge levels so we might only get a 15-30-minute break in twelve hours.'
Paramedic participant

Essex Police has implemented a well-being room at some police stations for their staff to use during refreshment breaks, however, participants felt that, although the intentions are all positive, it was rare that they got the opportunity to use this facility due to the constant demand of high priority incidents that need to be attended.

'We've got a specific room which is for us to go and relax during the day if we're feeling a bit stressed. I've never seen a response officer in there.'
Police participant

Complaints

30%

of participants revealed that they had received complaints at work and described the ordeal of any investigation process as distressing

Participants expressed their concern over the perceived lack of support provided by management during the process, which caused anxiety, feelings of guilt and paranoia.

'The investigation process is extremely stressful, and I don't really feel that I was looked after. I feel like they pull you over the coals and they treat you more like a suspect than they would on the street.'
Police participant

'You dread walking past the manager's office not knowing if you're going to get called in for something.'
Hospital participant

Some of the police participants were constantly wary of using reasonable force at an incident due to the prospect of ultimately ending up under investigation.

'You always feel like you've done something wrong; you have immediate doubt now if you go 'hands on' with someone and they get hurt. You're immediately thinking this is going to be a complaint and I'm not going to get supported by anybody.'
Police participant

Presenteeism

Taking time off work due to sickness of any kind, not only put pressure on colleagues, but could also be stressful for the individual upon their return to work. Participants explained that periods of sickness could lead to colleagues being placed on sickness management plans.

'The sickness policy can actually add to the stress. It's quite strenuous and you can have officers who are on stage one or stage two come in feeling absolutely horrendous and potentially then bring half the team down.'
BTP participant

'The problem is that you make them so worried, they come to work when they're ill and infectious. That's pretty poor management.'
Hospital participant

One participant explained how this presenteeism also accounts for poor mental health. She described how she has, at times, had to intervene in situations where she can visibly see officers experiencing anxiety at work.

'I've had to remove officers driving permits because they cannot drive on a fast road without having a panic attack. These are officers who are supposed to be responding to incidents to help other people. And they're under so much stress, or suffering so much anxiety, they can't even drive on a fast road.'
Police participant

A participant told us that there was not anything in place to prevent frontline staff taking time off work due to poor mental health. One police officer who was off work with a stress-related illness explained that they felt guilty due to being constantly asked by senior officers to return to work as soon as possible.

'I just feel like it's, 'let's get you help to get you back to work'. But there's nothing to prevent anyone from going off work.'
Police participant

IMPACT ON THE INDIVIDUAL

Frontline staff come from a range of different backgrounds, however one common theme shared was the challenge of separating home life from their work life, particularly for those with families. The challenges and stresses of home life can often negatively impact on work. This can lead to complaints and feelings of guilt about not performing well, which can, in turn, encourage a negative cycle of events.

To combat this, staff develop a range of coping mechanisms, such as attempting to convince themselves and their colleagues that once they change into their work uniform, their personal underlying struggles are not visible.

Work-Life Balance

Participants from both the hospital and police mentioned the difficulty of trying to enable a work and home life balance.

Hospital participants found it difficult to relax when at home, due to the stress of work being on their minds. It was also raised by police participants that leaving the everyday stress of your home life was a struggle and your mind is constantly ticking over whilst at work.

'Well, definitely they say you should leave your issues at the door when you come into work and leave your work issues at that door when you go home. Not that easy.'
Hospital participant

'You know there was a lot of stuff I kept failing, and complaints I kept getting, and with a massive workload at the time. And then a lot going on at home, it was just, like, too much really, at the time.'
Police participant

Police participants explained the continuous need to balance the two roles of a police officer and a parent as a real struggle. The stress of both responsibilities was described as constantly 'spinning plates.'

'I was just torn the whole time. I was torn if I reduced my hours and stayed at home more; I felt better about being the present mother. But then I'd go into work and I'd feel like I let my team down because I wasn't there.'
Police participant

'You then go home and your children are telling you "please don't go to work because I don't want you to get hurt". I've had that with my two.'
Police participant

Participants found that poor performance could sometimes be a sign or symptom of poor mental health and this has a huge impact on confidence. The balancing act and flexibility required to support a career and a family often led to people feeling torn or guilty. Guilt was a recurring theme highlighted by police officers in particular.

The challenges of family life and a rewarding career were felt particularly by female participants who found this balancing act difficult at times, especially after returning to work. There was a common feeling of guilt with participants who had children as they constantly felt they were choosing between either their work or their families.

'I think the organisation as a whole treat you very differently when you're part-time. They make you feel like there's not a role for you. I started to feel guilty that I wanted a career. Because I was a mother.'
Police participant

'[It] massively affects your confidence because it's this constant cycle, trying to prove yourself and prove that you're still capable.'
Police participant

'I started to think, why do I want this so bad when they [my children] should be my priority, but I think it's a professional pride thing.'
Police participant

Although all organisations involved have policies and procedures in place to allow for flexible working, the perception from management participants that we spoke to was that flexible workers were more of an inconvenience because they had to, at times, change their roles to suit their childcare needs. This negatively influenced some participants' career aspirations which had a knock-on effect on their confidence.

The impact of declining performance through poor mental health can lead to low self-esteem and this can result in the constant feeling of failure. This perception of failure sometimes led to an increase in depression or anxiety and several participants explained how they considered suicide whilst at work.

'I just couldn't get anything right. I just kept failing stuff all at once and I had a lot of kind of knockbacks, really.'
Police participant

'ON AT LEAST **2** OCCASIONS, I'VE DRIVEN OUT THERE AND I'VE JUST LOOKED AT THAT PILLAR AND THOUGHT, I COULD JUST DRIVE INTO THAT AND **it will be over'**

Paramedic Participant

'I THINK AS A PROFESSION, WE'RE VERY GOOD

at hiding it.

WE'RE VERY GOOD AT PUTTING ON OUR UNIFORM **&**

having a barrier.'

Paramedic Participant

Coping Strategies

Building good relationships with colleagues was an important coping mechanism for participants. Whether it was to talk about an incident as a group, or just speaking to a close friend about a worry or an incident that caused distress, it was vital to getting through each day.

'I think it's important to make sure you have that bond with your colleagues; you have to have laughter.'
Police participant

Although not all participants felt they were able to approach support networks in confidence, it was still seen as highly important for them to know that raising a concern or having a discussion would remain confidential.

'You can have a one-to-one with the management, but I personally feel I can't trust my management to keep things confidential, because things get out.'
Hospital participant

Although emergency service employees understand that the nature of their role makes it difficult to take regular breaks and often finish duty on time, the majority said, in terms of their mental well-being, these were essential.

'We're not allowed to drink or eat anything in anaesthetic rooms, but we're not allowed to leave the anaesthetic room with a patient on the table - so when do we get lunch?'
Hospital participant

Having someone available to listen was essential to participants. Whether it was a line manager, supervisor or member of Occupational Health who offered support, it was not always the case that participants felt they were listened to.

'I sent several emails recently where I said, "Look, I'm getting stressed here; I need some help, this is what I think may help me" and none of that seems to be listened to.'
Police participant

Conversations during the interviews uncovered how staff use different coping mechanisms at work. It was highlighted how this had changed over the years due to the lack of social clubs and, in the case of policing, sports clubs, which existed years ago. These were vital, as they allowed staff to let off steam and work as part of a team.

This was also reflected in hospital staff participants from the Burns Unit who discussed the importance of team morale to support each other.

'We all went to our managers; some went to the matrons, to the people whom they were comfortable with and then we all came up with this project of team-building, like how we could help one another and support one another.'
Hospital participant

An experienced member of police staff, formerly a police constable of forty years, reiterated the importance of team-bonding and described how years ago colleagues used to get through tough incidents together through talking about them as a team.

'There was no support; there was nothing. The canteen culture within the police service back in the day was as much about a coping strategy as it was anything else'.
Police participant

The common theme throughout each cohort was that participants felt the need to cover up their emotions and detach themselves from the trauma they experienced every day.

'I come in and I have this kind of mask that I wear, and I've owned it for so long now that I can do it without thinking.'
Hospital participant

'I think as a profession we're very good at hiding it. We're very good at putting on our uniform and having a barrier.'
Paramedic participant

Theatre staff expressed how they felt it necessary to change their behaviour at work because of some of the distressing cases they have witnessed over the years. It was highlighted that some staff have a different attitude at work to their home lives.

'At work I'm a total extrovert - I have to be because that's my coping mechanism. That's the way I've had to cope with the awful situations at work. If I didn't, I would be slashing my wrists and taking an overdose.'
Hospital participant

Graham

Graham's case study shows the impact that staff shortages can have on well-being, both physically and mentally. The stigma and Graham's belief that his mental illness would not be kept confidential resulted in him not seeking support earlier. Combating this stigma and making services external to the organisation available to staff could help increase the number of frontline staff accessing mental health services earlier.

- Reassurance that any issues brought forward to management remain confidential.
- Independent outside agency available for support.
- Debriefs to include how staff feel after witnessing a traumatic incident .

'I HAVE A GOOD LAUGH. THAT'S THE WAY I'VE HAD TO COPE WITH THE AWFUL SITUATIONS AT WORK...

BECAUSE IF I DIDN'T, I WOULD BE

SLASHING MY WRISTS & TAKING AN OVERDOSE.'

Graham started his career in the health service 30 years ago working in a variety of departments and specialisms, on a combination of regular, long and on-call shifts.

Some of the more traumatic cases at work during the last few years have had an ongoing impact on Graham's mental health, in particular, the incidents that have involved young people who the team have been unable to save.

"I have terrible trouble getting to sleep. My mind's a whirlwind."

A debrief was arranged for one of the particularly traumatic events, but Graham felt the focus was on what could be improved next time, rather than on the well-being of the staff involved. On this occasion, Graham was left feeling disappointed with the lack of support offered by management.

"Nobody's ever come up to me and said, 'Graham, you had a real tricky case; are you ok, do you need to speak to someone?"

"You go back to the same operating theatre the next day. You start work and everything comes back to you. But it's another day – you've got to cope with a new situation and forget about the old ones."

Along with the traumatic cases, the stressful work environment has contributed to Graham's depression. An all-day operating list and a shortage of staff means that Graham usually does not get a lunch break during a twelve-and-a-half-hour shift. As a result, it is difficult for staff to go outside for fresh air, and food and drink must be consumed quickly and discreetly, if at all.

Graham went for a medication review with his GP and had the opportunity to talk about how his work life was affecting him. He explained that he seemed to be having a lot of 'downs' and that they would last for a couple of weeks at a time. He was advised to come back should the feelings continue, but 'managed to snap out of it'.

Graham feels he is unable to talk about his situation with managers due to a lack of trust. He is uncertain that anything raised would remain confidential or be dealt with, without repercussions. For example, management were known to threaten to dock pay should staff go for a quick, unauthorised break or want to leave early after finishing their list (due to a lack of lunch break).

"The sad thing is [management] have been on the frontline so they should appreciate how it really is."

Graham has not taken any time off work due to poor mental health as he feels he would 'be laughed at', however he would welcome the opportunity of being referred to someone separate from the Trust, who is independent and would respect confidentiality. He strongly believes that this would encourage a lot more staff to come forward and that staff sickness rates would decrease as a result.

Currently, in order to get through his working day, Graham takes on the role of a 'total extrovert'.

SUPPORT OFFERED TO STAFF

Support across the organisations involved in this report varied. Some had specific support in place such as suicide prevention or TRiM, others had more generic training on mindfulness or offered access to counselling sessions via Occupational Health.

Occupational health was discussed by participants during the focus groups and interviews. It was noted that for each organisation, there was a different set-up and way of accessing occupational health services.

Participants were asked about mental health and well-being support and they outlined the support they knew was available across each of the organisations. Those who had accessed support had found it beneficial, but others were unsure of what support was available or how to access it. Occupational Health was the first port of call for participants and it was noted by some that, over recent years, additional support resources had been put in place by each organisation.

Essex Police recently launched a short face-to-face course on mindfulness, which is provided for every probationer during training college, and for police officers during their mandatory divisional training days throughout each year. Essex Police has also launched the 'Live Well Feel Well' programme which, according to the leadership trainer, is well attended.

BTP has a Mental Health and Suicide Prevention team in place which Occupational Health can refer staff to for various support. BTP also has access to the Railway Chaplin who can provide support specifically tailored to the type of incidents they attend and deal with on the railway.

East of England Ambulance Service set up a Wellbeing Hub which can be directly accessed or referred to through Occupational Health. They also provide a free mental health resource designed for staff through 'Headfirst'. This is a dedicated resource which signposts to support for physical and mental health and financial matters.

Hospital staff from both the Burns Unit and Operating Theatre have access to up to six counselling sessions via their Occupational Health team. This team can also refer staff for Cognitive Behavioural Therapy (CBT) and certain departments have specific support available through dedicated psychotherapists.

'Occupational Health replied saying "We'll wait and see what Health in Mind say,

because

if they're going to take you on, then we won't have to worry

&

that means we will save money on our budget".'

Police Participant

Jenny

Jenny highlights the disparity between physical and mental illness and the stigma attached to discussing mental health. This led to her using physical illness as an excuse for her mental health struggles, meaning she did not have to disclose her mental health issues to her colleagues.

- TRiM should be offered later than just the day of the incident.
- Occupational Health need more resources due to their increased workloads.
- Mental Health First Aid Training should be mandatory for all staff, including senior officers.

Jenny, a detective sergeant working for Essex Police, has had a career spanning 16 years. During her early career as a police constable, Jenny enjoyed her role, looked forward to going to work and felt able to 'live and breathe the job'. Her ambition saw her promoted to supervisor. Although this was a role Jenny greatly enjoyed, she took the responsibility for the welfare of her officers very seriously, 'taking their problems on as her own'. Unfortunately, after the birth of her first child she started to struggle with her own mental health.

Not only did Jenny feel like she was 'spinning plates', juggling these two pressured roles of parent and professional, but also that she was 'letting down' either her colleagues or children.

When she reduced her hours to part-time, she started to feel that she did not have the support from all her colleagues after hearing negative comments. This had a negative effect on her mental health; she started to notice that she found it difficult to concentrate and felt that 'nothing was going in'. Work life had become increasingly stressful due to a heavy workload and lack of resources.

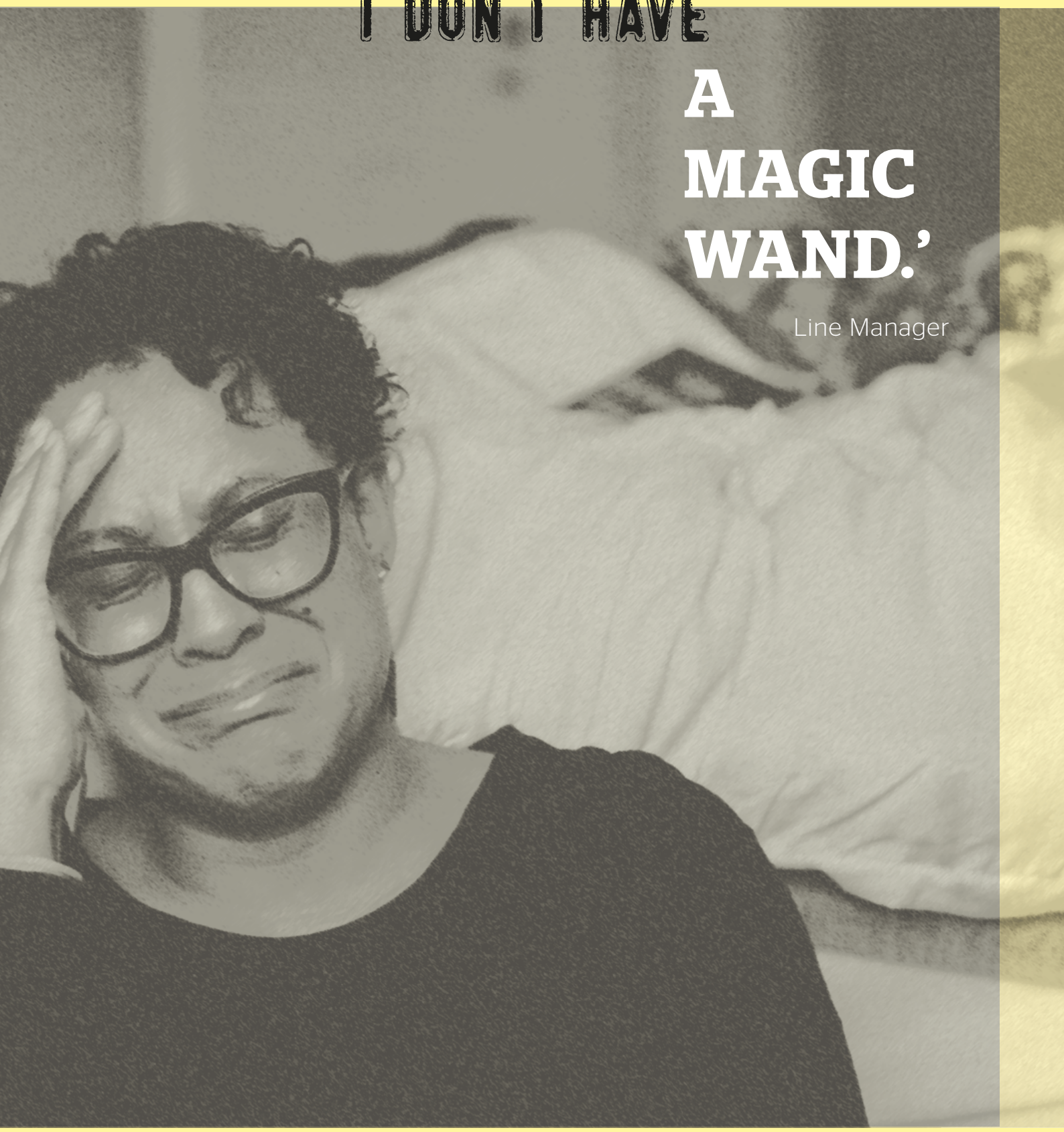
Jenny felt that things had deteriorated to the point where she needed to reach out to her line manager for support. The response to her email had a further negative impact upon Jenny when her line manager responded, 'I don't have a magic wand'. This disappointed Jenny and she felt herself starting to become unwell with the stress and pressures of work.

Jenny was due some time off work to have an operation. This could not have come at a better time, as she felt she needed a break from work. She found herself prolonging her sickness leave for far longer than she needed to, in order to hide her poor mental health. Upon visiting her GP, she was diagnosed with a stress-related illness. Jenny did not disclose this at work because she felt she would have 'been judged'.

"If you say, 'I'm really stressed and I'm not coping', you would not get the same level of empathy from the people you work with."

This stress left Jenny with a debilitating disorder which still affects her today. This resulted in her work response permit being revoked and she now feels as if she has fallen into the category of 'working with restrictions' which will prevent her from progressing her career further.

Despite her physical conditions listed above and the lack of support she has received from her colleagues, Jenny remains working as a supervisor in a detective role for Essex Police and has decided to reduce her working hours to look after her own health, and to reduce her stress levels.



'I DON'T HAVE A MAGIC WAND.'

Line Manager

Occupational Health

57%

of participants admitted that they had either been referred to or had spoken to Occupational Health at some point throughout their career

Essex Police has their own internal Occupational Health department based at their headquarters. Several participants found them to be extremely supportive and approachable as a department, but felt the support they can offer to staff, could be more widely promoted. There were concerns around the waiting time once an occupational health referral was put forward, and participants remarked that there needs to be more funding fed into occupational health to reduce waiting times.

'I think they are trying to support the force but there isn't enough of them because people are more inclined to talk now, so they're actually overstretched.'
Police participant

'I would say it's underfunded, understaffed and there's not enough ownership of the problem.'
Police participant

The hospital also has their own internal Occupational Health department. Many participants stated that they were aware of the support Occupational Health could offer in relation to counselling. They did not, however, believe that the amount of sessions offered to them was enough. Some raised concerns about the lack of partnership-working between Occupational Health and line management to support staff.

'Like a lot of these things, the maximum number of sessions that we could have was six. Which is a bit inadequate really because to open up and be able to talk about things by the end of six sessions, you're really only beginning to trust your counsellor.'
Hospital participant

In contrast, the Occupational Health department for British Transport Police was an outsourced agency, not based in proximity to the police stations in Essex. During the focus groups, BTP officers were not familiar with the support that their Occupational Health provides. The officers felt that having this service outsourced meant that there was a lack of understanding of the support they could provide.

'They're kind of outsourced I think, aren't they? So, a lot of the time there's one woman with a workload of, like, 300 cases.'
BTP participant

'I don't know anybody that's actually met them [Occupational Health]. Probably find they're a hologram.'
BTP participant

Paramedics also accessed occupational health services through an outsourced external agency, but also had access to the new Wellbeing Hub, based at their headquarters. Once a referral has been made, the Hub aims to make contact with the individual within 24 hours.

Participants across all organisations valued an internal Occupational Health department as this was the preferred route for support and appeared easier to access than an outsourced external service. Although only just over half of the participants had an experience of contact with Occupational Health, they all felt that there was a need for the department and understood the benefits it could provide.

Debriefs and TRiM (trauma risk management)

14%

of participants admitted they had accepted TRiM during their service

Most staff during the focus groups were aware of debriefs after an incident and they also highlighted the trauma risk management option known to them as TRiM. There were conflicting opinions when asked about debriefs.

One member of hospital staff with only two years of service stated that debriefs were a regular occurrence, however, when speaking to more experienced members of theatre staff, they stated that debriefs were a rare occurrence. A debrief was considered more successful if carried out by a trained supervisor or line manager.

'Debriefs from people who are not trained can be quite damaging. I think particularly if you end up with "it's your fault" then that person goes away feeling worse than they did before they started.'
Hospital participant

The lack of resources on a shift could sometimes prevent debriefs from taking place at all. This could potentially create a risk to an individual's mental health and well-being and be both damaging and isolating for members of staff who were witnesses to that incident.

A debrief was seen as more of a process for senior management to look at lessons learnt from the experience as opposed to how the incident may have impacted upon staff. Theatre staff did not feel that they were always included in debriefs.

'WHAT HAPPENS IS WHEN A BABY DIES IN THEATRE AND YOU SEE THEM TRY TO RESUSCITATE THEM, THEY WALK AWAY,

& THE BABY IS LEFT IN THE THEATRE.

SOMETIMES WHEN YOU'RE CLEANING UP,

there's this little body in the corner and it's horrible.

THEY DEBRIEF BUT THEY DON'T INCLUDE US, AND WE HAVE WITNESSED IT ALL.'

Hospital Participant

The difference between a debrief and TRiM is that a debrief occurs as a team or department after an incident, whereas TRiM focusses solely on that one individual. Participants were fully aware of TRiM and how it can be accessed either through line management or Occupational Health. There was a clear understanding of why TRiM was put in place to support staff but, again, there appeared to be a mixed opinion about the benefit of it.

One paramedic participant questioned the experience of the trained officer conducting the TRiM assessment. It was also highlighted by one police participant that there was sometimes a lack of empathy shown during a TRiM assessment.

'I had one sergeant who was horrific. After my first ever fatal he came over and met me. He went, "right I'm not here to cuddle you, I'm just here to ask you these questions." That was it.'
Police participant

'It's quite difficult when you talk with someone that hasn't been in very long or they're not a paramedic. Technically, it can be quite difficult for them to understand our side of it.'
Paramedic participant

It was also highlighted by police officers that when TRiM was carried out, the timing of when it is offered needed to be considered. Being offered immediately after an incident had occurred, did not necessarily allow people the time to process what had happened, to be able to benefit from the experience.

It was recognised that there was also a stigma attached to accepting TRiM. Participants from each organisation suggested that asking for TRiM, or accepting it, could be seen by other colleagues as a sign of weakness. This links to further concerns relating to mental health and masculinity, since this was not mentioned in the same light from the perspective of female participants.

'I was working with very old-fashioned police officers. Even if I'd mentioned that I wanted TRiM, the amounts of abuse I would have got in the office from the old boys is unreal.'
Police participant

Training

81%

of participants stated that they would like to receive Mental Health First Aid Training

Some participants explained that training was provided for staff in relation to dealing with a patient with a mental health condition in crisis, and they felt prepared when having to deal with this type of incident. However, there was a lack of awareness about the well-being and mental health of colleagues and training in this area was highlighted as lacking.

'I don't think there's enough emphasis on dealing with it in your colleagues. I don't think there's ever been any input on stress or anxiety. It's all aimed at how you treat people at an incident, as opposed to recognising it in your colleagues.'
Police participant

Participants claimed that they would benefit from MHFA training and Essex Police participants felt that this could be delivered as part of their annual mandatory training to raise awareness and help break down some of the stigma attached to mental health issues.

'If police officers had more mental health training to understand colleagues and themselves that would help. And then if sergeants had that training then they would know what to identify in their staff.'
Police participant

During the focus groups conducted with BTP officers and hospital staff, e-learning was considered the least effective. The training package that police officers use is a specific e-learning training, completed online on a platform known as NCALT (National Centre of Applied Learning Technologies).

Both police and hospital staff felt that any mental health training should be a face-to-face course and not online training. BTP officers felt that e-learning was used as an easy and quick option, almost like a 'tick-box exercise'.

'You turn your back to someone who's at risk, or you didn't do that check, because you're tired and then suddenly something happens. They'll point to "well you had that NCALT e-learning training".'
BTP participant

In addition to e-learning, Essex Police also provide a leadership course which is offered to senior officers. This includes what support any senior officer can provide to staff in relation to their mental health and well-being.

BARRIERS TO SEEKING HELP AND SUPPORT

We found many barriers to accessing the support offered to each cohort. These included the fear of sharing concerns, either due to stigma or lack of confidentiality, or physical barriers such as not knowing what support was available or how to access it.

The case study in this chapter demonstrates the need for support and the challenges in accessing it.

Mental Health Stigma

57%

of participants stated that they felt there was stigma attached to mental health within the workplace

Participants across each cohort admitted that they felt there was stigma attached to mental health within the workplace. It was seen by many that disclosing any illness in relation to your mental health would result in being ridiculed or even bullied. It was highlighted that although people were now more understanding when colleagues were going through a stress-related illness, it was still not fully accepted.

Masculinity played a huge part. Many male participants explained how they were proud to wear their uniform and several experienced male participants disclosed that they hid their emotions behind their tough exterior, believing that to reveal them would be a sign of weakness.

'I just think that it's a taboo subject and, in an organisation like the police, you're supposed to be tough, aren't you? And not open up about stuff like that.'
Police participant

'It comes down to that age-old thing of men don't disclose how they feel; it's a sign of weakness.'
Police participant

This is not just the opinion of police officers, but also those of police staff working in civilian roles. A call handler disclosed her battle with mental health and depression and felt that she had been laughed at and judged by some of her colleagues at times. This is concerning because it shows a lack of peer support as well as discouraging staff from taking time off to address any mental health needs they may have.

'It got to the stage where I was self-harming. I didn't tell them because I know the major stigma that comes behind people that self-harm; it's 'she can't be trusted', you're going to do something dangerous.'
Police staff participant

An underlying concern across all of the participants was the worry that if they disclosed sickness due to poor mental health, then career promotion opportunities would be affected. It was also considered that if you wished to specialise and move to a dedicated department/unit, then your record of stress-related illness or poor mental health would be scrutinised.

'Even going to the doctors, something is on my record saying, 'mental health'. There's always worries hanging over you as well, if you ever go to the website and look at people who've been struck off or suspended.'
Hospital participant

'Will it affect my job progression? Will it affect how people actually see me? But I think now a lot of that stigma has gone and I think the issue, actually, is the support element.'
Police participant

41%

of participants confessed that they would use physical illness as a strategy to cover their poor mental health at work

Several participants stated they would feel uncomfortable disclosing sickness due to poor mental health, as opposed to poor physical health. This was for two reasons; firstly, the stigma that is attached to mental health and secondly, the constant worry over the sickness policy of the organisation and their sickness record. Participants agreed that physical illness was more accepted than mental illness.

Theatre staff participants agreed that if staff members took time off work with cold or flu symptoms or a sickness bug, then it was not seen as an issue amongst colleagues.

'If you were to call in sick with a migraine, you feel that your colleagues would think, it's only a migraine. A migraine would be forgotten about, mental health wouldn't.'
Hospital participant

It was also recognised during several interviews that, due to mental health being largely invisible, people were never sure about the well-being of their peers. A police staff participant explained that colleagues needed to be able to look at an injury to accept whether someone was fit enough for duty.

'It seems to be if you can't prove that you're ill 'there's no x-ray behind it', people just assume that it is not there, or that it's a lie.'
Police staff participant

This was also apparent with the ambulance service and was highlighted through paramedic participants, who thought that line management seemed to have an issue with mental health sickness. It was clear that there was an element of justification in relation to physical illness, but mental illness appeared to be seen by management as, 'something you can work through'. Therefore it was commonplace that staff would use poor physical health to cover poor mental health, to prevent judgement being made by their senior managers.

'If I had to be off sick for my mental health, I would say that I had a sickness bug, or I hurt my back or something like that. The opinion that we get from our direct line managers is that, if you're off with physical health, that's fine, but mental health, you can get over it and it shouldn't affect you day-to-day.'
Paramedic participant

Police participants raised the concerns of a lack of communication from line managers when off for a period due to sickness through poor mental health. Many felt that if you are off work for a long period of time, you are left to your own means which ultimately leaves you feeling forgotten about.

'When you're on duty and you get assaulted, the next day they can't phone you quick enough to see if you're alright. Yet if you go off because you're stressed out, you don't hear a single thing!'
Police participant

Brian

Brian's case study identifies bullying in the workplace. Many people speak of stigma in relation to mental health but here it is shown that this can also extend to those in civilian roles. This also demonstrates the impact on the individual of being judged and unsupported by fellow professionals and their peers.

- There is a need for parity between all roles working in the emergency services.
- One support department should take ownership of the problem, instead of individuals being passed between Health in Mind and Occupational Health.

'IF I'M BEING BRUTALLY HONEST WITH MYSELF, I SHOULD NEVER HAVE COME BACK.

I SHOULD HAVE WALKED AWAY, GONE AND DONE SOMETHING COMPLETELY DIFFERENT.'

Brian worked at Essex Police for 40 years and is currently a Civilian Investigation Officer. Brian is divorced and he describes the ending of that relationship as a 'very traumatic experience' in his life.

Brian describes 'the job' forty years ago as having a 'canteen culture which was used as a coping mechanism'. Police officers and staff would use the canteens available at the time to talk about incidents they attended and any other issues affecting their work. Brian stated that there was, 'no other mental health support' during this time.

Brian decided to continue his career working in a civilian role as an investigating officer within the domestic violence department. Brian explained that during his time as a civilian officer, he had been made to feel like he was, 'not good enough anymore' by his peers.

"It's as if they think the USB is taken out your head and you don't know nothing. I feel it has changed from me being seen as an experienced officer to 'I'm not good enough'."

Dealing with vulnerable victims of domestic abuse every day took its toll on Brian and dealing with 'negativity every day' began to slowly pull down his mood. At this time, he started to hear officers 'backbiting' and felt that any positive team morale had completely disappeared. He continued to hear officers bad-mouthing each other, which led to a rift between departments. Brian spoke of the change over the years and described these incidents as unrecognisable from when he joined forty years ago.

Several incidents occurred over the coming months which led Brian to feel he was being bullied by colleagues. He could not understand what was happening and began to question why he was continuing to work for the organisation.

Due to the family issues at home and a culmination of stress-related incidents at work, Brian found himself becoming unsettled and feeling anxious at work. He decided to call in sick with a stomach bug but admitted that he used a physical illness as an excuse to cover up his poor mental health. Brian eventually decided to visit his GP.

"I went and saw the doctor and just broke down. And I ended up the biggest blubbering mess that I've ever been. He said, 'Clearly, you've got depression'."

After this incident it was suggested by his doctor that Brian speak to Health in Mind, an NHS organisation providing courses and other types of therapies that help with stress, anxiety and low mood. He was informed that Occupational Health would not assist any further.

"Occupational Health replied saying, 'Well, wait and see what Health in Mind say, because if they're going to take you on, then we won't have to worry and that means we will save money on our budget'."

Brian was so frustrated by this, that it took a heated email from his sergeant, before they decided to offer him some counselling. Brian was disappointed that he was first offered this support some ten weeks into his period of sickness. Brian remains off work and feels confident he will be judged upon his return.

Organisational and Management Culture

Some of the more experienced participants accepted that it was becoming easier to talk about mental health and well-being. The additional support put in place for staff was a contributing factor, but also general awareness nationally, through the campaigns supported by key public figures to encourage the conversation about mental health. Younger recruits were starting to influence a change of culture and participants from Essex Police agreed that younger officers were more likely to talk openly about their mental health, which they described as a generational difference.

'People are actively encouraged to talk. You will still have people who will not feel comfortable talking but, that's down to their character. But I think now, as an organisation, we're a lot further forward with actually getting people to talk than we ever were.'
Police participant

'It's certainly got easier in my time. When I joined, you were told either leave or 'man up'.'
Police participant

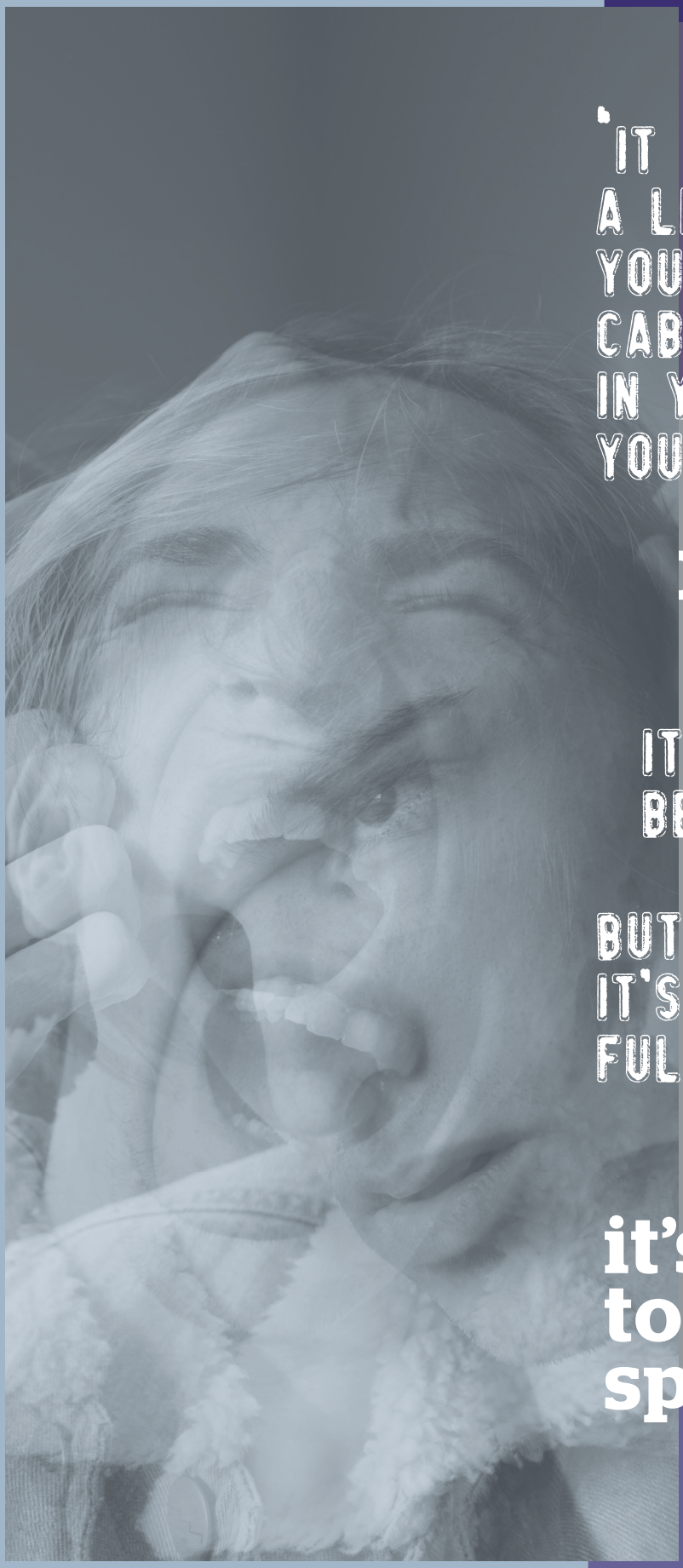
However, some of the paramedics described an 'old-fashioned' culture and felt it was harder for the younger generation to talk about mental health. Taking the first step of admitting it to yourself and talking about it from a personal point of view was perceived difficult.

'Actually, having the guts to talk about it is harder, we're still just as bad because there's still a stigma attached to it.'
Paramedic participant

The line managers we spoke to had all taken on more responsibility in relation to staff welfare and had started proactively looking for signs and symptoms like fatigue, inconsistent performance and a change in attitude or behaviour. An Inspector working for BTP described how officers' self-pride and their desire to 'keep going each day' did influence their well-being.

'You put it all down. You know, I can deal with all this because I'm hard, I can do it. You've got to get on, but it wrecks your head, it absolutely wrecks your head.'
BTP participant

Participants felt that management support was very inconsistent and, in their view, depended solely on their individual line manager or supervisor. Some interviewees described their managers as "extremely supportive" and believed them to be the only people who understood and listened to them. Other interviewees explained that they felt there was a lack of support or understanding from their line management and some did not feel comfortable approaching them.



'IT FEELS SOMETIMES A LITTLE BIT LIKE YOUR HEAD IS A FILING CABINET AND YOU PUT IN YOUR FILES, BUT YOU HAVE

no clue

HOW LONG IT'S GOING TO TAKE BEFORE IT'S FULL.

BUT AT SOME POINT, IT'S GOING TO GET FULL

&

it's ALL going to come spilling out.'

BTP Participant

Participants working within the hospital believed that team-building events were only made available to senior staff, which was divisive. There was a feeling that staff on the 'shop floor' were not provided with any of these unless they had arranged them separately between themselves.

The operating theatre staff were happy with how approachable their Band 8 management were, but some were worried by the stability of the management structure due to the amount of change within the department. Hospital staff across both departments felt that some managers were not always supportive when it came to staff welfare.

'"Well, why do you need counselling?" No, I'm ok, I just need a chat about it. "Well, there ain't nobody here." Basically, get on with your job. I think you just carry on as if nothing's happened.'
Hospital participant

Some police participants were disappointed with the lack of support shown from management. There appeared to be no empathy for the heavy workload of certain officers, including supervisors and when any concern was raised with senior management, it was felt it went ignored.

'I sent several emails recently where I said, "look, I'm getting stressed here, I need some help, this is what I think may help me" and none of that seems to be listened to.'
Police participant

The BTP officers who had accessed support were complimentary of their immediate management teams and support provided. Some of those asked, told us they were confident that they would receive additional support if they requested it.

Officers had the confidence that they would be supported and found their management approachable. This included officer welfare for both their physical and mental health.

'My supervision was awesome; I couldn't fault them. They tried everything they could. They went above and beyond. I did all of them [approaches] I did the care first, I did MIND, I did TRiM and I even did PTSD 999 , which is actually really good.'
BTP participant

Paramedics were more confident approaching senior management that had previously worked on the frontline as they could empathise with their staff

and had more of an understanding of the everyday demands of working on the frontline.

'Some are a bit more realistic than others. Some managers actually worked on the frontline, whereas other managers have never, and they don't have the experience of how much pressure we are under.'
Paramedic participant

Training staff working for Essex Police have introduced courses for senior officers which ensure they are aware and understand the support they can provide to their staff. It was highlighted that there was, in some cases, a lack of knowledge on what support management could provide for their staff.

'Six months ago, we started to include the occupational health inputs into our leadership courses, purely because we had identified that managers just don't know what's out there, and don't know how it works. It's disappointing it's taken that long to get there, but it's positive that we've certainly identified managers aren't aware. So, we are now including that.'
Police participant

Some participants did not have the faith that, should they raise issues with their management, it would be kept confidential. The hospital staff also raised similar concerns in relation to confidentiality which, at times, prevented staff from approaching departments like Occupational Health.

'I wouldn't be happy to go to my management and go, "I've got problems." Because then, before you know it, somebody else totally out of the equation comes over and says, "I heard you got problems." There's no confidentiality.'
Hospital participant

Hospital staff agreed that a possible solution was the option of an independent support body/group. The suggestion was that an external agency separate to the organisation would be available for staff to access where they would be assured that their conversations would be kept confidential .

'An outside body where you can actually go in there and chat. You can cry, swear, you can rant you can rave. They're not going to take it personally, but I know I can confide in them that it's not going to go further down the line.'
Hospital participant

Darren

Darren's case study shows how an organisational culture led to him not accessing help until he was at crisis point. The way complaints and concerns are dealt with within the police impacted negatively on Darren's mental health and left him feeling unsupported. Education and proper support services are needed to protect staff as well as the public.

- Staff training days for police officers and management to include input on mental health awareness within colleagues, noticing signs and symptoms.
- Further promotion of the Occupational Health team to raise awareness of the support they can provide.
- A stress questionnaire to be part of staff Personal Development Review.

Darren served as a police constable in Essex Police for 12 years, eventually leaving the force feeling burned out. Following numerous investigations for misconduct, trying to manage a heavy workload and experiencing personal trauma, the pressure had become too much, leaving him feeling overwhelmed and at a point where he felt his own safety was at risk.

Eight years into his career, Darren was told he was being investigated by the Professional Standards Department following a complaint. Given little information about it, and with no union representation, Darren felt vulnerable.

"They treated you more like a suspect than they would [with a suspect] on the street."

This then began a series of further complaints being raised, which he found extremely stressful, leaving him feeling as though he did not want to go into work. Darren told us that despite all cases being closed with no evidence of misconduct, he felt as though he was being set up to fail.

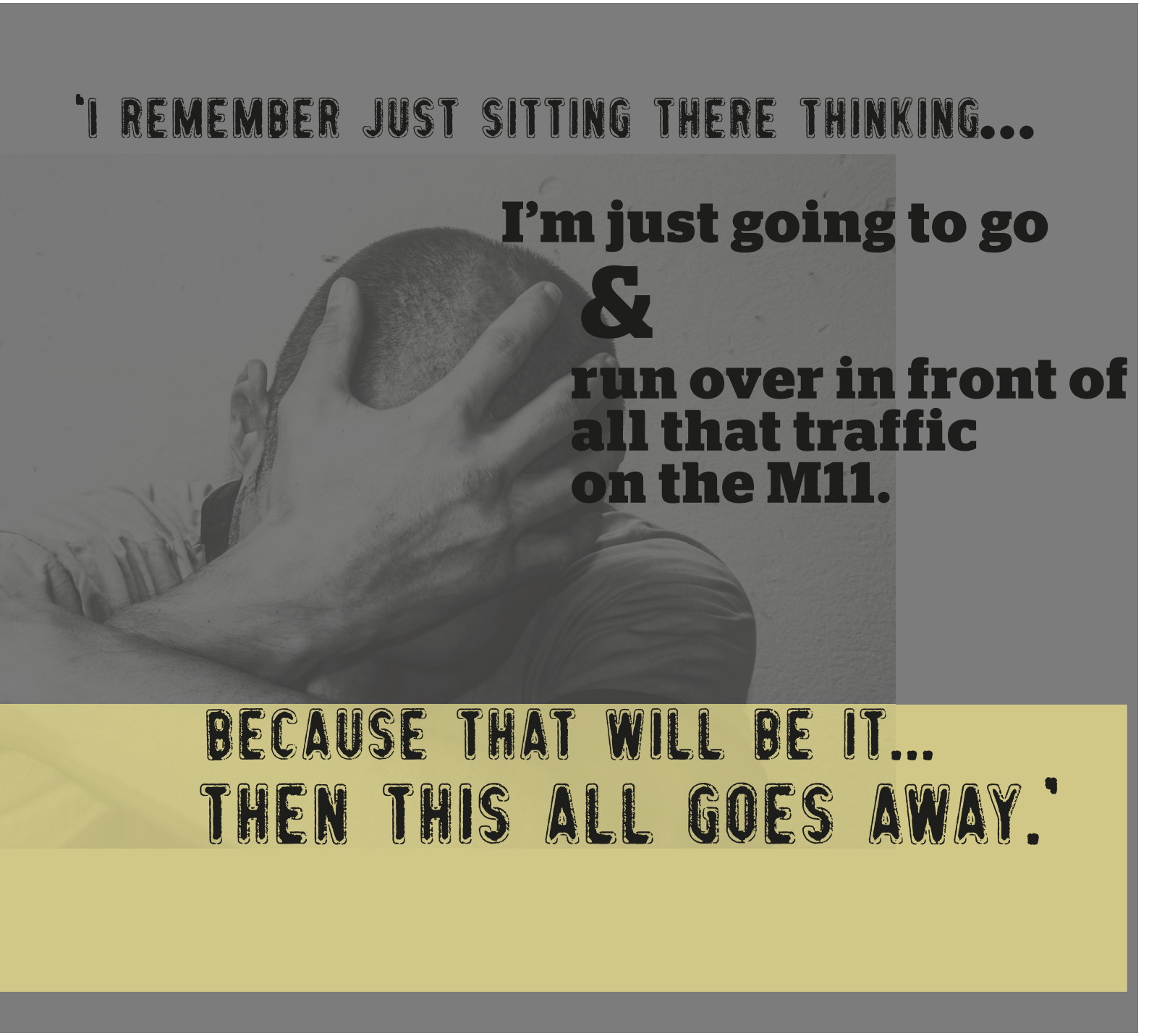
Trying to manage a workload of around 50 cases, job pressures mounted, making daily working life very stressful. Darren's personal life also took a devastating turn when he learned of his sister miscarrying during the later stages of pregnancy, which he felt further added to the decline of his mental health. Feeling unable to talk to his family, Darren took time off work to grieve.

"I didn't tell my family. They thought I worked that day, but I spent it at home just crying really, getting upset."

Shortly after going through the process of joining the firearms unit, Darren's sister experienced a further miscarriage which caused greater devastation within the family. Then failing the final test of his firearms course, as well as his response driving refresher course, Darren felt like everything was going wrong. Having faced numerous knockbacks, his confidence began to fall. Having accessed no support, nor reached out to anyone, Darren became engulfed in waves of depression and began to contemplate ending his own life.

Experiencing his first panic attack later that day and breaking down in front of his family, Darren finally went to his GP where he explained his situation and was signed off work for two months, stating his symptoms were related to poor mental health.

During this time, Darren felt his sergeant was extremely supportive. Referring him onto Occupational Health, Darren received Cognitive Behavioural Therapy (CBT) as well as support on how to deal with anxiety and panic attacks, which he found helpful as short-term coping mechanisms.



However, feeling pressure to return to work with comments made by senior staff, Darren said he wished something could have been put in place to prevent him going off work in the first place. During his return to work interview with a chief inspector, he faced further stigma, being told his attitude was 'too negative' when he raised concerns over the workload and pressures internally.

"It was quite uncomfortable to tell people that I was struggling, because we're all doing the same job and expect to be dealing with things exactly the same as everyone else."

Evaluating everything he had been through, Darren finally made the decision to leave Essex Police, having fallen out of love with the job. He told us that within the 12 years of his policing career, so much has changed; the numbers of officers falling, yet emergency calls rising, and the impact of this being seen in the mental health of the staff trying to deal with it all.

CONCLUSION

By listening to the lived experiences of participants within this report, it is hoped that the positive steps identified can continue to develop and that concerns over understaffing and training can be addressed. This offers an insight into local views, concerns and opinions which can be considered to influence change in relation to occupational health services and other support agencies available to emergency staff within frontline services in Essex.

From the information received, the following areas have been highlighted as reoccurring themes:

- **Main attributors:** This concentrates on key factors which have an impact on people's daily working lives. These include traumatic events witnessed by theatre staff who deal with the death of patients, to British Transport Police who see fatalities on the railway. The working environment, and the lack of resources within it, was another cause of much stress.

- **Impact on individuals:** Frontline staff develop a range of coping mechanisms, such as putting up a façade at work, to hide their struggles. Developing a work-life balance that supports the challenges of the job was important to participants and our interviews highlighted the negative impact of organisational sickness policies.

- **Support offered to staff:** Resources and support for staff were available, but varied greatly. Participants have highlighted the benefits and challenges faced in accessing Occupational Health as well as the impact that policies and procedures have on an individual. Although some training is being carried out, there are gaps in what is offered and concerns with management are also highlighted in this section.

- **Barriers to seeking help and support:** Even when support was available, there were often barriers to accessing this, either due to stigma or attitude of management, or fear felt by the individual that their referral or concern would not be kept confidential.

Although it is recognised that the culture and stigma attached to poor mental health within frontline staff has improved in recent years, it is still felt that there is room for improvement. While it appears that positive steps are being taken to support emergency service workers after they have experienced mental illness, there seems little in place to recognise and treat the early signs of difficulty, to prevent them reaching crisis point before seeking help.

The increase in the availability of training courses designed to encourage and enable staff to talk about mental health and well-being are a positive improvement, but there is still a long way to go to fully support this group of people who work for their communities every day.

RECOMMENDATIONS

Subsequently, the following recommendations are made by Healthwatch Essex as ways in which support can be considered to help frontline service staff.

Mental Health First Aid
Mental Health First Aid training should become mandatory for all frontline service staff likely to encounter any trauma-related incident. Building this into the induction process and ensuring it is also made available to existing staff would enable all staff to recognise symptoms and access support.

Refreshment Breaks
Management should make sure statutory refreshment breaks are being taken, especially by those staff who undertake work shifts lasting 12 hours. Having an additional member of staff per shift, would help facilitate this. Without appropriate breaks, staff did not feel as though they were making their best decisions, as they were often hungry and dehydrated, as well as tired.

External Support
An independent external mental health service, such as Mind, could be made available for all members of staff to protect confidentially when seeking and receiving support, as staff valued the opportunity to talk about their mental health in complete confidence.

Training Days
Staff training days should include guidance on noticing signs and symptoms of mental health issues amongst colleagues. Some emergency services, such as the police, already offer training on how to manage mental health issues, but this does not include information on spotting signs of mental distress displayed in colleagues.

Occupational Health
Occupational Health departments could increase their visibility to employees in relation to the various ways in which they can provide support to staff, such as ensuring information on available services is easily accessible and promoted through staff briefings, induction training and internal communications.

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