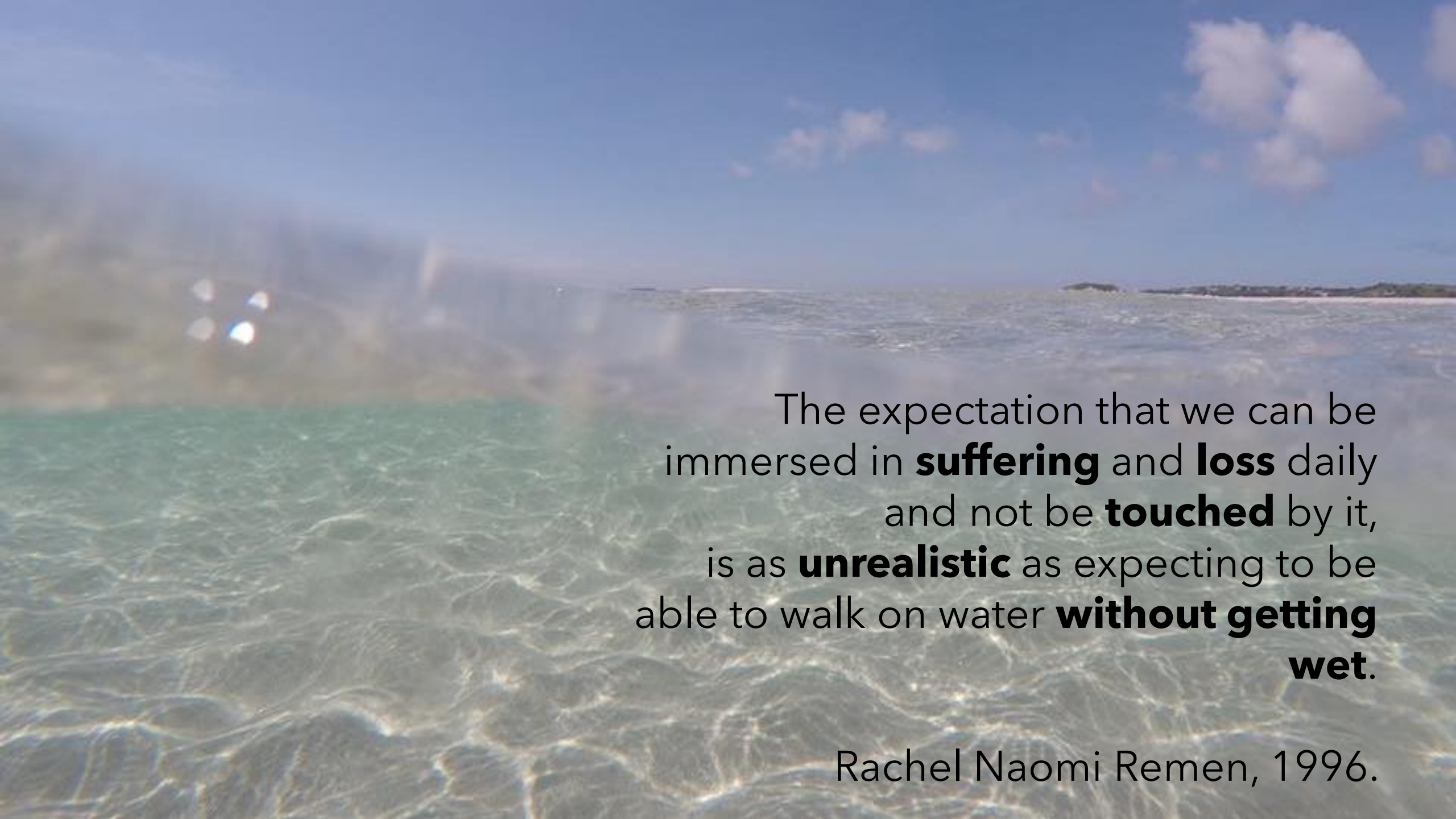




**Leading the Way: Utilising Research  
to Inform Psychological Wellbeing  
Supports in Emergency Services  
Organisations**

Jo Mildenhall  
Paramedic Mental Health Lead,  
College of Paramedics.  
Final Year PhD Student,  
University of York

A photograph of a beach scene. The foreground is dominated by clear, turquoise water with visible ripples and reflections of light. In the middle ground, a sandy beach stretches across the frame, with some greenery and buildings visible in the distance. The sky is a clear, bright blue with a few scattered white clouds. The overall atmosphere is serene and bright.

The expectation that we can be immersed in **suffering** and **loss** daily and not be **touched** by it, is as **unrealistic** as expecting to be able to walk on water **without getting wet.**

Rachel Naomi Remen, 1996.

**It is the perception of the experience as overwhelming and stressful that is perhaps more significant than the nature or scale of the emergency  
(Lazarus and Folkman, 1984)**

#AmbulanceWellbeing

#ParaHealth



**1 in 4 Ambulance staff have experienced psychological distress and contemplated suicide.**

**1 in 10 Ambulance staff have experienced post-traumatic stress symptoms.**


Source: Petrie et al 2018

Social Psychiatry and Psychiatric Epidemiology (2018) 53:897–909  
<https://doi.org/10.1007/s00127-018-1539-5>

ORIGINAL PAPER



## Prevalence of PTSD and common mental disorders amongst ambulance personnel: a systematic review and meta-analysis

Katherine Petrie<sup>1,2</sup> · Josie Milligan-Saville<sup>1,2</sup> · Aimée Gayed<sup>2</sup> · Mark Deady<sup>1,2</sup> · Andrea Phelps<sup>3,4</sup> · Lisa Dell<sup>3,4</sup> · David Forbes<sup>3,4</sup> · Richard A. Bryant<sup>5</sup> · Rafael A. Calvo<sup>6</sup> · Nicholas Glozier<sup>7</sup> · Samuel B. Harvey<sup>1,2</sup> 



Allows us to understand the social and relational experiences of work – the support that people might access and who they might access it from.

Means that services and supports provided are not only evidence-based but also reflect the needs of the organizational community to be helped.

Can create a sense of service, team togetherness, and community ownership.

Can enable organisations to operate authentically and genuinely validate the experiences of their people.

Deconstructs stigmatising behaviour and attitudes including stoic organizational hierarchies, thus promoting inclusivity.

Humanises the workplace!

Utilising people's lived experiences can help bring policy issues to life through realistic illustration & subsequently allows organisations to develop tailored high-quality, effective policies, supports, and interventions.



**What are paramedics experiences of support following their attendance at a traumatic incident?**

Qualitative study

Phenomenological

Ethical approval  
gained from NHS &  
University

Semi-structured  
interviews

Thematic analysis

One ambulance  
trust in England

Length of service -  
1 year to 20+ years

6 participants in  
total - 3 male, 3  
female

2 participants -  
Ambulance  
Technician's


2 participants -  
Paramedics

1 participant -  
Ambulance Nurse

1 participant -  
Team Leader/  
Operations Officer



“I just  
remember  
sitting there on  
the way and  
just, um, I  
remember  
holding on to  
the inside of  
the door handle  
and I could feel  
my hand getting  
really, *really*  
sweaty.....”



“ ..I was getting **flashbacks**. I was getting an hour’s sleep a night. I was...going to bed...and getting up after an hour; couldn’t sleep. So, I’d be **pacing** around the house, and I’d be sitting there...

....I **replayed** every second of that job in my head, thinking ‘**could I have done anything different?**’



...I could've **very easily** at a couple of points, could've very easily felt **sorry** for myself and **topped** myself, because I really was, I've never been **so low** in my life..."

“ So, you know,  
people just sort of  
express

*‘Are you okay?’*

That must have  
been *horrible*’.

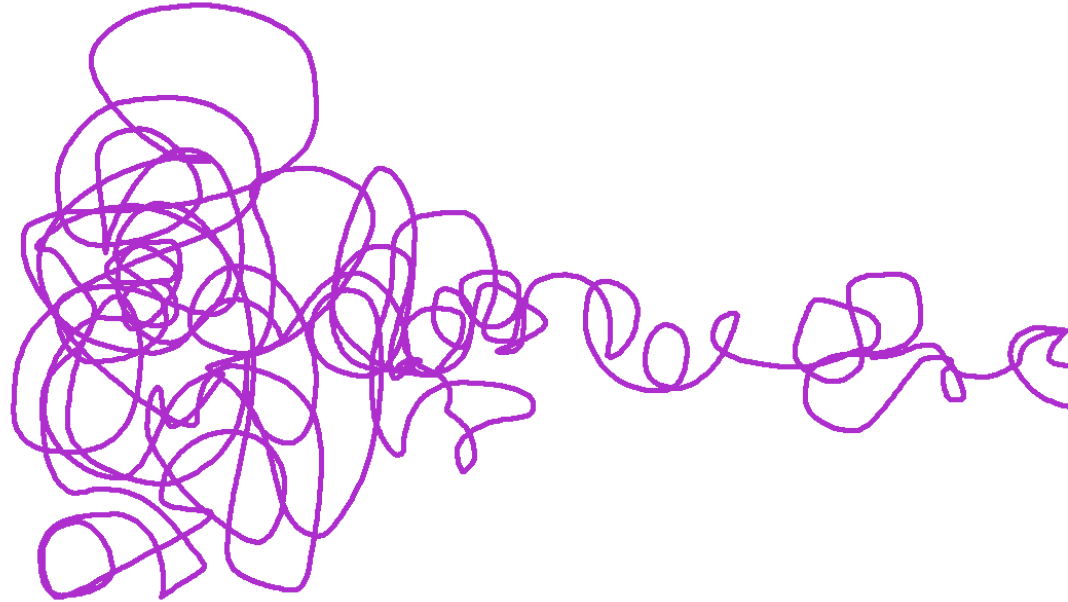
Erm, well.... it  
makes you feel  
*not alone*

”

“

The um, um Bronze....err...declined to come and see us, so **we talked** to **each other** about what had happened [sounds sad]....he didn't think it was **serious enough**... Bronze not coming in was...or no-one bothering from **management**...was um, um it wasn't so much as 'Oh my God, no-one's bothered' it was kind of like that's what we **expected**

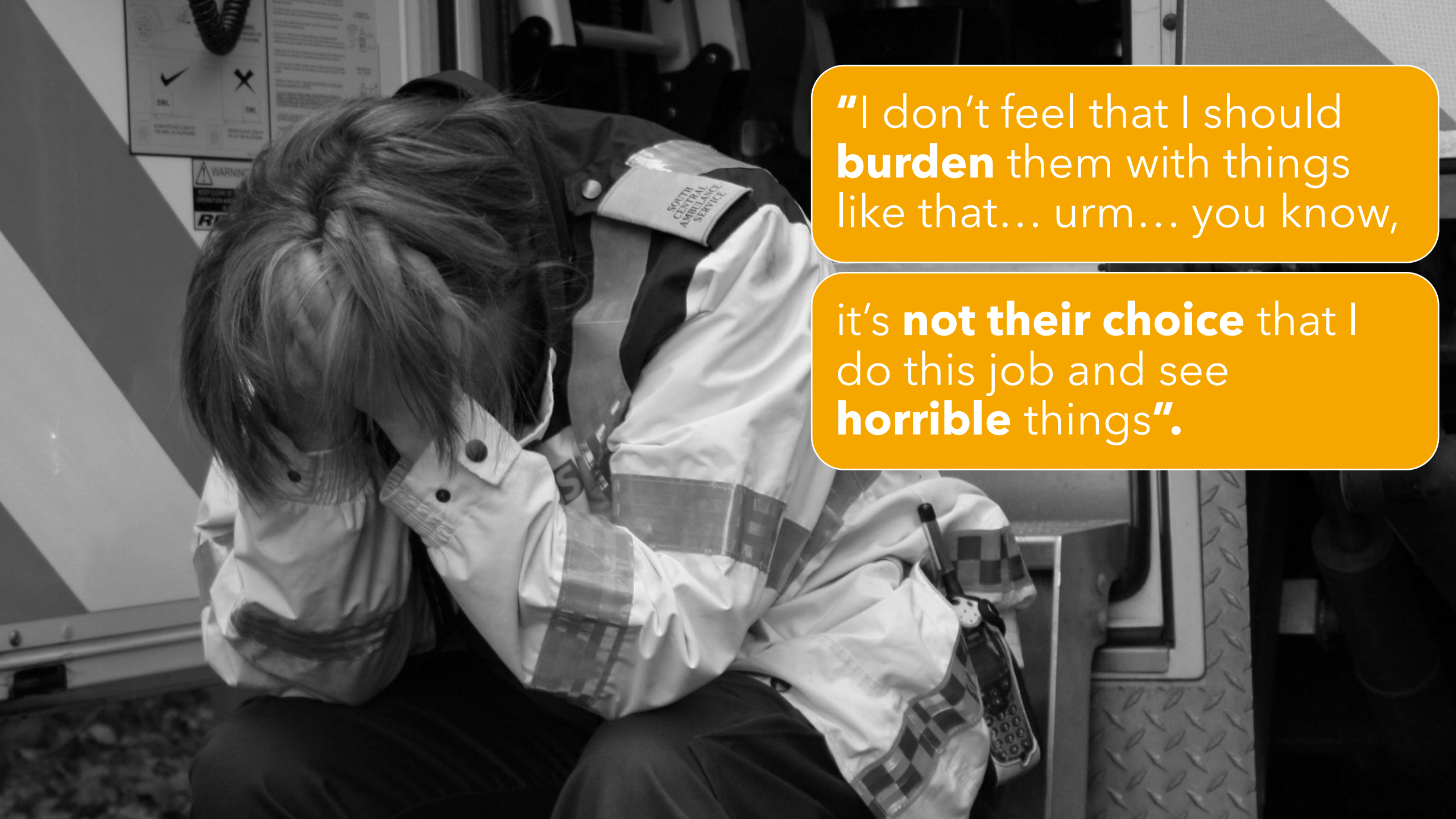
”



"I think there's a little bit of a stigma as well, if you, kind of...to say you're not coping, especially in a Service like this...it is a little bit of a sign of weakness, especially as a woman;

Oooohhhh yeah [laughs] bloody women, going home all stressed...can't cope with the job [said sarcastically] but you just have to talk about it and admit that you're not coping & I think, probably ask for help"





“I don’t feel that I should **burden** them with things like that... urm... you know,

it’s **not their choice** that I do this job and see **horrible things**”.

# Threads that link the themes

---

Feeling connected to others

Opportunity to talk, be listened to, heard & understood without judgement or criticism  
- need to feel safe

Reconstructing self, narrative, beliefs and views

Stigma & cultural beliefs are a barrier

Role of managers, colleagues & family members



# What can managers do to support staff?

## Healthy, Thriving Staff

Build on rapport and relationship with staff and colleagues.

Engage in empowering communication.

Model self-care – be a role model.

Share mental health & wellbeing resources.

Encourage regular 'check-in's'.

Provide time and space for support.

## Staff who are reacting

Maintain good, effective communication.

Provide time and space for support, and express care and commitment.

Watch for any behaviour or emotional changes.

Encourage use of counselling/ therapeutic/ medical services.

Validate your staff member's experience.

## Staff who are unwell

Maintain effective communication. Keep in contact.

Provide time and space for support, express care and compassion.

Be patient.

Consult with experts/ refer to mental health specialists.

# The Future



In developing as a trauma-informed and emotionally aware organization, we need to:

1. Have a better understanding of traumatic stress and the potential impact upon ALL employees - provide education for staff and managers.
2. Create psychological safety within our teams and our organisations.
3. Build in early interventions - induction programmes, peer support.
4. Invest in supportive interventions - post-incident debrief, peer-support, staff welfare policy
5. Have cultural acceptance that traumatic stress/distress and psychological ill health exists and is not a weakness. Through cultural change, stigma **MUST** be challenged.

EDITED BY  
ESTHER MURRAY AND JO BROWN

# THE MENTAL HEALTH AND WELLBEING OF HEALTHCARE PRACTITIONERS

RESEARCH AND PRACTICE



WILEY Blackwell 