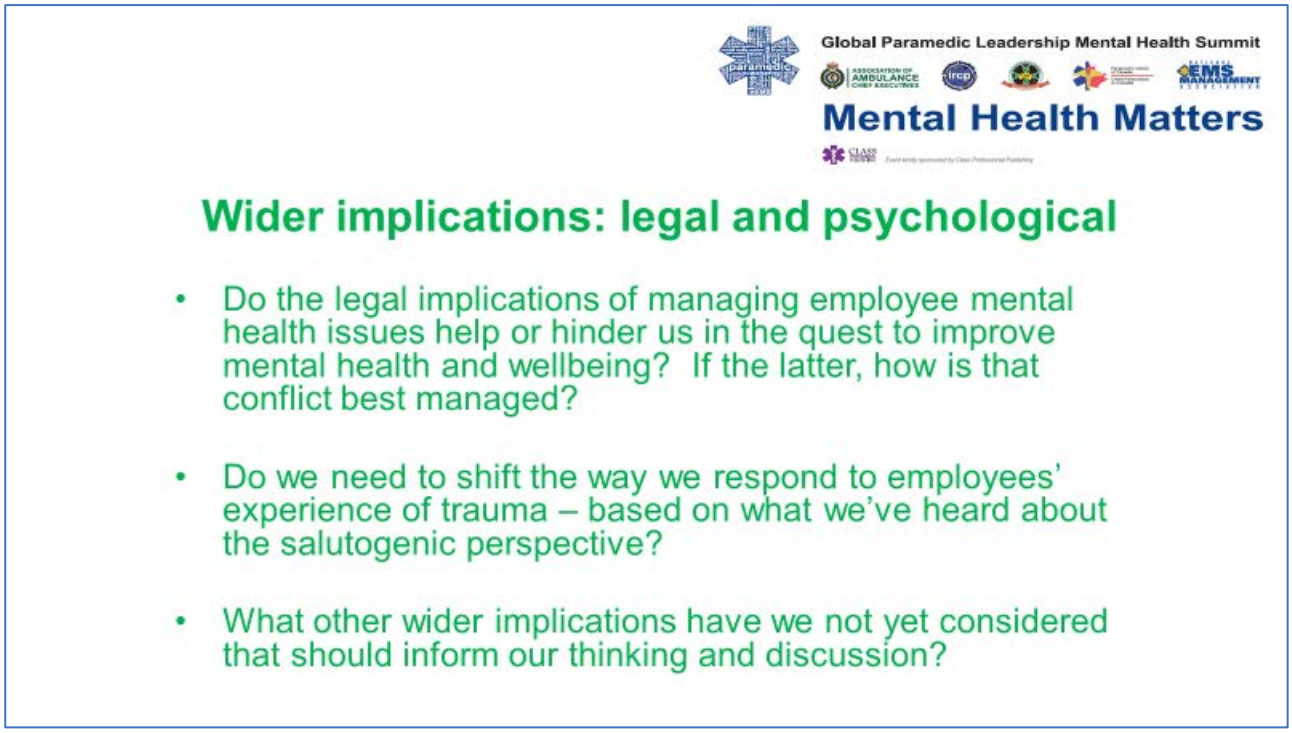
Global Paramedic Leadership Mental Health Summit Notes (brief)

These notes were captured at the Global Paramedic Leadership Mental Health Summit, which took place on 22/23 March 2018 and was attended by representatives from Australasia, Canada, USA and UK and Ireland. The notes are intended to supplement the presentation slides, which are available here: https://aace.org.uk/news/ambulance-leadership-forum-2018-speaker-presentations/. They reflect the discussions that took place following each of the Summit sessions on the six delegate tables in response to the questions asked. They are not comprehensive but provide a record of some of the salient points raised, discussed and fed back to the wider group.

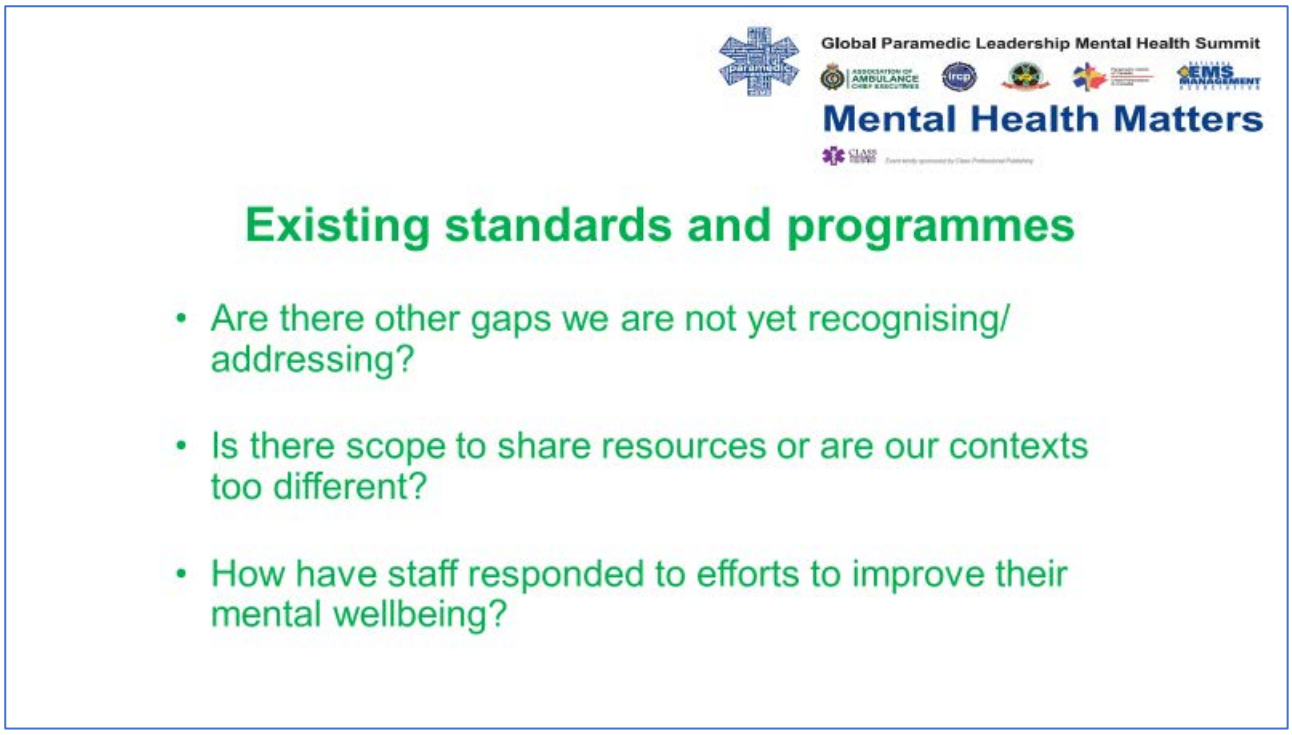
- Broadly the same in all areas/countries; same types of patients/presentations/staff/education; **normal reactions to abnormal situations**
- Less stigma around talking about the big issues because people are more likely to expect someone to be distressed after a big event

- Often other life events that act as a trigger; often not the big jobs but **maybe the big jobs give permission to talk about mental health** – in part because the organisations themselves invite it when big incidents occur
- **Wider organisation** – not just limited to paramedics; EOCs in particular – role design creates stress; support services – reduced willingness to open up due to not feeling deserving of support; do not want to detract from the role of those dealing with patients
- **Impact of jobs cumulative** – also affected by personal relativity and personal issues that impact on mental health
- Trauma can be exacerbated by **lack of clinical supervision structures** in the ambulance sector; consideration for this to be mandatory as in other professions
- Stigma – big issue but progress; promoting mental health/raising awareness; providing support and interventions and specialist therapies; use of real stories; TRIM – trauma risk management; evidence based risk tools
- **Lack of appropriate therapy for psychological trauma**
- Routine, every day calls often elicit an emotional response
- **Build in bandwidth/resilience training at the entry level** – review and follow-up

- **Suicide often under-reported**; 'Werther effect' – a spike of suicides after a widely publicised suicide
- Reasons for suicide not well understood; any research is good
- **Need to stop using 'committed' suicide** – adds to the stigma; words matter
- Use of **psychological autopsy approach** appealing to fully understand a given situation
- Are we focusing on the right areas in our research?; consider looking at mental health disorders contributing to ideation, planning, attempts
- Want **better research and more of it**; challenges are time/resources/asking the right questions
- Language – how we talk about things; **UK statistics – iceberg effect**
- Such a **complex set of problems** – can't solve them; need to start doing things and see what happens; need to think differently how we solve them – speak to other people
- **Loss of driving licence** – such an impact



- Legal – different rules that govern employment; adhering to the law eg. removing driving licence **can have a major impact** on identify and salary
- Legal implications **can hinder but also can offer scope/direction/parameters**; research can support legislation; can provide structure for leadership; lump sum payments to staff can have detrimental effect and bring its own pressures
- **Proactive detection of trauma without making assumptions**; Ambulance Victoria app; peer support network – important to have quality assurance
- Build **training in trauma and resilience** into degree programmes to a greater degree
- **Post-traumatic growth**
- **Families – support**
- Legal – **what's reasonable for an employer** – needs to be a balance
- Need to **promote awareness of how long the required cultural shift will take to happen** – not immediate/overnight
- **Need to embed** – induction, annual repeat even if just for an hour (eg. EMAS resilience matters training)
- Disability Discrimination Act – mental ill health can be less visible
- Need to ensure employer support for employees not exploited eg. taking sick leave on very regular basis; try to unpick true reasons for absences
- **Fear of worrying staff/students** – must ensure the right focus is on growth (not all dark and scary); must let employees know that they will save lives and make a difference
- 'The more you give, the more staff want'; sometimes a quick fix seems desirable; **at least conversations are now being had**
- **Clinical supervision** could be a crucial measure in ensuring good mental health and wellbeing
- Challenges: complexity of legislation; burden on employer to prove otherwise; lack of awareness on part of employer on lifestyle of individual outside work



- **How can we be proactive in trying to identify where trauma will trigger the need for additional support whilst not making assumptions?**
- Well-being **app** for self-referrals
- Quality of peer support of consequence; must recognise that **one size does not fit all**
- Education – building in to pre-registration programme trauma and resilience; do trainers convey the right tacit messages to student paramedics about mental health?
- **Brain development** – need to consider the impact on resilience on younger paramedics