



Issue 8, July 2020

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## [Emergency responder' \(ERs\) Mental Health and Wellbeing, 2020,](#) Kings College London and The Royal Foundation

This is a summary of a significant new research report from the UK-based<sup>1</sup> that investigates Emergency Responder (ER) mental health and wellbeing.

### Methodology:

- collated and analysed data (prior to COVID-19) from academic and non-academic literature
- stakeholder interviews
- landscape review of wellbeing support services for ERs
- other desktop research to gain insight into the nature and effectiveness of available mental health and wellbeing support for the sector.

### Definition:

The term 'Emergency Responders' was suggested as an expansive alternative when assessing mental health and wellbeing referring to first responders, operational staff, support staff, call operators, and other 'at risk' emergency service personnel across the 'blue light', volunteer and search and rescue services (i.e. fire, ambulance, police, mountain rescue, RNLI, HM coastguard).

### Findings:

- ERs may experience more mental health problems such as depression, anxiety and PTSD compared to the UK general population.
- ERs are reluctant to seek support for their symptoms, despite their elevated risk of psychological issues.
- Organisational stressors (such as excessive workloads and lack of senior support) negatively impacted the mental health and wellbeing of ERs more than the stressors caused by operational incidents.
- We do not know if wellbeing initiatives are effective because of a) limited evidence assessing interventions and; b) mixed outcomes in terms of their effectiveness
- The need for emotionally intelligent managers was often highlighted as a priority area for improvement

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<sup>1</sup> Conducted by the [King's Centre for Military Health Research \(KCMHR\)](#) at King's College London and the [Centre for Policing Research and Learning](#) at [The Open University](#). The work has been funded by The Royal Foundation of The Duke and Duchess of Cambridge as part of the organisation's ongoing work to support the emergency responder community.



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- The responsibility and accountability for identifying mental health issues and seeking/receiving help usually falls to the individuals themselves. This is problematic, as it can be difficult for individuals to recognise problems as they arise.

### Wellbeing Support - barriers and enablers to availability and access

#### *At the organisational level:*

- **Barriers:** limited funding, austerity, and a mismatch between the corporate vision and individual needs hindered uptake.
- **Enablers:** Culture of openness and buy-in from management helped implementation and uptake of support initiatives.

#### *At an individual level:*

- **Barriers:** concerns on stigma, confidentiality, and career advancement
- **Enablers:** emotionally intelligent managers.

### Gaps in research (and intervention)

- There is a need to better understand several areas of ER wellbeing, such as self-harm, suicide, alcohol and substance misuse, sleep, bullying, vicarious trauma, finance and debt, and positive mental health and wellbeing outcomes.
- There is also a lack of research on the impact of ER occupations on families in the UK. International research has shown that work and stress related to ER work negatively impact the psychological wellbeing of spouses and children.
- Underrepresented in research were certain groups: including call-operators, volunteers, retirees, Black and Minority Ethnic (BME) groups, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) groups.
- Limited understanding of long-term trends and causes, study designs generally looked at groups of people at a single point in time.
- Evaluating the effectiveness of wellbeing interventions and programmes is lacking

### Recommendations

- Organisational stressors that impact ER mental health need to be understood and assessed more systematically.
- ER organisations need to adopt wellbeing support in an integrated fashion (may include promoting wellbeing champions and supporting destigmatising strategies through mental health champions and online video resources).
- Explore and support evidence-based Continuing Professional Development resources, to upskill managers in terms of mental health and wellbeing and help promote senior buy-in and foster a culture of openness and supportiveness around wellbeing issues.



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- Promote and extend support for mental health/ wellbeing ‘champions’ and help promote peer support within ER organisations
    - Support destigmatising strategies within ER organisations, for example, through the continuation of mental health champions or by creating online video resources where ERs who have experienced mental health issues can share their stories.
    - Promote sharing of ‘better practice’ across the sector, for example, by encouraging cross-collaboration and the showcasing of effective wellbeing frameworks and initiatives.
    - Encourage collaboration between the charities in provision of support and create better signposting to the charities to support potential users.
    - Facilitate better access to mental health and wellbeing support through the creation of a ‘Universal Gateway’ website (analogous to the Veterans’ Gateway; or <https://www.cipsrt-icrtsp.ca/>) or a tool that will aid ERs to navigate support options (including charitable provision), increase visibility of services, enable routes into care pathways and provide online self-assessment to increase recognition of potential mental health and wellbeing problems.
    - Explore and examine effective models of suicide prevention with the ER sector to enable consistent implementation of evidenced-based suicide prevention models.
    - Future support should assess the mental health and wellbeing needs of volunteer roles and examine specific support needs of call operators and high-risk roles such as those exposed to trauma or isolation (e.g. those lone working or analysts working in child abuse/exploitation).
    - The ER sector should examine what support can be offered to volunteer ERs by promoting cross-service collaboration and facilitating relationship building across the emergency services sector.
    - There is a need to better understand the mental health and wellbeing needs of retirees specifically around transition, retirement and post-service employment/career advice, and explore appropriate future provision of support to enable successful transitions out of ER roles.
    - Explore current available resources to facilitate organisations to carry out standardised, context- specific evaluations of their mental health/ wellbeing support services to enable better outcome measurement and feedback to improve support services.
    - Work with sector to see how the mental health and wellbeing needs of ER families could be better understood and supported. There is a need to provide a space to share best practice between and within emergency services in the UK but, also, to highlight better practice models used in other countries (e.g., Canada, Australia, New Zealand).
    - Help to make the available support for families (whether through charities and other organisations) more visible and accessible, perhaps through the creation of an online gateway that can facilitate access to relevant support.