Local, national and international resilience approaches for ambulance services

Introduction

What is wellbeing and resilience?

Wellbeing can be categorised into two sections first being subjective and second being objective. Objective comes under life circumstances which are physical health, types of education, occupation and social interactions. This helps build a person's sense of socioeconomic security. Subjective wellbeing includes a person's psychological state and their perception of wellbeing (The Relationship Between Wellbeing and Health, 2014; Achertberg. Dr. Peter et al, 2012). Within the ambulance service you need understand wellbeing to be able to identify, prevent, treat and manage in yourself and in others, therefore this brings positive mental health and builds up resilience to daily hardship. Wellbeing is affected by poor diet, physical inactivity, smoking and drinking alcohol (Public Health England , 2018).

WHO defined health as " *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity?"* (Constitution Of The World Health Organization, 1964) *.*

Working within the ambulance service leads to a higher level of developing mental health issues due to the nature of the job (Dixon. MSc. Mark et al, 2016). The number one reason for people leaving work is down to them having decreasing mental health (Mind For Better Mental Health, n. d.).

Study's on mental illness within the ambulance service

1. Online survey showed that 55% of 3, 500 emergency service employees had formed a mental health illness since entering the

occupation, meaning a staggering 1, 925 of the 3, 500 people had

formed a mental illness (Mind For Better Mental Health, 2015).

2. A survey was presented to 219 male and female staff to evaluate self-
   resilience within the ambulance service. The findings demonstrated
   that Paramedics who had served for a longer period of time compared
   to student paramedics displayed a greater level of self-resilience and
   wellbeing, due to the findings it portrayed a greater need for resilience
   preventative measures (Gayton Scott D et al, 2012).

3. Within the United States of America, a National Co-morbidity Survey
   showed high proportions of people that never sort help for their mental
   illness, making it one in four (Young-Heiley Bruce et al, 1994).

International resilience approach

United States of America have a prevention method known as CISD (Critical

Incident Stress Debriefing) this intervention allows people involved to reflect

and process the incident that has just taken place this allows people to

express emotion and voice opinion (Panjali, 2017). However, they have in

place CISM (Critical Incident Stress Management) its main aim is to control

high levels of stress in order to speed up return to normality. CISM has three

critical stages information, training and support. Implicated through rapid

intervention (Panjali, 2017). CISD/CISM is a therapeutic intervention through

group support and peer support which can lead to overall recovery. It has

now been expanded to other services such as police, victims and schools

(Young-Heiley Bruce et al, 1994).

Japan have created resilience plans based on their geographic's as they are prone to seismic hazards. Japan have carefully designed hospitals and prepared staff. Hospitals have great storage of water, transport and equipment, the staff are trained how to react and treat patients during and after. On the other hand, they go into the community to educate locals on what to do in the likely event of a disaster. This process makes the whole community resilient and therefore improves equality among all (Mulyasari Farah et al, 2013). This scheme is proactive for future events whereas they had implicated a reactive approach to deal with the aftermath. In 2011 an earthquake/tsunami occurred in Japan they then created MHPS (Mental Health and Psychosocial Support). It was designed for disaster survivors and disaster workers. This meant they stratergised areas which where worst affected and mental health teams where sent along with twenty-three psychosocial teams. It was noted that the most affected was children, women, elderly, people whom had mental health illnesses and disaster healthcare workers. During the period of the event, they conducted mental health assessments and then put in place cultural or evidence based mental health interventions (Shultz James M et al, 2011).

National resilience approach

Mind website have courses where anyone can access and apply to do them. This is to help people to identify, increase awareness, understand and recognise the causes, symptoms and multiple support networks for people. This course also explains the types of mental illness from frequently spoken about to the least recognised. Another key fact that they identify is cultural, gender and race impacts on an individual's mental illness. Minds course can

be accessed before starting a stressful job such as the ambulance service to make yourself more aware and knowledgeable (Mind For Better Mental Health, 2019).

National Ambulance Resilience Unit (NARU) established in 2011. They teach people to show preparedness, response and resilience. This intervention then formed HART (Hazardous Area Response Teams) they respond to extreme threats and high risk events due to dynamic risk assessments. They have trained over 900 different members of staff to deal with these high intense situations which prepares staff mentally. Their national approach is to provide reliable and patient focused care for all (Keith, 2014).

Dark humour integrated into the ambulance service to create a coping mechanism within their day to day life. This is now recognised as a therapeutic approach for employees to use as this denormalises the situation from a traumatic event. However, this is built over time. It is shown more in professionals that have worked longer then newly qualified. Newly qualified professionals pick this behaviour up from more experienced professionals and integrate this into themselves (Christopher Sarah, 2015).

The money advice service helps people to manage, save and organize. You can this online and it's quick and easy to follow (The Money Advice Service , 2019). Money management can help reduce mental illnesses i. e. depression or anxiety (Diener. Ed. et al, 2004). It helps keep home life balanced and coordinated. It allows ambulance staff to focus more on patients as money influences job performance.

Local resilience approach

EMAS (East Midlands Ambulance Service) offer programs to help with the aftermath of a traumatic event using a reactive approach. They have Peer to peer support, it can be accessed twenty-four seven. Employees wear a green badge which makes people aware they are approachable. They are not officially trained but can listen or offer services if applicable (East Midlands Ambulance Service, NHS Trust, n. d.). Secondly, they have TRIM (Trauma Risk Management) it helps keep employees performing after listening, witnesses or reading about a trauma incident. TRIM contacts an employee seventy-two hours after the event to make an assessment following this, they are contacted a further twenty-eight days after. Both assessments are done through guiding policies. TRIM can refer employees for more help such as counseling (East Midlands Ambulance Service, NHS Trust , n. d.). Having access to social networks fundamentally helps people feel safe in order to express emotions (McAlliste. Dr. Margaret et al, 2011).

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