



MENTAL HEALTH AWARENESS

In this issue of JESIP News we focus on Mental Health. We have articles from 4 very different contributors, all of whom are offering their personal insights into how they have either personally coped with mental health issues, or how they support others being more resilient.

2020 has certainly been a year of challenge, the ongoing Coronavirus pandemic has created unprecedented challenges to all aspects of our daily lives, home-schooling, cancelled holidays, workplaces closing, some temporary and others unfortunately on a permanent basis, all of these have placed a tremendous burden on our family, friends and colleagues.

We need to ensure that anyone of our family, friends or colleagues who may be suffering with a mental illness are supported. There are many routes to support, through workplace schemes, GPs or even online from organisations like mind <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/helping-someone-else-see-help/>.



It is more important than ever that we look out for each other and 'it's okay, not to be okay'.

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JESIP Deputy Senior Responsible Officer recognised in the Queen's Birthday Honours list

Carl Daniels, the JESIP Deputy Senior Responsible Officer (DSRO) was awarded an MBE for *services to incident response* in the Queen's Birthday Honours list. The list, which was published in October, was delayed allowing for the recognition of people involved in the response to the Coronavirus response.



Joining from the North West Ambulance Service, Carl has been with JESIP since its inception in 2012, originally leading on training before becoming the DSRO in 2014.

Carl said he was '*extremely proud but humbled by the award*' and paid tribute to the many people he has worked with across the UK, praising particularly his wife and family who have supported him during his career.

TRAUMA RISK MANAGEMENT IN THE UK ARMED FORCES



Traumatic Risk Management (TRiM) is a Tri-Service (Army, Royal Navy & Royal Air Force) endorsed strategy for providing support to Armed Forces personnel involved in a traumatic event, whether on military operations or in any other relevant circumstance. A traumatic incident is any event that can be considered to be outside of an individual's usual experience and which has the potential to cause physical, emotional or psychological harm.

TRiM was initially utilised by the Royal Marines and was brought into Tri-Service use from 2006. [Professor Neil Greenberg](#) (an ex Royal Navy Doctor) led the initiative for TRiM. He now lectures at Kings College London and heads March On Stress: <http://www.marchonstress.com>

TRiM is a Chain-of-Command/line management function that depends on good leadership and robust Human Resource management. It assists commanders in managing stress in traumatic circumstances. It fulfils the MOD's obligations to ensure that, where possible, psychological risks in both the operational and non-operational environments are mitigated. This psychological support strategy is conducted by members of the individuals' peer group rather than by medical or welfare specialists. The intention is to assess their level of stress and help individuals use their own coping mechanisms in order to keep them operationally effective, and to identify if professional help is required. These are known as interventions which are conducted around the 3-day point (after a traumatic event has been declared) with a follow up on the 28th day.

A peer-delivered proactive human resource management tool for supporting individuals following exposure to traumatic events. Its purpose is the early identification of the signs and symptoms of stress, it is not itself a treatment for stress.

TRiM is not therapy or counselling and does not involve the medical treatment of personnel which remains the responsibility of the medical services. The TRiM process intends to reduce the stigma associated with mental health issues, which may prevent those who need help, and for who help is available, from seeking it.

The peer delivered approach is based on trust and it is therefore critical that confidentiality is maintained. Used correctly, TRiM ensures a coordinated and effective response to incidents both on operations and in peacetime. In addition to this, TRiM ensures that common law duty of care is met.

In addition to the Chain of Command, Human Resources, Medical, Welfare and Line management, the following roles exist to implement TRiM:

- **TRiM - Practitioner.** When required, TRiM Practitioners carry out interventions to assess stress levels. They are carefully selected volunteers from a non-medical background who receive appropriate training to enable them to identify psychological risk factors that might otherwise go unnoticed. Such personnel are drawn from across the rank and age range to ensure, whenever possible, that a potential sufferer is supported from within their own peer and age group.
- **TRiM – Team Leaders.** Team Leaders are TRiM Practitioners who have received additional training to enable them to deliver wider management functions for the supervision of a TRiM response to a traumatic incident, on behalf of the chain of command.
- **TRiM – Instructors.** TRiM Instructors are Team Leaders who have proven their commitment to TRiM through delivering refresher training and involvement of TRiM on their Unit.

The mental health and wellbeing of our military personnel remains a key focus for commanders. TRiM is consistent with the objectives of military mental health provision. Its utilisation throughout the Armed Forces continues to contribute to the effective management of traumatic incidents on operations and in the workplace.

'PUTTING PEOPLE AT THE HEART' – HOW DOES YOUR ORGANISATION MEASURE UP?

It's been thought-provoking to observe the ongoing Grenfell Fire and Manchester Attack public inquiries. Today these post-disaster inquests and public inquiries are being livestreamed and are then available for all to see online. Furthermore, bereaved families have been able to present detailed pen portraits of their loved ones reflecting the aspiration to put families at the heart of the proceedings. We've come a long way since the 1987 Kings Cross Fire when the deceased were identified by number only in disaster inquests.

There have been other positive developments since 7/7 reviews recommended a shift in emergency planning and response from service-specific to more client-focussed plans. Today there is a greater appreciation that dealing with disaster means thinking about emergency response from the perspective of all involved in an incident and its aftermath, not just the emergency services.

This was also reflected in JESIP's first Exercise – Joint Endeavour – conducted in Liverpool back in 2014. I was an observer for Disaster Action and our post-exercise report praised the inclusion of an objective assessing *'the overall effectiveness of the response from the perspective of the victims of the emergency and the public'*; our report commented that the human aspects are so very rarely included in exercises of this kind.



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How far is this focus on human aspects – including strategies and tactics for addressing the wellbeing of all responders, as well as those who are bereaved, survivors and the wider public - reflected in *your* organisation's plans, training and exercises?

The Multi Agency Gold Incident Command (MAGIC) Course is an example of current training which includes detailed consideration of the human aspects of major emergencies. It encourages strategic commanders to consider how people – including responders – think, feel and behave during and after major emergencies, and what they need, want and expect from others. In practical terms it challenges delegates to think about the implications of this when implementing JESIP principles as part of integrated emergency management across multiple organisations and phases of disaster.

In practice applying JESIP to wellbeing agendas includes ensuring post-incident psychological support and humanitarian assistance strategies are pre-prepared, implemented early, coordinated and communicated through proactive outreach, and sustained over the longer term.

A good test of your organisation's resilience and preparedness to deliver on this is to ask yourself how well you feel it looks after its most precious commodity – its people. It's no surprise that those organisations that can answer this question positively in relation to its everyday culture tend to have happier, healthier personnel, enjoy and retain a more committed workforce and deal better with disaster.



Putting people at the heart of contingency planning, response and recovery is as much about supporting responders as it is about supporting those they serve. For those whose entry into their profession is predicated on a strong sense of public duty it's only right that supporting their wellbeing and resilience should be part of everyday business. JESIP is needed now more than ever.

Dr Anne Eyre, is a specialist in psychosocial aspects of disasters and is a Liaison Officer at Disaster Action (www.disasteraction.org.uk)

Meet the Project Review Board



Alexandra Guthrie is a senior project manager for the Fire Central Programme Office, part of the National Fire Chiefs Council. She delivered nine of the projects for their National Operational Guidance Programme.

My role on the Joint Doctrine review is primarily to provide project management services to the board. However, as I have been involved with developing operational guidance for the UK fire and rescue service for several years, I am able to apply many of the lessons learned to this review.

Prior to my time with the fire and rescue service, I was a project manager and programme co-ordinator for the Kent and Essex Police Collaboration Programme; this certainly gives me the benefit of having worked for two of the emergency services.

One of my passions is the written word and in particular the use of plain language to impart knowledge to end users of guidance. I think one of the challenges is to improve the Joint Doctrine so that it is effective for all Category 1 and Category 2 users; I will be providing some careful editing skills to ensure it is jargon-free and inclusive. Some of the project boards for the National Operational Guidance have been very diverse, and I have been fortunate to work with specialists from areas such as the automotive industry, animal rescue and renewable energy. Being involved with the Joint Doctrine review will add to that list, as I gain an understanding of the many organisations represented on the project board.



Douglas Sterling is the Head of the Scottish Multi-Agency Resilience Training and Exercise Unit (SMARTEU), the role of which is to provide a fully integrated and coordinated tri-service training and exercise capability.

The 3 blue light emergency services are represented within the unit, which supports, supplement and enhances the existing training functions within each of the respective organisations and provides expert and detailed planning capability to design, develop, deliver and evaluate training and exercising products. In addition to the threat and risk-based exercise development, the unit has experience in delivering a range of major Testing and Exercising Programmes including Glasgow G2014 Commonwealth Games, Glasgow/Berlin European Championships 2018, Gold Coast Commonwealth Games 2018.

In addition to our immediate partners we also actively encourage involvement of our wider partners and have worked with local authorities, health boards as well as various elements from the military, voluntary and private sectors. The unit is supported by a number of governance groups including the SMARTEU Executive Board consisting of police, fire and ambulance executive officers and Deputy Director of Resilience (Scottish Govt), this Board also acts as the Scottish Interoperability Board. In addition, there is the Emergency Services Training Collaboration Group (ESTCG) which consists of the heads of each services national training centres and respective specialist services who review current and proposed training products to establish if that training can be delivered in a joint service format.

Some of the training we have developed include the Joint On-Scene Incident Command (JOSIC), Tri-Service Loggist, Debriefing and Fatal Accident Inquiry Training. More recently we have encouraged the concept of joint working to a wider audience with detailed support to the cross sector 'Blue Light Project' in Sweden which resulted in their recommendation to their Government to develop 'joint working practices' and the establishment of a National Unit in the SMARTEU style.

RESILIENCE – DR ANTONIO ZAROLA

The current pandemic is impacting everyone in some way, either physically, mentally, individually or collectively, and when it comes to managing our way through, it sometimes feels as if the usual ways of dealing with things are not so useful or applicable anymore. In writing this article, I hope to offer some information that will help.

Also, and for our colleagues who work across the essential services, the pressure to continue to respond and deliver high quality services and care has never diminished. In fact, it has only seemed to have intensified throughout the pandemic. I hope there is something here for you, and if nothing else, reading this should provide a momentary distraction from the demands you face.



Image 1: Words/terms associated with resilience.

with lots of terms which have positive connotations and, ultimately, is seen as something which, if understood and used correctly, can act as an important pathway for helping people achieve balance, deal with and recover from adversity. It is also something that can help people to grow and strive for success.

For me, and all of us here at Zeal, resilience is very much a normal or universal aspect of being human, it is something that is very ordinary and not extraordinary. Through our work and research with many different clients, we have realised that people commonly demonstrate resilience.

When you consider the various challenges that people face, deal with, adapt to and regularly overcome, it illustrates that we can and do display - on a regular basis - some pretty impressive levels of resilience.

Of course, some of us are more resilient than others, but most of us have experienced some form of setback, or become despondent, felt anxious, worried, low and defeated at some point in our lives and yet we have kept going in some way. This should help us all to see that being resilient is the rule and not the exception.



Image 2: The value and impact of resilience.

Why focus on resilience?

Whilst resilience has been one of the most popular topics in the psychology profession for as long as I can remember, the increasing focus on mental health and the continuous realisation of the negative impact of the pandemic on human functioning has shone a very strong spotlight on this topic. Seeing or hearing the term resilience will no doubt conjure up lots of different ideas about what this means to you (see image 1).

What is clear from image 1, is that resilience is often used interchangeably

For those who are still not convinced about the importance of resilience, research is very clear in showing that resilience and/or the development of resilience is associated with positive outcomes as shown in image 2 above.

How should we think about resilience?



Image 3: Resilience is all about resources – Illustrative examples.

anything that can help to reduce the burden or increase your ability to deal with a situation. Our ability to deal and cope with, adapt to and overcome setbacks is heavily influenced by the resources we can access and use at a given moment in time. For example, the resilience of specific sectors is being challenged by the pandemic and the availability of key resources such as financial and informational support is critical for helping people through such distressing times.

Equally, so many of us have found aspects of the lockdown isolating. Access to social support at such times can help to ease the pain. Gaining access to and looking after our resources as best we can is an important strategy for building and maintaining resilience.

Consider resilience a little like a container or a tank (see image 4), where all our resources are stored. Each time we face a situation, good or bad, it can either serve to add to our resource tank or take away. If, for whatever reason, there is no opportunity to conserve or access important resources, there is a risk of there not being enough available in the tank to help us to deal with the challenges we face.

The idea that resilience is about resources is a useful one because it helps to extend the idea of resilience beyond the individual (i.e. a matter of someone's personality) to one that is also about our community (social) resources.

Whilst you can complete an assessment to help you to understand levels of resilience, it can be useful to think of it as an umbrella term for describing 'resources' that could prove to be useful in helping you deal or cope with a specific situation or set of circumstances.

I like to group resources into four main categories: personal, social, physical and environmental as illustrated in image 3.

In simple terms, a resource is



Image 4: Resilience is all about identifying, developing and conserving resources.

Indeed, the research evidence demonstrating the positive impact of social support on mental and physical health and well-being is strong.

Please do not misinterpret this explanation of resilience as a way of reducing people to merely a resource to be called upon and quickly discarded once the need for help has gone. Instead, I just find this a simple way of helping people to understand resilience, their own and that of others. It can also help us appreciate where focus might be required to help ourselves and others in need of support.

How can you start to begin to work on your resilience?

When working with clients, I like to use simple exercises to help us both understand and become more aware of our resilience. Below are just three of my favourite exercises and, where appropriate, I've also inserted a link to a tool that can be downloaded from our website (and no, you won't be forced to register). Please do take a moment to consider these exercises either individually, with your work colleagues/team, or even with your family or friends.

Review your resources

As has been outlined throughout this article. An important starting place is to take a step back and reflect on what resources might be available to help you. This exercise can be downloaded and used to support you through this process.

<https://zealsolutions.co.uk/resilience-resource-management/>

Positive past experiences

Positive emotions are an important source of strength. Research is clear in demonstrating the very powerful short and long-term benefits of focusing on positive experiences and emotions. This exercise can be followed and used to help remember situations and challenges you have overcome.

<https://zealsolutions.co.uk/positive-past-experiences/>

Counting 3 blessings

Counting one's blessings is one of the most widely researched interventions. It involves reflecting on one's day and tracking the good things that happened throughout the day. Often the approach is to write down three of these good things that occurred, why one is grateful for them, and what role one played in the experience.

I hope this short article has been helpful and offers some of you a potential pathway to some sense of Inner strength. If you have any outstanding questions or wish to learn more, feel free to email me or the team here at Zeal.



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*'I respect those that tell me the truth, no matter how hard it is'
(Promoting wellbeing in our 999 family)*

Hi, how you doing? My name is Andy. I've spent 20 years as an emergency responder, mostly as a dope-on-a-rope (a paramedic dangling under a rescue helicopter). My father was in the police for 35 years and my brother has been a retained firefighter for most of his adult life. Why am I telling you about my family?



I've always had a feeling that I was part of the wider 999 family; when we were training together, but especially when I have attended multi-agency incidents together.

There is nothing more important than the family...

We are a family..... We know that teamwork is a key part of day-to-day functioning of our organisations and harmonising our teamwork on scene is what JESIP is all about. We aim for

'dovetail joint' on-scene to ensure safety of our personnel, efficiency of rescue & best outcomes for our patients. We practice together, we debrief, we adapt, improvise & overcome together in the moment, (based on JESIP principles and training) – this approach is proven to make us safer, better, stronger & provide a better service & results.

So, how come we aren't doing this for our own responder wellbeing? I notice that we don't look after our wellbeing as a family together, we still seem to be working in silos. But I have a dream that this could change... I've always thought that family:

- shapes our thinking
- is where we are safe
- is where we can really be ourselves
- is where we can find comfort, safety, understanding and trust
- Is where we can speak the truth.
- It's where we can talk openly, say it as it is and normalise the conversation around stress, fatigue, pressure & mental health. Our 999 family is a circle of strength.

'I respect those that tell me the truth, no matter how hard it is' – Michael Corleone

In 2016, I ran a video campaign called #itsoktotalk, which featured the Coastguard SAR helicopter and other Emergency Services teams around the UK. I explained to others how talking about incidents & our feelings afterwards could help our wellbeing & resilience. I used two personal examples of

- a. Speaking to a psychiatrist at work
- b. Talking to my wife after a flashback to Afghanistan

I felt accepted by each service I visited, and everyone got involved by embracing my message that humans were affected by the cumulative effects of a career putting yourself in harm's way for others, attending potentially traumatic incidents and shift work. Strangers accepted me and immediately we had safety & trust to have deep conversations around these issues. We were able to normalise this conversation.

Other services personnel told me of the friends, colleagues and loved ones they had lost to suicide. They shared how they had suffered themselves, as they wrestled alone with demons, which they thought they could not share & had kept bottled up for years.

Self-stigma, fear or shame prevented others, like me, from opening up about their feelings in case they didn't get a promotion, lost their job or got shut out by their team...

The 45,000+ views we had of the video lead to a further outpouring of personal stories arriving for me by text, email and social media. I was completely overwhelmed and worn out for a few days afterwards, as I had not been expecting this & I didn't know how to deal with it back then...

The message was clear though – I was NOT alone.



The bravest thing I've ever done

After experiencing a series of major life events in close succession over a number of years, I decided to speak to my GP in 2018. I had lost my energy, drive and interest in life. I had tried to fix myself and had seen some temporary improvements, but with hindsight, I needed to rest, to take a break and reset, recharge and look after myself. It was exhausting trying to be my old self and hide what was really going on from others. Shift work and a travelling role around the UK, with a promotion and extra workload brought exciting new challenges, but less sleep and a very different set of problems.



The biggest stigma I had to overcome was my own self-stigma and pride that instead of being the person who helped others, that I was the one who actually needed some help.

The bravest thing I have ever done was to swallow my pride and ask for help – admit that I couldn't do everything.

Does it sound as stupid reading it, as it does writing it down? Does it sound familiar at all? Do you recognise anyone?

When I told the doctor that I hadn't been sleeping well for 2-3 years, the penny dropped for me - actually how long I had been struggling by bottling things up. I knew something needed to change & that I had to put me first, rather than 'the job', my reputation, my career, my pride, my patients...

Early intervention provides a better outcome

By realising that fatigue, stress and poor mental health are part of normal life and particularly at risk as an emergency responder – we can normalise the conversation, educate our personnel and find solutions. We can be honest with other and talk about what our problems are so that we can support each other and help each other move forward.

There is always hope. This is common. There is plenty of help. Recovery is not just possible, it's likely when we have a culture of early intervention & accepting help on our journey.

Just like in breast or testicular cancer, an early intervention provides a better outcome. By changing our understanding, culture and how we talk about these issues & support our people, we can ensure better resilience, less absence, better retention; whilst also delivering more safety, better performance & strengthening our teamwork.

Is COVID-19 the Perfect storm?

There has never been a more important time for us to work together efficiently, effectively and sustainably as a family. The COVID crisis brings a prolonged demand on our sector & an ever-changing uncertainty, which is exacerbated by the nature of our shift work, cumulative exposure to potentially traumatic incidents & the extra strains of childcare, home-schooling, partners working from home in our personal lives. The extra stress between shifts means that even highly resilient personnel are feeling the challenges, even before we head into a second wave of COVID during the winter months.

Call to action

My challenge to senior leaders & budget holders in our services on the recent World Mental Health Day webinar (10th October), organised by Emergency Services Show was threefold:

1. Make wellbeing a priority
2. Invest in wellbeing – with a strategy & budget
3. Have a 999-family approach & solution

I believe that JESIP could have a very positive role to play in co-ordinating and mandating Emergency Responder wellbeing across our 999 family in my 3rd challenge. That's why I have suggested that wellbeing is included in their current review of JESIP principles. What do you think? Please let me know, please let JESIP know.

There is a lot of fantastic work happening in various services. However, how are we co-ordinating the knowledge, workload and cost of research, training across regions & our services? I believe we could do this better. For example, how are we looking after lone responders who attend multi-agency incidents? Who looks after this individual after an incident? Other personnel can talk to their teams, find support there, but often the lone responder is in high demand & soon driving at speed to their next incident without processing what they have just been through.



The extra risks of these highly skilled responders working alone has been highlighted to me often. Please let me know how you are supporting these individuals, please share the learning within our wider family.

Finally, I want to think big

How can we speed up the introduction of an Emergency Services Covenant? How can our senior leaders co-ordinate high level co-operation to speed the introduction of a funded, co-ordinated, Government level with mandatory requirements?

How can we protect and preserve the greatest resource we have within our sector – our people. We are family. We can sort this out together. 'Nothing is more important than the family...'

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JESIP Training (virtual)

With the current challenges to multi-agency training and social distancing requirements some services have begun to explore the delivery of training via online platforms such as Microsoft Team, Zoom or WebEx for example.

Not all organisations find this easy to do however, differing services networks can reduce functionality of the video software platform for example.

We would ask that any services that have successfully run online JESIP training to upload any lessons or Notable practice associated with the delivery onto JOL Online, these can then be shared with other services.

JOL Online

Mental Health has been added as a Risk Category on the JOL Online system. If you have any lessons or notable practices around the subject of mental health do share with us via JOL Online.

A few reminders for users around the JOL Online system-

Once a lesson is submitted, **ONLY** the submitter and the JOL Coordinator can view the lesson until it has gone through a robust process and published.

Lessons are redacted to ensure anonymity **unless** this has been agreed by all of the organisations involved and any external relevant stakeholders.

Any CT related learning goes through additional governance and is authorised by CT partners to ensure it is shared appropriately.

Remember, if you wish to receive the JESIP Newsletter when it is released, please go to www.jesip.org.uk and fill in the subscription com

If you want to share your lessons or Notable Practice, please visit JOL Online. If you need assistance contact the JOL Coordinator jol@jesip.org.uk

Remember, you can download the JESIP App at all of the major App stores and access the online version here: <https://www.jesip.org.uk/uploads/media/app/Jesip-web-version/>



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