Association of Ambulance Chief Executives (AACE)

Employee Mental Health
Strategy Guidance

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1.   Introduction

The Association of Ambulance Chief Executives (AACE) was established in 2011 to provide ambulance services with an organisation that can support, coordinate and implement nationally agreed policy. It also provides the public with a central resource about NHS ambulance services.

In 2016, AACE commissioned research into the number of ambulance service suicides during a 24-month period (January 2014 – December 2015). This resulted from a perceived increase in the number of deaths by the National Ambulance Service Medical Directors. The research findings indicated that there was a higher than average risk of suicide amongst male paramedics; the number of suicides amongst other staff groups considered was too low to determine a level of risk. One of the recommendations from the study was the production and dissemination of an employee mental health strategy template, which includes specific emphasis on suicide prevention, and features the review and assessment of suicide risk at times of increased risk. This guidance is designed to support trusts in producing their own organisational-specific employee mental health strategies in accordance with that recommendation.

2.   Purpose

The purpose of this guidance is to help trusts develop a mental health strategy appropriate and fitting for *their* organisation, and identify and implement approaches to enhance the support provided to staff in relation to their mental health and wellbeing. This document also addresses the issue of suicide. It considers what trusts can do in an attempt to reduce the occurrence of suicide, support other staff if a suicide occurs, and better assess the risk of suicide at specific times. The mental health and wellbeing of ambulance service staff is a priority area for the AACE [1]:

> The Association of Ambulance Chief Executives (AACE) is wholly committed to, and supportive of, improving the health and wellbeing of ambulance staff across the UK. Employee health and wellbeing is intrinsic to the AACE's strategic priorities. The AACE works closely with the National Ambulance Strategic Partnership Forum (NASPF), as well as with other partner organisations, to enhance its understanding of workforce issues and support UK ambulance services in helping their staff stay well and offering them support when they are not.
>
> **Martin Flaherty, Managing Director, AACE**

3.   Mental health – the wider context

One in four people experience a mental health problem each year, whilst it is estimated that only 25% of those receive support. [2] On their website, NHS Digital cite that, in 2016, for the fourth successive year, prescription items for antidepressants showed the greatest numeric rise. They increased by 3.7 million items (6%), from 61 million to 64.7 million between 2015 and

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[1] Citation from: http://www.nhsemployers.org/your-workforce/plan/ambulance-workforce

[2] Mind (2016). Building on change: Mind's 2016-2021 strategy: www.mind.org.uk

2016.[3] Over recent years, the prevalence of mental health problems has increasingly been recognised at governmental level and across the NHS. In November 2013, the Government refreshed its Mandate to NHS England calling for parity of esteem putting mental health on a par with physical health.[4]

Focusing on employee mental health and wellbeing, as well as having a positive impact upon employees and the workplace, can deliver financial returns at the organisational level. In a 2016 Policy Report, the Chartered Institute of Personnel and Development (CIPD) refers to its 2015 Absence Management Survey, which pegs the annual medical cost of absence per employee at £554 [5]. The CIPD also cites Professor Dame Carol Black's 2008 review, which estimated the annual economic cost of working-age ill health at well over £100 billion.

There is a compelling economic argument for prioritising staff mental health that sits alongside the ethical case for enhancing employee wellbeing. Evidence from available literature and case studies further supports the idea that wellness programmes have a positive impact on intermediate and bottom-line financial benefits [6].

4.   Mental health and the ambulance service

Research indicates that 91 per cent of ambulance staff have experienced stress, low mood or anxiety while working in the service. Making the ambulance service a place that promotes positive mental wellbeing is the responsibility of us all.[7]

Mind, the mental health charity,[8] launched its Blue Light Programme in March 2015. Mind's independent research shows that members of the emergency services are even more at risk of experiencing a mental health problem than the general population, but are less likely to seek support.[9] Outlined below are research findings that relate specifically to the ambulance service, as presented by Mind to the AACE Council (chief executives and chairs) in November 2017:-

> ▶ **91%** of ambulance personnel have experienced stress, low mood or poor mental health.
> ▶ **14.5%** rated their current mental health as very poor or poor, compared to 4% of the general population.
> ▶ **40.7%** cited work as the main cause of their mental health problems. This is the highest within emergency services.
> ▶ Excessive workload (**68%**), pressure from management (**63%**), long hours (**60%**), and changing shift patterns (**56%**) were identified as triggers more often than exposure to traumatic incidents (**52%**).
> ▶ **80.4%** said that their organisation doesn't encourage staff to talk about mental health.
> ▶ **80.5%** wouldn't talk to their managers. They were much more positive about talking to colleagues.
> ▶ **79.1%** gave a negative rating of their organisation's support.

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[3] NHS Digital: http://digital.nhs.uk/pubs/presdisp0616

[4] https://www.england.nhs.uk/blog/parity-of-esteem/

[5] CIPD (2016). *Growing the health and well-being agenda: from first steps to full potential*: https://www.cipd.co.uk/Images/health-well-being-agenda_2016-first-steps-full-potential_tcm18-10453.pdf, p.16

[6] PricewaterhouseCoopers LLP (2008). Building the case for wellness: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf

[7] www.nhsemployers.org/your-workforce/plan/ambulance-workforce

[8] https://www.mind.org.uk/

[9] https://www.mind.org.uk/news-campaigns/campaigns/bluelight/

The data above shows that the mental health and wellbeing of staff is a significant issue for ambulance services. The percentages provided reflect the views of a proportion of staff, rather than all, but highlight the need for more focus and action in this area if staff are to receive the support they need and deserve.

In addition to Mind data on mental health, statistics contributed to the AACE's study into the prevalence of suicide amongst ambulance service staff by the National Office of Statistics indicated a standardised mortality rate of 175 for male paramedics (2011-15). This was significantly higher than nurses (112), fire service officers (100), and medical practitioners (63).

The research the AACE specifically commissioned included the detailed review of coroners' findings to identify any prevalent themes pertaining to the ambulance service suicide cases in 2014 and 2015. The results showed that almost half of the individuals who had committed suicide had a history of contact with specialist psychiatric services, two thirds had evidence of depression or anxiety at the time of their death, and a third had previously harmed themselves. Furthermore, six of 11 staff suicides occurred within one month of returning following a period of sickness absence (four had returned to work in the previous week).

5. Enhancing mental health and wellbeing

5.1 National resources

The importance of sound mental health and wellbeing is increasingly recognised and addressed by employers. Within the NHS, as parity of mental and physical health has been sought, so too has the mental wellbeing of its workforce become a greater focus. This has been reflected within ambulance services and supported greatly by the work undertaken by partner organisations such as Mind, The Ambulance Staff Charity, NHS Employers and trade unions.

Through partnership-working with ambulance trusts and trade unions, NHS Employers launched its Ambulance Workforce web section in January 2018, which 'aims to develop organisational cultures that promote higher levels of morale, motivation, staff satisfaction, wellbeing and engagement, to improve the working lives of all staff in the ambulance service. It is based on evidence provided from across the ambulance sector on where good work is already happening and where support is needed.' [10]

Included on the website is a vast range of tools, guidance and case studies that can be utilised by ambulance services to enhance the health and wellbeing of their staff; for example: *Vital Signs: Eight Elements of Workplace Wellbeing*, as displayed in Appendix 1; and guidance on how to develop and implement a health and wellbeing strategy, as displayed in Appendix 2.

Mind's blue light programme created a further repository of resources and tools for police, fire and ambulance services to seek to address and enhance the mental health and wellbeing of emergency service staff. This is available on their website.

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[10] http://www.nhsemployers.org/news/2018/01/welcome-to-the-nhs-employers-ambulance-workforce-web-section

5.2   At a local level

In addition to such national resources, at a local-level ambulance services have embraced the challenge of improving staff mental health and wellbeing.

In **East Midlands Ambulance Service** (EMAS), for example, 'my resilience matters' training has been delivered to emergency operations centre staff and divisional operations during a six-hour pilot session.   Founded and enshrined in the EMAS values, the session considers workplace stressors and possible solutions, mental health issues such as depression and anxiety, and what tools can assist in their management and alleviation.   The session concludes with attendees completing a personal pledge plan, as displayed below: [11]

Underpinning EMAS's training programme is its integrated approach to mental health, inherent to which are:

- Promoting a culture that challenges stigma related to mental health, which is particularly relevant for uniform services
- Early intervention to prevent a crisis
- The right access, support and risk management plan when someone is in a crisis
- A wellbeing recovery plan to prevent someone with lived experience going back into crisis
- Ensuring we can evaluate and link to our overall culture of promoting wellbeing at work

South Western Ambulance Service's (SWAS) Staying Well Service co-ordinates service provision and support for staff in staying well.   It acts as a focus and central coordinating function to manage all aspects of staff physical and mental well-being.   The correlation between physical and mental well-being cannot be under-estimated and the two should not necessarily be separated.   One feeds the other: impacting the physical well-being of staff also improves their mental health.

SWAS's staying well service is a physical and mental health service for staff, overseen by two mental health practitioners and an office manager.   Staff are supported with fast track physiotherapy appointments, which has drastically improved sickness following musculo

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[11] EMAS (2018). *My resilience matters*, session slides

skeletal injuries. Staff are also supported with mental health issues, whether this is work based stress, post-traumatic stress disorder (PTSD) or any other mental health concern.

The two mental health practitioners directly support and refer staff to appropriate services. The service is hugely valued by staff and feedback is overwhelmingly positive. The service runs drop in sessions and offer bitesize sessions on mental well-being and also has a dedicated web page with additional supportive resources, see following screenshot:-
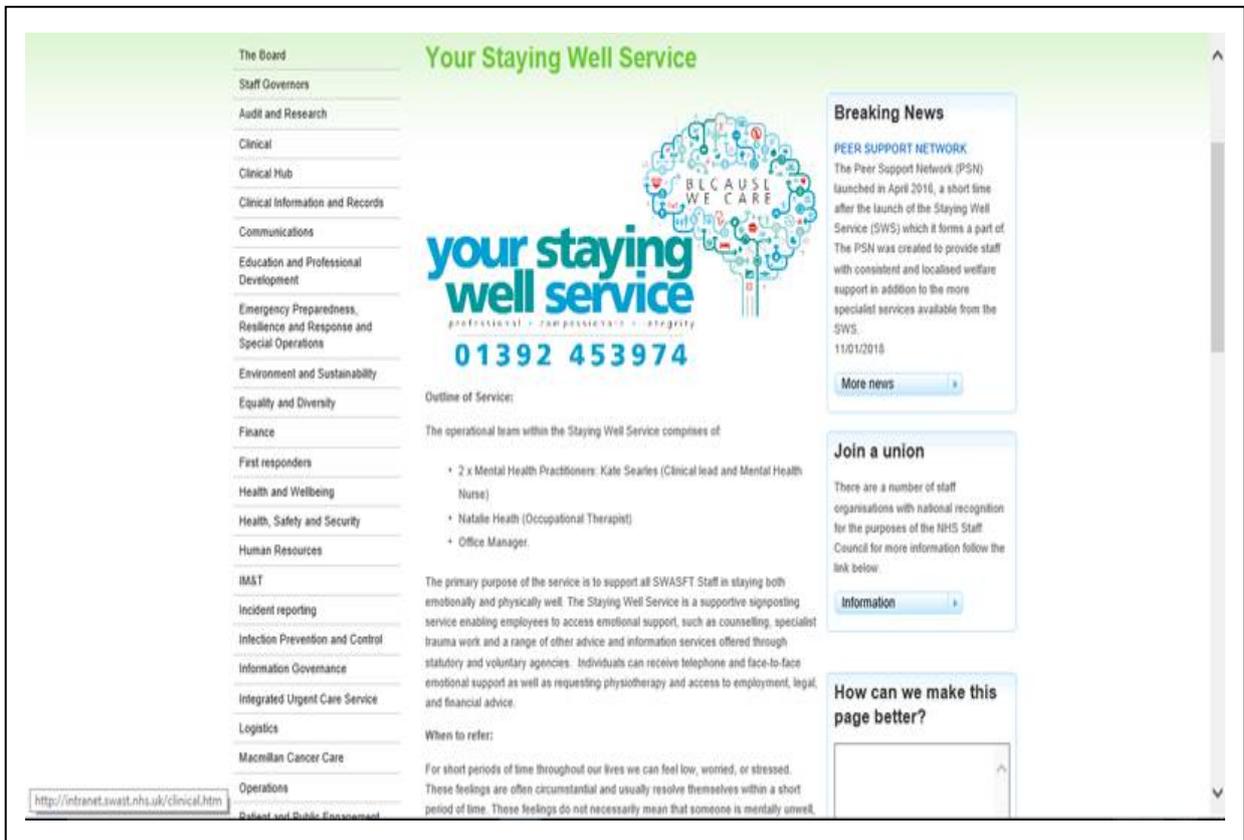
Developed by Public Health England and Business in the Community, the self-assessment toolkit for organisations to consider their whole systems approach to wellbeing is a great resource for employers: https://wellbeing.bitc.org.uk/all-resources/toolkits/self-assessment-toolkit.

6.   Suicide prevention

6.1   National resources

6.1.1 Reducing the risk

The UK ambulance service is hugely saddened by the number of suicides that have occurred within its workforce in recent years. At both a national and local level, sector leaders are committed to taking action to reduce its occurrence and enhance the support available to staff, particularly those for whom suicide may seem like the best or only option. As stated in Public Health England's (PHE) 2017 *Reducing the Risk of Suicide: Toolkit for Employers[12]*:

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[12] https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

'Employers have a crucial role to play in suicide prevention. People in work spend about one-third of their lives at their place of employment. Colleagues and line managers can provide an important social and emotional support network, built on shared experiences.

Employers are in a unique position to help colleagues understand the importance of wellbeing and good mental health, and the knowledge of how to keep safe and well and how to spot the signs of being unwell.'

In its *Suicide Prevention Strategy 2018-2021,* **South Central Ambulance Service** (SCAS) refers to the UK Government's *Preventing Suicide in England: a cross-government outcomes strategy to save lives* [13] citing its ambition to reduce the rate of deaths from suicide nationally by 10% by 2020/21.

Included are the six key areas for action identified:

- Reduce the risk of suicide in key high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

The PHE Toolkit for Employers (2017)[14] builds on this, stating:

'An effective strategy for suicide prevention at work begins with a holistic approach to health and wellbeing, which encourages an open and honest conversation about mental health.

Suicide prevention initiatives should be embedded in the broader framework of an occupational health, safety and wellbeing policy, and in the general workplace culture. A safe and healthy workplace is one where employees and employers feel valued and secure, where pressure from work and home life is recognised, and measures are in place to minimise it, and where employees feel they have reasonable control over the work they do.'

Appendix 3 features PHE's key elements of a workplace suicide prevention programme, intrinsic to which are: a workplace environment that values its employees and their families; education and training; effective internal communications; clear policies, procedures and practical guidance; and signposting of national helplines.

Displayed in Appendix 4 is a further graphic from PHE's suicide prevention toolkit, which addresses common myths about suicide. Enhancing understanding of suicide is an important component of ensuring that ambulance services effectively seek to prevent its occurrence. Organisations such as Samaritans[15] can support and guide trusts in this endeavour.

In its suicide prevention toolkit, PHE lists five key areas of focus in the quest for a safe and healthy workplace:

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[13] Department of Health (2012). *Preventing Suicide in England: a cross-government outcomes strategy to save lives.* DH, London.

[14] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*: https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

[15] https://www.samaritans.org

- Promoting good mental health and destigmatising mental health problems
- Reducing stress at work
- Preventing and taking action against bullying and harassment
- Extending support and psychological health services
- Educating and training managers and other key staff

These reflect the recommendations from the AACE's suicide study and require careful consideration and corresponding action by trusts when seeking to prevent suicide. Building on this, Appendix 5 shows simple steps that the PHE advocates in developing a mentally healthy workplace, and how that process can be begun: making a commitment; building an approach; and fostering a positive culture.

Outlined below are some of the specific actions advocated by PHE that can be taken to build and nurture a safe and healthy workplace:

Extending support and psychological health services:

- ensure your employee assistance programme (EAP) provides appropriate support and counselling services to staff who may have thoughts of suicide
- ensure employees are aware of confidential EAP or community services that are available to them
- make sure occupational health services can provide confidential advice and support for staff from trained clinical professionals who understand their specific work requirements
- make sure line managers have the confidence to respond and know what to do it an employee asks for help

Absence and return to work:

- it is important to maintain reasonable contact with anyone off sick, but not to put pressure on them to return to work
- tell your employees what they can expect from you to help them return to work
- make sure your staff understand their responsibilities to you, including what procedures you require for absence from work
- ensure a fair and consistent approach to return to work

Screening the risk of work-related psychological stressors:

- managers can have a positive impact on the level of work-related psychological stressors; it is important to involve employees in identifying areas of concern and to keep them up to date with the status of your evaluation of workplace stressors
- there is promising evidence that helping people to practice mindfulness can reduce stress and help manage anxiety
- encourage staff to build healthy behaviours – such as regular physical activity, eating a balanced and healthy diet, and getting enough sleep – are key ways to help manage and reduce the impact of stress and prevent it becoming overwhelming

Preventing and taking action against bullying:

- bullying, harassment and intimidation in the workplace has a significant impact on stress at work and can increase the risk of suicide

- employers have a legal and moral obligation to provide a safe and positive work environment in which the rights of all employees are respected equally, regardless of age, gender, race, religion, disability or sexual orientation

- employers must adopt a zero-tolerance policy in any firm, and act swiftly and decisively when allegations are made

Restricting access to locations and materials that can be used for suicide:

- while some people may contemplate suicide over time, the actual decision to take their life can be impulsive; means restriction is one of the few empirically-based strategies to substantially reduce the number of suicide deaths

- employers should carry out a risk assessment and implement access to lethal means, wherever it is possible

- management may wish to consider a two-step verification process to administer highly lethal drugs to prevent misuse (if this is possible, or an alternate approach to restrict inappropriate access)

6.1.2 Identifying employees at risk

It is not always possible to identify someone who is considering suicide, however, there are some signs that might indicate that an individual is at risk. In its suicide prevention toolkit, PHE consider potential changes to look out for that might be caused by distress or crisis. It advocates always starting a conversation with someone who might be struggling: 'if you see someone struggling, reach out to them'.[16]

The following signs do not necessarily mean the person is thinking about suicide, but may indicate they are struggling:

> **Changes in productivity**
> 1. Deterioration in performance at work
> 2. Lethargy in a previously energetic person
> 3. New pattern of unexplained lateness or absences
> 4. Recent inability to concentrate on work
> 5. Recent inability to complete work

> **Changes in social functioning**
> 1. Deterioration in social functioning
> 2. Withdrawal from colleagues, isolation

> **Changes in personality or behaviour**
> 1. Extreme mood swings
> 2. Acting anxious or agitated
> 3. Showing rage, uncontrolled anger
> 4. Behaving recklessly

> **Increased alcohol or drug use**

> **Changes in eating and sleeping patterns**

> **Signs of (self-inflicted) physical harm**

Not everyone who is thinking about suicide will display these warning signs. Some people will show no outward signs of suicidal thoughts prior to planning suicide, and you will not always be able to see that someone's behaviour has changed. However, it is worth being aware of these possibilities, which might help you to identify people who are showing warning signs.

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[16] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*: https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

Displayed in Appendix 6 is PHE's outline of the factors that increase the risk that someone will die by suicide. Understanding and familiarity of this will enhance an employer's – and managers' – likelihood of identifying those employees who may be at higher risk of suicide.

6.1.3 Suicide 'postvention'

> A proactive suicide prevention strategy can reduce the risk of suicide. Yet with nearly 5,000 deaths by suicide in England last year alone, we need to be prepared to deal with these tragic situations. The suicide of a colleague can have a profound and lasting impact on employees, families and friends. Employees may also be affected by the suicide of a friend, family member, customer or supplier, the relative of a colleague or somebody else known in the workplace.
>
> **Public Health England (PHE), 2017**

Intrinsic to a holistic and comprehensive approach to suicide prevention is helping people in the aftermath of a suicide. As cited in the PHE suicide prevention toolkit, people bereaved by a friend or family member who has died by suicide are more likely to attempt suicide themselves.[17] 'Postvention' is the term used for activities that help people after a suicide has occurred, and are critical to help reduce the risk of another suicide.

PHE assert that an organisation's senior leadership plays a critical role in setting the tone for how the rest of the workplace will respond to a suicide. In the aftermath of a suicide, it is important to ensure that any interventions are not too short-term, as the impact on some staff may not be immediate. If organisations are too quick in attempting to 'get things back to normal', this may create a barrier to staff speaking out or seeking help.

Appendix 7 contains some key steps that are strongly advocated by PHE when an organisation is in the aftermath of a suicide.

6.2 At a local level

SCAS's Suicide Prevention Strategy cites an overarching strategic aim: to have no deaths from suicide amongst staff employed by the trust. Underpinning this are three further aims:

- To become a mental health friendly organisation with processes that cause no avoidable harm to staff who experience suicidal ideation
- To ensure that all staff have easy (and equitable) access to mental health assistance
- To improve our approaches to communicating with staff about suicide

Measures of success are outlined in the strategy in addition to nominated leads for each aim, with progress monitored by the trust's Health and Wellbeing Board.

Monitoring the impact of a strategy is an important component of its implementation, as is its review and revision on a regularly determined basis.

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[17] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*:
https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

7.   Further considerations

This document is intended to provide information and guidance on the development and implementation of an employee mental health strategy for NHS ambulance services. It is by no means comprehensive but aims to support trusts in considering how best they can enhance the support they provide to their employees.

In addition to what has been explored, further areas of consideration for trusts when developing their strategies are:-

- Meaningful involvement of staff and trade unions in strategy development and implementation

- Inclusion of a clear means of evaluating the strategy's implementation

- Ensuring alignment to national strategies

- Consideration of all ambulance service staff - not just those working on the front-line

- Inclusion of reference to spiritual care provision where available, or other specific sources of support available locally

Listed below are additional resources available for employers:

Resources for good mental health:

- NHS Employers: Ambulance Workforce Section
  http://www.nhsemployers.org/your-workforce/plan/ambulance-workforce

- Mind Blue Light Programme
  https://www.mind.org.uk/news-campaigns/campaigns/bluelight/

- Business in the community mental health toolkit for employers
  https://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf

- HSE Management Standards for work related stress
  www.hse.gov.uk/stress/standards/index.htm

Resources and information about suicide prevention:

- Samaritans
  https://www.samaritans.org/

- International Association for Suicide Prevention
  https://www.iasp.info/suicide_and_the_workplace.php

- National Suicide Prevention Alliance
  www.nspa.org.uk/

Appendix 1: NHS Employers: Vital Signs: eight elements of workplace wellbeing[18]

[18] http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/the-way-to-health-and-wellbeing/eight-elements-of-workplace-wellbeing

Appendix 2: NHS Employers: Developing and implementing a mental health and wellbeing strategy [19]

Key stages in development

The key stages in producing a comprehensive strategy are:

- gain board level approval

- assess needs

- formulate strategy (where necessary or look for synergy between policies)

- consult employees

- implement strategy

- monitor and evaluate.

Your organisation's implementation of its health and wellbeing strategy should be systematic, core to the management and operation of the organisation, relevant to all stakeholders, flexible enough to change with a changing organisation, good for staff, patients and the organisation and intended for the long term. It is integral that you gain board engagement in order to get support from board to ward and develop a supportive organisational culture. Building a successful health and wellbeing business case is a great way to do this.

Crucially, it should be based on the needs of the organisation and support the achievement of the organisation's strategic aims.

Assessing need

Any strategy should be based on the assessed needs of the organisation. Some organisations may carry out a needs assessment among staff. This could involve using a questionnaire, analysing the results from the NHS staff survey or holding a health fair where participants answer an agreed set of questions.

Research commissioned by the sub group of the staff council, Health, Safety and Wellbeing Partnership Group (previously known as POSHH), looked into the organisational factors which impact on employee health and wellbeing. This research identified that some factors had a greater impact than others. Organisations may wish to consider these when looking at strategic health and wellbeing interventions.

These key factors are:

- positive team culture

- supportive manager behaviour

- positive contribution

- participation/being kept informed.

Staff groups and trade unions should be involved in the development of the strategy. These groups and staff representatives often have a wealth of information and good practice that they can bring to

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the table during the development stage.

Organisations that have developed and implemented successful health and wellbeing strategies often have consulted with employees at the start of the process and throughout. This helps to ensure that employees are engaged and understand what the organisation is trying to achieve and that the strategy is matched to their needs. Involving all staff is key – this means all staff groups and levels, from the board to nursing staff to the catering staff. You may want to pay particular attention to staff groups that are more difficult to engage with, these could include medical staff, staff who work shifts and staff who work at remote sites.

Implement strategy

Most organisations form a project group made up of a mix of staff, management and trade union representatives to take forward the development of the workplace health strategy.

When putting this group together, you will need to agree on the answers to a number of initial questions.

- What is the purpose of the group – what are you tasked with achieving?

- What will be the benefits to the organisation?

- How does this work support the values of the organisation?

- What are their aims and objectives – are they realistic and can they be met?

- What are the expected outcomes?

- How will you measure progress?

- How will you report progress?

- How will you review the strategy?

- How will this link to the organisation's corporate objectives? How will you show this?

Assessing where the organisation is at the start of this process and looking at what is already in place and available to build upon is an important stage in the development of the strategy.

Evaluation of health and wellbeing interventions is crucial to achieving sustained organisational support. This is an area which is often overlooked when implementing initiatives. However, as resources become more and more difficult to secure, it becomes even more important for you to be able to demonstrate the impact and effectiveness of health and wellbeing. It is also something that you need to build into your strategy before you start implementing your interventions, not after.

Appendix 3: Public Health England (2017): Reducing the risk of suicide: a toolkit for employers – key elements[20] (as featured in SCAS Suicide Prevention Strategy)

Key elements of a workplace suicide prevention programme might include:

A work environment that values its employees and their families, and promotes respect, open communication, a sense of belonging, emotional wellbeing, and encourages people to seek help when they need it and to support each other.

Education and training on mental health, including suicide awareness, for all employees, especially line managers.

Internal communications and induction programmes that ensure employee are aware of resources and support available and that these are accessible to everyone.

Clear policies, procedures and practical guidance to help employees who need support around issues including mental health, long-term health, domestic violence and financial insecurity.

Specialised suicide awareness and prevention training for the workplace's Employee Assistance Programme (EAP) providers and/or HR staff.

Helplines with national reach and issue focus are signposted across the workplace, such as Samaritans and national domestic violence helplines.

A plan for responding to a suicide attempt or death.

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[20] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*:
https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

Appendix 4: Public Health England (2017): Reducing the risk of suicide: a toolkit for employers – common myths about suicide[21]

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Common myths about suicide:

? Myth: You have to be mentally ill to think about suicide

✓ Fact: There is a misconception that you have to be mentally ill to think about suicide, but the truth is many people do – around one in five adults say they have thought about suicide at some point. Suicidal thoughts can range from feeling that life isn't worth living anymore, to seriously considering taking your own life. Not all people who die by suicide have mental health issues. Two in three suicides are by people who are not under mental health care.

? Myth: People who threaten suicide are just seeking attention

✓ Fact: People who say they want to die should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and giving them this attention may save their life.

? Myth: Once a person has made a serious suicide attempt, that person is unlikely to make another

✓ Fact: People with a history of attempting suicide are at an increased risk of dying by suicide. If someone has made an attempt on their life, it is essential they are given appropriate support and help.

? Myth: Talking about suicide is bad as it may give someone the idea to try it

✓ Fact: People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Talking about suicidal feelings in an honest and non-judgmental way can help break down the stigma associated with it, meaning people are more likely to seek help and open up about how they feel. Talking about suicide will not put the idea in someone's mind, but it will help make the topic less taboo.

? Myth: If a person is seriously thinking about taking their own life, then there is nothing you can do

✓ Fact: Suicide is not inevitable – it is preventable. Most people who experience suicidal thoughts don't go on to take their own life.

? Myth: Most suicides happen in the winter months

✓ Fact: Suicide rates peak in the spring, but suicidal thoughts, feelings and behaviour may happen to anyone at any time.

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[21] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*:
https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

Appendix 5: Public Health England (2017): Developing a mentally healthy workplace [22]

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Developing a mentally healthy workplace

Here are simple steps you can take to begin that process:

Make a commitment:

☑ Appoint mental health champions who can raise the profile of mental wellbeing and bring about positive change

☑ Sign the Time to Change employer's pledge, and work with Time to Change to identify what immediate actions you can commit to

☑ Ensure good mental health as an important topic is communicated across the organisation to normalise the topic and promote proactive approaches to good mental health

Build your approach:

☑ Understand your employees: get to know their pressures and aspirations, and what's happening outside work

☑ Understand the business benefits: look at how good employee wellbeing can benefit your organisation and the costs of poor employee health

☑ Understand the law: ensure that you are following your legal obligations

☑ Create a positive mental health plan: develop a scheduled programme of activity to promote good mental health and introduce measures to assist those with poor mental health

Foster a positive culture:

☑ Encourage healthy behaviours around diet and exercise. Promote smoking reduction and responsible alcohol consumption

☑ Provide a healthy workplace environment, including air quality, lighting, temperature and noise levels

☑ Be sociable: organise company events and activities to strengthen relationships between staff

☑ Give back: encourage staff to take part in volunteering, which is good for wellbeing and mental health. As an employer you can lead the way, by 'adopting' a charity, for example

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[22] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*: https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

Appendix 6: Public Health England (2017): Certain factors increase the risk [23]

Certain factors increase the risk that someone will die by suicide. These include:

Demographic

Gender: Men remain the most at risk group and are three times more likely to die by suicide than women. Some men are less likely to seek help and there are an increasing range of innovative ways being used to reach men, and to ensure services are accessible and relevant for them. The suicide rate for women, although far lower than for men, has been increasing.

Age: The age group with the highest suicide rate is 45 to 59 years, for men and women.

Bereavement: Men and women are at higher risk of suicide after the death of a family member or friend. A death by suicide is a significant risk factor.

Sexual orientation and gender identity: The risk of suicide is significantly higher among the lesbian, gay, bisexual and transgender community. Whilst some research exists into the increased risk, precise data can be difficult to establish because many LGBT people feel unable to be open about their sexuality or gender identity. We know that members of the LGBT community are more likely to suffer from bullying and discrimination at work and are at an increased risk of drug and alcohol abuse and homelessness – factors which affect mental health.

Mental illness

Around one-third of people who die by suicide have been under specialist mental health services in the year before they die. This includes treatment for illnesses such as depression, bipolar disorder and schizophrenia.

Socio-economic status

There are systematic socio-economic inequalities in suicide risk. Socio-economic position can be defined in many ways – by job, class, education, income, or housing. Whichever indicator is used, the greater the disadvantage, the higher the risk of suicide. Even after accounting for underlying mental health issues, suicides increase among those in lower social classes.

Behavioural

Some patterns of behaviour can indicate a risk of suicide. These include alcohol and substance dependence. Self-harm, which is most common in people under 25, is also an indicator of suicide risk.

Psychological and attitudinal

Psychological and attitudinal risk factors include perfectionism, over-thinking, feeling defeated, hopelessness, and feelings of not-belonging and being a burden to others.

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[23] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*: https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

Appendix 7: Public Health England (2017): suicide postvention – key steps [24]

Here are some key steps that you must take:

1. Be prepared:

> Secure board level support for suicide postvention as part of the organisation's crisis management

> Include suicide postvention in mental health training for line managers

> List stakeholders (internal/external) who should be alerted in the event of a suicide at work

> Make sure that key personnel at work accept and understand their role

> Know your legal obligations

> Develop a communications strategy for a suicide (internal and external, including social media)

2. When suicide happens

> Support and promote healthy grieving

> Avoid assumptions about how colleagues will respond

> Encourage mutual support

> If possible provide group support sessions, ideally through your EAP provider

> Following Group Support make face to face counselling available for individuals that are significantly affected, through trained, professional counsellors

> Give people time off work if they need it but encourage the resumption of daily routines

> Where a colleague begins to experience serious long-term problems always seek professional help and support for them, initially through their GP

3. Legacy phase

> Work with colleagues to find the best way to celebrate the life of the deceased

> Be prepared for dates/events that may be sensitive to those affected by the suicide

> Give thought to how to deal with workspaces previously used by the deceased. Be sensitive to those who worked alongside them

> Review the organisational response to the suicide and be prepared to share learnings with other organisations

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[24] Public Health England (2017). *Reducing the risk of suicide: a toolkit for employers*: https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf