Mental Health Continuum for the Ambulance Sector

Contents

Purpose

This document describes the process used to produce a mental health continuum for the ambulance sector, including summarising the findings of a literature search exploring mental health continuum and the evidence related to these. It takes forward a recommendation that the "ambulance sector develops and promotes a Mental Health Continuum Model to show that mental wellbeing is individual, fluid and influenced by a range of occupational and non-occupational factors" made in a suite of documents published in May 2021 related to the prevention of suicide in the ambulance sector[1].

Terminology

Terminology was a source of discomfort and discussion within the mental health continuum working group due to the potential for stigma association with choice of language. Within this document the term "mental health problem" is used. This term is used by the mental health charity Mind, the Association of Ambulance Chief Executives (AACE) and the Blue Light Together programme and thus aligns with other work in this area. We acknowledge that term "disorder" is used within the International Classification of Disease (ICD10), the Diagnostic and Statistical Manual of Mental Disorders (DSM5) and many of the published articles. However, we found "disorder" aligned more with a medical model and did not adequately cover the breadth of mental health experiences which may not meet the threshold for a diagnosable disorder.

Introduction

Mental health problems are common. It is estimated that 16.9% of adults in England experience a common mental health problem, such as anxiety or depression, in 2017[2], a figure which matches global prevalence data[3]. It is estimated that 1 in 3 adults will experience a common mental health problem in their lifetime[3]. Mental health problems should be anticipated at the prevalence of the general population within the ambulance sector. Therefore, at least 1 in 6 staff will experience a common mental health problem each year[2].

Despite the high prevalence of mental health problems, stigma and fear around disclosure are common in ambulance service staff and other blue light workers. 7 out of 10 people asked in research carried out with blue light workers said their organisation does not encourage them to talk about mental health and over half were not aware of the mental health support their organisation offered[4]. 44% thought their colleagues would be treated differently (in a negative way) if they disclosed a mental health problem at work[4].

Mental health problems are costly to individuals and society[5]. Mental health problems can be costly to employers due to lost productivity which may be seen in the form of absenteeism, presenteeism and high staff turnover[5]. Those who have work-related mental health problems take longer to return to work following absence than average[6]. On the other hand, wellbeing is important at an organisational level. Those with "high amounts of wellbeing" were found to function much better at the workplace, with increased efficiency and capacity to perform at work[7,8]. They also showed "heightened concern" for the organisation they worked within and their colleagues[7]. Many employees spend a majority of their waking hours in the workplace, meaning interventions targeted in the workplace are key[5].

By developing a mental health continuum for use in the ambulance sector we hope to provide a tool which:

1. **Stimulates reflection upon and self-identification of current wellbeing status**
2. **Prompts individuals to consider their support needs and suggest ways to meet these**
3. **Provides a common language for conversation about mental health and wellbeing**

Method

The mental health continuum has been developed by an expert working group comprised of individuals with experience in public health, the ambulance sector and mental health. The initial request for this work was made by the lead author of the suite of documents regarding prevention of suicide in the ambulance sector[1]. A visual continuum was felt to be most appropriate to allow for quick and easy use by a wide range of staff. The process of producing such a continuum begun with a literature review which informed the structure and contents of the final mental health continuum tool (appendix 1).

An initial literature search using search terms mental health continuum and ambulance proved unsuccessful. Therefore, the search was widened to include the wider health and care workforce, other emergency services and mental health. The search used the following data bases: Medline, Embase, Scopus, APA PsychInfo and Cochrane. There were 62 results identified from 800 results after duplicates and irrelevant results were removed. The final review contains reference to 37 of these results. Most of the irrelevant and unreferenced results used the acronym 'MHC' to refer to something other than mental health continuum.

A Grey Literature search was also carried out using Google Scholar and Google. This included targeted searches for countries known to use a visual mental health

continuum including Canada, Australia and New Zealand. Email contact was attempted with the Canadian Working Mind, Delphis and the Council of Ambulance Authorities (CAA) Australia. Responses were received from Delphis and the CAA. Both described their continuum being produced based on the study 'The Mental Health Continuum: From Languishing to Flourishing in Life' by Corey L. M. Keyes, and work by the Canadian Mental Health Commission. They also explained their respective tools being used for self-assessment and having not been evaluated. The findings of the literature search are summarised in the next section of this document.

Literature Review

Mental Health Continuum

The Mental Health Continuum is a 40-item questionnaire developed by Keyes to measure wellbeing[9,10]. It categorises individuals to one of three states of wellbeing: flourishing, moderate or languishing[9,10]. The Mental Health Continuum - Short Form is a shorter 14-item self-administered questionnaire[9,10]. The Mental Health continuum – Short Form has been translated and validated in several cultural contexts[7,9,11,12] and is among the most widely used well-being scales[13].

Keyes' Mental Health Continuum considers three types of wellbeing: emotional, psychological and social. Emotional relates to positive emotional states such as happiness, maximising pleasure and minimising pain[14-17]. Psychological and social wellbeing focus on positive functioning and fulfilling potential in individual and social life[15-17]. The Mental Health Continuum Short-Form utilises the Psychological Wellbeing Scale developed by Rhys in 1989 for its psychological wellbeing components[18]. Keyes theorised and showed that all three states (flourishing, moderate and languishing) can occur in the presence or absence of mental illness[9]. The Mental Health Continuum is based on the concept of continuum beliefs.

Continuum beliefs

Mental health exists on a continuum, and like physical health is not fixed[38]. The term "continuum beliefs" is used to describe mental health on a spectrum of life experiences which we may all experience at some point during our life[20]. Within the principles of a continuum it is acknowledged that the distinction between people with and without mental health problems appears to be arbitrary, with symptoms of mental health disorder occurring to some extent and with varying intensity across the whole population[20,21]. These beliefs support us viewing those with mental health problems as 'someone like us'[20,21]. Continuum beliefs help us to understand that the state of our mental health can change depending on external factors, such as life events or stress, and that it can be amenable to interventions[19,20].

The opposite of continuum beliefs is a binary view in which experiencing mental health problems is fundamentally different from normal experiences or behaviours[20]. Such a binary view is closely linked to stigma processes[20]. Whereas holding continuum beliefs is associated with less stigmatizing attitudes[21-23]. Richards explored the so-called "them and us" narrative where those with mental health problems are portrayed as "others" by the organisations and professions created to support them[24]. He challenges the regular quotation that 1 in 4 people will experience mental health problems as unhelpful as it creates a dichotomy of people who do and people who do not experience mental health problems[24]. He argues that

“we should understand that there is a continuum of mental health that we all share, rather than being on one side or another of a ‘one in four divide’”[24].

Stigma

Stigma was defined by Goffman as “an attribute that is deeply discrediting” [25]. This attribute might be visible (e.g. hair colour) or not visible (e.g. mental health problems). Stigma involves labels or stereotypes being attached to those with such an attribute which leads to their separation from others[5]. It can result in prejudice and discrimination. Stigma has been identified as a barrier to care for those with mental health problems[5]. Although we have seen an increase in public knowledge about mental health problems, there has not been a decrease in stigma[17]. Research has suggested that endorsement of a continuum perspective on mental health problems could potentially reduce stigma[17].

Visual Mental Health Continuum

The creation of a visual mental health continuum for ambulance sector staff is challenging given the Mental Health Continuum developed by Keyes is traditionally administered through a questionnaire. However, there are examples of visual tools in Canada, Australia and New Zealand[19,26-28]. The literature suggested that for instruments and tools to be useful in the general population they should be brief, free or low cost, validated and easy to carry out, score and interpret[29]. For a mental health tool to be useful it is recommended they are easy to administer and actionable for those who use them[30]. A visual mental health continuum tool satisfies the majority of these criteria, although it should be noted that there is a lack of published literature validating or evaluating visual tools. Furthermore, the existing tools identified during the literature review varied in both the headings used to describe states of wellbeing and the words used under each heading.

Visual mental health continuum example: Canada

The Working Mind is a Canadian workplace mental health programme first developed in 2012[31]. It is a 4 or 8 hour taught programme that includes various aspects of mental health, stigma and policy and procedure related to the workplace[31]. The programme has several aims, including “improve awareness of various signs and indicators of mental health using the mental health continuum model” [31]. The visual mental health continuum model (Image 1) used was developed for the Road to Mental Readiness (R2MR) programme by The Department of National Defence Canadian Armed Forces[26,31]. It focuses on six areas (mood, attitude and performance, sleep, physical symptoms, social behaviour, and alcohol and gambling) and utilises four colours (red, orange, yellow and green) to denote severity[19,26]. The stated intention of this visual model is “to promote recognition and facilitate and encourage conversation about mental health problems among help-seekers and health professionals (e.g., I feel “yellow” today)”[26]. Within the model are “recommendations to promote mental wellness”[26]. A study in Canadian college students was carried out which validated this tool. However, it used a questionnaire version related to each of the six areas rather than the overall visual continuum in the validation programme[26].

Another Canadian mental health continuum model (Image 2) uses the same headings, colours and an arrow “indicating there is always the possibility for a return

to complete health and functioning”[19]. However, the words contained in each column do not match the previous example. A visual model is described as teaching that “everyone is on the mental health continuum model”[5]. It also recognises that there could be discrepancy among the given signs and indicators, for example, a person may be having trouble sleeping even though other aspects of their functioning are doing well[5]. Such a model emphasises that mental health can fluctuate, and no state is permanent[5].

Image 1: Mental Health Continuum Canadian example 1[26]

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Physically & socially active Confident in self & others Drinking in moderation	Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness Trouble sleeping Low energy Muscle tension, headaches Missing an occasional class or deadline Decreased social activity Drinking regularly or in binges to manage stress	Anxiety, anger Pervasive sadness, tearfulness, hopelessness, worthlessness Negative attitude Difficulty concentrating Trouble making decisions Decreased performance, regularly missing classes/deadlines, or over work Restless, disturbed sleep Avoidance, social withdrawal Increase used of alcohol-hard to control	Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Cannot concentrate Inability to make decisions Cannot fall asleep/stay asleep Constant fatigue, illness Absent from social events/classes Suicidal thoughts/intent Unusual sensory experiences (hearing or seeing things) Alcohol or other addiction
Nurture support systems.	Recognize limits, take breaks, identify problems early, seek support.	Tune into own signs of distress. Talk to someone, ask for help. Make self-care a priority. Don’t withdraw.	Seek professional care. Follow recommendations.

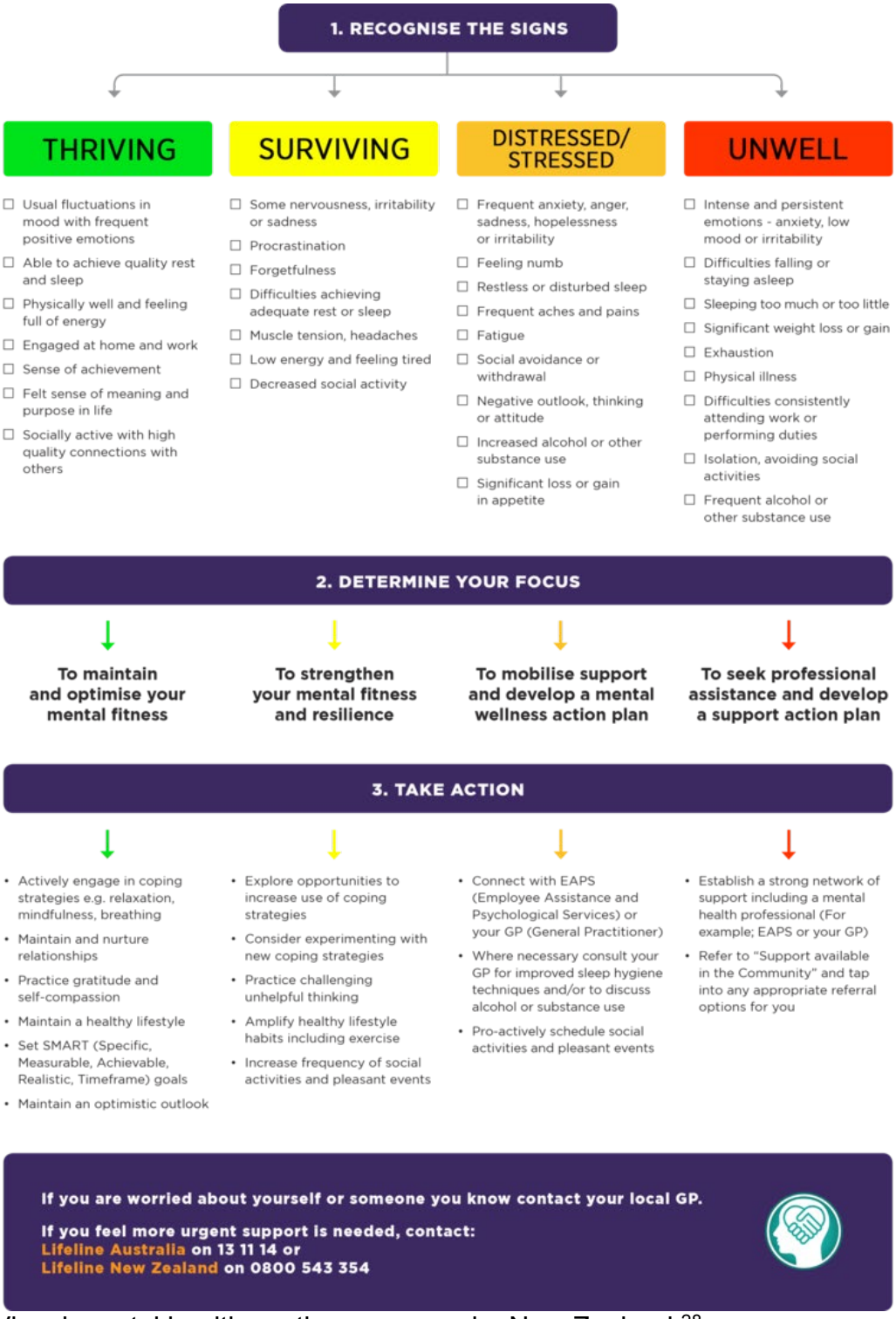
Image 2: Mental Health Continuum Canadian example 2[19]

HEALTHY	REACTING	INJURED	ILL
Calm & steady Normal fluctuations in mood Fit, fed, rested In control physically, mentally, emotionally Performing well Behaving ethically and morally Sense of humor Engaging in relaxation and recreation Socially active Confident in self & others	Easily agitated, angered, frustrated or tired Difficulty focusing Decreased interest in activities Nervous Impatient Unusual sadness Difficulty sleeping Vigilance Problems with daily functioning (home, work, school)	Persistent anxiety or sadness Feeling hopeless Angry reactions Noticeable fatigue Poor concentration Inability to enjoy activities Excessive distrust & resentment Sleep disturbances Hypervigilance Persistent physical symptoms (aches and pains) Severe deterioration in daily functioning (home, work, school)	Excessive anxiety, fatigue or sadness Regular panic attacks Angry outbursts Severe memory lapses Cannot concentrate Cannot perform daily routine Significant sleep disturbances Loss of control Avoiding or withdrawing Significant change in behaviour Indications of suicidal thoughts, intentions Symptoms get worse over time instead of getting better

Visual mental health continuum example: Australian Ambulance Sector[27]

The Australian Ambulance Sector developed a visual mental health continuum model (Image 3) based on Canadian Working Mind programme[31] and the study 'The Mental Health Continuum: From Languishing to Flourishing in Life' by Corey L. M. Keyes. There is no published literature about this tool and contact with the Council of Ambulance Authorities revealed that it has not been evaluated.

Image 3: Mental Health Continuum Australian example



Visual mental health continuum example: New Zealand [28]

The New Zealand Defence Force have developed a visual Mental Health Continuum (Image 4) which uses six areas to consider wellbeing: mood, attitude, sleep, physical health, activity, and habits. These areas mirror those described in the R2MR Canadian Model but are named differently.

Image 4: *Image 3: Mental Health Continuum New Zealand example*

	HEALTHY	REACTING	INJURED	ILL
MOOD	Normal mood fluctuations; Calm & takes things in stride	Irritable/ Impatient; Nervous; Sadness/ Overwhelmed	Anger; Anxiety; Pervasively sad/ Hopeless	Angry outbursts/ aggression; Excessive anxiety/ panic attacks; Depressed/ Suicidal thoughts
ATTITUDE	Good sense of humour; Performing well; In control mentally	Displaced sarcasm; Procrastination; Forgetfulness	Negative attitude; Poor performance or Workaholic; Poor concentration/ decisions	Overt insubordination; Can't perform duties, control behaviour or concentrate
SLEEP	Normal sleep patterns; Few sleep difficulties	Trouble sleeping; Intrusive thoughts; Nightmares	Restless disturbed sleep; Recurrent images/ nightmares	Can't fall asleep or stay asleep; Sleeping too much or too little
PHYSICAL HEALTH	Physically well; Good energy level	Muscle tension/ Headaches; Low energy	Increased aches and pains; Increased fatigue	Physical illnesses; Constant fatigue
ACTIVITY	Physically and socially active	Decreased activity/ socializing	Avoidance; Withdrawal	Not going out or answering phone
HABITS	No/limited drug & alcohol use/ gambling	Regular but controlled drug & alcohol use/ gambling	Increased drug & alcohol use/ gambling — hard to control	Frequent drug & alcohol or gambling use – inability to control with severe consequences

<u>Wording used in mental health continuum</u>
There are a variety of words, terms and headings used in the Mental Health Continuum Short Form and the visual tools shown above. These were collated to inform the words, terms and headings used in the mental health continuum created for the ambulance sector (Appendix 1).

The Mental Health Continuum Short-Form is the most validated instrument which has been used in many contexts. However, it is not a visual model. The Mental Health Continuum Short-Form uses three categories for wellbeing. Below are each

of those categories and the words or phrases used within the questionnaire.

Emotional wellbeing:

- Happy[13,14,22]
- Interested[13,11] or interested in life[22]
- Satisfied[13,1,22] or life satisfaction[9]

Psychological wellbeing:
Ryff defined six core dimensions of psychological well-being which were used in the Mental Health continuum Short Form[9,15,22,32,33]

- self-acceptance - i.e., having knowledge and acceptance of the self, including an awareness of limitations[18]
- purpose in life - i.e., having meaning, purpose, and direction in life[18]
- environmental mastery - i.e. being able to manage one's own life[18]
- positive relationships - i.e., having deep and connected ties with significant others[18]
- personal growth - (i.e., making use of personal talents and potential[18]
- autonomy - i.e. living in accordance with one's own personal convictions[18]

These dimensions of psychological wellbeing have also been described in the following ways:

- Liked your personality[13] or liking most parts of your personality[14]
- Sense of direction or meaning[13,14]
- Good at managing responsibilities[13] of your daily life[14]
- Warm and trusting relationships[13,14]
- Grow and become better[13] or had experiences that challenged you to grow and become a better person[14]
- Express own ideas[13] or confident to think or express your own ideas and opinions[14]

Social wellbeing:
Keyes identified five core dimensions of social well-being: social acceptance, social actualization, social contribution, social coherence and social integration[9,15,22,33]

These dimensions of social wellbeing have also been described in the following ways:

- Contribute to society[13] or something important to contribute to society[14]
- Belonged to a community[13,14]
- Society is becoming better[13] or our society is a good place or becoming a good place for all people[14]
- People are basically good[13,14]
- Society makes sense[13] or our way of society makes sense to you[14]

Social support is a key coping resource, with those who have similar experiences being an important source of such support[34]. This makes organisational peer support important, alongside social support from outside of the working environment[34].

A Danish study validating the Mental Health Continuum-Short Form found the following items - social contribution, social integration, positive relations, personal

growth, and purpose in life – were most important[9]. Certain items were met with unease due to potential political connotations which contribute to a person's response, including 'society is becoming better', 'people are basically good', and 'society makes sense'[9]. A further study found that individuals scores for four items - happiness, social contribution, social coherence and personal growth – were partly the result of various group-dependent response bias rather than actual differences[12].

Existing visual mental health continuum models[19,26-28] used several headings to describe the transitions from positive to negative mental health experiences. Table 1 shows the headings used. It also shows the words which were used in more than one of the visual mental health continuum examples shared above.

Table 1: Words used in mental health continuum visual models.

Healthy **Thriving**	**Reacting** **Surviving**	**Injured** **Distressed** **Struggling**	**Ill** **Unwell** **In crisis**
• Calm • Sense of humour • Take things in stride • Physically and socially active • performing well • Usual fluctuations in mood • Able to achieve quality rest and sleep • purpose in life • Physically well, good energy levels • No or limited alcohol, drug use or gambling	• Displaced sarcasm • procrastination. • Regular alcohol consumption. • Forgetfulness • Difficulties achieving adequate rest and sleep • Decreased social activity • Irritable, impatient, nervous, sad, • Muscle tension, headaches, reduced energy		• decreased performance • Frequent or increased alcohol consumption. Struggling to control addictive behaviours. • Restless or disturbed sleep • Fatigue or tiredness • Negative outlook, thinking or attitude • Anger, anxiety, pervasive sadness, hopelessness • Increased aches and pains • Avoidance, withdrawal

In addition to the Mental Health Continuum Short-Form and the visual mental health continuum examples, references revealed addition factors related to wellbeing. MIND describe good mental health and wellbeing as being associated with feeling relatively confident in yourself, feeling and expressing a range of emotions, feeling engaged with the world around you, living and working productively and coping with the stresses of daily life and managing times of change and uncertainty[4].

In a study considering the wellbeing of psychologists the following factors promoted good mental health: stimulating and intense work, a challenging work environment and a socially supportive environment in the workplace[35]. Whereas lack of social

support, non-participation in decision-making and negative relationships in the workplace could negatively affect mental health[35].

Evidence suggests “supportive interpersonal relations and management of time, work, thought, behaviour and affect” promoted well-being[36]. Whereas “additional responsibilities at work, negativities in client narratives, stigma and myths associated with the profession, biases from other professionals, lack of opportunities for personal development and growth, insufficient infrastructural and human resources” could negatively impact well-being[36].

Promoting Wellbeing

There are many sources for activities and practices which one can engage in to promote wellbeing and help people to manage stressful situations. Such activities included:

- practicing mindfulness[36]
- praying or involving oneself in religious activities[36]
- maintaining adequate work–life balance[36]
- spending time with friends, family members or work colleagues[36]
- involvement in community activities[36]
- leaving unhealthy relationships[36]
- reading[36]
- avoiding substances[36]
- getting professional counselling/therapy[36]
- maintaining a healthy diet[36]
- engaging in exercise or hobbies[36]
- maintaining a positive outlook[36]
- realistic goal setting[36]
- SMART goal setting[5]
- Mental rehearsal[5]
- Positive self-talk[5]
- Breathing techniques[5]
- self-care[23]
- Self soothing activities (e.g. cooking, crafting, listening to or making music and being with pets)[37]

Considerations during the production of a visual mental health continuum

The literature review findings were used to inform the words used within the produced visual mental health continuum. The working group decided on the use of four states of wellbeing, as is the case in the visual mental health continuum examples, rather than three states used in the Mental Health Continuum Short-Form. We altered the time frame from 4 weeks (in the Mental Health Continuum Short-Form) to 1 week to recognise the exposure of trauma in the work place and therefore the potential for quicker fluctuations in mental health.

References to sarcasm and decreased performance as signs of worsening mental health were omitted from the final visual mental health continuum. This acknowledges the use of sarcasm as a form of humour within the ambulance sector. Removing reference to performance recognises that a person who is performing well

at work can still be facing a mental health crisis and aims to remove stigma and fears associated with reporting mental health problems in the ambulance sector.

The group decided to add reference to suicide to the continuum in recognition of the initial request for the visual mental health continuum being related to prevention of suicide and the higher prevalence of suicide within ambulance sector staff. Similarly, addictive behaviours were included given the higher rate of addiction in ambulance sector staff.

Conclusion

Evidence suggests that considering mental health as a continuum can support a shared understanding of fluctuating mental health and support stigma reduction. The Mental Health Continuum and Mental Health Continuum Short-Form are questionnaires which use the premise of continuum beliefs which are validated. There are examples of visual mental health continuum which are not validated. The evidence related to these questionnaires and visual tools has been used to create a mental health continuum for the ambulance sector in the United Kingdom.

Recommendations

We recommend that the developed mental health continuum is disseminated to all ambulance trusts in the United Kingdom for use as a self-assessment tool. It can be used alone or with others (e.g. during appraisal or as a pre-shift check in tool).

Given the lack of validation and evaluation of visual mental health continuum tools we recommend that an evaluation should be prioritised following adoption of this tool.

Appendix

How are you really doing?

Thinking about your wellbeing in the past week, do you feel...

	THRIVING	SURVIVING	STRUGGLING	IN CRISIS
EMOTIONAL	In good spirits with usual ups and downs Positive about life most of the time	Sometimes irritable, impatient, nervous or sad Positive about life some of the time	Often impatient, nervous or sad Coping with the stresses of daily life is often hard	Angry, anxious, hopeless or always sad Overwhelmed by the stresses of daily life
PSYCHOLOGICAL	Able to cope with the stresses of daily life A sense of purpose in life most of the time No thoughts of suicide or fleeting thoughts of suicide	Mostly able to cope with stresses of daily life Unsure about your sense of purpose in life Some thoughts of suicide with no plans to act on these	Negative about life some of the time Disinterested or a sense that life lacks purpose sometimes Thoughts of suicide including some planning related to these	Negative about life most of the time Disinterested or that life lacks purpose most of the time Thoughts of suicide and active plans to act on these
SOCIAL	Able to take part in social activities or hobbies as much as you'd like Supported by family, friends and colleagues	Able to take part in social activities or hobbies sometimes Supported by family, friends and colleagues to some extent	Rarely able to part in social activities or hobbies Disconnect from family, friends and colleagues	Mostly unable to take part in social activities or hobbies Withdrawn from or avoiding family, friends and colleagues
PHYSICAL	Physically well for you Considering your shift pattern (if you have one), you are able to get quality rest and sleep Able to do as much physical activity as you'd like within your usual capability	Mostly physically well Aside from any disruption caused by shift pattern (if you have one), your sleep is disturbed sometimes Able to do some physical activity within your usual capability	Sometimes physical unwell Aside from any disruption caused by shift pattern (if you have one), it is difficult getting quality rest and sleep Unable to do much physical activity within your usual capability	Physically unwell for you Aside from any disruption caused by shift pattern (if you have one), you are unable to get quality rest and sleep Unable to do any physical activity within your usual capability
ADDICTION	You have not used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You have rarely used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You have sometimes used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope	You frequently used addictive behaviours (e.g. alcohol, substances, gambling, food) to cope

We all experience times when we struggle or reach crisis. It is ok to not be ok.

Your loved ones, employer and professionals can help.

MAINTAIN YOUR WELLBEING

Connect with others

Be physically active

Learn new skills

Give

Be present in the moment

PROMOTE YOUR WELLBEING

Actively engage in coping techniques and self-care

Engage in peer support and clinical supervision

Reflective practice—what are your support needs?

FOCUS ON YOUR WELLBEING

Connect with your line manager, employee support services or GP

Talk about how you are feeling

Consider trying a new coping technique

PRIORITISE YOUR WELLBEING

Prioritise asking for support from employee support services, The Ambulance Staff Charity, your GP, or in an emergency 999 (you're a person too, 999 is there for you)

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Scan here for more information about wellbeing, actions you can take and where to get more support or visit bluelighttogether.org.uk

MENTAL HEALTH CONTINUUM
A tool to self reflect on your wellbeing

What is the mental health continuum?

The mental health continuum is a tool which helps us to think about our wellbeing and what actions we can take to improve it. The mental health continuum helps us to identify where our mental health is now.

Mental health is not an all or nothing concept—it can change often. Mental health is affected by lots of things, such as work, home life, bereavement, ill health and more. Even positive things can affect our mental health, like the pressure after getting a promotion or the stress of a house move. We will all experience difficulties at some point during our life. A continuum is used to show that we can move between the different states of wellbeing: thriving, surviving, struggling and crisis.

How do I use the mental health continuum?

You can use the mental health continuum alone or with others.

Use the tool to answer the question "thinking about your wellbeing in the past week, do you feel…".

By looking at the different statements you can assess your wellbeing. You do not have to agree with every statement to fit into a category. For example, you may be thriving socially despite feeling you are in crisis overall.

When you have thought about where you fit best, take action using the coloured boxes at the bottom of the tool.

Who is the mental health continuum for?

The mental health continuum can be used by anyone.

Examples

Shift check in

Mohammed and Claire are working together. At the start of the shift they check in to see where they are on the continuum. Mohammed is feeling green. Claire is feeling orange. Knowing how each other are doing helps them to work together. They talk about how Claire has had a difficult run of shifts affecting her sleep.

Appraisal

Zara line manages Paul. They meet to discuss Paul's appraisal. Zara uses the mental health continuum to ask Paul how he is doing. Paul is able to reflect on his wellbeing. He has been thriving socially and doing well physically but notices that he can be impatient and struggle with stress. They agree a plan for him to engage in peer support.

Return to Work

Phil is returning to work after time off due to illness. Phil uses the continuum to think about how they are feeling. Phil notices that they have been struggling more than they realised. Phil decides to speak to their line manager. Together they decided Phil should talk to their GP and Phil makes a note to arrange an appointment at the end of the shift.

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