

Why do Emergency Medical Service employees (not) seek organisational support for mental health: A Systematic Review



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Employee Mental Health

Increased risk compared to general population including; Suicide, PTSD, Depression (Mars et al. 2020; Stevelink et al. 2020)

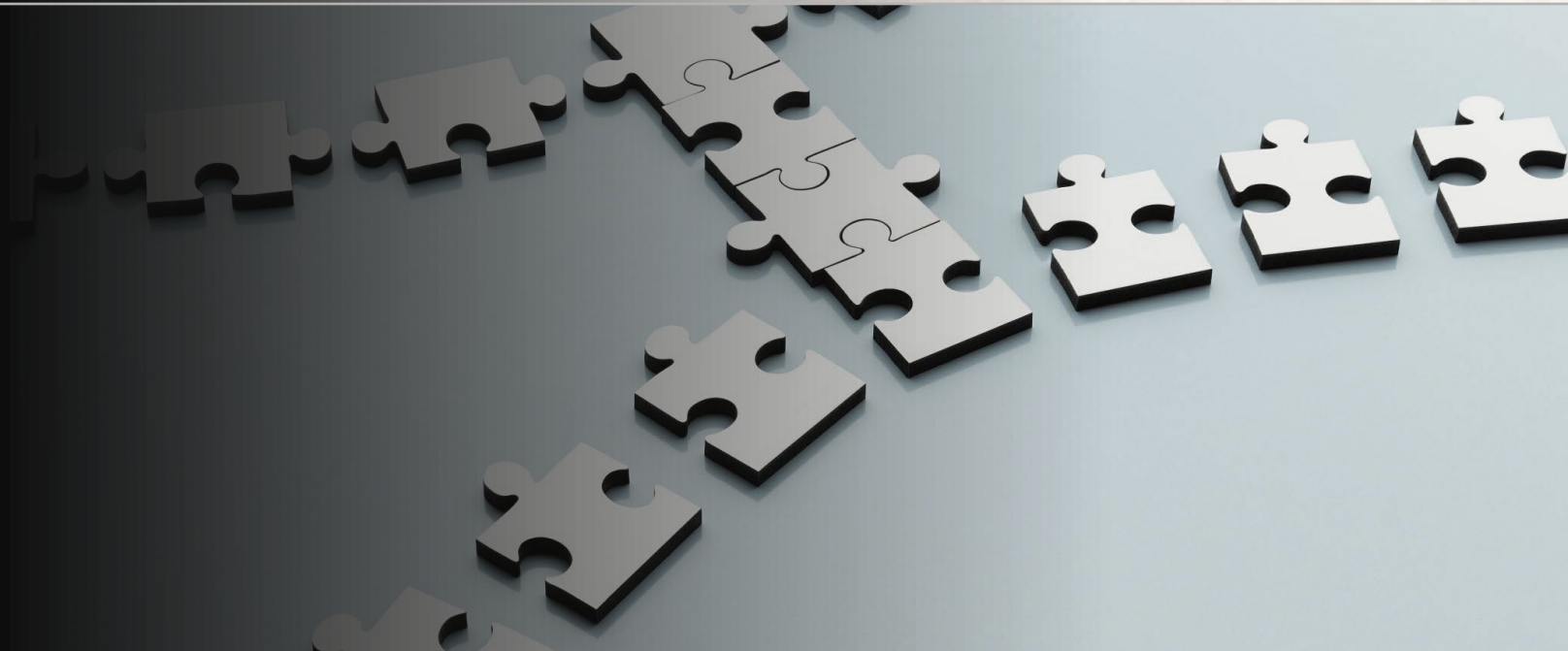
Highest rates of **sickness absence** among any NHS staff group (NHS Digital, 2024)

Problems at work cited as the main cause of mental ill health (Mind, 2019, Phung et al. 2022)

Organisational **cultural stigma** primary barrier to help-seeking (Haugen et al. 2017; Lawn et al, 2020; Auth et al. 2022)

Employee wellbeing influences **patient outcomes** (NHS Improvement 2019, NHS England 2023)

BRIDGE THE GAP



RESEARCH PLAN



Systematic approach



AIM: Develop, implement and test whether dedicated, structured time at work can be provided for ambulance employees



PHASE 1:

Development

- ✓ Study 1 Systematic Review
- Study 2 EMS staff interviews
- > Study 3 eDelphi with experts



PHASE 2:

Feasibility testing

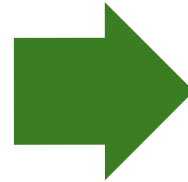
- > Study 4 Feasibility trial
- > Study 5 Process evaluation

Systematic Review Methodology



Searches

- Protocol
- n = 19,796 articles
- n = 34 included
- All study types
- Grey Literature



Data Extraction & Analysis

- Quality Assessment
- Summary of Interventions
- JBI Convergent Integrated Mixed-Methods
- Reflexive Thematic Analysis
- Sensitivity Analysis

"I've actually had a psychologist who said, 'yes, I know what you mean'. No, you don't. Or, 'I know how you feel'. You haven't got a clue how I feel.."

Accessing mental health resources was stigmatized as being weak and unfit for duty

"..if they think you're suffering from stress, then they think you shouldn't be doing the job. If you can't handle it, get out!"

"We all went out on a works do ... There were so many of us that were in this group who had had awful, or what could be deemed as awful, upbringings."

Over a fifth feared that seeking help for work related stress would negatively affect their career

"How can I offer support [---] when we can't even take care of ourselves?"

"A common sentiment heard from EMS practitioners is that mental health issues aren't something people want to talk about, for fear of being seen as weak or soft, or at worse, unfit to do their jobs."

"paramedics also felt unable to disclose feelings, both from a desire to shield others from distress, but also because of shame associated with masculine-dominated workplace culture, where feelings were not discussed"

Results



ORGANISATIONAL CULTURE

Stigma

Obligatory rather than genuine care

Machismo

Lack of time

Expendable & undervalued

Reactionary rather than proactive



(IN) ABILITY TO TALK

Lack of time

Fear of appearing weak

Fear of career repercussion

Self-care conflicts with sense of duty

Lack of trust & discretion



PERSON & CONTEXT CENTERED SUPPORT

Lack of easily accessible, timely & useful support

Speaking with people who understand the EMS context

Flexibility to address individual needs



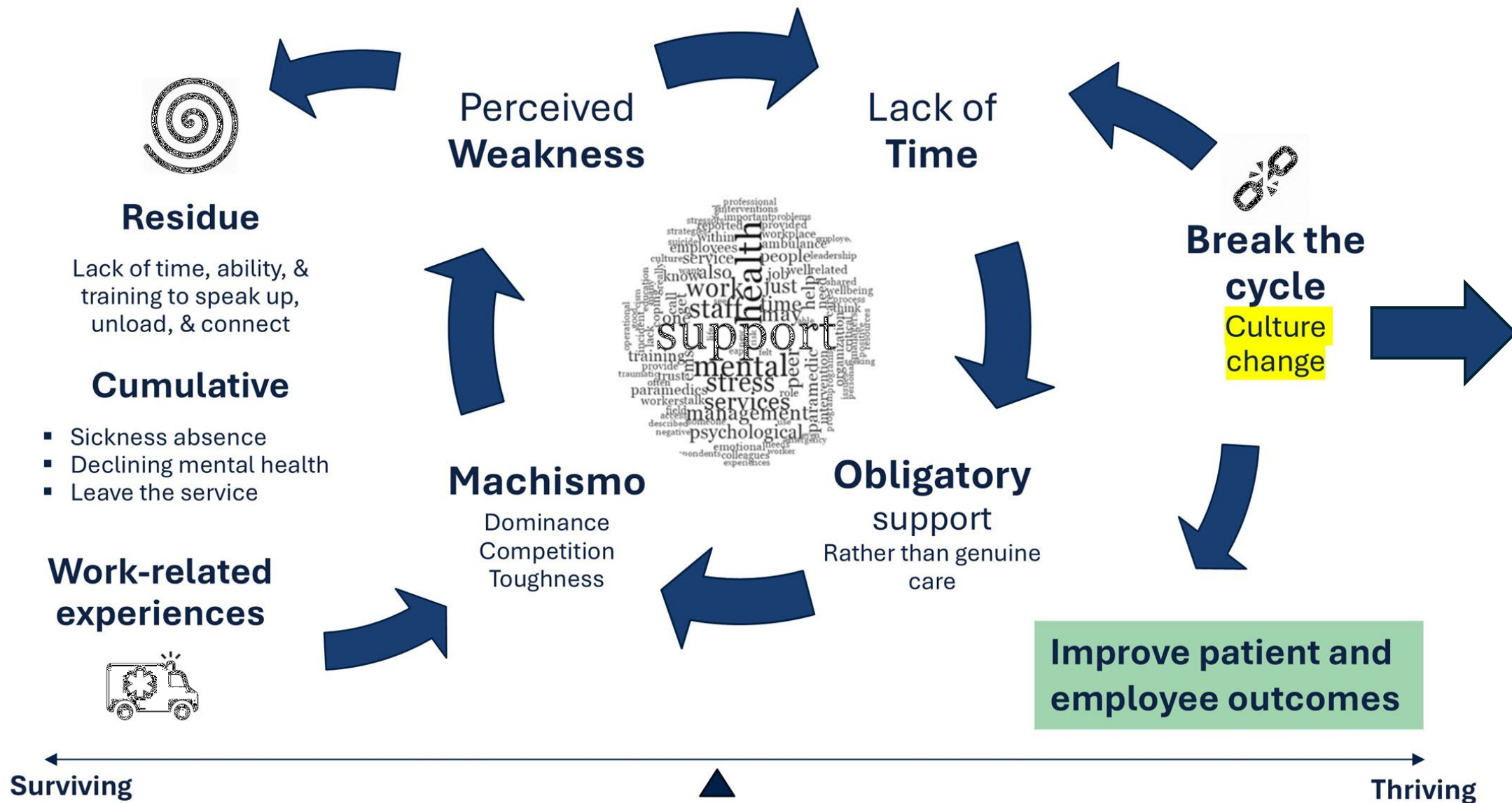
EDUCATION & TRAINING

Inadequate training for colleagues & managers

Lack of time at work for training

Emotional awareness & preparedness

Research & Education



Key Enablers

Time

- Protected & structured
- Confidential / discretion
- Peer support & education

Genuine Care

- Hear
- Acknowledge
- Transparency
- Involve

Reframe Machismo

- Respect
- Perseverance
- Courage
- Strength not weakness

Role Modelling

- Promote openness- leading by example
- Training, education, and normalisation

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