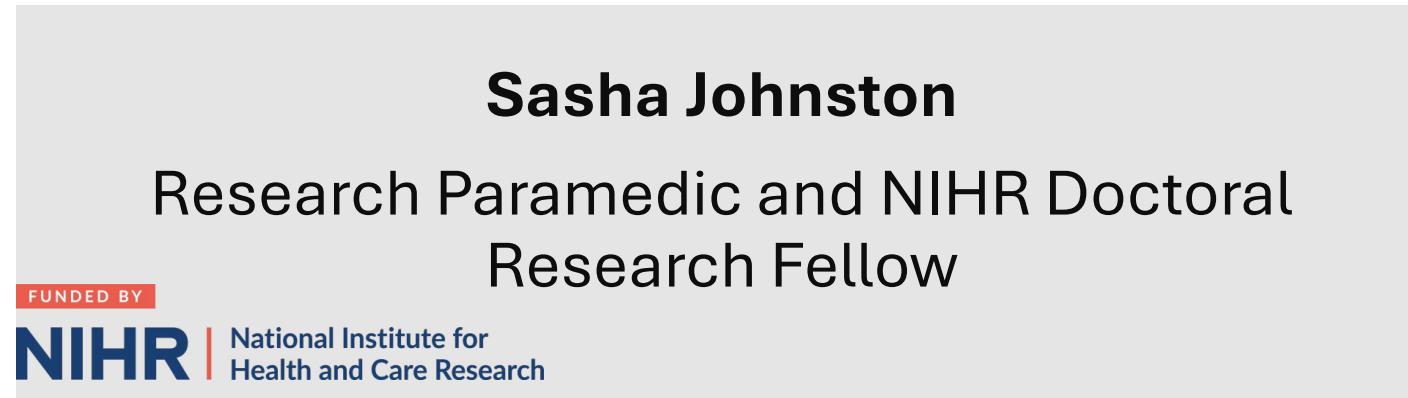


# Why do Emergency Medical Service employees (not) seek organisational support for mental health: A Systematic Review





## Employee Mental Health

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

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

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

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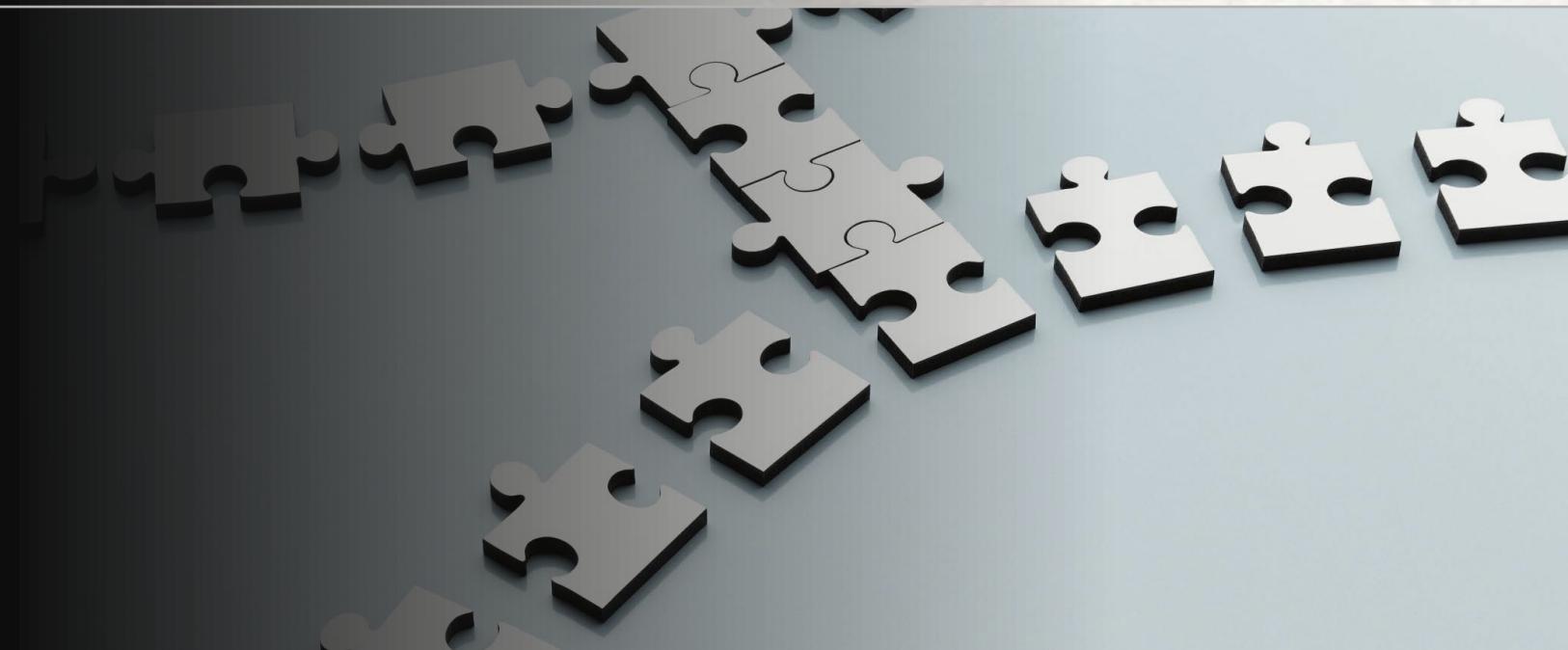
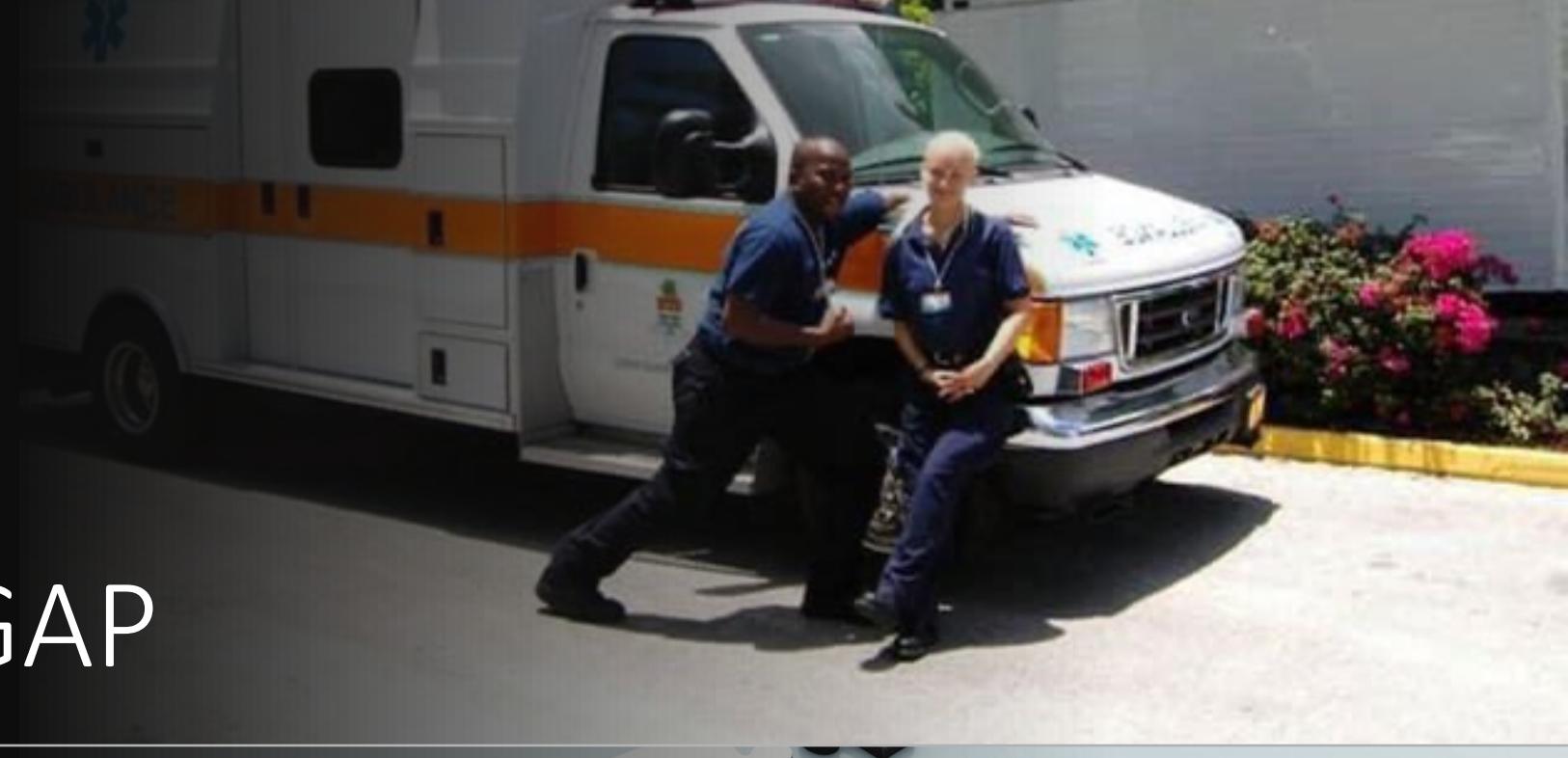
Organisational **cultural stigma** primary barrier to help-seeking (Haugen et al. 2017; Lawn et al, 2020; Auth et al. 2022)

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

# BRIDGE THE GAP

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# RESEARCH PLAN



## Systematic approach



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



### PHASE 1: Development

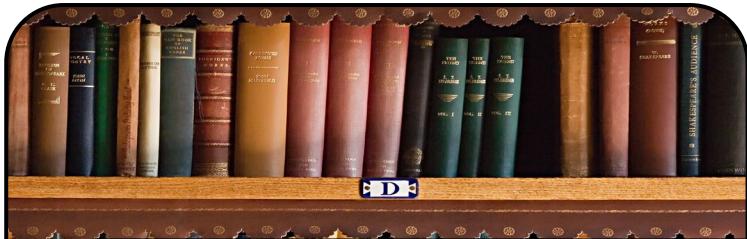
- ✓ Study 1 Systematic Review
- Study 2 EMS staff interviews
- > Study 3 eDelphi with experts



### PHASE 2: Feasibility testing

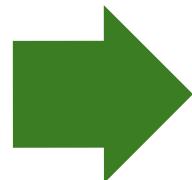
- > Study 4 Feasibility trial
- > Study 5 Process evaluation

# 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.."

"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."

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

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

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

"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."

"..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!"

"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



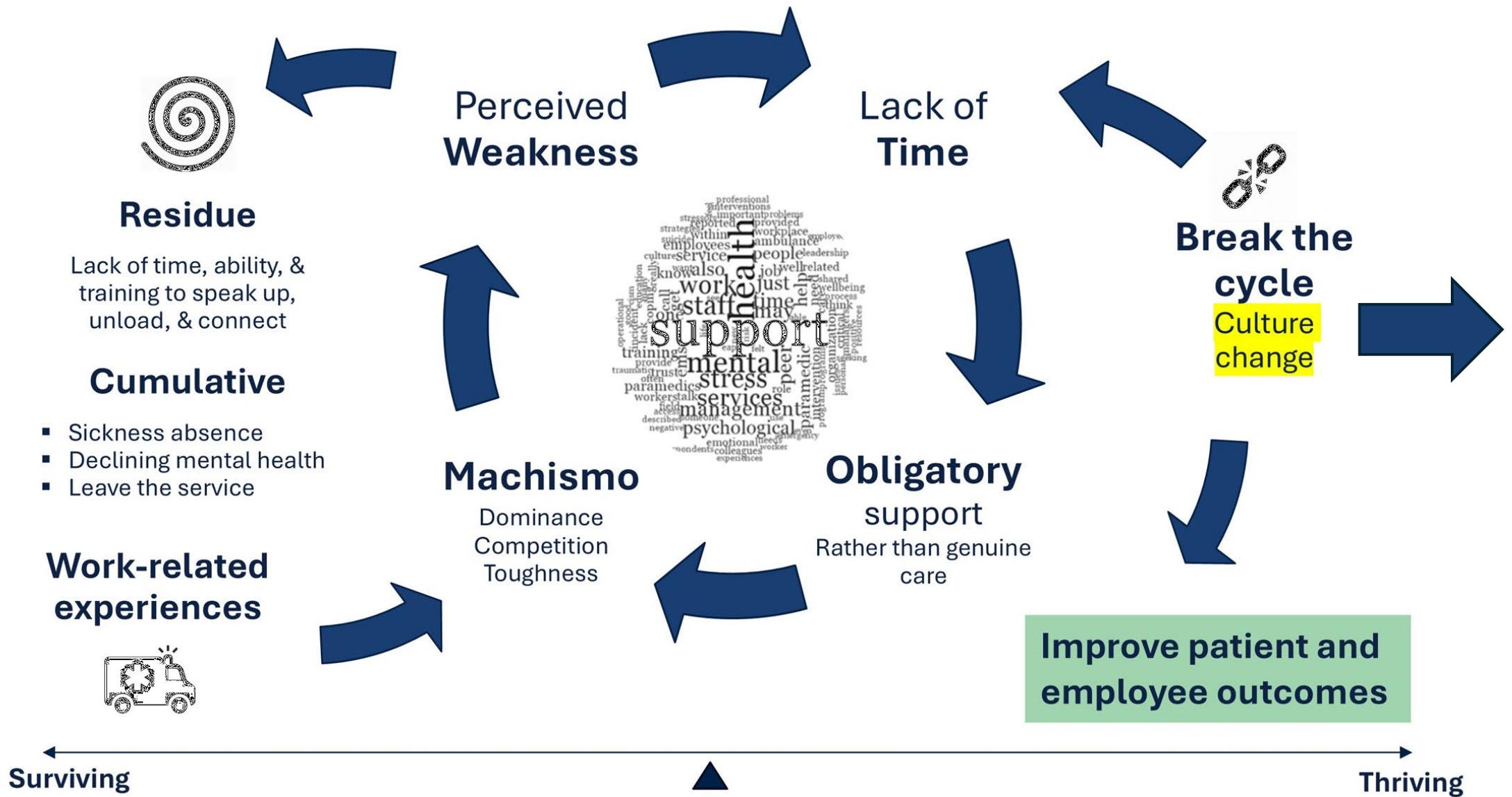
## PERSON & CONTEXT CENTERED SUPPORT

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

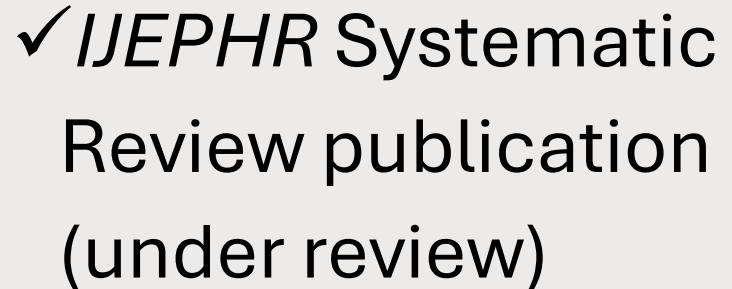
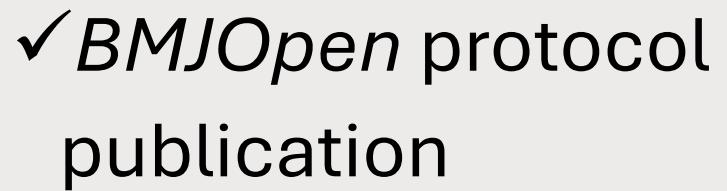
## Role Modelling

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

# Publications



Registration



FUNDED BY

NIHR | National Institute for  
Health and Care Research

Open access Protocol

## BMJ Open Why do ambulance employees (not) seek organisational help for mental health support? A mixed-methods systematic review protocol of organisational support available and barriers/facilitators to uptake

Sasha Johnston <sup>1,2</sup> Kristy Sanderson <sup>3</sup> Lucy Bowes <sup>2</sup> Jennifer Wild <sup>2,4</sup>

### To cite: Johnston S, Sanderson K, Bowes L, et al. Why do ambulance employees (not) seek organisational help for mental health support? A mixed-methods systematic review protocol of organisational support available and barriers/facilitators to uptake. *BMJ Open* 2022;12:e062775. doi:10.1136/bmopen-2022-062775

**Abstract**  
Introduction The COVID-19 pandemic is exacerbating a wide range of symptoms of poor mental health among emergency medical service (EMS) ambulance populations. Evidence suggests that using organisational support can improve employee outcomes and in turn, patient outcomes. Understanding why EMS staff do and do not use support services is therefore critical to improving uptake, ensuring equitable access, and potentially influencing work-related experiences of mental health support and patient care delivery. This systematic review aims to identify what support is available and any perceived barriers and facilitators to accessing and utilising organisational support.

#### Methods and analysis

Searches performed between 18 February 2022 and 23 February 2022 will be used to identify studies that have examined barriers and facilitators to EMS employee support among all government-commissioned EMS ambulance systems. Electronic databases, AMED, CINAHL, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, EMBASE, EMCARE, HMC, Medline and PsycINFO will be searched. All relevant English-language studies of adult employees of government/state commissioned EMS ambulance organisations in the United Kingdom (UK) 2004 will be screened and relevant data extracted by two independent reviewers. A third reviewer will resolve any disagreements.

The primary outcome is the identification of perceived barriers or facilitators to EMS staff using organisational support services. The secondary outcome is the identification of supports and barriers offered through or by ambulance trusts. Study selection will follow Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, and the methodological quality of included studies will be appraised by administering rating checklists. A narrative synthesis will be conducted to report the available data and will include participant characteristics, methodology, approach and information about barriers and facilitators.

#### Ethics and dissemination

Ethical approval is not required because only available published data will be analysed. Findings will be disseminated through peer-reviewed publication and conference presentation.

PROSPERO registration number CRD42022299650.

BMJ

Johnston S, et al. *BMJ Open* 2022;12:e062775. doi:10.1136/bmopen-2022-062775

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BMJ Open

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