



# NEAS mental maintenance

## Guidance for Managers

Supporting your mental health  
and that of your team

# Let's make mental wellbeing part of the everyday conversation.

**We all play a part in helping to create a shift in how we approach mental wellbeing across the organisation.**

The NEAS Mental Maintenance approach aims to help create a shift to viewing mental health as something that needs to be maintained rather than only attended to in a crisis.

As managers and team leaders at NEAS, we are looking to inspire our colleagues to take ownership of their own mental health maintenance and recovery. This will be done through education, personalised plans and peer support.

## In this guide you'll find:

- 1** | **Our approach to mental maintenance and why it is important**
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## 1

# Our approach

**The goal of 'mental maintenance' is to support NEAS colleagues to regain and sustain a sense of mental wellbeing. It aims to create an action driven, positive and proactive relationship with our mental health.**

The plan is informed by NEAS data, colleagues perspectives, the NHS People Plan and AACE Employee Mental Health Strategy Guidance. It incorporates the Mind Mental Health at Work Commitment standards, which support the mental health of emergency responders across the UK.

This commitment initiative has been developed in collaboration with The Royal Foundation of The Duke and Duchess of Cambridge, recognising a collaborative and inclusive effort is needed from emergency services, professional bodies, charities, and policymakers.

## National standards:

- Prioritise mental health in the workplace by developing and delivering a systematic programme of activity.
- Proactively ensure work design and organisational culture drive positive mental health outcomes.
- Promote an open culture around mental health.
- Increase organisational confidence and capability.
- Provide mental health tools and support.
- Increase transparency and accountability through internal and external reporting.

## The principles are to provide:

- A targeted, tailored and measurable approach using data.
- Early intervention and maintenance of mental wellbeing.
- Clarity and accessibility of treatment pathway, interventions and resources.
- Opportunities to engage in support.
- Promotion around in-person connection and sense of community.

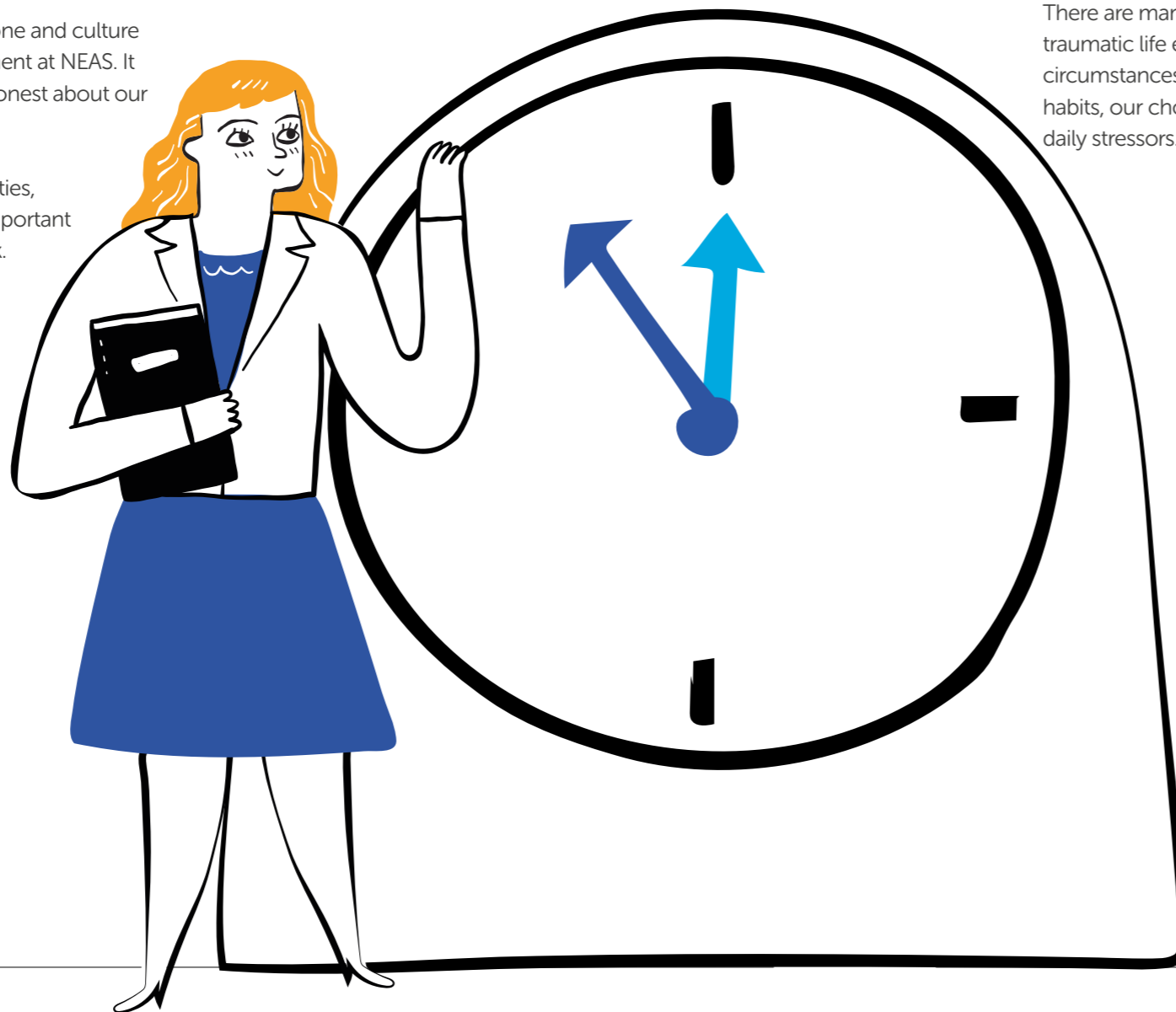
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## Influence as leaders

**There is still a challenge around the stigma of mental health. Many people can be nervous about having difficult conversations or worry what people might think, especially at work. Leadership plays a key role in culture shift towards making mental health part of the everyday conversation.**

As a leader, you help set the tone and culture within your team and department at NEAS. It is important to be open and honest about our own wellbeing.

Protecting time for team activities, meetings and breaks is also important for helping us feel well at work.



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## The NEAS Stress Bucket:

**Unique mental wellbeing challenges of NEAS colleagues**

We all have our own stresses and need coping strategies so that those stresses don't overflow. We need to acknowledge that everyone has their own issues and that struggles with mental health are not only common but normal. We all have different ways of keeping our stress levels in check.

### What causes mental health problems?

There are many factors including biological factors, traumatic life experiences, family history, current circumstances, hormonal shifts, sleep disturbances, habits, our choices, not being aware of triggers, and daily stressors.

### What could be in our stress bucket?

Colleagues need to reflect on how the nature of working for emergency services can add stress. Working for the service is extremely rewarding but it can also be demanding. Research conducted by Mind indicates 91% of ambulance colleagues have experienced stress, low mood and anxiety whilst at work.

Ambulance service colleagues are exposed to traumatic events, demanding shifts and an uncertainty of how the day unfolds. This can lead to high stress levels. Unfortunately, there is no quick fix. We need to think about what works for us personally to maintain a stable sense of wellbeing.

**The first step is to open up, acknowledging you are struggling with your stress levels.**

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## Approaches for everyday mental maintenance

**We all experience fluctuations in our mental health, ensuring simple daily habits are in place can have a big impact on our wellbeing.**

**We can often fall into vicious cycles and turn to short-term fixes.**

### Take care of yourself when supporting others

- Acknowledge your own limitations
- Know the importance of boundaries and balance
- Be honest and compassionate with yourself in how you are feeling
- Listening to others' mental health concerns can be difficult emotionally. Whilst acknowledging confidentiality, offloading your own anxieties and concerns can be helpful
- Recognise when you are not in the right place to offer support and arrange for others to help
- Take time out if needed

### Self-awareness of your wellbeing

If we do not effectively manage our mental wellbeing, we will feel less energised and ready to bounce back. Practical and positive approaches for managing our wellbeing can include:

- **Feeling prepared for shifts** and ensuring you speak with management if you feel you need additional training in areas impacting your stress levels.
- **Check in with yourself and colleagues**, take a couple of minutes 3 times a shift to check in with yourself using your breath as an anchor and reflect on anything you may need there and then.
- **Plan ahead** for what you could possibly integrate into your breaks to reduce any tension, and do something enjoyable or something you find soothing such as music.
- **Self-care:** boundaries around time to ensure you bring rest, nutrition and compassion into your day.
- **Let unwanted memories come and go** without trying to suppress them, recognising the past and present.
- **Recognise overthinking** on things you can't change.
- **Accept help** if you feel overwhelmed and talk with others.

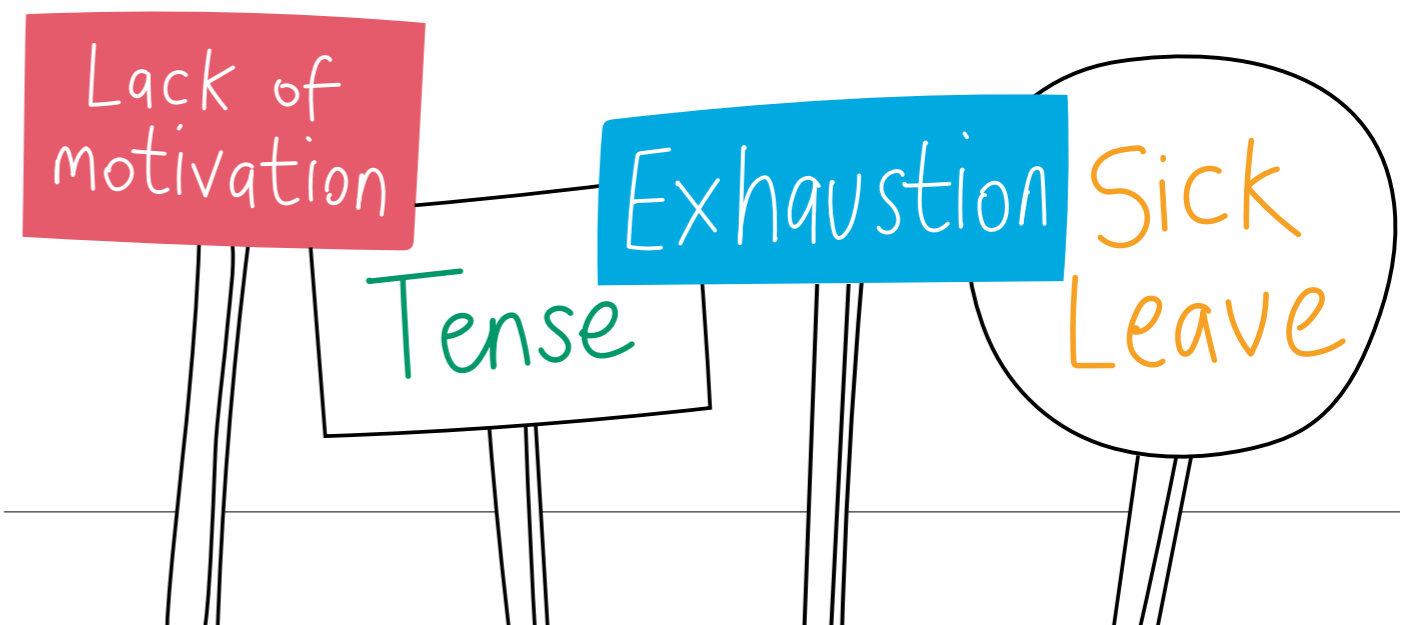
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## Early warning signs

**It can be difficult to spot when a colleague is struggling and in need of support, however, there are signs that you could look out for in a person if you feel they are not presenting in their usual way.**

They include:

- Team members overworking and not attending to home or outside life
- Exhaustion
- Accidents
- Sick leave
- People becoming disengaged for example they may uncharacteristically fail to finish pieces of work
- Avoidance: Traumatic distress or/and generalised anxiety often presents as avoidance
- Assurance seeking behaviours, asking for re-assurance about their work more often than usual
- Loss of motivation
- Struggle with concentration
- A drop in work performance
- Evident loss of interest in doing things they have previously enjoyed
- Withdrawn and less communicative whilst at work
- Withdrawing from social activities or spending less time with family and friends
- Fatigue
- Deterioration in their self-care and appearance
- Tense
- Aggressive, irritable, arguing
- Increasing their use of unhealthy coping strategies such as cigarettes or alcohol
- Burnout may present as feeling exhausted, overwhelmed, tearful or/and flat



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# Talking about suicide

## There is an increased risk of suicide in the ambulance sector compared to the general population.

**Working Together to Prevent Suicide in the Ambulance Service: A National Consensus Statement for England. 2021, A report produced by The Association of Ambulance Chief Executives (AAACE).**

### Key elements of suicide prevention

- Focusing on protecting and promoting the mental wellbeing of colleagues.
- Providing timely access to evidence-based support for those in need.
- Work to shift organisational culture to one that prioritises mental health.

When supporting colleagues directly, the key is to trust your instinct and ask the direct question, 'Are you thinking about suicide?' Then you should listen, empathise with their situation and ask what solutions or recovery looks like to them.

### 5 S Summary

- See someone in distress
- Say something
- Safety plan together
- Signpost based on risks
- Support for you



### How to escalate

Please be aware that occupational health is unable to provide crisis support or emergency appointments. For urgent support due to suicidal thoughts, please call 999 or go to A&E and ask to speak to the mental health liaison team.

If you need urgent help but your life is not immediately at risk, you should call the TASC 24/7 Ambulance Colleagues Crisis Line on 0300 373 0898. You will be given immediate contact with a mental health counselling professional who will take whatever steps are required to keep you safe. This will be followed by further sessions designed to help get you to a safe place alongside a long-term safety plan and recommendations for further support.

#### Papyrus

A national, confidential helpline for people under 35, or anyone worried about a young person at risk of suicide. The helpline is open 10am-10pm weekdays, 2pm-10pm on weekends and 2pm-5pm on bank holidays.

**Call:** 0800 068 41 41.

**Email:** pat@papyrus-uk.org

**Text:** 07786 209 697

**Visit:** papyrus-uk.org/hopelineuk/

#### Hub of Hope

A national mental health database which brings together organisations and charities, large and small, from across the country. This enables colleagues to locate local services in their area.

**Visit:** www.hubofhope.co.uk

#### Samaritans

All NHS colleagues in England can call a bespoke number between 7am and 11pm for confidential support.

**Call:** 0300 131 7000

**Text:** FRONTLINE to 85258 or call 116 123 (free)

**Email:** jo@samaritans.org

**Visit:** www.samaritans.org

#### CALM – Campaign Against Living Miserably

CALM will listen and offer information and signposting. Calls are anonymous and confidential and won't show up on your phone bill. Calls are free from landlines, payphones and all mobiles.

**Call:** 0800 58 58 58

open every day 5pm – midnight.

**Chat online:** www.thecalmzone.net/help/helpline

#### switchboard LGBT+ Helpline

Provides a listening service for LGBT+ people over the phone, via email or instant messaging. All volunteers are self-identifying LGBT+.

**Call:** 0300 330 0630 every day 10am-10pm.

**Email:** chris@switchboard.lgbt

**Online chat:** https://switchboard.lgbt

#### shout

The UK's first 24/7 text service, free on all major mobile networks for anyone in crisis. It's a place to go if you're struggling and need immediate help.

**Text:** 'BLUELIGHT' to 85258

**Visit:** www.giveusashout.org

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# The Mental Maintenance Check In

**The NHS People Plan encourages all colleagues to engage in regular wellbeing conversations with their line manager or a trusted colleague.**

## → Look

out for and be aware of early signs and symptoms

## → Listen

in a non-judgemental way and ensure the conversation is led by the employee

## → Link

to appropriate support

For further information and access to training around wellbeing conversations, visit [www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/wellbeing-conversations](http://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/wellbeing-conversations)



### Opportunities for a mental wellbeing check in

- First day as part of initial induction and meeting with manager
- Team meetings
- Regular one-to-one meetings
- Traumatic event check-ins
- Return to work conversations
- Check-in at the start of shifts
- Appraisals

### Confidentiality

Engaging in mental health support is confidential. It's important to offer reassurance to people and make it clear from the start that you won't share anything unless you have their permission. You will have to be clear that you will need to break confidentiality if you feel the individual is a risk to themselves or others. If you plan to make an onward referral to Occupational Therapy, you will need to ensure consent is given.

### The Mental Health Continuum

The mental health continuum allows for personal reflection on different areas of your health and prompts you to think about what might help to enhance your wellbeing further. It is a tool which helps us to think about our wellbeing and what actions we can take to improve it. It can also be used to help facilitate the wellbeing conversation.

Visit: <https://aace.org.uk/mental-health-continuum>

### Using the NEAS Mental Maintenance Personalised Toolkit

The plan is a tool to enable a conversation about colleagues mental wellbeing, helping you understand their unique experiences, needs and mental health maintenance approach. The plan helps to promote colleagues taking ownership around their mental wellbeing. It also ensures appropriate support for employees returning to work.

**Tips for opening the conversation**

Ask simple questions, such as, "how are you?"  
"Is everything okay?"

**As the conversation develops**

Listen and give people the time and space to respond. Be honest if you don't know much about their mental health condition. Ask how it impacts them and how they can be supported.

**Useful prompts**

- I'm really sorry to hear things have been so hard.
- It sounds like you've been having a difficult time lately.
- I'm really pleased you've chosen to speak to me about this.
- How do you feel this has been affecting your work?
- Is there anything you do at the moment that helps you manage how you feel / your condition?
- Have you asked anyone for support or talked to anyone else about this?
- What kind of support do you think might help?
- What would you like to happen now?

**Providing hope, encouragement and clarity around accessing support**

Example phrases and questions:

- Would you like to talk about how we can help you now, or would you prefer to talk more another time?
- What do you think would help make things easier for you right now?
- Have you seen the NEAS mental health site on Siren? We can look through support options together if you would like to.
- We could look at developing a NEAS Mental Maintenance plan together or review yours if you've already started one.

**Next steps**

- **Ask what they would like to happen next** following your conversation and ensure clarity by following up in writing via email.
- **Put in another catch up** and let them know they can come to you in the meantime if they need to.
- **If you're unsure ask for help** through the occupational health in-house mental health support.

**If further support is required**

Colleagues can self-refer, or you can refer with their consent to NEAS occupational health via email [occupational.health.referrals@neas.nhs.uk](mailto:occupational.health.referrals@neas.nhs.uk) or by calling 0191 430 2062. NEAS occupational health provides access to early triage, assessment and support plans for mental health.

**What you can do to support your team**

Frontline colleagues can be very good at normalising traumatic events, but it doesn't mean they're not impacted by them.

**Straight away**

- Check in as soon as possible.
- Don't force people into talking about a traumatic event but give them the opportunity.
- Ask open questions and listen carefully. Allow the person to share how they're feeling.
- Don't encourage colleagues to go straight home unless there is a clear need for them to be off the road.
- Encourage colleagues to carry out usual routines.

**After the shift**

- Repeat or update information via email.
- Encourage normal working routines where possible.
- Give people opportunity to talk about what happened.
- Facilitate support for counselling or peer support within working hours as much as possible.

**Keeping in touch**

- Some colleagues may need time away from work. This is the time we need to be in touch to support them.
- Encourage, but don't force, a return to work. This could be part-time or with scaled down duties.
- After a recovery period, gradually help the individual scale up duties and re-instate boundaries of normal working.

**Look after yourself**

- Look to your peers or your own line manager for support.
- Be open, honest and proactive in seeking occupational health advice and/ or access to intervention.

**Trauma Risk Management (TRiM)**

TRiM provides a safe space for colleagues to share their experiences, email [trim@neas.nhs.uk](mailto:trim@neas.nhs.uk)

TRiM interviews should not take place until at least three days after a traumatic event. The initial interview helps identify who may be struggling to process the event and can lead to a referral to further help.

**Understanding reasonable adjustments**

A reasonable adjustment is a change or adjustment unique to a person's needs that will enable them to do their job, assist them to remain at work and a means to reduce the likelihood of sickness absence linked to mental health occurring.

Adjustments could be:

- Support with workload, providing increased frequency of supervision and support from others.
- Physical environment.
- Reviewing the key elements of their role and identifying what may be a trigger for their mental health.
- Providing support such as a NEAS Mental Maintenance Champion.
- Alternative duties.
- Flexible working, reducing hours.
- Reviewing training needs.
- Buddy up with a more experienced colleague.
- Protected times if they are receiving counselling.

Would you like to talk?

### Utilising the Stress Risk Assessment

A stress risk assessment is a process of examination that helps identify what issues are causing someone stress. These stresses may not always be work-related but can have an impact on work.

It is an opportunity to introduce any reasonable adjustments that could support the individual to remain at work.

Visit Siren and search 'stress risk assessment form'.

### What is key during an assessment?

Read the stress risk assessment guidance document before completing the assessment.

Managers should ask colleagues where they would like the assessment to take place. Ask if the colleague is happy with you conducting it or if they would prefer another manager or the occupational health team. Let them know it will benefit them if they are honest but that you also respect they might not wish to disclose certain things. Keep the conversation focussed on the colleague and do not pass judgement or comment on what they tell you.

### Managing absence and return following a mental health struggle

As a manager, you play an important part in the experience of colleagues returning to work following mental ill-health.

### Practical tips for supporting colleagues during absence:

- Regularly communicate and keep in touch if they find this beneficial. Currently, NEAS offers a weekly telephone call and a formalised monthly face-to-face for those on long-term absence.
- Address any gossip or stigmatising behaviour within the team straightaway.
- Provide clarity around the support in place as they approach their return-to-work date.
- Give them a chance to ask questions and share any worries.

### Practical tips for supporting the return-to-work phase:

- Be mindful of your communication approach, reflecting on possible sensitivities and concerns in context of the absence.
- Think about a gradual return to work duties and how this will look.
- Think about retraining requirements if appropriate.
- Check whether a backlog of work has built up and ensure this is not an extra stressor before their return.
- Be open and genuine, asking straightforward questions in relation to anything that you can do to make things easier for them.
- Establish any worries colleagues may have about their return and clarify reasonable adjustment plans.
- Be proactive, approachable and positive.
- Ask for help if you need it. You can contact a member of the occupational health team with any concerns you may have.

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# Signposting to further support

**Search Mental Maintenance** on Siren for more information, signposting and support available.

### Mental Health Continuum

Provided by the Association of Ambulance Chief Executives, designed specifically for ambulance personnel - visit <https://aace.org.uk/mental-health-continuum>

### NHS colleagues self-check in

A self-assessment for health and social care colleagues can be found here: <https://checkwellbeing.leadershipacademy.nhs.uk>  
The questionnaire is designed to check your level of anxiety, mood, reactions to traumatic experience, and use of alcohol and other substances.

### Every Mind Matters

For advice and practical tips on everyday mental health management. [www.nhs.uk/every-mind-matters](http://www.nhs.uk/every-mind-matters)

### Ambulance-specific self-help

**Blue Light Together** is the place for UK emergency services colleagues, volunteers, retirees and friends and family to find information, ideas and support to help look after your mental health. <https://bluelighttogether.org.uk/ambulance>

**For wellbeing resources and self-guided online Cognitive Behavioural Therapy (CBT)** visit the TASC and Rightsteps Wellbeing Platform [www.rightsteps.co.uk/customers/tasc](http://www.rightsteps.co.uk/customers/tasc)

### Family awareness and support

TASC Family Support Handbook available at <https://aace.org.uk>

### Mindfulness and self-help apps

**Headspace** for mindfulness and meditation to help reduce stress, build resilience, and aid better sleep. Find out more at [www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/](http://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/)

### Samaritans

**Call:** 116 123 | **Email:** [jo@samaritans.org](mailto:jo@samaritans.org)

### Shout

A free 24/7 support line for emergency services colleagues. **Text** 'BLUELIGHT' to 85258.

### The Ambulance Colleagues Charity (TASC)

A 24/7 colleagues crisis line and further support. **Call:** 0300 373 0898

### Further information

**NHS England Wellbeing Conversation** resource <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/having-safe-and-effective-wellbeing-conversations>

**Information relating to mental health conditions,** <https://www.nhs.uk/mental-health/conditions>



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# The mental health continuum

## A tool to self reflect on your wellbeing.

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.

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.

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

Some 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.

	Thriving	Surviving	Struggling	In crisis
Emotional	<b>In good spirits with usual ups and downs</b> Able to cope with the stresses of daily life.	<b>Sometimes irritable, impatient, nervous or sad</b> Mostly able to cope with stresses of daily life.	<b>Often impatient, nervous or sad</b> Coping with the stresses of daily life is often hard.	<b>Angry, anxious, hopeless or always sad</b> Overwhelmed by the stresses of daily life.
Psychological	<b>Positive about life most of the time</b> A sense of purpose in life most of the time. No thoughts of suicide or fleeting thoughts of suicide.	<b>Positive about life some of the time</b> Unsure about your sense of purpose in life. Some thoughts of suicide with no plans to act on these.	<b>Negative about life some of the time</b> Disinterested or a sense that life lacks purpose sometimes. Thoughts of suicide and some planning related to these.	<b>Negative about life most of the time</b> Disinterested or that life lacks purpose most of the time. Thoughts of suicide and active plans to act on these.
Social	<b>Able to take part in social activities or hobbies as much as you’d like</b> Supported by family, friends and colleagues.	<b>Able to take part in social activities or hobbies sometimes</b> Supported by family, friends and colleagues to some extent.	<b>Rarely able to take part in social activities or hobbies</b> Disconnected from family, friends and colleagues.	<b>Mostly unable to take part in social activities or hobbies</b> Withdrawn from or avoiding family, friends and colleagues.
Physical	<b>Physically well for you</b> Considering your shift pattern* you are able to get quality rest and sleep. Able to do as much physical activity as you’d like within your usual capability.	<b>Mostly physically well</b> Aside from any disruption caused by shift pattern* your sleep is disturbed sometimes. Able to do some physical activity within your usual capability.	<b>Sometimes physically unwell</b> Aside from any disruption caused by shift pattern*, it is difficult getting quality rest and sleep. Unable to do much physical activity within your usual capability.	<b>Physically unwell</b> Aside from any disruption caused by shift pattern*, you are unable to get quality rest and sleep. Unable to do any physical activity within your usual capability.
Addiction	<b>You have not used addictive behaviours</b> (e.g. alcohol, substances, gambling, food) to cope	<b>You have rarely used addictive behaviours</b> (e.g. alcohol, substances, gambling, food) to cope	<b>You have sometimes used addictive behaviours</b> (e.g. alcohol, substances, gambling, food) to cope	<b>You frequently used addictive behaviours</b> (e.g. alcohol, substances, gambling, food) to cope
	<b>Maintain your wellbeing</b> Connect with others. Be physically active. Learn new skills. Give. Be present in the moment.	<b>Promote your wellbeing</b> Actively engage in coping techniques and self-care and engage in peer support and clinical supervision. Reflective practice—what are your support needs?	<b>Focus on your wellbeing</b> Connect with your line manager, employee support services or GP. Talk about how you are feeling. Consider trying a new coping technique.	<b>Prioritise your wellbeing</b> 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).

\*if you have one



**Before helping others, first you need to help yourself.**



North East  
Ambulance Service  
NHS Foundation Trust



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