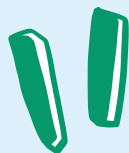


NEAS mental maintenance

Employee Toolkit



NEAS mental maintenance aims to change the way we think about mental health and wellbeing across the organisation.

- 1** | Introduction
- 2** | Sleep
- 3** | Anxiety
- 4** | Mood management
- 5** | Overcoming trauma
- 6** | Pain and fatigue
- 7** | The Mental Health Continuum

1

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

According to Mind, one in four people will experience a mental health problem of some kind each year in England. 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.

Working in emergency services can take its toll. We want to inspire colleagues to take ownership of their mental wellbeing through education, peer support and personalised plans. We also encourage talking with others to help understand experiences. It's important to know when to ask for help. This also applies when supporting others. As NEAS colleagues we need to support each other, as well as ourselves.

This toolkit is designed to educate on mental health issues that many of us can experience and empower colleagues to be able to recognise and manage any feelings they may be having. It includes information on different mental health conditions.

Further resources can be found on the NHS website. For a range of self-help guides, visit <https://web.nrw.nhs.uk/selfhelp/>

It can be helpful to have a personalised toolkit to help maintain your mental health. An example of a toolkit and many other resources can be found by searching mental maintenance on Siren.

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.

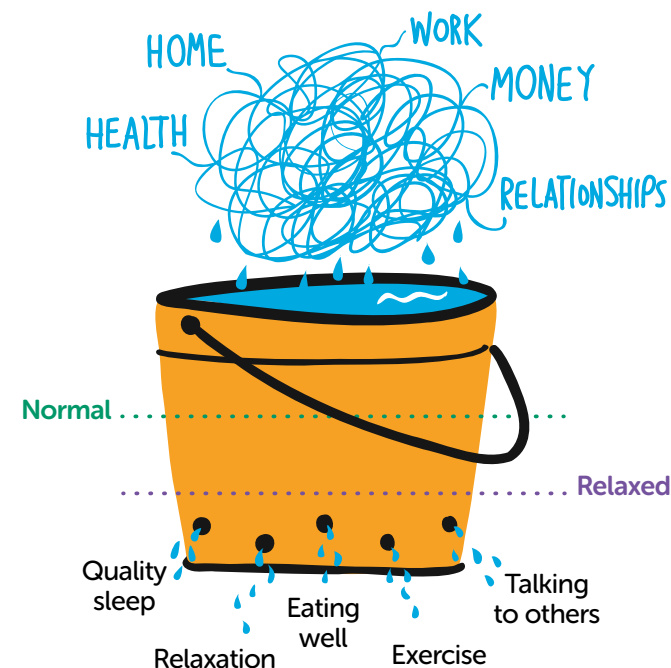
What could be in our stress bucket?

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.



2 Sleep

We all know the importance of sleep. Ongoing sleep problems can be a result of depression and anxiety but can also be a trigger for them.

Causes of poor sleep

Pre-disposing factors – family history, history of anxiety or worry

Precipitating factors – life stressors, adjustment periods, changes to environment

Perpetuating factors – worrying about sleep, changes to sleep behaviours, caffeine, medication



Sleep management approaches

Changing our thoughts around sleep

Negative thoughts can impact our sleep. You might think, “if I don’t sleep well, I’m going to perform poorly tomorrow.” Recognising these thoughts and labelling them as unhelpful allows us to change the way we feel.

This technique can help:

Breathe in through the nose, out through the mouth and focus on your belly. Notice your heartbeat, your thoughts and any tension in your body. Recognise your thoughts as just thoughts and refocus your attention on your breathing. Accept that you might be worrying. Get out of bed and do something until you feel less tense and gently return to bed.

Putting the day to rest

This involves spending a short period of time processing your thoughts and winding down.

1. Check in with yourself, using your breath as an anchor.
2. Think of what happened during the day.
3. Write down anything that has made you feel good and what hasn’t made you feel good.
4. Make a ‘to do’ list with practical steps to help with any worries.
5. When it comes to bedtime, remind yourself you have already dealt with these worries if they come to mind.

Relaxation for sleep

Try these relaxation techniques for mind and body:

Progressive muscle relaxation This involves tensing and relaxing various muscles, which is effective in relieving physical and mental tension.

Imagery training This focuses on mental tension and involves immersing yourself in a pleasant visual scene, which leads to improved control of your thoughts.

20-minute rule

If you’re not asleep within 20 minutes, try getting up and relaxing somewhere other than in bed. Return to bed when you feel you’re likely to drift off to sleep.

Support at home

If you work varying shift patterns, those you live with need to understand your schedule.

Managing repetitive bad dreams

If you’re struggling with trauma and having repetitive nightmares, it can be helpful to write out your dream. Create a new peaceful ending and write it down. Go through the new peaceful story in your head before going to sleep.

Using a sleep diary

Keeping a diary can help pinpoint specific sleep problems. Use your diary to note what time you go to sleep, what time you wake up and how many times you wake during the night. Note down if there’s anything in particular that causes you to wake up. Keep a record of caffeine consumption, exercise, mood and your bedtime routine.

For more information, go to www.nhs.uk/every-mind-matters/mental-health-issues/sleep

3 Anxiety

It is a normal response to situations that we see as threatening, it is our fight or flight response. It can even be helpful in some instances, such as when coping with an emergency.

Anxiety can affect

- The way we feel
- The way we think
- The way our body works
- The way we behave

Symptoms of anxiety can be frightening and uncomfortable. If anxiety continues for a long time, it can affect your everyday life and can lead to health problems such as high blood pressure.

Managing anxiety

Being aware of what triggers anxiety is a good place to start. Think about the times you are more likely to feel anxious – is there a certain place, time or people you're with that make anxiety worse?

Strategies for overcoming anxiety can be broken down into three categories:

1. Physical – relaxation
2. Cognitive – thought challenging
3. Behavioural – graded exposure

Relaxation

A key step to easing anxiety is to relax your body by easing your breathing. This works to tell your body you are in control and there is no need to feel under threat. Often when we are anxious, we can increase our breathing, known as hyperventilating. The body responds to this with symptoms such as dizziness, light-headedness and muscle stiffness.

Giving ourselves the time to relax helps with managing our anxiety. During the day, try to have regular 'stop points' to check in.

Grounding techniques use tools such as visualisation and senses including sight, hearing and smell to help distract from possible thoughts and feelings. Using tools can help turn attention away from what's worrying you and refocus on the present moment.

Here are some breathing and grounding techniques you might like to try:

- Breathe in for a count of seven and breathe out for 11
- Square breathing to a count of four, focusing on something with four corners such as a screen or the window
- Use a grounding tool in your pocket such as a stone or piece of jewellery.
- Use a self-soothe box containing things that ease your anxiety. This could include items such as a stress ball or camomile tea
- 5-4-3-2-1 exercise. Look for:
5 things you can see
4 things you can hear
3 things you can feel
2 things you can smell
1 thing you can touch



Mindfulness

Mindfulness is not about stopping our thoughts, but about gentle awareness of the present moment. By paying deliberate attention to the moment, we can create the mental space needed to calm our minds.

Try using a Mindfulness app for your phone. A full list of free wellbeing apps for NHS staff can be accessed via NHS England » Wellbeing apps

Thought challenging

How we think about situations affects how we feel. Recognising thoughts as thoughts and not necessarily truths or realities is a key step. Challenge the thought and ask, 'is the situation really as threatening as it seems?' Looking for facts rather than opinions can help create a more balanced thought.

It's natural to try and think towards a solution, but sometimes we just need to let it be. Letting go of thoughts can help us approach things in a more positive way. The more you are able to acknowledge thoughts as they pass, the stronger you will feel. When you're fixated on a worry, try to postpone it.

Ask yourself, can this wait? Or is there a better time to think about this? Chances are when the time comes, you will have been thinking of other things so you can be more objective about the original worry.

Graded exposure

Graded exposure is about planning to overcome anxiety through doing more activities gradually. Exposure therapy involves remaining in the presence of a feared situation for a prolonged period until the anxiety reduces. Repeating the process can build tolerance.

Proactive approaches to managing anxiety

- Balanced diet
- Daily exercise
- Connecting with people
- Mindfulness
- Trying to improve sleep
- Having a routine and structure to your day
- Medication

Support**Medication**

Prescribed medication is a positive approach but it's important to not think medication alone will solve anxiety. Medication can work to restore chemical imbalance and improve your receptiveness and resilience in developing coping methods. This would be prescribed by your GP.

More information is available at www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/antidepressants/overview

**Self-help**

Every Mind Matters and Blue Light Together have self-help resources on managing anxiety.

Support at work

If you feel you need support around managing your anxiety, refer to the NEAS occupational therapy team.

The team can offer a mental health assessment and treatment plan, which may include signposting, support groups and referral to specialist services. All assessments and treatment plans are confidential, unless they need to be shared with your GP.

Support outside of work

- Medication and social prescribing can be discussed with your GP
- NHS Improving Access to Psychological Therapies
- NHS community mental health teams

For more information, go to www.nhs.uk/every-mind-matters/mental-health-issues/anxiety/

4 Mood management

Depression is a common mental health problem and can happen to anyone.

A diagnosis of depression is characterised by persistent negative thoughts, lack of interest, enjoyment, motivation, or energy. It can impact our sleep, concentration, appetite, and can result in thoughts of suicide.

Low mood can impact your thoughts, emotions, physical reaction and behaviours. If a persistent low mood has taken hold, the aim is to break the cycle. We can use different techniques to start making changes and improve our mood. Changes in one area of the cycle can help make improvements to others.

Making changes can be hard. We can often be against change as our brain likes to know the outcome of our actions. Even if something is likely to change for the better. Try drawing out your own vicious cycle, using a situation which impacts your mood. Now try thinking about what you can do differently.

Think about the following questions:

- Why do I struggle with my mood?
- What impacts my mood negatively?
- What can I do differently? What is within my control?
- What needs to change?
- What are the barriers to change?

Behavioural activation

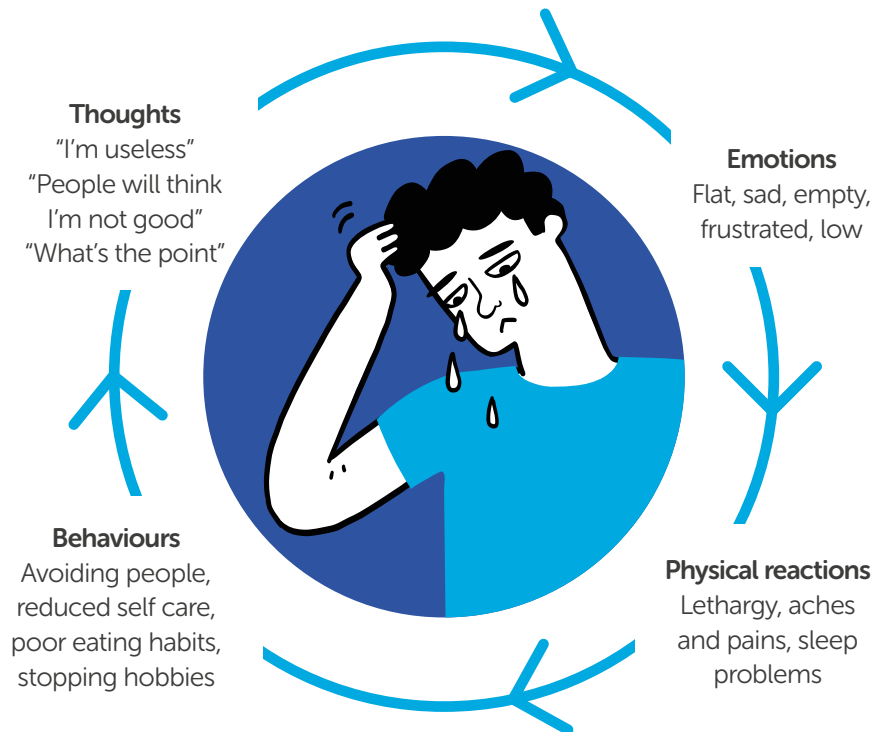
When life is going well, motivation and enjoyment come naturally. We do things that we enjoy or get a sense of achievement from and so feel like doing more. When we are feeling low, it's natural to withdraw from activities, including enjoyable ones. Behavioural activation can help break a cycle of withdrawal or inactivity. The aim is to re-establish contact with positive things.

Getting the simple things right

When we feel down, we may not take as much care of ourselves as we normally would. We might sleep too much or too little, avoid seeing people, eat too much or too little, or drink or smoke more.

NHS Choices suggests five daily steps to improve mental wellbeing.

1. Connect with others
2. Be active
3. Keep learning – learning a new skill can give you confidence and a sense of achievement
4. Give to others – even the smallest act can improve your mental wellbeing
5. Be mindful – be more aware of the present moment, including your thoughts and feelings



Negative thoughts

Automatically focusing on the negative aspects of events is known as Negative Automatic Thoughts (NATs). Because these are automatic, we don't always realise we're doing it. The first step is to be aware of these thoughts. Sometimes just recognising the way you're thinking can be enough to change your initial thoughts.

For those that need a little more work, writing them down can help.

Positive solutions

Focusing on problems with a six-step approach can help:

- Make a list of the problems you need to solve
- Select one which you feel is your priority
- Consider all possible solutions to this and their pros and cons
- Select the solution that feels best for you at that time
- Make a plan
- Evaluate

Date	Situation	NATs	Initial emotion	Fair and realistic thought	Final emotion

Support

Medication

Antidepressants have shown to be helpful for many people suffering from depression. Antidepressants work on the chemicals in the brain to make you feel less depressed. These will be prescribed by your GP.

Family and friends

Opening up and talking about how you are feeling is important.



Heads

Who do I go to for support around worries/ stress?



Shoulders

Who do I go to for a shoulder to cry on and emotional support?



Knees

Who do I reach out to for fun and to relax?



Toes

Who keeps me motivated?

Self-help

Every Mind Matters have self-help resources on managing low mood.

The TASC and Rightsteps Wellbeing Platform

offers wellbeing resources and self-guided online Cognitive Behavioural Therapy (CBT).
www.rightsteps.co.uk/customers/tasc

Support outside of work

- Medication and social prescribing can be discussed with your GP
- NHS Improving Access to Psychological Therapies
- NHS community mental health teams

For more information, go to www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/low-mood-sadness-depression/

If you are in need of urgent support contact The Ambulance Staff Crisis (TASC) Phonenumber

Call: 0300 373 0898

Text: FRONTLINE to 85258

TASC provides 24/7 365 days a year immediate and ongoing suicide and mental health support for all UK Ambulance Staff. It is independent and confidential.

www.theasc.org.uk/crisis

5 Overcoming trauma

Any situation that an individual finds traumatic can potentially cause Post Traumatic Stress Disorder (PTSD). It can develop immediately after an event, or weeks, months or even years later.

It is natural to be cautious following a traumatic event. If we witness a traumatic event, our mind can suspend normal operations to cope with what's going on. The attempt to file this memory away can be distressing and we may attempt to suppress it. This can present in the form of nightmares, flashbacks and intrusive unwanted memories (re-experiencing). This can make us feel more anxious and on edge.

Symptoms and diagnosis of PTSD

To be diagnosed with PTSD, you must have the following symptoms for at least one month:

- Having flashbacks, nightmares, frightening thoughts
- Avoidance of reminders – this could be thoughts, feelings, people, places
- Feeling on edge, tense, easily startled, or having sleeping problems or angry outbursts
- Negative thoughts, loss of interest or poor memory of the traumatic event

Early warning signs

Someone struggling with post-traumatic stress would likely demonstrate a change in behaviour. There might be a change in performance, increased avoidance, reduced energy levels, being on edge or a lack of concentration.

Reducing the risk of developing PTSD

- Support from others
- Learning to feel good about your actions in the face of danger
- Confidence in acting and responding effectively despite feeling fear
- Learning positive ways of coping

Managing symptoms

Talking about your experience is key to help process the memory. The more an individual develops awareness of the trauma, the less power it has.

Learning to accept the trauma is also important.

You can't rewind time or erase what's happened, it's about how you relate to the trauma and live with it.

You can access support via TRiM, the Trust's Trauma Risk Management programme, which is used to reduce the impact of negative responses following a traumatic event. The support is available to everyone. It can be accessed via the Trust's intranet, Siren.

You can also refer to the NEAS occupational health service by calling 0191 430 2062 or emailing occupational.health.referrals@neas.nhs.uk

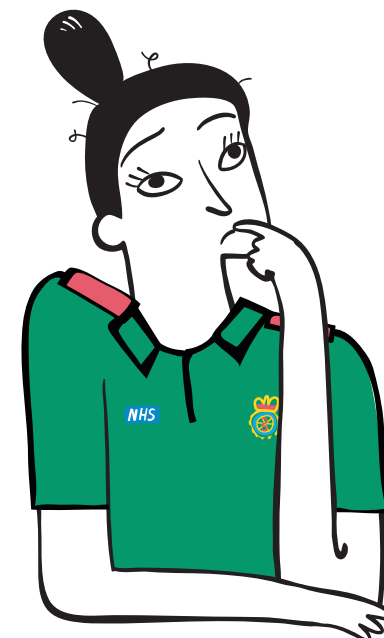
If you have witnessed a traumatic event

Straight away

- Remember you are experiencing normal reactions and that they are temporary.
- Reach out to those around you. Talk to each other to help process what has happened.
- Write down what happened and how you feel.
- Focus on moving forward.

After the shift

- Within the first 24-48 hours, try periods of physical exercise alternated with relaxation. This will help alleviate some of the physical symptoms.
- Refer to TriM to talk to a colleague trained in trauma response.
- Allow yourself to feel whatever you're feeling without judgement or guilt.
- Structure your time. Maintain normal routines for meals, exercise, sleep, hobbies and connection with others.
- Be aware of numbing the pain with the use of alcohol or drugs and that this will make it worse.



Treatment offered

If symptoms have not reduced over a 4 week period, the main treatments for trauma are psychotherapy and anti-depressant medication.

Psychotherapies

Cognitive Behavioural Therapy (CBT)

CBT looks at helping you manage symptoms by changing how you think and act. Trauma-focused CBT looks at coming to terms with the traumatic event by changing unhelpful thinking and behavioural patterns. You may be asked to confront the trauma by thinking about the experience in detail and pulling out any unhelpful thoughts. You may also be supported in reducing avoidance behaviours.

Eye Movement Desensitisation and Reprocessing (EMDR)

This involves making side-to-side eye movements whilst recalling the traumatic event. It helps to reduce symptoms and process the memory in a less negative way. This can jump-start the brain's natural healing ability, allowing the memory to become less disturbing. Therapy will also look at replacing the unhealthy, negative beliefs associated with traumatic memories with more balanced, positive thoughts. Treatment usually involves 12 sessions.

For more information, go to www.mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd-and-complex-ptsd/self-care/



6

Pain and fatigue can have a huge impact on the way we think

There are different types of pain; acute (short-term) and chronic (long-term). It can affect our sleep, our mood and our ability to relax.

How we feel pain

The Gate Control Theory suggests that nerves from our body run to the spinal cord where a series of 'gates' exist. The more open the gates, the more pain messages pass through to the brain.

The more closed the gates, the fewer messages and the less pain we experience. Things that may open the gates include stress, thinking about the pain, not moving, and avoiding activity.

Things that may close the gates include doing something you find enjoyable, exercise and movement, and relaxation.

Symptoms and behaviour

The most common response to symptoms is avoidance. With chronic illness, resting for long periods of time can make symptoms worse. Evidence suggests that the longer we respond to fatigue by avoiding activity, the larger the level of disability.

We may find ourselves monitoring symptoms more, seeking assurance from others or reading more about the issue. All of this can heighten the experience of physical symptoms.

Symptoms can have an impact on mood. If someone is worried about pain, they may feel more depressed. Others can push too hard despite pain which can lead to anxiety and frustration.

Do something

Completing an activity diary helps identify levels of activity, rest, sleep and spotting any patterns.

- Use a diary to record your daily life over a week-long period
- Try to fill in your diary at regular intervals throughout the day
- Record your rest periods and the time you wake up and go to bed

Following these rules can make goal setting easier:

1. Set yourself no more than three goals to begin with
2. Focus on short-term goals initially
3. Set positive goals

Setting SMART goals can also make things easier:

- Specific
- Measurable
- Achievable
- Relevant
- Time specific



There are three key steps to managing activity and rest:

- 1. Pacing and consistency** – pacing is breaking things down and carrying out activities a bit at a time. Consistency is about trying to make good and bad times as similar as possible.
- 2. Gradual increase** – reflect on your goal and identify a small activity to try, for example going for a short walk every day rather than one long walk once a week.
- 3. Work towards long term goals** – doing small steps will build tolerance to symptoms. Building on these every day will lead to bigger goals.

It can be hard to explain how our physical health impacts our energy levels, mood and ability to do day-to-day tasks. The Spoon Theory makes it easier to give insight to those who may not understand. You can find more information about this theory at www.butyoudontlooksick.com

It's normal to feel worse sometimes.

Don't panic if you have a setback.

Try to figure out what led you to having a lapse – some helpful questions are:

- What was happening in my life?
- Who was I with? Where was I? What was I feeling and how did I act?
- What needed to be in place for me to have handled the situation better?

For more information, go to www.nhs.uk/live-well/pain/10-ways-to-ease-pain/

7 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...

	Thriving	Surviving	Struggling	In crisis
Emotional	In good spirits with usual ups and downs Able to cope with the stresses of daily life.	Sometimes irritable, impatient, nervous or sad Mostly able to cope with stresses of daily life.	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	Positive about life most of the time A sense of purpose in life most of the time. No thoughts of suicide or fleeting thoughts of suicide.	Positive about life some of the time 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 and 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 take part in social activities or hobbies Disconnected 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* 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* your sleep is disturbed sometimes. Able to do some physical activity within your usual capability.	Sometimes physically unwell 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.	Physically unwell 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	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
	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 and 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).

*if you have one



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Ambulance Service
NHS Foundation Trust



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