**DRAFT NOTE ON OUR MEETING**

**MEETING WITH FÁTIMA FERNANDES – Staff Support, Counselling and Occupational Health Services Manager - December 18th 2017**

Fátima runs a number of staff support services including LINC Peer Support. LINC (Listening, Informal, Non-judgemental, Confidential) is a voluntary network, which provides access to trained members of staff who listen to and support colleagues who may be suffering from stress, trauma, anxiety, PTSD and other conditions that affect their psychological wellbeing. Staff from all sectors of the LAS have been trained and are now practising as LINC workers.

The selection and training process is thorough and every LINC worker has demonstrated a high level of dedication. There are now about 100 LINC workers.

They are not trained counsellors and do not aim to ‘solve’ problems. They are there to listen, support and if necessary advise on other relevant sources of help. Anything of concern may be raised, whether work related or to do with other aspects of a person’s life.

The aim of LINC is to promote the psychological and emotional well-being of staff. The network is there to support any member of staff, regardless of gender, age, ethnicity, disability, religion or belief, culture, sexual orientation or any other protected characteristic, role or rank. LINC provides a 24-hour confidential listening service

Accessing a LINC Worker is done confidentially by making contact in person or on the phone. Staff members do not have to access the nearest LINC Worker. There is a choice, and accessing them can be done in several ways. A list of LINC workers is available to staff and they can contact any of them. It is their choice. A LINC poster is displayed on each station providing details of local LINC workers and their contact numbers. Local management teams can also provide this information. LINC workers are usually only available during their duty times. In case of emergency there is a 24 hour on call line that is operated by Senior LINC Workers. The emergency on-call number is: 0207 922 7539. LINC workers get residential training to ensure they have the right skills to support colleagues.

Fátima is a psychoanalytically trained psychotherapist who has worked at the LAS since 2008. She described the characteristics of staff who operate well as LINC workers, e.g. they need to be dedicated and capable of supporting colleagues without expecting or receiving reciprocity. Fátima has a team of three people – the others are Jackie Phipps and Tina Vince.

There are 16 LINC workers who have a senior role in the team – they have at least two years experience as LINC workers. There are also 10 LINC workers who assist Fátima in the training of new cohorts of LINC workers. Senior LINC workers are available 24/7 should a member of staff require urgent assistance.

Six members of the Senior LINC Worker Team are also Trauma Risk Management trained (TRiM) Practitioners who deliver TRiM Consultations after a potentially traumatic ‘job’. The London Ambulance Service’s version of the TRiM Consultation enables the individual to begin processing and consolidating the experience, enhances resilience and facilitates the individual in regaining control. Research has shown that appropriate information given before and reinforced after potentially traumatic incidents can help to decrease levels of distress and build resilience to better equip us to manage future potentially traumatic incidents; this is why we include relevant and proven psycho-educational elements within our bespoke and enhanced TRiM Consultation delivery model.

Trauma Risk Management (TRiM) is a peer delivered psychological support system designed to allow organisations to proactively support personnel in the wake of traumatic events. Personnel are qualified as TRiM practitioners and are trained to conduct specialised risk assessments following traumatic incidents. This proactive approach helps to identify those who may go on to develop psychological problems. Early identification may help to reduce the impact on the individual, their colleagues and the organisation as a whole. It is based on a military model developed by Neil Greenwood (ref) called ‘cognition based assessment’ (see appendix).

Fátima said that the LAS front line staff are very focussed on the needs of their patients and tend not to seek public recognition. Staff are provided with an Enhanced TRiM Consultation with a Senior LINC Worker and they can also access a LINC Worker. Should the need for professional intervention be identified by the LINC worker, staff are then referred to Fátima for Trauma Therapy.

It can take up to four years for chronic stress to develop. It can have both a psychological and physical presentation and results from the accumulation of stressful incidents leading to a build up of cortisol in the traumatised person’s body.

We discussed the difference in presentation of trauma by front line staff who are directly involved in traumatising incidents, and workers in the EOC who may feel crucial to the organisation of LAS services, but feel helpless in the provision of direct care and assistance. Wearing of uniforms in EOC perhaps plays an important role in feelings of inclusion of EOC staff in major events and incidents. Trauma can cause early deaths, diabetes 1 and 2, raised cortisol level, an abdominal corset of fat.

**Stigma**

I asked Fátima whether asking for help from LINC might feel like a sign of weakness by some staff. Fátima does not think so and the monthly data collected evidences that the LINC Network is well utilised.

**Suicides of Staff**

Fátima said that no suicides had occurred of the past 2.5 years. Tragically, suicides in other national and international services continue to occur. The perceived increase in suicides among ambulance service staff is why AACE commissioned a preliminary report in 2015.

1. <https://www.mind.org.uk/news-campaigns/news/one-in-four-emergency-services-workers-has-thought-about-ending-their-lives/#.Wl9Hirckvcs>
2. <http://www.news.com.au/finance/work/every-six-weeks-an-emergency-services-worker-in-australia-commits-suicide/news-story/728bedaac0840e4a6214c0e525324d44>
3. <http://www.dailymail.co.uk/news/article-5114393/Paramedic-died-suspected-suicide.html>
4. <https://www.theguardian.com/healthcare-network/2017/jul/20/paramedic-considered-suicide-support-management>
5. <http://www.theage.com.au/victoria/alarm-at-suicide-for-paramedics-20120501-1xx8m.html>

**Benevalent Fund –**

The London Ambulance Service Benevolent Fund was established in 1966 by a group of dedicated LAS employees from within the various disciplines of the service. It became the first Ambulance Service Benevolent Fund in the UK. It was formed to provide assistance and support to its members, who from time to time, may suffer extreme cases of financial hardship for reasons beyond their own control, such as loss of pay due to prolonged sickness, caring for a dependent, sudden death or any happenings that may create severe hardship. The LAS Benevolent Fund provides a quality recuperative and convalescence facility for our members and families whose medical condition or recovery process warrants the support and assistance of the Benevolent Fund.

Initially members who are suffering from a long term severe illness, recovering from illness or a traumatic episode in their life, in some cases bereavement, or in fact so many other circumstances, will be identified through the good auspices of the Staff Support Advisor or Executive Committee members, and as such will participate in this scheme by recommendation and their personal acceptance of the facility being made available to them.

**Document to get hold of:**

1. Wellbeing Strategy

**Outstanding Issues**

1. Feedback from LINC users.
2. Referrals beyond FF, e.g. PTSD
3. Long term care and follow-up
4. Reluctance to use service
5. Empowerment

**APPENDIX**

TRIM

1) Frightening events are potentially traumatic. How individuals react to them depends on many factors, including previous exposure to challenging situations and whether or not they have an effective support network in the way of family or friends. There is no "right" or "wrong" way to react to a traumatic event, but it is usual to experience shock and what is sometimes called an "acute stress reaction" in the immediate aftermath of an incident. Symptoms can include fear, anxiety, disturbed sleep and distress. These emotions can be experienced intensely enough for individuals to feel genuinely concerned about their state of mind. It is important in these situations that people are reassured that, although the event they have experienced is abnormal, their reactions to it are not.

2) The TRiM methodology has evolved from clinical research which shows that most people who live through traumatic events adjust well and suffer no long-term ill effects. This approach echoes NICE guidelines about best practice in the aftermath of exposure to trauma. People need reassurance, information and kindness, ideally from people who know them - family, friends, colleagues and managers. People also need time to adjust to what has happened. An employer’s duty is to ensure that people who may suffer more serious effects are identified quickly and referred to professionals who can give the right kind of medical attention, which may include counselling.

3) TRiM is a process which involves education in these aspects of trauma (of individuals and groups, of colleagues as well as their managers) and assessment (of individuals or groups of people who have been exposed to a traumatic event). The emphasis is very much away from "victim" and towards "survivor".

4) When a major incident occurs:

 • The TRiM Team will convene a gathering of staff to dispense accurate information about the event and the normal range of reactions to trauma as well as the best means of self help and mutual support;

 • After a briefing, the TRiM practitioners will invite groups or individuals to take part in a carefully structured conversation about the event itself, known as a trauma risk assessment. This will cover key points identified by clinical experts as being indicators of how well an individual can expect to adjust to normal life after exposure to trauma. Assessments take place no sooner than three days after the incident. No one is obliged to take part, but the relevant people will be invited to do so. Information given within the assessment process is treated in confidence and not shared with any third party. Assessments will be conducted, and groups arranged, in a manner which respects local cultural sensitivities and takes account of any language problems.

 • A follow-up assessment will be arranged. It would normally take place about a month after the initial TRiM assessment.

 **Individual cases**

5. Where an individual has had an experience in the course of their work (has had to deal with a death or serious accident, or someone who has been involved in a violent incident), and is feeling affected by it, that person, or their line manager (with the individual's consent) can contact LINC to discuss whether a trauma risk assessment would be useful. As more LINC workers have undertaken the training, a network of people who can carry out assessments has been created.

6. TRiM assessors are colleagues who have been trained to recognise signs of acute stress and to differentiate between these normal strong reactions and the kind of reaction to trauma which may need immediate referral to a medical specialist. Very few people need immediate referral, though many show clear signs of distress. By the time the month has elapsed, most people will be beginning the process of self-rehabilitation. The return to "normal" routines at work and at home will be a major factor in adjusting to the new reality that survivors face: life is not as safe or as predictable as previously supposed, but it is possible to adjust to this uncomfortable truth and function well and even thrive on the knowledge that resilience has been tested. TRiM assessors will remain in contact with individuals to offer support and advice for as long as staff want this.

7. People identified by the TRiM process as in need of some extra professional help, will receive this as a priority. This could be medical intervention, or psychological support in the form of specialist counselling.