






LIFELINES SCOTLAND

FACILITATOR NOTES


Contents

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THANKS TO OUR FUNDING PARTNERS:

How to use the modules

The recorded material in Modules 1 – 7 covers the content of the three courses you attended with Lifelines Scotland. The recordings reflect the content from the PowerPoints we used when delivering the training.

The timings in the charts below will help you plan what is the best option for your Service. You can pause the recorded content at any point, if you think some groups would benefit from further reflection or discussion.

Remember your knowledge of your Service's needs will be invaluable in the delivery.

Overview

Module 1 covers the content of **Staying Well - Understanding Resilience and Self-care.**

Modules 2 to 5 cover the content of **Supporting Your Colleagues / Team.**

Modules 6 to 7 cover the content of **Post Trauma Support – Providing Psychological First Aid.**

Delivery options

The modules are intended to be delivered in sequence and we recommend that you always start with Module 1 which includes the key Lifelines messages.

The modules can be delivered as single sessions or grouped together to suit your Service's needs.

Please note that if you are grouping sessions together, you don't need to run the summary of learning outcomes at the end of each module. The notes will tell you when you can stop the module recording ready for the next one.

If you are running Modules 2 – 5 on the same day, you have the option to swap Modules 4 and 5 to end the day with a discussion on peer support rather than suicide.

Tailor it to your Service

Please show the sources of support and services available internally and externally at the end of your session.

The information is on Lifelines website and can be accessed via the Facilitators' Resource Area.

Pre-requisite learning

We recommend everyone watches the **Introduction and Lifelines 10 Essential film** prior to attending the training. You can either send the link with the joining instructions or show it at the beginning of the session.

You have the option to share the link to the **Lifelines Staying Well Road Trip** with delegates before the session.

Module	Recorded content	Time allocated for exercise/group work	Total time needed
Introduction and 10 Essentials	17 min	0	17 mins

Module timings

Module	Recorded content	Time allocated for exercise/group work	Total time needed
1: Staying Well, Understanding Resilience and Self-care	32 min	1 hour 30 min	2 hours 2 min
2: What keeps you and your colleagues well	11 min	55 min	1 hour 6 min
3: Mental health overview	39 min	45 min	1 hour 24 min
4: peer support in action	21 min	2 hours 5 min	2 hours 26 min
5: Talking about suicide	16 min	30 min	46 min
6: Post Trauma Support - Understanding how trauma affects us	52 min	1 hour 30 min	2 hours 22 min
7: Post Trauma Support- Psychological First Aid	27 min	1 hour 40 min	2 hours 7 min

The recorded modules can be paused at any time you think it would be useful to stop and have further discussion, but this will add to the overall timing for the session.

Approx. time required to run Modules 1 – 5 together (excluding breaks): 7 hours 44 minutes.

Approx. time required to run Modules 6 – 7 together (excluding breaks): 4 hours 29 minutes.

How to use this guidance

The Facilitator notes are designed to support the feedback/conversations around the exercises and contain the core messages from Lifelines Scotland.

This guidance may be more helpful if printed out in full so that you can add your own notes or extra pages to suit your own learning and delivery style.

Note: We have provided the scripts of the recorded material for information only, as you may find it helpful to have these and a note of the timings. We are not looking for you to remember, learn nor deliver training using the scripts.

Before you deliver sessions

You will have access to a Facilitators' Resource Area with all the materials required for the session.

- There is an email template with "joining instructions" that sets out the basic information that delegates will need to know for the session. This includes links to:
    - Lifelines Scotland '**Introductions and 10 Essentials messages'** film that they should watch before attending. (NB: You can also run the film at the start of Module 1).
    - A **Pre-course survey** to be completed before attending the session. This will help demonstrate knowledge of the issues before attendance.
- The Resource Area includes the **scenarios** that will be used in some of the exercises. The scenarios can be sent out with the joining instructions with a request delegates print them out before they arrive. Alternatively, you can print copies for everyone in preparation for the session.
  Note: The advantage of the delegates getting the scenarios in advance, is they can identify any that might be difficult for them to discuss and let you know this before the session starts.

As part of your preparation, we recommend you look at the **key learning points** for the exercises you are doing, highlight those that are pertinent to your service, and add any other points you think are important.

Delegate numbers

We recommend that you have no more than 16 delegates for an in-person session. If you are doing the session online, then 9 is a comfortable number.

Room set up

Try and set up the room so there are small tables (cabaret style) with no more than 4-6 delegates at each table (depending on size of the full group you have). This gives you the option of using these groups for the exercises and discussions.

It can be helpful to have either a room big enough for the groups to space out for the small group discussion, or some additional "breakout rooms".

During sessions

Introductions/warm up

- Introduce yourself as facilitator and explain why your service has chosen to run the course.
- Explain your role as facilitator - you may wish to use the script below.

"You may notice that these inputs differ slightly from what the organisation often delivers. The sessions are designed to be a walk-through understanding resilience and mental health. The content of the recorded modules has been quality assured and, as a facilitator, my role is to assist the conversation around the content and exercises. Together we will explore how we can all take steps to keep ourselves well and in turn, assist others in understanding mental health, take positive action to reduce stigma and support others."

- Remind them that the Lifelines Website (www.lifelines.scot) is a useful learning resource.
- Ask the group to introduce themselves by name and role and say one thing that has stayed with them from the pre-requisite learning or previous module.

Course practicalities

The Facilitators' Resource Area includes an example of some course practicalities to discuss with delegates, including group rules. You may wish to let the group decide the latter as a group exercise, but if you do, please ensure that respecting confidentiality and looking after themselves are included.

Taking feedback

When taking feedback, it is best to ask each group for their thoughts from the exercise. Depending on size and numbers of groups you may ask them to agree a spokesperson.

For some exercises, you may wish to ask each group to share one or two things from their discussion. This allows balanced feedback from all the groups.

Endings

Make sure you leave time for discussion and reflection at the end of sessions. This is an opportunity to check people are OK and to consolidate learning before they return to their busy lives. Some options include:

- Asking everyone for a 'take away' or 'ah-hah' moment from the session.
- Asking everyone what they'll do to look after themselves after the session.
- Giving out the pre-printed sheets (for example 'My Personal Plan') from the Facilitators' Resource Area

When delegates have completed the relevant modules, please acknowledge they are now a Lifelines peer supporter (1 – 5), or Lifelines Post Trauma First Aider (1 – 7).

After sessions

After the session you can send delegates links to any relevant resources, films, or website pages in a follow up email. You can find an email template on the Facilitators' Resource Area in each Module section.

Post course survey links should be added as this will help demonstrate any change in knowledge and understanding after attendance. You can find a template with links to the surveys on the home page of the Facilitator Resource Area.

Module 1:
Staying Well: Understanding Resilience and Self-Care

Module overview

This module covers the factors that support wellbeing and resilience, and the things that can threaten this and affect your mental health, whatever your role.

Module timings

The expected total running time of module one is 2 hours 2 minutes.

- Film (32 min)
- Exercise 1.1: Why I am OK most of the time (30 min)
- Exercise 1.2: My warning signs (30 min)
- Exercise 1.3: My Psychological First Aid kit (30 min)

Note: If you are going on to run Module 2, stop this module recording at 31 min after Dan's film and start Module 2 with the Good Management and Leadership exercise.

For this module you will need:

- Link to Module 1: Staying Well, Understanding Resilience and Self-Care
- Supporting Documents for Facilitators:
  – Biological reactions to stress
  – Protective Armour quick guide
- Handouts:
  – 5 Ways to Wellbeing (optional)
  – Personal action plan (optional)

Exercise 1.1: Why I am OK most of the time

Small group exercise. Give delegates around 15 min to discuss, with 15 min for feedback in the bigger group.

Question for break out rooms

- What challenges and supports your wellbeing in your role? Please identify three positive and three negative things to feedback to the larger group.

Key points

This is an early opportunity for delegates to start understanding the idea that their wellbeing is fluid and can be affected for better or worse. We're going to be talking about their "protective armour" and the threats to this in this and future modules.

You don't have to cover all the points below, they're here to give you an overview of what previous delegates have told us and what we know from research. Ensure you get as many examples of things that support wellbeing as challenge it. Highlight if people come up with mostly organisational stressors, rather than things linked to the role itself.

Here are some **(RISK) factors** people identify as challenging wellbeing:

- Workload pressures and other organisational stress
- Demands on your time and disruption of your personal/family life
- Lack of resources
- Exposure to traumatic incidents
- Incidents involving children

We also know that it can be difficult:

- When you're threatened or in danger
- When you're exhausted
- When normal coping isn't possible
- When things go wrong or you feel mistakes were made
- When you're isolated or unsupported
- When you can't detach because you identify with the victims
- When you can't talk about what's happened
- If you're blamed or undermined

Here are some **(PROTECTIVE) factors** people identify as supporting wellbeing. These are the things you value in your role and that help you stay well. Remember it's not an accident that people are OK most of the time, these things form your "Protective Armour".

- Sense of pride in providing an important community service
- Feeling glad to be able to do a job/role that matters - professional identity
- Knowing what to expect, being able to prepare physically and psychologically
- Learning and developing skills
- Camaraderie with peers and enjoying being part of a team – Research supports this as the key to good mental health and recovery
- Social support from family and friends – making use of those supportive relationships
- Exercise – exercise helps reduce stress and uses up adrenaline whilst increasing feel good hormones

We also know that it helps to:

- Be clear about your role and confident you can do it well - doing a job that matters and feeling competent acts like a shield in the face of trauma exposure
- Be able to detach, having a professional rather than only a personal response
- Trust the skills of your colleagues
- Prepare and train - learning and developing skills, builds confidence
- Feel valued and respected
- Communicate and have a laugh. (Humour can help. It releases pressure, gives us perspective, and can help us connect and support others. Humour can be effective and appropriate, when used to manage overwhelming emotions. However, when humour is being used to mock, bully, or exclude then it causes harm and increases rather than releases tension.)
- Know yourself - Notice when your psychological armour might have been breached. What are your warning signs?
- Be willing to seek help –This can feel difficult for people in helping roles, you're there to help people not need help yourself

(These points are referencing the research undertaken by Scottish Police Forces and Rivers Centre, 2005-2006)

Exercise 1.2: My warning signs

Small group exercise. Give delegates around 15 min to discuss, with 15 min for feedback in the bigger group.

Question for break out rooms

- What are your warning signs?
- What warning signs do other people notice about you?

Key points

Once you have a list of warning signs, you can use the Biological Reactions to stress handout to help them understand how these link to the stress response.

It is important they recognise and understand their warning signs so they can do something about it. This allows for early intervention and prevention. The good news is that there's lots we can do to have good mental health.

Exercise 1.3: My Psychological First Aid Kit

Small group exercise. Give delegates 15 min to discuss, with 15 min feedback in the bigger group.

Questions for break out rooms

- What's in your psychological first aid kit?
- Does anything need changed?
- Is there anything you need to add?

Key points

As you get examples of what people do to look after themselves, remind them that self-care is not self-indulgent, it is self-preservation and allows them to continue their important work for others. Encourage delegates to approach their time off/rest days with that attitude.

Highlight the importance of having a range of tools in their toolbox. This is especially important if people rely on exercise. Exercise is a great tool, and if people don't have it in their 1st aid kit, we want them to add it. However, there may be times when people aren't able to exercise (e.g., injury) so it's helpful to have a range of things they can do to look after themselves.

From the things people share, make the connection with the 5 Steps to Wellbeing handout (active, connect, learn, give, notice). Let people know that these things can interrupt the stress response and the circular nature of worrying about the worry.

Note: If you are going on to run Module 2, stop this recording at 31 min after Dan's film.

Module 1 Script
Staying well: Understanding Resilience and Self-Care

Welcome to your continuing journey to becoming a Lifelines Scotland peer supporter and Post-Trauma First Aider. This is the first of seven modules, Staying Well, Understanding Resilience and Self-Care. You've completed the Introduction to Lifelines and the 10 Essentials and should have an understanding of how Lifelines aims to support those in high-risk roles, who support others.

During this module, we will give you an understanding of what keeps you well and makes you so resilient, as well as looking at the things that can threaten your resilience and mental health, whatever your role.

If you remember back to the Lifelines 10 Essentials, Lifeline's essential number one states, "we all have mental health and high-risk roles and those who support others are not invincible". One in four of us may experience poor mental health at some point in our lives. Rates of poor mental health are higher for high-risk roles. Why is that? Is it because of the trauma exposure, the organisational pressures, the organisational culture, or your personality? Well, it's a combination of all of the above.

Being resilient doesn't mean we're unaffected by stress and adversity. Instead, it refers to our ability to recover, to bounce back. Whether we're able to do this depends on the stresses we face and the resources available to help us deal with them. It also means that our resilience isn't a fixed thing, but something that changes throughout our life and from day to day. But we all have mental health, and this varies just as much as our physical health.

Lifelines essential number two states "emergency responders are at risk of a psychological injury, it's an occupational hazard". Now, not all those in high-risk roles and who support others are exposed to potential traumatic events, PTEs, but most operational staff are. And that means that at risk of being injured, it's an occupational hazard and needs to be recognised and understood so we can prevent it where possible and reduce stigma if people do get injured. The general public may have four PTEs in their life; they reckon about one a decade in adult life. Those in high-risk roles might have that in a week. So, you can see why the risk is higher.

Lifelines Essential number five, states, "psychological injury isn't inevitable, most of those people in high-risk roles and who support others, most of the time will cope well". We don't all get injured all the time, so we want to help people understand what protects them and helps them cope with the challenges they face. That's what this session is about, understanding your protective armour. We're not suggesting that one in four people are going to get injured. It's more fluid than that. Any one of us can be injured if the circumstances are right.

02.49 min – script pauses for exercise 1.1, Why I'm OK most of the time

02.58 min – script pauses for Gills film on resilience

Now, an important thing that we really work on is helping people understand is what it is that allows them to stay well, contributes to good mental health and resilience. Because as we

know, the Lifelines essential message is that we all have mental health and responders are not invincible. Some of the things that help us stay well are personal factors and others are more social or kind of context factors. We think of them as personal and social capital. You can find more about this on the Lifelines website, but in summary, the social factors will be things like whether we have enough money, whether we have somewhere to live, whether we have our basic needs met, and crucially, whether we have good social support around us, people that we can rely on.

The personal factors are things like our ability to manage stress, our sense of hope, a sense that we can control what happens in our lives and also our ability to use social support, our ability to trust people and to open up to them. Now, how we are doing at any given point really depends on the resources we have available to us and the demands that are being made on us. Think about it as scales. You know, on one side is the demands and on the other side are the resources we have available. Now they can get out of kilter, out of balance depending on whether we're facing lots and lots of additional stress and demand. Or perhaps if our resources are a bit depleted, maybe we're not well or somebody we rely on for support isn't available. And so, on the site, we want you to really use the information there to help you understand how we can keep things in balance. Because that way you've got a better chance of managing the stressful things that life produces, but also the challenges you face in your role as an emergency service, staff member or volunteer. We want you to understand what's in your psychological first aid kit, what are the things that help you personally stay well. Because some of you say to us, well, I'm okay despite doing a challenging job. Is that okay? And our answer is yes, but it's not an accident. There are things at play that are helping you stay well despite the challenges of your work role and the challenges of everyday life. So, it's a good idea to use the resources on the site to understand what's in your psychological first aid kit, to have a think about what it is that keeps you well and particularly to understand how your protective armour works.

As a summary, remember, stressful and traumatic events happen to people, families, communities, and all their complexity. None of us are a blank page when adversity strikes. And this context makes a difference to how we are affected and how we're able to deal with the adversity. You know that from the people you encounter at work or in your volunteering role. Your resilience is also a balancing act between the demands you face at work and at home and the resources that help you.

Looking at the resources available to us, we're going to look at the Ways to Wellbeing. This is what we know keeps human beings well. It's taken from Mind the mental health charity but researched and developed by the New Economics Foundation. Working or volunteering for emergency service or organisation may meet some of these, for example, giving, learning, being active, etc.

Be active, regular physical activity is good for us. It helps us cope with stress and is associated with lower rates of anxiety and depression. We can all try to stay active whatever our level of physical ability is. However, it can be hard to do this if we have caring responsibilities, an injury or perhaps a physical impairment. But this is a key tool for your psychological first aid kit.

Keep learning. This keeps us psychologically active. Setting goals assists us with higher levels of wellbeing. So do things such as take up a hobby, read the news, sign up for a class, do a crossword puzzle.

Give, helping others is good for us. It's a win-win. Giving once a week for six weeks has been shown to improve your wellbeing.

Take notice. This is about being in the moment, appreciating the small things, stopping to smell the flowers. Noticing the present moment will calm your stress response and interrupt any tendency you might have to ruminate over what's happened in the past or might happen in the future.

Connect. Being close to and valued by others is a fundamental human need. Make sure you stay connected to the people who matter in your life. For instance, speak to people rather than email. Ask how their weekend was. Share a lift to work.

Another resource available to get the scales to balance is your protective armour. You may have come up with some of these during the exercise. Professional identity, knowing what to expect allows you to prepare physically and psychologically. This sits alongside a sense of pride in providing an important community service. Being able to distance yourself, being able to detach, having a professional rather than only a personal response. Expectation and readiness along with preparation and training. Learning and developing skills builds confidence and helps us. It also helps reduce our instinctive brain from taking over. Channelling our adrenaline response to improved performance. Sense of competence and expertise. Being able to do a job that matters and feeling competent acts like a shield in the face of trauma exposure. Social support, camaraderie with peers and enjoying being part of a team keeps you well. Social support includes support from family and friends. Feeling able to talk about it. Being able to talk about your experiences afterwards can be therapeutic and helps your brain process the memory. Humour. This can help release pressure and gives us perspective. You can use it to connect and support others. However, when humour is being used to mock, bully or exclude, then it causes harm and increases rather than releases tension. Knowing yourself. It's important to notice when your protective armour may have been breached. Being aware of what your warning signs are helps you take action to mitigate against symptoms of stress. A willingness to seek help. It can feel difficult for responders and staff to seek help when you think you're there to help people and shouldn't need help yourself.

As well as protective armour, having protective teams assists as well. If they look out for each other with a shared sense of purpose and with mutual respect and trust, whilst knowing what each other's roles are and if you have confidence in the knowledge and skills of other team members along with adequate resourcing and training. If you know each other in and out of work and can accept and tolerate different personalities and coping styles, with open communication, including humour, this bolsters individual's protective armour within the team.

Now that we've discussed the resources available, let's now discuss the demands on the other side of the scales. These can be seen as risks or threats to our protective armour. They can be both operational or organisational. Again, some of these may have come up in the exercise previously. So, what are the operational threats to your protective armour? Research undertaken by the River Centre with the Scotland's Police forces in 2005 to 2006 highlights that incidents involving children or situations where events were interpreted as having high personal relevance were potentially sources of stress. This research was focused on specialist post holders. In essence, these stresses are about the absence of protective factors and include when you can't detach and identify with those involved. When you know

the victims. So, incidents involving colleagues, incidents involving children, along with when things go wrong, or you don't perform well either as an individual or within a team. Even if you just think you've not performed well. When you're isolated, unsupported, or criticised. When you're unhappy with the decisions that are made. When physical resilience is overwhelmed, when normal coping isn't possible.

Linking with Lifelines Essential number eight, workplace stress is as big a threat to wellbeing as trauma exposure. There are a number of organisational threats to your protective armour. Excessive workload. Under resourcing can be linked to excessive workload. A poor work environment, for example, stations, offices not properly maintained, or equipment broken. Low morale, poor management. Bullying doesn't only affect the person being bullied, but the whole team. Culture of silent coping and scepticism about the support available. Some would say old school, dry your eyes, pull your socks up and get on with it, or ridiculed if you do seek help. At times of change, start end of your career or on promotion can lead to feelings of isolation and get at your feelings of competence and expertise. Just because you're dealing with challenging experiences in your role doesn't mean you get a pass on difficult stuff at home. The demands of everyday life are also a threat, such as relationship problems, bereavement, health worries, money worries, plus the impact of work or volunteering on personal life, for example, shifts being on call, the risk you face, etc. All of these threats, I'm sure you'll agree, could be stress producing. Now stress gets a bad name, and a little bit of stress is good for us, but too much is harmful. The problem isn't stress itself, but when it continues and is unrelenting. Stress energises us, improves our performance and gives us focus. Scientists distinguish between positive stress, sometimes called eustress and negative destress. The diagram gives an indicator of how this works.

13.21 min – script pauses for exercise 1.2, Warning signs

Our stress response involves a range of biological responses. Our animal cousins tend to have one dominant response to threat or danger. This has been determined by evolution as the one most likely to ensure their survival. You may have heard of the fight or flight response, but there's another, the fright or freeze response. There are the fighters, animals like these tigers who have the strength that allows them to respond with aggression and power when under attack. This hare won't win a fight with a predator. So that's why it runs away, flight. The opossum is neither strong enough to fight nor fast enough for flight, so it plays dead. That's the freeze response. The benefits of this are twofold. It switches off the predators' chase instinct and makes it more likely to look elsewhere for a fresh kill. These responses have evolved over millennia to help each creature survive.

Human beings can have any one of these instinctive responses or reactions when they're in a stressful or dangerous situation. Our minds and body are brilliantly designed to help us survive when we're in danger. Think about what happens when you duck to avoid a low branch or jump back onto the pavement when a car speeds by. Our brain tells our body to react before we register the thought that we need to. These physical and psychological changes happen automatically. It's why emergency service staff and volunteers do so much training so you can channel your adrenaline response to improve your performance. Without rehearsal and training your survival instincts could have you running away from some of the dangerous situations you face. We have heightened awareness and it's not just about what we see, it's all the senses. We are basically trying to record everything in high definition. This enables us to learn about what is happening and prepare us for similar events in the future.

Our heart beats faster to get the oxygenated blood around our body into the major organs and muscles. Our muscles tense, ready for action. Our breathing increases to get the lungs full of air to feed the blood with oxygen. Our void impulse kicks in and switches off the digestive system. It's not necessary for survival at this time. So, the body tells us to get rid of it, to make us lighter for running, flight and more agile for fighting. Our pupils dilate to gain as much visual information as possible on the threat. Blood moves away from the skin to feed the muscles and the vital organs, but also as a defence mechanism. If we get cut, we won't bleed as much. We're sweating, not just because we're working very hard, but also as a defence mechanism. It makes us slippery. We focus on threat, tunnel vision some people call it, it's the only thing that matters at this time, so we need to concentrate on it to deal with it. The instinct brain kicks in that fight flight or freeze. Numbing our analgesia response kicks in as well, stops us feeling so much pain. If we feel pain, it slows us down and makes us a less effective fighter. Please refer to our website for further explanation.

Once the dangerous or stressful situation is over, our body's alarm system switches off and our body returns to a calmer state. This can take a bit of time. We then usually think about what has just happened so we can make a memory, learn from it, and prepare us for the future. And we can adjust how we think and feel about ourselves, others, and the world. Let's find out what happens if these responses keep going when they're not needed, either because the threat doesn't pass or because the stress we face, (which can be non-life-threatening) keeps going.

If you look at the previous signs and symptoms of stress, these can lead to the following. Because of the heightened awareness, you can become irritable, hypervigilance, have sleep problems. With your heart beating faster, you could experience palpitations or chest pain. With muscles being tense, this can lead to muscular aches and pains. Breathing increasing can lead to breathlessness or hyperventilation. Avoid impulse or the digestive system switching off can lead to upset stomach, diarrhoea, indigestion, reflux. Pupils dilating can lead to headaches. Blood away from the skin can cause pins and needles. Sweating all the time. Focus on threat leads to poor problem solving. Instinct brain leads to poor concentration, memory difficulties and poor decision making. Numbing or analgesia responses can make things feel unreal. You feel detached. And then eventually this leads to exhaustion and increased susceptibility to infection.

18.18 min – script pauses for Avalanche film

As volunteers in that environment, we are challenged, you are putting your life at risk. When that incident happened, it was the first time I'd been out working my search dog. We got an early morning call to help with a missing walker, missing overnight. We were tasked to start searching on the hill. The snow was very deep in part, and it was hard going. And then we came across a huge avalanche, absolutely massive avalanche. And that was the first time I'd seen an avalanche. I saw my dog working across and then she stopped and started scrambling in the snow and digging the snow. And when she came back and indicated and led me there, I realised that she'd found what looked like a glove lying in the snow. But you, you know when I put my hand on that. There was clearly a hand inside the glove and at that point we realised we'd found the missing person. The casualty had been evacuated by helicopter down to a doctor. So, as we were coming off the hill, we realised that the casualty had in fact, lost their life. But a lot of things didn't really occur to me at that time. You know, you were so involved in that incident, there's a lot of mixed emotions. You've obviously got a sadness at the outcome,

and on the other side of it is that the sort of excitement and exhilaration of your dog having made a find. You know, we train for two to three years to get our dogs to that point. I suppose after that everything was quite busy. I went home and then tried to, you know, explain the situation to the family. But again, you know, they weren't there. So, you're trying to describe something that they couldn't really get their heads around. And I suppose I was taken by surprise a little bit that night when I woke up in the middle of the night and the, the duvet was over my head, and I imagined I was actually getting buried in in the snow. It was almost like a nightmare reliving and, I suppose that was the first thing that then just struck me, was like, wow, this is something different that I've ever experienced. And then the next day, you know, I was trying to deal with that but also then started realising I was having a lot of thoughts about, did we do the right thing? Was the person alive at that the time? You know, could we have done more? Getting reassurance from one of my teammates that there was actually nothing more we could have done, what I had done on the day was the best I could have done, made a huge difference. But the one thing I couldn't get rid of from that was the mix of images that were in the head and the surprise no one had ever told us about these sorts of things. I didn't realise these were normal reactions to an event like that. The sleep challenges, perhaps the guilt, some of the physical things, your body and muscles and headaches and, and stomach upsets. They're your body's natural responses to either fight or flight. And there are things that you can do to help that. And, and that was really useful, it was very helpful. Subsequently, on another occasion, I was out working on my own. And so there is a, a higher risk that you will come across something unexpected. And so that image will always be with you, and you then have to deal with that. But it helped that I knew what to expect. It helped that I was able to speak about it. And it didn't matter that the people I spoke to hadn't been involved. They were just there to listen. And that made a big difference. You know, we have to deal with quite a number of traumatic events. Looking back over the years, what I've realised is that just because a particular incident hasn't had a major impact on me doesn't mean that it hasn't had an impact on someone else in the team. So, I think it, it is really important that within teams we develop a culture where it's okay to say that you would like to speak about it or it's okay to ask somebody and talk to them about it. Showing care to somebody and giving them the opportunity to talk makes a huge difference. And I think it's really important that that sort of information gets passed to as many people in in teams as possible. The reactions you will have are normal. They are things that will just happen. And if you know that, then you'll be able to understand and help yourself. They can be fixed, and they will go away in all but the most extreme circumstances. And there is professional help for that. Raise your own awareness, realise they're normal, and speak to people.

You would've seen Steve experience some of these normal reactions. This may never happen to you, but common warning signs that an incident may have ‘chipped away’ or ‘got through’ your protective armour could be anxiety and panic, irritability, and anger, feeling numb, feeling overwhelmed, avoiding things, places, people, or emotions, withdrawing from others, feeling upset and low. Remember, these are normal reactions and should settle with time. However, you may need to pay attention if these physical and emotional symptoms keep going, particularly after four weeks. Feeling overwhelmed and helpless, loss of confidence and self-critical, guilt or self-blame, negativity, pessimism, low mood, hopelessness, intrusive memories and nightmares.

Now let's have a think about who helps you stay well. What's in your psychological first aid kit. These are the things that can prevent you becoming unwell and what you might use if going through a stressful time or after a stressful experience.

25.02 min – script pauses for exercise 1.4, Psychological First Aid kit

There's lots of information on our website (in the coping and self-care section) but in general, spend time with people who care and talk to them, have a routine for work and play, do things that give you a sense of achievement and pleasure, take regular exercise, do things that are restorative and or help you relax. Post-trauma exposure, give yourself time to recover. Find out about the impact of trauma and what to expect.

Can you see the links to the ways to wellbeing here?

Again, there's lots of tips on how you can look after yourself on our website. All dropdown menus, apps that are free to download. HeadFit is by the military and like the resources on the website aims to develop mental fitness in the same way we develop our physical fitness. Daylight, Live Life to the Full and Sleepio are apps that are full of tips to improve how you cope with stress, worry, low mood and insomnia. We've also got some fun resources, including a Lifelines playlist of songs about resilience and friendship.

Think back to Lifelines Essential number 10, support from colleagues, family, and friends keeps responders. We know this is what makes the biggest difference. So, we're doing training to promote informal peer support and have made a section for family and friends on the website. Some of you may not speak about your work, which is okay, but if you're recognising when you need to recharge or refuel, then your family members will be too. These resources give advice to assist family members understand normal reactions. Our website is a great way to further help with specific sections for your service or organisation. As well as more generic assistance with helpline numbers, self-help and other resources.

Think back to Lifelines Essential number 7 'Stigma stops people getting help'. It's common for those in high-risk jobs to report the stigma surrounding psychological injuries or mental health prevents them from seeking support for issues they may be experiencing. 68% say there is a stigma attached to a mental health problem. Those in high-risk jobs or supporting others may operate under the assumption that those who fix problems for others shouldn't be seen to have problems themselves. Some may have concerns about the impact on career prospects of admitting to psychological injury or being ridiculed within the organisation. This may partly stem from a lack of visibility of psychological symptoms, in contrast to easily identifiable signs of physical injury. Meaning people may feel they're less likely to be believed when reporting psychological injury. Research has found that emergency service personnel on average are less likely to seek support for mental health and wellbeing issues than the general population with workplace culture and stigma understood to be key drivers of this reluctance. 29% say they would not seek help themselves because of this stigma. Beyond the problems of being judged by others, self-stigma when we judge ourselves and feel ashamed, has also been shown to reduce the likelihood of emergency service personnel seeking help from mental health professionals. However, 97% say they would have no less respect for a colleague if they heard they were experiencing mental health difficulties.

28.31 min – script pauses for Dan's film

Hi, I'm Dan a paramedic for the Scottish Ambulance Service based at Dumfries Station. I've been approached by a Lifelines who are doing some wonderful work to support the emergency workers of Scotland. Now today I've been tasked with discussing stigma, but what is stigma and what is stigma around mental health? So, I thought today what I'll do is discuss my own experiences to try and help you relate to that. A number of years ago, I was dispatched to a particularly traumatic incident, which I'm not burden you with the details. However, it left me having sleepless nights. I was really withdrawn, and I knew that something wasn't quite right. However, I was scared to reach out for the support. I was scared of telling management in case it would say that maybe the job wasn't for me anymore or that my colleagues might not want to work me because I've displayed a sign of weakness. I realised quite quickly that that was my stigma surrounding mental health and I went for counselling. And what the counselling did was it empowered me to become a stronger person, much more aware of my own mental health and in fact the mental health of others around me. It made me feel more resilient. It made me feel more able to deal and cope with the stresses of the job. Also, the stresses of day-to-day life. Now, when colleagues have talked to me about it in the past, they've said that by me opening up and sharing my story and by me displaying a positive manner and approach to mental health, it's felt made them feel more able to open up and talk about their mental health too. So, I suppose what I'm trying to say is that by enabling and showing people that it's okay to talk, it changed things. People started talking and people started opening up about their own experiences. And one thing I really took home from all this is that mental health is not a weakness and speaking out is a sign of strength. And we must be there to support our colleagues in order to do that. And I do think that we're very good at supporting each other on an informal basis on the shop floor. And I'm really aware that there are lots of exciting programs being worked on that are hopefully going to be rolled out across the whole of Scotland soon. But in the meantime, that simple thing of being able to encourage our colleagues and being there for our colleagues is something that is incredible. And I want to thank you all for doing that for me and thank the people that have also opened up to me as well. I think in the months and years to come, we will see big change, not just on the shop floor. Organisationally things are going to change, and things are going to improve, but in the meantime, be there for one another. And remember that it's okay to speak out about your mental health.

Remember the plan for this session. We have now given you an understanding of what keeps you well and makes you so resilient, as well as looking at the things that can threaten your resilience and mental health. No matter what your role is, remember, know what's in your first aid kit and keep it well stocked, ensuring all the things are linked to the ways to wellbeing. And get a routine for bedtime to ensure a good night's sleep. Prioritise self-care because prevention is better than cure. Don't worry if you get a bit injured. Injuries heal and there's support there to help you recover stronger.

Module 2:
What keeps you and your colleagues well

Module overview

This module covers how peer support and good management contribute to wellbeing and good mental health.

Module timings

The expected total running time of this module is 66 minutes.

- Film (11 min)
- Exercise 2.1: Good management and leadership (25 min)
- Exercise 2.2: What do we mean by peer support? (30 min)

Note: These notes assume you are running this module as a standalone session.

If you are running Modules 1 and 2 together, you should start this module with the Good Management exercise, at 7 min 27 sec. If you are going on to run Module 3, you can stop this recording at 10 min 12 sec.

For this module you will need:

- Link to film for Module 2
- Handouts
  – peer support examples
  – Supporting Your Team Quick Guide

Exercise 2.1: Good Management and Leadership

Small group exercise. Give delegates around 10 min for discussion in breakout rooms, with 15 min for feedback in the bigger group.

Depending on the size and number of groups you may wish to ask them to agree a spokesperson to provide feedback.

Question for break out rooms

- When you think about the managers you've had over your careers, what made a difference to whether you felt supported by them?
- What impact did their behaviour have on how you felt, thought, and behaved?

Key points

You're hoping the groups will cover the following points.

Good managers:

- Create supportive teams
- Treat people fairly
- Create and inspire trust
- Are approachable
- Know their staff (in and out of work, what's happening in their lives)
- Recognise changes in behaviour

Good managers are clear about

- Tasks and roles
- Boundaries and autonomy
- What protects and threatens wellbeing at work
- How to model and promote the benefits of wellbeing (physical and psychological)

You can use the quick guide 'Supporting Your Team' to assist the feedback.

Take a note of the points raised as it will come up further in the module.

Exercise 2.2: What do we mean by peer support?

Small group exercise. Give delegates 10 – 15 min to discuss the handout of peer support examples. (If their organisation doesn't use Trauma Risk Management [TRiM] they will use only 12 statements.)

Allow 15 min for feedback and discussion in the bigger group.

Depending on size and number of groups you may wish to ask them to agree a spokesperson to provide feedback.

We're looking for a view on whether they think each statement is an example of peer support, or not, and why.

Question for break out rooms

- Are these examples of peer support?

Options

If you're running an in-person session, have enough space, and want to get people moving, you could ask them to stand in a line and vote with their feet. You call out the statement and ask them to move to one side of the room if they consider the statement is peer support, or the other if they don't. If they are unsure, they stay in the middle.

Feedback

You might choose to start by looking at the ones where there was unanimous agreement and then have more discussions about those where there was a difference in opinion or uncertainty. The notes below should help with this.

Key points

The discussion that is facilitated around these statements is around context, and the importance of reaching out to colleagues, showing warmth and empathy. The following notes should assist the discussion in the larger group:

1. **Having a cup of tea together after a job and before going home** – this is an example of social support and peer support.

2. **Going to the football with a friend** – this is social support but could be peer support if they're a colleague. Doing something together outside work may give a more comfortable opportunity to talk as well as the benefit of doing something pleasurable together. Travelling to and from an event may give an opportunity to talk while not having to have direct eye contact.

3. **Talking to your spouse / partner –** this is social support. Could it be peer support if spouse or partner is also a colleague? This is a chance to ask the group about boundaries between work and home life. How do they feel about sharing their experiences at work if their spouse or doesn't work in the emergency service community. Perhaps they worry about upsetting or burdening them or are maintaining confidentiality. Highlight the possibility of talking about how we feel without going into

detail to what has happened. Encourage them to find a way to stay connected to those close to us. And consider who else we might talk to about the incident(s) if we need to.

4. **A phone call with your team leader / manager –** Depends! Can a manager / team leader be a peer? Who phoned who? If a manager calls you is that just good management/ leadership? Or can it also be peer support depending on the working relationship? If you call your manager, are you offering peer support?

5. **Team night out in the pub –** this is social support and may also be informal peer support through team bonding. Flag issues around alcohol consumption if this doesn't come up from the group, e.g., not everyone is comfortable around alcohol for range of reasons (problematic use/religion/choice/financial) and where teams are geographically spread, evening social events may exclude some members who don't live locally.

6. **Approaching a colleague that you're worried about to check how they're doing –** this is peer support.

7. **Challenging a colleague for not pulling their weight –** not peer or social support as written here. "challenging" is the key word. However, noticing a change (e.g., performance) might be an opportunity for a kinder approach, "I've noticed you're coming in late, you're usually prompt. Is everything ok?"

8. **Phoning a colleague at home after a difficult job –** this is peer support, although prompt a discussion about boundaries. Will they welcome a call at home? Maybe text first? Do you know your colleague well enough to know whether a call or text would be preferred?

9. **Suggesting a colleague makes an appointment with their GP –** this may or may not be considered as peer support. Not if it's "Just go to your GP mate!". But, yes, if it's part of a supportive conversation and about signposting colleagues to access support from their GP. A good question to ask here is if delegates would feel differently about making this suggestion if it was a physical issue.

10. **Asking a colleague how they are** –this is peer and social support.

11. **Having a coffee and chat with a colleague** - this is peer and social support.

12. **Providing counselling to a colleague** – this is neither peer nor social support. You are not providing counselling. Even if you're a trained counsellor you wouldn't be counselling someone you know.

13. **Doing a TRiM (Trauma Risk Management) assessment with a colleague** - This is formal Peer Support.

Note: If you are going on to run Module 3, stop this recording at 10 min 12 sec otherwise, please show the service-specific slides that detail the support services available in-house before you end the session.

Module 2 Script
What keeps you and your colleagues well

Welcome to your continuing journey to becoming a Lifelines Scotland peer supporter and Post-Trauma First Aider. This is the second of your seven modules, what keeps you and your colleagues well. So far, you have listened to the Lifelines' 10 Essential messages and completed Staying Well, Understanding Resilience & Self-Care, which helped you reflect on the things that support your wellbeing in and out of work, along with what you can do to boost your resilience. It gave you an understanding of your protective armour as well as what might threaten it.

During this module, we will remind ourselves of this and then build on how you can use this knowledge and understanding to have supportive conversations with your colleagues. We will also give you an understanding how peer support and good management contribute to wellbeing and good mental health.

Remember, psychological injury isn't inevitable. most responders most of the time will cope well. This is not an accident. There are things that you are doing that helps you cope with what life throws at you, both in work and in your personal life. Let's reflect on what keeps you well and helps you cope with the challenges you face, your protective armour.

So, what is your protective armour?

Professional identity. Knowing what to expect, allows you to prepare physically and psychologically. This sits alongside a sense of pride in providing an important community service.

Being able to distance yourself. Being able to detach, having a professional rather than only a personal response.

Expectation and readiness & preparation and training. Learning and developing skills builds confidence and helps us. It helps reduce our instinctive brain from taking over, channelling our adrenaline response to improved performance.

Sense of competence and expertise. Being able to do a job that matters and feeling competent acts like a shield in the face of trauma exposure.

Social support. Camaraderie with peers and enjoying being part of a team keeps you well. Social support includes the support from family and friends.

Feeling able to talk about it. Being able to talk about your experiences afterwards can be therapeutic and helps your brain process the memory.

Humour can help release pressure and gives us perspective. You can use it to connect and support others. However, when humour is being used to mock, bully or exclude, then it causes harm and increases rather than releases tension.

Knowing yourself. It's important to notice when your protective armour might have been breached. Being aware of what your warning signs are, helps you take action to mitigate against symptoms of stress.

Willingness to seek help. It can feel difficult for responders and staff to seek help when you think you're there to help people and shouldn't need help yourself.

'Workplace stress is as big a threat to responder wellbeing as trauma exposure'.

We know that trauma exposure is a big risk to psychological wellbeing and that this is particularly pertinent to responders where the role can involve exposure to potentially traumatic incidents and material. We also know though, that workplace stress can be equally impactful on the mental wellbeing of staff. Some research has found that organisational stressors such as long working hours, tension with colleagues, not being supported by senior leaders and not having control over your work, can increase the likelihood of experiencing common mental health issues, such as anxiety and depression. Additionally, not feeling a sense of belonging with colleagues can be a key stressor among responders and staff.

So, what are the operational threats to your protective armour? Research undertaken by the Rivers Centre with Scotland's Police forces in 2005 to 2006, highlighted that incidents involving children or situations where events were interpreted as having high personal relevance were potential sources of stress. This research was focused on specialist post holders. In essence, these stressors are about the absence of protective factors and include:

- When you can't detach and identify with those involved
- When you know the victims
- Incidents involving colleagues
- Incidents involving children

As well as

- When things go wrong, or you don't perform well either as an individual or within a team
- When you're isolated, unsupported or criticised
- When you're unhappy with the decisions that are made
- When physical resilience is overwhelmed
- When normal coping isn't possible

Let's consider organisational threats to resilience:

Stressful team environment. This stops people looking out for each other, with little or no shared sense of purpose, breeding a lack of respect and trust. Members can become isolated, with little communication or humour. This can lead to low morale, with team members losing that sense of belonging and shared goals, alongside losing the expectation and readiness.

Poor management can be a major contributor to wellbeing.

Bullying leads to a loss of respect, feelings of isolation with an inability to speak up. This in turn promotes a culture of silent coping and then adds to the scepticism about the value of support systems and a culture that prevents help seeking.

Protective teams lookout for each other have each other's backs both professionally and personally. They share a sense of purpose along with mutual respect and trust. We know what each other's roles are and are confident in the knowledge and skills of other team members. Adequate resourcing and training. Knowing each other, we accept and tolerate different personalities and coping styles. Open communication with that humour added.

These can all be reflected in a model of informal peer support that reflects the evidence that early and ongoing support (such as reassurance, information, and kindness) ideally from people who know you, (like our family, friends, colleagues, and managers) will help challenge stigma, normalise reactions, and promote the expectation of recovery. Remember, most responders and staff most of the time will cope well'.

7:27 min – script pauses for exercise 2.1 on good management and leadership

Good management and leadership protects responders.

If you've experienced good management, you'll know how that feels. They are the managers who set clear and achievable tasks, communicate well, and build strong teams. They give us some control, recognise and appreciate hard work, inspire us to do our best and generally have our back.

These qualities are equally helpful, whether they're leading a response to a fatal road traffic collision, training new recruits, or supporting someone who is off sick.

The good news is that good leadership is associated with staff wellbeing, higher morale, and good mental health. It is a key part of responders and staff's protective armour. Effective leaders are the ones that create supportive teams, treat people fairly and create and inspire trust. They are approachable, know their staff, what's happening in their lives, and recognise changes in behaviour. They're clear about tasks and roles, encourage boundaries and autonomy, and understand what protects and jeopardises wellbeing at work. They model and promote the benefits of wellbeing both physical and psychological.

Support from colleagues, family, and friends keeps responders well. That's why we are here, because peer support from colleagues is a key part of what keeps us well along with the support of family and friends. This is why we are promoting our peer support model. There is longstanding recognition that positive social support is linked to good mental health. There is significant evidence that good social support helps individuals deal with potentially traumatic events, and support from colleagues and managers is consistently cited as helpful to responder and staff wellbeing.

You're already looking out for your colleagues. We want to give you some extra knowledge and skills so you can be an even better buddy. Our ambition is to train as many people as we can. Lifelines Scotland's approach to helping you support a colleague to stay well or recover is not unlike the campaign Save a Life Scotland, which is looking to help everyone to be able to do CPR.

10:07 min - script pauses for exercise 2.2 on peer support

Remember the plan for this session. We have reminded you of what contributes to your Protective Armour and what might threaten it, along with giving you an understanding of how good management and peer support contribute to wellbeing and good mental health.

Module 3: Mental health overview

Module overview

This module is an introduction to mental health, including common mental health problems. It covers prevalence and causes of poor mental health and how we might recognise signs of stress and distress in ourselves and others.

Module timings

The expected total running time of this module is 1 hour 24 minutes.

- Film (39 min)
- Exercise 3.1: Ask, Tell, Look after your Mental Health (15 min)
- Exercise 3.2: How much would you know? (30 min)

Note: If you are going on to run Module 4, stop this recording at 38 min 44 sec

For this module you will need:

- Link to film for Module 3
- Supporting Documents for Facilitators:
  5 ways to wellbeing
- Handouts
  – Scenarios for small group discussion (to be given out before, or at the beginning of, the session)

Exercise 3.1: Ask Tell – Look after Your Mental Health

The start of the Ask Tell film provides a content warning to viewers. However, you may want to acknowledge that "we all have mental health" and that the content of the session may resonate with them. If it does, encourage them to look after themselves and let you know if they need support.

Large group discussion. Give delegates the opportunity to reflect on the content of the film. Allow up to 15 min for discussion.

Key points

How do your delegates react to the statistics from the film? Are they surprised?

Some key data from the film:

- In Scotland, 1 in 3 people experience difficulties with their Mental Health, mainly depression and anxiety. (NB: other data sources may suggest 1 in 4)
- Out of 100 people aged 18 to 34 years old:
    - 16 may have deliberately injured themselves at some stage in their lives.
    - 6 in 50 may have tried to take their own lives, and many more may have thought about this.
- If we live in an area where people struggle financially, poor housing etc then we are up to 5 times more likely to experience poor mental health.
- Stigma - Up to 70% have experienced seeing someone being treated differently or unfairly because of a Mental Health difficulty.

We're looking for a recognition of the many things that can cause people to experience poor mental health including:

- What's happened in the past
- What's happening now
- Our relationships (changes, conflict or losses)
- Other lifestyle factors, like substance use

You will be explaining that this shows the importance of knowing your colleagues. Depending on your relationship with them you may or may not know about these things.

The recorded content will pick up these points in the next section.

Exercise 3.2: How much would you know?

Small group exercise. Give delegates 15 min to discuss, with 15 min for feedback in the bigger group.

This is the first exercise using the scenarios. There are several to choose from and how many you use will depend on the number of groups you have. Aim to have groups with 4 delegates in each group to get a wide-ranging discussion.

Allocate a character to each group and read out the case studies before going into the small group discussions. Doing this means all delegates will have heard about the characters being discussed in the other groups, ahead of the general feedback. (The same scenarios and characters will be used in the exercises in the module 4).

Question for break out rooms

- How much of this would you know?
- How would you know it?
- What might you notice?

Key points

The group may come back with comments on what the person needs, how they can help. We'll come to that in module 4. The focus here is about what they would know about their colleagues. It is unlikely they would know all the information included in the scenario, so what would they know and how? For example, they may notice the change in behaviour, which is key here. How much they notice will be down to the relationship they have with their colleague.

We are trying to get delegates to be curious about small changes in behaviour and to check in with their colleagues regularly as a ‘good buddy'.

The film goes on to outline some common mental health issues, including stress, anxiety, depression, and PTSD. We’re not looking for you or the delegates to diagnose mental health conditions, but to understand some common symptoms.

Note: If you are going on to run Module 4, stop this module recording at 38 min 44 sec.

Module 3 Script
Mental health overview

Welcome to your continuing journey to becoming a Lifelines Scotland peer supporter and Post Trauma First-Aider. This is Module three, a mental health overview.

The plan for this module is to give you an overview of mental health and the skills that will enable you to recognise signs of stress and distress in others, including common mental health problems. The goal is to apply what we've learned about resilience, to your role as a colleague, leader or manager. We're aiming for you to be an informed friend or buddy.

As many as one in four people each year experience mental health problems such as anxiety, depression, or PTSD. In some cases, however, these can develop into more chronic or long-lasting concerns.

Emergency responders and volunteers are no different to anyone else. Remember, the key to this is, we all have mental health, and it varies as much as our physical health. We have peaks and troughs with our physical health and it is the same for our mental health.

1.10 min – script pauses for Ask Tell film

We all have mental health:

Mental health is about our thoughts, feelings, and actions. It includes how we feel about ourselves and others and how we make and maintain relationships, how we learn, how we can deal with the challenges and opportunities life brings us. But some situations can affect our mental health more than others, like relationship breakdowns, bereavement, becoming unemployed, money worries or physical illness, like poor living conditions, feeling we have no control over our circumstances or not feeling safe. These can cause feelings of sadness, feeling trapped, hopelessness, fear, and anger. Our relationships might suffer. We can shut ourselves away from family and social activities and stop doing and being if we experience mental ill health. It can affect work, education, physical health, all aspects of our life's. At times, we turn to drugs or alcohol to cope.

Improving mental health is a priority in Scotland. It's everyone's business and it's important to talk about it. "Around one in three people a year will experience difficulties with their mental health, mainly depression and anxiety. Out of 100, 18-to-34-year old's, 16 may have deliberately injured themselves at some stage in their lives, and 6 out of 50 people will have tried to take their own life. Many more might have thought about it. Having difficulties with your mental health is also linked to wider issues that affect your life. If you live in an area where lots of people have worries about money and jobs, with poor living conditions, you may be up to five times more likely to experience poor mental health, compared to someone without those worries. Having mental health difficulties can lead to stigma and discrimination, and in turn, stop people accessing the help they need. Almost 70% of Scots have witnessed people being treated differently or unfairly because of a mental health difficulty.

There are ways that you can look after your own mental health, look after your body, and find ways to cope with stress. Eat as healthily as you can, being active as good for a physical health and our mental health and wellbeing, especially where activities are outdoors like gardening. Get to know people in your local community, helping others and building supportive social

networks. Seek support about your worries from people who can help. Learning new skills can help you feel more fulfilled and create new opportunities. Take notice of what can help you de-stress. Give yourself, some me time. Giving and receiving from others helps to build a supportive network.

There are also ways we can look after each other. We probably all know someone who's struggling to cope and may need support, but this might not be apparent to us. It's important to respond to people with compassion, be a good listener, and show you care by giving your time. If you're worried about someone, ask for support. If you are having thoughts of suicide or self-harm, please tell someone. Every life matters.

As the film shows, there are many things that can cause people to experience poor mental health, including what's happened to us in the past, what's happening to us now, our relationships (such as changes, conflict, or losses) and other lifestyle factors like substance use.

This shows the importance of knowing your colleagues. Depending on your relationship with the person you may or may not know about these things. Here's what *doesn't* cause poor mental health - personal weakness, lack of intelligence or laziness.

The way to support your colleague is CLEAR. The pneumonic is on the website and we cover this over the next few modules. Choose when to ask. Listen attentively. Explain and Reassure. Assist with the appropriate support and help. Remember to look after yourself.

The information given during the module will assist with listing attentively and being able to explain and reassure.

6.58 min - script pauses for exercise 3.2, What would you know?

Remember, this is to help resource you as a peer supporter, not help you diagnose symptoms. It's a lot of information but can assist you with recognising the signs and symptoms of stress.

We're looking at stress first because this is an underlying factor in all the conditions and for each of the characters. Now that we've had time to think about the characters, let's remind ourselves of the impact of stress on mental health, but remember that not all stress or pressure is bad.

If we're on red alert for long periods of time, we will see the physical symptoms of stress: sleep disturbance, headaches, and muscle tension, upset, stomach, restless, and can't relax, on edge, jumpy, shakes and sweats and increased susceptibility to infection, tiredness, and exhaustion.

Then, as human beings, we have emotional, cognitive, and behavioural reactions, things such as anxiety and panic, irritability, and anger, feeling overwhelmed, loss of confidence, self-criticism, guilt or self-blame, negativity, pessimism, low mood, and hopelessness and withdrawing from others.

The good news is there is lots we can do to deal with these symptoms and signs of stress. Recognise, realise that these are normal responses. Then take steps to address things if we can. If we can't stop the stressors, we need to bolster the scales by considering the following.

The first two things are key, recognising the warning signs and taking steps to address things that are causing us stress. The other six are getting support from others, exercise and relaxation, sleep and healthy eating and doing things that bring us pleasure. Taking a rest and not just soldiering on.

Remember the 5 Steps to Wellbeing we discussed in Module 1. Think about what you can do to stay active, keep learning, give or help others, to take notice and be in the moment, and to stay connected to the people who matter to you.

You'll see that sleep is badly affected when we are stressed or suffering poor mental health but there are things we can do. Sleep is essential for good, physical and mental health. It's a time for cell regeneration and a time when we make sense of experiences of the day and make memories. Well known that caffeine is designed to keep you awake. So think about how much you have in the evening. Keep a regular sleep routine. What do we do when we want, you know, a child to go to bed? We form a routine before bedtime and that soothes them towards bedtime, bath, bottle, bed. It's about the routine no matter what time you go to bed. Our brains love routine, and it helps that healing. Make sure your bedroom is not too light, too hot, or too cold. Make it as comfortable as possible. It needs to be a safe haven. And if you are working shifts, get a blackout blind. Avoid over arousal in the two or three hours before sleep. Settle the body down, routine. Ease into your bedtime. keep the sleeping area free from distractions. Don't have a TV, switch off your mobile phone, or if you need it on for your alarm, filter it down for the background colour. Try not to catch up with naps during the day and take some exercise but not too close to bedtime. Use up that adrenaline, slow and steady, not high impact. Exercise also interrupts the worry about worry and is a significant part of the ways to wellbeing. At the end of the day, take notes of the things that are worrying you before you go to sleep, and this can help prevent them popping into your head at four o'clock in the morning.

Anxiety, what is it? As we know, fear and stress responses are essential to human survival. However, for some of us, at some time, this fear or stress response is triggered or maintained in the absence of real threat. There are a range of different anxiety conditions, but all involve a combination of physical, psychological, and emotional factors.

So, what does anxiety involve? Anxiety involves a heightening of arousal such as heart palpitations, breathlessness, agitation, sweating, dizziness. Anxiety involves emotional changes as well, such as feeling afraid, irritability, feelings of dread, feeling that things are unreal and out of our control. Sadness. Hopefully you'll see the link to the stress responses from the road trip, for instance, red alert. These are the underlying symptoms and signs of anxiety. Anxiety involves changes in behaviour such as agitation, avoidance, self-medication, for instance, using alcohol, checking and double checking, insomnia. Anxiety involves changes also in our thinking, we see danger and threat everywhere. Concentration and memory problems, poor problem solving and reasoning errors, worrying about worrying, panic, fear of dying or that you're going crazy.

13:36 script pauses for Laura's film

I think I've always been a worrier, even as a child. I remember never being carefree, constantly seeking reassurance, not thinking I was good enough, having real confidence and self-esteem issues. I suppose at that point, on reflection, it was living in a household with parents who were quite cynical and didn't really give much encouragement. So, I suppose about the

nature nurture bit there too. I think I managed it, probably didn't think much of it really at the time, and it was only really when I was in the police service that I was eventually diagnosed with generalized anxiety disorder along with depression. So, generalised anxiety disorder for me is worrying about worrying. I am in a constant state of fear and worry. It's about worrying what has been, what is to come, and actually none of these things will ever materialise or they won't be as bad as I think they're going to be. But I do something called catastrophising, where I will think the worst-case scenario in every eventuality. And that sits alongside physical symptoms such as rapid heartbeat. It feels like it's beating out your chest, dry mouth, constant sort of stomach upsets and churning, ticks, mind going into overdrive, a real lack of concentration, probably being quite irritable as well. Short fuse. So a lot of these things started to become more apparent, I suppose when I was in the police.

From a work perspective, I did a lot of concentration at times. I was worried about making the wrong decision. I was really worried about getting into trouble, people thinking not well of me because of how I appeared at work, and would really constantly seek reassurance from supervisors, from colleagues, etc. And when I became a sergeant, well, people were doing that of me. I would sit in constant fear and apprehension over sometimes the simplest of decisions, which on reflection I could easily have made, and, you know, a good cop. But you don't think that at the time now erodes your self-confidence. It erodes your self-esteem and your belief in yourself, and then you start to avoid things. So, I became a bit of a recluse because I was embarrassed about how I'd become. I lost an awful lot of weight and, cliche, probably started to self-medicate. I suffered from horrific headaches and started to take an awful lot of over-the-counter medication as well. But I was diagnosed at some point in my police career. I think with about seven- or eight-years' service, and it all just became too much. I liken it to (there was nothing specifically, which set off my anxiety path, I suppose) that constant worrying state just had that drip drip effect into the sort of the pail of water until it started to overflow. And all those management strategies that I'd put in place for myself no longer were working and I would have panic attacks. I started to self-harm as a way of managing my OCD, which started to materialise.

But what did happen for me was I had a really kind caring and patient GP who recognised immediately that I had generalised anxiety disorder and also assessed me for depression, which I wasn't so accepting of, but absolutely I did have. Depression for me, coexisting alongside generalised anxiety disorder, wasn't feeling sorry for myself, wasn't being in tears, but actually just feeling nothing. The biggest thing for me that worked, I have to say, was medication. I was dead against it. I've been on different types at different periods of my life and I still take medication to this day for my anxiety. I've also undergone cognitive behavioural therapy, which allows me to have strategies to almost tap into when I have those anxiety inducing moments. I think it's something I'll always live with. It's something which I've got used to. It's actually a constant, which is bizarrely reassuring at times. I've just learned to get on with it to be honest. I'm now classified as disabled under the Equality Act on my police work record, and it's not really prevented me from, from doing anything. What has probably done for me is allow my supervisors to know that that exists as a condition for me and if they can help. So, one of the greatest things that I ever did was eventually seeking help. I actually wasted an awful lot of my life by not seeking help sooner. So, I would encourage anyone who's going through something similar or recognises similar symptoms to do that, because there are things out there that can help. It might not be medication, but it could be other things. The bravest thing you can do is ask for help. From someone who suffers from anxiety, it's actually not as scary as it seems.

Anxiety, what helps? Our stress response is driven by adrenaline, and we can get it under control by using the following. First of all, understanding that this is a basic physical reaction to stress, and recognising the circular nature of anxiety. We worry about worrying, having that understanding is really important, and then we can apply the coping strategies. Exercise uses up the stress hormone adrenaline and produces the feelgood hormone serotonin. Find an exercise or some form of movement routine that suits you in your particular circumstance. This could be the gym, mountain biking, Zumba, football, or walking the dog. Whatever suits your needs best, go gentle and steady. High octane exercise will pump more adrenaline into your system, so the right exercise can help to interrupt that, worrying about worrying…. and relaxation, which interrupts the production of adrenaline and also produces the feelgood hormone and gives us that space to recharge and regroup. Find your calm, listen to music, cook, garden, wash your car or spending time with family, friends, and pets. Go outside. Being in nature will help to reset your internal alarm. Exhale slowly. This can be a quick fix if you feel your stress levels rising and keep at it, you may have to practice new skills for a while before they start to work.

Depression, what is it? Well, it's more powerful and unpleasant than the short episodes of sadness we all experience at times. It can last for months rather than days or weeks. It can develop as a response to a life event. It can develop gradually so that people don't realise they're becoming unwell and struggle on blaming themselves for being lazy or feeble. Depression also involves a range of physical, psychological, and emotional symptoms. Depression affects people of all ages, class, ethnicity and intelligence. At some point in their life, 1 in 5 women and 1 in 10 men will suffer from depression. At any time, 1 in 20 people will be experiencing a major depression and the same number, a less serious depression. You can see why it's the second leading cause of years lived with a disability.

What does depression involve? We know that anxiety involves a heightening of arousal, whereas depression involves a lowering of arousal, so we may be aware of low mood and unhappiness, loss of interest and enjoyment in life, unresponsiveness and low motivation, exhaustion.

Depression involves changes in thinking as well, difficulty making decisions and problem solving, concentration and memory problems, challenges processing even simple information, difficult to plan ahead and imagine a future, loss of hope and suicidal thoughts. As you can see, a lot of the signs and symptoms are the same as anxiety, particularly around decision making, problem solving, etc. Suicidal thoughts are a common symptom of depression. Depression convinces people that this is the way it is, and it will always be, and there is no hope. People may have these thoughts without any plan to act on them, and they can be a cause of shame and fear. Understanding that these passive thoughts are a part of depression is helpful and talking about them allows us to assess risk.

Depression involves emotional changes, loss of self-confidence, feeling useless, inadequate and guilty, sense of hopelessness, feelings of irritability, feeling worse at a particular part of the day. Usually the morning.

Depression involves behavioural changes, difficulty getting off to sleep, and then early waking. Changes in appetites such as food and sex, avoidance of others, agitation and restlessness. Self-medication, whether it be food, alcohol, drugs. Self-harm, not always a precursor to suicide.

25:13 min – script pauses for John's film

My name is John Miller and I suffer from depression. Depression is quite a complex illness with a large number of symptoms. However, it is very personal to each individual. Your makeup, life events, and illness can all add to depression. For me, depression is something I've learned to live with over a number of years. I'm fortunate enough to have an excellent psychological support and medication to help with this and identify my own symptoms and triggers, which is extremely helpful. I tend to have an underlying low mood, which can really affect my confidence and my self-esteem. I also have bouts of self-doubt and feelings of hopelessness, which can make me feel that I'm just existing and not living a full life.

These feelings have on occasion, made me think, you know, what's the point? I can react really negatively to situations around me becoming animated and upset about things I have absolutely no control over. I find it hard to look forward to things. I get excited. Although I would always try and mask these feelings for the benefits of others, I've always been able to self-motivate and make decisions to get things done, whether in my personal life or in a work setting. I now find this really difficult at times, and I either try and put things off or continually set and guess myself. This can cause me a great deal of anxiety. I always feel drained and lethargic, which combined with my other symptoms, can make me feel helpless without any real hope. A lot of how I feel can be tied back to certain triggers, which I now understand a lot better. These can range from arguments and bad news right down to the very simple, such as a memory or a particular song. When my mood starts to darken, I can now see this happening and it lets me take appropriate action to prevent it from spiralling down, letting my wife, family, and friends know I'm struggling, ensures I get the love and support I need. Identifying particular triggers allows me to take a step back and protect myself.

Making time for some self-reflection and mindfulness can help me prioritise what's important and what is in effect background noise. Sometimes I just need space and time on my own, and other times I need love and support to get me through. Being aware of my illness and its impact on me has gone a long way to help me manage it. Speaking to people also helps because support is always available and sometimes just the act of talking through your feelings can help you improve them.

Depression - what helps? Knowing that this is an illness and it's not your fault, knowing that it's treatable and it doesn't have to be endured. Developing positive coping skills, it's the 5 Ways to Wellbeing, such as exercise or movement, restarting or developing pleasurable activities and maintaining social contacts. People often stop all of these as they're not getting pleasure anymore, but by maintaining these, the pleasure will come back. Seeing your GP, but not just about medication. Some GPs prescribe gym membership or joining a club for people who are suffering from depression, we know exercise is good, learning new coping mechanisms and meeting new people. Can you see the links here to the 5 Ways to Wellbeing? Taking antidepressants. They work as they have a direct impact on the biochemistry of the brain. Talking therapies, looking at thinking, relationships, and problem solving are also beneficial.

There are a lot of myths about PTSD, but some facts are any traumatic event has the potential to cause psychological injury. PTSD can affect anyone, not just war veterans. People who can't move on with their lives after a traumatic event are not weak. People can develop PTSD a long time after the event, and PTSD is not the only psychological injury people sustain following trauma exposure.

As with other common mental health problems, PTSD has signs and symptoms. With PTSD, these come in three clusters. These are linked to the memory not processing the event.

The first cluster is re-experiencing, which is when we have vivid memories. These can be images, sounds, sensations. They can happen either in the daytime as intrusions or when we're sleeping as nightmares. We re-experience the past as if it's happening now, and these memories can relate to a reminder. That's what can prompt them to come up or they can just happen as our brain tries to process all that raw data.

The second cluster is avoidance and numbing, and are attempts to cope with the re-experiencing from the first cluster. Our window of tolerance has been overwhelmed, usually for one of the reasons we outlined earlier, and so we're doing our best to avoid anything connected with what's happened. Avoiding places, people, and even thoughts and emotions, and that makes sense, but both this avoidance and emotional numbing can spread. It may start with avoiding a particular place, but eventually they may not go out at all. The bad news is that if the memory is avoided, then the memory isn't processed. It is more likely to pop into your head, and for as long as you're in that loop, you will stay on red alert, which is exhausting wired, but tired. With the numbing, we don't only numb the negative feelings, the dial gets turned down on everything.

This eventually leads to the third cluster and is what we do to cope with the first two. Our brain can't process the event because each time it brings it up. The re-experiencing, we push memories away, that avoidance and numbing, this means we get stuck in hyper arousal, fight or flight. We don't sleep because we're ever ready for threat, and our brain is still trying to process things.

Diagnosis requires symptoms to have been experienced for more than a month. This recognises that these reactions are not a cause for concern in the weeks after a trauma exposure, they are normal reactions to an abnormal experience. They need to be having a profound impact on your day-to-day life. Lots of emergency service staff have some of these symptoms because of their job. This doesn't necessarily mean you have PTSD.

32:25 script pauses for Gail's film

Hi, my name's Gail. I'm a paramedic with the Scottish Ambulance Service. I was formally diagnosed with PTSD nearly three years ago. The actual event that triggered it though happened many years before I was officially diagnosed. I'd only tell you too many details about what actually triggered it because I don't want you to think that everyone who experiences what I did will go on to develop PTSD, because they won't.

Everyone deals with things differently, but the symptoms I displayed afterwards were pretty classic, and they lasted a long time before I got the help that I needed. I became really horrible to live with, and I was horrible to work alongside. To be honest, I was a complete bitch. I was so wound up on the inside, but it came across as being grumpy and standoffish. Little things would set me off, particularly when I felt scared or threatened, and I would have outbursts where I could feel every single muscle fibre in my body tense up as I raged. But in between overwhelming emotions, where my anger and fear were completely off the chart, I would feel nothing, completely numb. Sometimes it felt like I wasn't really present, but I was watching my life from a distance. I almost preferred the numbness to be honest, because when I could feel emotions, they were too much to bear. There was no in between. I either felt

everything or nothing, but when I felt everything, it was never a positive emotion. I developed insomnia. I was scared to go to sleep, and when I would eventually drop off, I would wake up shortly afterwards, drenched and sweat and feeling panicked, but unable to remember the details about the nightmares that I was having. I wanted to keep everyone at a distance so that we wouldn't see what was happening to me. I became really withdrawn both at work and at home, and all my relationships with family, friends and colleagues suffered. I didn't want anyone to know what was going on inside my head or that I was having suicidal thoughts on a daily basis. I was absolutely exhausted just trying to exist. It all came me a head when I started having flashbacks and anxiety attacks where I was struggling to breathe, and I felt like my chest was in vice. I finally broke down after I was triggered at an event I was attending, and I could feel all the horrible feelings surfacing up inside me again. I confided in a friend who encouraged me to go and get help. I was sent on a course, that was purely for people who suffer from PTSD, and that helped me realise why I was experiencing the symptoms, and eventually I was able to stop blaming myself for some of my reactions. The course taught me that I had been through a trauma that hadn't been processed properly, so my brain was stuck in fight or flight mode, and it was constantly waiting for something bad to happen.

The Ambulance Service were really good. They arranged for me to see a psychologist who was trained in a type of treatment called EMDR or Eye Movement Desensitisation and Reprocessing therapy. It's used to help process trauma. I've been really open with people about my diagnosis, and I think it's helped them to have a better understanding of my reactions at certain times. I am a lot better than I used to be, but I'm not completely cured. I still get triggered sometimes in certain situations, and I get some of the unpleasant symptoms back again, but I'm now able to understand what has caused me to feel that way and why I'm reacting the way that I am, I'm a lot easier on myself because people around me know about the PTSD. They have a better understanding too. I don't feel as stigmatised, as much as I used to be. I try to do things that help boost my mood, like cooking a meal from scratch or spending some time out in the garden. But I know the one thing that helps me the most is talking things through. When I start to feel overwhelmed, taking time after a stressful job and not feeling like I need to respond straight away to the next one before I've properly processed what has just happened. Even taking five minutes to talk things through can really help. I no longer need an expert to help me guide me through it. All I need is someone to care enough to actually listen and help me talk it through. That could be any one of you reaching out to help someone like me.

Post-trauma. What helps. Whether the trauma happened a few weeks ago or several years ago? Here's what helps. The persons needs to feel physically and emotionally safe. They need to have the opportunity to express their feelings if they want to. This will help them feel understood and heard. They need to get back to normal routines so they can regain a sense of competence and agency. We need to help them watch out for the avoidance because that's the thing which drives the maintenance of those traumatic stress symptoms because what they need to do is make a memory so they know the event is over and in the past. Then what they need to do is come to terms with what has happened. These are the two key tasks after trauma, making this memory and coming to terms with it.

If symptoms persist, there are lots that can help us. There are effective evidence-based treatments, PTSD is a memory disorder, trauma therapy unblocks the memory, and these include trauma-focused cognitive behavioural therapy, or CBT and EMDR, eye movement desensitisation and reprocessing. These both work with the memory and help get the alarm

process switched off. What helps previously fits into the internationally recognised psychological first aid model, which we will cover in later modules.

Remember the plan for this session. We have now given you an overview of mental health and giving you the skills to recognise signs of stress and distress in others, including common mental health problems, thus enabling you to apply what you've learned about resilience to your role as a colleague or as a leader or a manager. You're now a better-informed friend or buddy.

Module 4: peer support in action

Module overview

This module covers core skills for providing support to colleagues, including attentive listening, providing reassurance and information about common reactions to stress, and how to link people to additional support if required.

Module timings

The expected total running time of this module is 2 hours and 26 min.

- Film (21 min)
- Exercise 4.1: Why are we encouraging people to talk (25 min)
- Exercise 4.2: Nail in the Head film (10 min)
- Exercise 4.3: The power of empathic listening (10 min)
- Exercise 4.4: Having a go (30 min)
- Exercise 4.5: Having another go (30 min)
- Exercise 4.6: Signpost and Bridges (20 min)

Note: If you are going on to run Module 5, stop this recording at 20 min 6 sec.

For this module you will need:

- Link to film for Module 4
- Link to films - Nail in the Head; Power of empathic listening
- Handouts
  – Scenarios for small group discussion (to be given out at the beginning of the session)
  – Personal action plan (optional)

Exercise 4.1: Why are we encouraging people to talk?

Please note that you are going to provide the following instructions to the whole group and then **give no more than a 20 second pause** before speaking again.

> "On your own, please think about a time when you were having a difficult time at work or at home. Try to remember how you could tell things weren't OK and what that felt like. When you're ready, we'll ask you to talk about this in pairs."

Please **only give 20 seconds maximum**, before you say you are not going to ask them to do this. Instead, you will be asking them to go into small groups to discuss how it felt to be asked to do this, and what it tells us about proving peer support.

Small group exercise. Give delegates around 10 min for discussion with 15 min feedback in the bigger group.

Questions for break out rooms

- When you were asked to come up with an experience, how did that feel and what was your instinctive reaction?
- What would YOU have needed to be able to talk about this?

Key points

Acknowledge that while some people may have been OK to talk about this, we are assuming that for most this will have been a difficult request, unexpected and potentially exposing.

Either way, we're looking to see how it felt when asked to do this and to consider what this might tell us how the people we approach may react to our offer of support.

The following prompts may be helpful.

- What thoughts went through your mind when we asked you this?
- How did your body react?
- How many planned to lie or limit what they said?
- What other strategies did you use to cope with the request?
- What did you think the other person would think?
- Was anyone angry? This is understandable.

We want people to recognise that when they approach a colleague to have a supportive conversation, they may not be expecting this. Their colleague may not be ready to talk, especially if they are struggling. Encourage delegates to be comfortable with silence or even rejection whilst their colleague considers if, or how much, they want to share.

Take time to explore what *they* would have needed to talk to be able to share a difficult experience, e.g., someone they trust, time, private space, etc.

Exercise 4.2: Nail in the head film

Note: The link for this film sits on different platform and cannot be embedded into our recording. The film is set up ready to access on the Facilitator webpage when required.

Large group discussion. Give delegates up to 10 minutes to reflect on the content of the film and encourage discussion. What behaviours/responses did they recognise?

Key points

Looking for comments on our urge to fix, especially if the solution seems obvious to us. Film illustrates importance of getting alongside someone to recognise and understand their position first, and how people may resist offers of help if they feel we're not listening or are being dismissive.

It can be hard to listen without problem solving. The nail does need to come out, but they need to find their own way to do this. People are more likely to accept support if they think we 'get it' and understand their situation.

Exercise 4.3: Power of empathic listening film

Note: The link for this film sits on different platform and cannot be embedded into our recording. The film is set up ready to access on the Facilitator webpage when required.

Large group discussion. Give delegates up to 10 minutes to reflect on the content of the film and encourage discussion.

Key points

Don't get too caught up on the difference between sympathy and empathy. Brene Brown identifies the importance of getting alongside people, and this being more meaningful than finding the right words. Encourage discussion about this.

Exercise 4.4: Having a go

Small group exercise using the scenarios from Module 3. Give delegates around 15 min to practice/discuss, with 15 min feedback in the bigger group.

Delegates are being asked to practice their first approach to a colleague, 'to have a go'.

Read out the case study for each character before the groups go off. It's useful to do this so each group knows something about each character. Remind them that the additional information about each character is in the **handout, "**Scenarios for small group exercises**"**.

Task for breakout rooms

Emphasise that this is an opportunity to use learning from the Lifelines course as they practise approaching a colleague.

One person from each group to be the character, one the colleague and the remainder just observe, take notes and to feedback observations.

Option: You can give the groups a choice to 'practice' or, as a group, discuss the different ways in which they might approach the character for the first time. Remind the group they are adult learners, and we are keen for them to have a safe space to get the most out of the exercise.

Key points

Prompt / follow-up questions during feedback regarding preparing for first approach:

- What sorts of things might make it difficult to talk to each other?
- Are some situations or problems easier or more difficult to approach?
- What kind of things make a difference / help?
- What are the challenges of discussing things which may be outside your own experience?
- What are the challenges of discussing things which may be very close to your own personal experiences?
- What are the challenges of holding personal information about colleagues?

Acknowledge the importance of confidentiality for establishing trust but that this needs to be balanced by if the colleague is telling you something that suggests they are a risk to themselves or to others. In this case you will need to share information to keep them/others safe. Best practice asks that you tell your colleague you need to do this, before passing on any information, unless to do so would increase the risk.

Note: The recorded module will cover some key points on having supportive conversations.

Exercise 4.5: Having another go

Small group exercise. Give delegates around 15 min to practice/discuss, with 15 min feedback in the bigger group.

This is the third exercise using the scenarios. Read out the characters and additional information before the groups go off. Explain that the additional information provided in the case scenarios is based on what we might expect the colleague to have said to the character.

Remind them that the additional information about each character is in the handout, Scenarios for small group exercises.

Task for breakout rooms

This time the delegates are asked to plan and practice how they would explain a common warning sign of stress or distress. It's an opportunity to share some of what they have learned (about anxiety, bad dreams etc) with a colleague. They don't have to remember it all, just be able to reassure about normal reactions.

Option: As before, you can give the groups a choice to 'practice' or, as a group, discuss the different ways they can explain a common symptom.

Key points

Take time for feedback. You want to hear how they got on explaining the symptoms (low mood, anxiety, or bad dreams). Emphasise that it is helpful to share information rather than simply say," what you are experiencing is normal". We are looking for a lay person explanation (not a clinical one) but want to provide more than reassurance.

Encourage the group to share their understanding of stress reactions from previous modules. If they found it hard to provide an explanation, go over what they could say:

- Anxiety – when we're stressed or challenged our fight or flight responses kick in, even when it's not life threatening. If we're stuck on red alert, we will feel anxious.
- Low mood- when we're under pressure for a long time or have lots of difficult things happen to us, this can impact the hormones that help to regulate our mood. When that happens, we can feel down or depressed.
- Bad dreams – Our brain trying to process the trauma memory. Perhaps happening at night because we're avoiding thinking about the experience during waking hours.

Exercise 4.6: Signposts and bridges

Small group exercise. Give delegates around 10 min with 10 min feedback to the wider group.

Questions for breakout rooms

As a peer supporter:

- What do you need to know about the support available?
- Can you be a bridge to helping them access support?
- What will your role be then?

Key points

Signpost and bridges

- Remember you don't need to know everything about every support organisation but knowing where to find them is key.
- Are you familiar with your service intranet and Lifelines sites?
- Do you know what the services offer/provide? If not, get in touch with them and find out.
- You can be a bridge to help them access support, as long as you know where to look and perhaps sit with them to contact the appropriate service.

Your role after that can be to:

- Keep in touch and stay alongside them.
- Check how they got on when they contacted a support service. Did they get a response and have a good experience with the organisation? Not all organisations are suitable for all people. If it didn't go well, help them access an alternative service.

Note: If you are going on to run Module 5, stop this recording at 20 min 6 sec.

Module 4 Script
peer support in action

Welcome to your continuing journey to becoming a Lifelines Scotland peer supporter and post-trauma first aider. This is the fourth of seven modules, peer support in action.

In module four, peer support in action, how to support your colleagues, we will give you an understanding of why listening attentively is helpful, why choosing when to ask can make a difference and the benefits of explaining and reassuring colleagues that their reactions to stress are normal and can be helped.

This is a reminder that the way to help your colleagues is CLEAR. Choose when to ask. Listen attentively. Explain and reassure. Assist with appropriate support and help. Remember to look after yourself. The information given in this module will concentrate on these five steps and supports our previous modules. If you're worried about someone else, all the information from our courses can be found on our website.

Why are we encouraging people to talk? We know that social support is at the heart of wellbeing. Talking could be like thinking out loud, which can help us to make sense of things. Help us to find our own solutions, help us to become more self-aware and help us to be kinder to ourselves. Being listened to gives us a sense of being understood and accepted. It can reduce shame and guilt and help to resolve problems and conflict.

01.44 min – script pauses for exercise 4.1, Why are we encouraging people to talk?

Remember the way to support your colleague is CLEAR, which as previously mentioned can be found on our website.

We're now going to start looking at the five elements of CLEAR.

Choosing when to ask. Depending on the relationship, you might send a text, give them a call or wait until you see them in person. It could be in or outside of work or volunteering, somewhere neutral like a cafe or perhaps going for a walk together. It's a good idea to choose a setting and time that will make it safe for them to talk if they wish. Make sure you have enough time to listen, so don't ask when you or they, only have five minutes before needing to rush off. Don't overthink your preparation because you may think you've identified the perfect moment and have overlooked the fact that the person doesn't know about your plan and may not be ready to talk right then. If they're taken by surprise and don't want to talk, then that's fine. Let them know you're available to talk to, if, and when they want.

Listen attentively. The Samaritans have produced some great tips for listening. The SHUSH tips.

- Show you care. Focus on the other person. Make eye contact and put away your phone.
- Have patience. It may take time and several attempts before a person is ready to open up.

- Use open questions that need more than a yes / no answer and follow up. For example, tell me more.
- Say it back, to check that you've understood, but don't interrupt or offer a solution.
- Have courage. Don't be put off by a negative response and don't feel you have to fill a silence.

Visit the Samaritans website for more information and perhaps have a look at their book, How to Listen- Tools for Opening Up Conversations When It Matters Most by Katie Columbus from 2021.

Why is listening important? For comprehension. Without listening carefully, we won't understand. What we hear may be biased by how we think they should be or are usually. The response you get when speaking to someone has an impact on how you feel about yourself, about the person you're speaking to, the chances of you speaking to them again and the chances of you trying to speak to someone else.

04.39 min – script pauses for exercise 4.2, Nail in the head film

Listening tips. Concentrate. You need to show you're listening and ensure the person who is speaking is aware that you are listening. Be aware of your own body language. Use an open posture. Do not cross your arms. Sit obliquely across and don't turn your back. Check you've understood what they've said. Reflect on what you've heard, summarise, establish context. Ask about the bigger picture and clarify. Don't pretend you know what they mean if you don't. Avoid guesswork or filling in the gaps. This shows you that you are really listening and helps to build trust. Respect their point of view and perspective – It's not about you, it's about them. It's their experience, not yours.

Silence – We need to leave space for them to talk, so allow and tolerate it and remember that this is not a race. They may be building up the courage to speak. Our approach is about companionship rather than problem solving.

Prompts. Verbal prompts such as, ah-huh, acknowledgements and questions and non-verbal, such as nods, leaning in, etc. Verbal and non-verbal encouragement signal that you're listening. They can reassure and overcome fears about being judged negatively. We should pay attention to more than words. How do they look or sound? Do they reference something, then not say more? People may avoid talking about traumatic experiences.

We should also pay attention to body language. Are they open or getting defensive? For example, crossing of arms, legs, or turning away. Tone of voice. Is it lowering, aggressive, sharp? What is left unsaid? Is there a bigger picture?

Open questions. These encourage the speaker to say more and lead to conversation. Questions may start with what, where, who, how, and ideally can't be answered with yes or no. Be cautious of using why. This may sound like a judgement, and they may not know why yet. Encouraging them to talk and listening will help. Closed questions require minimal information and response. They may interrupt or get in the way of dialogue and are harder work for the listener.

There are a number of ways to make you a better listener and there are lots of common errors we make when we're trying to help. The Nail in the Head film reminds us of the importance of being a **problem sharer**, by saying things such as, is there anything I can do that will help? I'd really like to help you to get through this, rather than being a problem solver who may say things such as, what you should do is, I think you need to..

When people are struggling, they may need us to hold onto the hope, but that's different from telling them it will be fine. Reassurance can feel dismissive and might be what we want to believe, so it's better to be a **hope holder** and say things such as, things may not always feel as bad as this, you've been coping on your own, let's see if we can get you some help. Rather than trying to reassure and saying such things as it could be worse, it'll all work out. At least... Remember, reassurance can feel dismissive and might be what we want to believe.

Like the previous two, this is on a spectrum. It can help to share something of our experiences in **solidarity** and to show that we get it. But this is not about us, so we don't want to become a speaker. We need to be a companion and says things such as, you're not alone, there are people who will help. I'm here for you. Rather than a speaker who may say things such as, well, when that happened to me...

Sometimes in our efforts to show that we get it, we can sound like mind readers. We need to find out how it is for them. It can be really helpful to ask questions, for example about sleep and stress, that give us an opportunity to provide reassurance and then link people to more information. So, we should try to be an **information giver** and say things like, stress affects us physically. How are you sleeping? Have you looked at these resources? Rather than being a mind reader who may say things such as, well I know how you feel, well, you don't need to tell me, I know what you're going to say, what you mean is…

10.18 min - script pauses for exercise 4.3. Power of empathic listening film

10.24 min script pauses for exercise 4.4 Having a go

If you're worried that someone is at an immediate risk of taking their own life, stay with that person until help arrives, if it is safe to do so. Don't become a casualty yourself. If there is immediate threat, ring 999. The control rooms have plans for these situations and will get the correct help to you.

If there's no immediate risk, but people who need help now - ask if there is someone they trust that you can contact. This can help diffuse the situation and give them something else to focus on. Or encourage them to ring the Samaritans 116 123. This service is available 24/7. With their permission, you could ring that number for them and pass the phone. Or you can help them contact their GP, they have avenues to assistance, and they may have been in contact with their GP already. Call NHS 24 for urgent medical advice on 111, or contact Breathing Space 0800 83 85 87 (evenings and weekends). NB available Monday to Thursday, 6:00 PM to 2:00 AM and weekends Friday, 6:00 PM to Monday, 6:00 AM. They're great at assisting people in crisis and as with the Samaritans, you can phone with the person's permission and hand them the phone. You can text BLUELIGHT to 85258. This is a tech support service for the emergency service community, run by SHOUT.

We'll learn more about suicide and how to ask people about suicidal thoughts in the next module.

Sometimes people in crisis may have thoughts or plans to hurt others. Other times the risks to others may be less direct or clear. For example, if the person intends to drive whilst drinking, if you're worried that someone else is at risk, take this seriously and keep yourself safe. Then ring 999, if there's an immediate threat. You can also get advice from support organisations we mentioned earlier.

What if they don't want help? Well, there are a number of things you can and can't do. You can't force someone to talk to you; you can't force someone to get help; you can't see a healthcare professional for someone else. But you can be patient, you can offer support and reassurance, find out and share information on where they can get help when they're ready, and look after yourself.

You can get advice from helping organisations - you can phone or text these organisations for advice on what to do. They're there for the supporters as well as the person who is suffering.

Now that you've had a go at making an approach, we're going to look at, **Explain and Reassure**. When appropriate it will help people understand some of the common reactions we have to stress and distress. Being able to make sense of things can make a difference to how we feel about ourselves. Use the Lifeline's website to help explain and reassure to your colleagues, but don't underestimate the power of listening. Having space to talk and think with someone who cares is often an important step to getting the support we need. You don't need to fix things or have all the answers. Get alongside, ask them what they need and help them to get this. If you can.

14.27 min script pauses for exercise 4.5 Having another go

Now that you've had a go at explaining and reassuring, we're going to look at **Assist with appropriate support and help.**

The Lifeline's website contains information on a wide range of support available for people in psychological distress. If you're supporting someone, remind them that support is available and ask if they want help to decide which service to approach. It can be hard to make this first step so you could offer to help make the first phone call. You could call these services for guidance and to find out what happens when someone calls. This may be useful when explaining to someone that you're supporting. Don't put them under pressure but do check in with them later. How did the call go? Have they made it yet? Do they need help to make it?

Your contact [support] might be about providing practical help, talking or doing something fun together, but the key thing is you're showing that they're not alone. You can find out more about supporting others on our website.

15.46 min script pauses for exercise 4.6, Signposts and bridges

Remember, you don't need to know everything about every support organisation, but knowing where to find them is key. Are you familiar with your organisation's intranet? If you have one and the Lifelines site, do you know what other organisations offer or provide? If not, get in touch with them and find out.

You can be a bridge to help them access support as long as you know where to look and perhaps sit with them to do it. Your role after that can be to stay alongside and to keep in touch, to check in with them to ensure they get a response and they've had a good

experience with the organisation they've approached. Not all organisations are suitable for all people.

Now, remember the R from CLEAR. **Remember to look after yourself**. Set healthy boundaries. This is for those situations when someone is relying on you a great deal and perhaps isn't accessing other support, you're not a substitute for professional help. Be realistic about what you can do. Your support is really valuable, but it's also up to the other person to be involved in seeking support for themselves. Remember that small simple things can help and that just being there for them is probably helping a lot.

It can be hard work supporting someone else, especially if you find yourself in a position where the person has confided in you but isn't ready or willing to access professional help. It's important that people do things at the pace that's right for them, but also for you to be realistic about how much support you can provide. Take a break when you need it. If you're feeling overwhelmed by supporting someone or it's taking up a lot of time or energy. Taking some time for yourself can help you feel refreshed. Talk to someone you trust about how you're feeling. You may want to be careful about how much information you share about the person you're supporting, but talking about your own feelings to someone you trust can help you feel supported too.

Don't keep risky secrets. On rare occasions, you may be asked to keep worrying information secret. If it involves risk to themselves or others, then you should explain that you can't do this. They may not be happy about this, but at some level they will understand that you need to keep them and other people safe. Get support from the services that are available. Supporting the mental wellbeing of someone else can have an impact on you, so it's important to look after your own wellbeing. Make sure you take time to recharge your own batteries.

Key things to remember. Don't underestimate the power of listening. Having space to talk and think with someone who cares is often an important step to getting the support we need. You don't need to fix things or have all the answers. Get alongside. Ask them what they need and help them to get this. If you can. Don't be surprised or disappointed if they rebuff your first approach, they didn't know you were going to check in with them maybe or they may not be ready to talk. That's okay. They will have noticed that you care and that you want to support them. Be patient. It may take weeks or months or years for someone to ask for help, but your approach may have been part of this. We can't make people accept help and take care of yourself too.

Remember to use the Lifeline's website where all the information given today can be found. We have a series of quick guides which can all be downloaded from the website.

Remember the plan for this session. We have now given you an understanding of why listening attentively is helpful, showing you why choosing when to ask can make a difference and the benefits of explaining and reassuring colleagues that their reactions to stress are normal and can be helped.

Module 5: Talking about suicide

Module overview

This module covers how to ask someone if they are having thoughts of suicide, the importance of asking directly, and how to support someone if they are.

Module timings

The expected total running time of this module is 46 minutes.

- Film (16 min)
- Exercise 5.1: Ask Tell - Supporting Life (10 min)
- Exercise 5.2: How do you feel about asking the suicide question? (10 min)
- Exercise 5.3: Looking after yourself (10 min)

For this module you will need:

- Link to film for Module 5
- Handouts
  – Staying Well Quick Guide
  – Supporting someone at risk of suicide Quick Guide
  – Personal action plan (optional)

Note: The film Ask Tell - Supporting Life provides a content warning, but you may want to acknowledge that this module covers material delegates may find challenging.

Exercise 5.1: Ask Tell – Supporting Life

Large group discussion after the film. Ensure delegates have an opportunity to reflect on what they have heard. Allow up to 10 min.

Prompts for discussion

- Did you find the film helpful?
- Were you surprised by the statistics?

Key points

Scotland has a national suicide prevention action plan and campaign, Creating Hope Together (previously, Every Life Matters), to raise awareness of suicide and save lives wherever possible. The goal is to help people having thoughts of suicide feel less alone, and to help others to feel confident to ask about suicidal thoughts.

Acknowledge there may be people on the training who have been affected by suicide. And that when we're bereaved through suicide, it is very common to feel guilt. There will still be some people we can't save and it's not their fault if they've lost someone this way.

Remind delegates that it is not unusual for people to have suicidal thoughts when things are really tough, and they're feeling hopeless and overwhelmed (e.g., Character B).

Statements and statistics from the film

It explains that talking openly can help and can reduce the stigma that stops people seeking help. Simply asking someone what's worrying them can make a real difference.

Anyone can think about taking their lives. They may not want to die, but they do want to end the pain or feeling of hopelessness.

- Every day in Scotland, 2 people take their lives.
- 1 in 5 people have supported a family member or friend with suicidal thoughts.
- Nearly three quarters of suicides in Scotland are by men.
- Every suicide can affect up to 135 people, so its impact is wider than you might think.

It's important to understand the facts around suicide:

- In many cases, appropriate help and support can prevent a tragic outcome.
- Talking openly about suicide reduces the risk.
- While some people are at increased risk, many people may think about suicide in passing at some point in time or another.
- Many people who take their lives have told someone about their suicidal feelings, or the methods they might use to take their own lives.

- Someone who has attempted suicide once, may be at much greater risk of attempting it again.
- Often, the risk of suicide is greatest when a person appears calm after a period of turmoil.
- When people cut themselves or harm themselves in other ways the aim is to relieve tension or pain rather than to end a life.
- Someone who self-harms as a coping strategy may not be thinking about taking their own life. But in some instances, it can indicate people may be at increased risk of suicide.

The message of the film is that we can all do something to help someone who's experiencing poor mental health or feeling suicidal. We don't have to be an expert or have the answers. Just start a conversation and listen. Always take the person seriously and don't agree to keep secrets. Don't try and cheer them up or belittle the way they're feeling. The best way to help is to ask direct questions (see below). That way, you leave the other person in control, and it encourages them to find their own answers.

Exercise 5.2: Asking the suicide question

Large group discussion. Allow up to 10 min.

Question for the group

How do you feel about asking someone if they are having thoughts of suicide?

Key points

In the discussion explore the group's reactions. What makes it hard to ask this question? Perhaps we're afraid of making things worse or are worried that we won't know what to do if they say "yes". Perhaps we're distressed that someone we care for feels like this.

It is more helpful to ask directly. This is because when someone is in emotional turmoil, they may not hear the question if we ask in a roundabout way.

Serious talk about suicide does not create or increase risk; it can help to reduce risk.

If someone tells us they are having thoughts of suicide, we need to ask a follow-up question and check if someone has a plan. If they do, it means you can help to keep them safe right now. Stay with them and get immediate help.

If they don't have a plan to harm themselves, the conversation you are having with them can help to reduce the loneliness and guilt that can accompany having thoughts of suicide.

Note: Watch out for language of "committing" suicide and explain that it relates to when suicide was crime. Instead, we talk of dying through suicide.

Exercise 5.3: Looking after yourself

Large group discussion. Minimum of 10 min.

Acknowledge the sensitivity of the subject covered and check that people are ok. Encourage discussion about self-care, covering the key points below.

Share the Lifelines Quick Guide on Staying Well and remember to show slides highlighting the specific supports available in your service.

Option: Ask attendees what they'll be doing after this session to switch off from the day?

Key points

- **Set healthy boundaries** – This is for those situations when someone is relying on you a great deal and perhaps isn't accessing other support. You're not a substitute for professional help.
- **Be realistic about what you can do** - Your support is valuable, but it's up to your colleague, family member or friend to access professional help if that's needed. However, remember that small, simple things can help, and that just being there for them is probably helping lots. It can be hard work supporting someone else, especially if you find yourself in a position where the person has confided in you but isn't ready or willing to access professional help. Its important people do things at the pace that is right for them, but also for you to be realistic about how much support you can provide.
- **Take a break when you need it** - If you're feeling overwhelmed by supporting someone or it's taking up a lot of time or energy, it is important you find a way to recharge your own batteries. You can't help someone if you're exhausted. Taking some time for yourself will help you feel refreshed.
- **Talk to someone you trust about how you're feeling** - You may want to be careful about how much information you share about the person you're supporting, but talking about your own feelings to a friend can help you feel supported too.
- **Get support** - Helping agencies will be happy to give advice to helpers as well as to the person themselves. Are delegates familiar with the service intranet and Lifelines sites? Do they know what the services offer/provide? Perhaps they could get in touch with the services to find out.
- **Don't keep risky secrets** - On rare occasions you may be asked to keep worrying information secret. If it involves risk to themselves or others, then you can't do this and should explain this to the person. They may not be happy about this, but at some level will understand that you need to keep them and other people safe.

Supporting the mental wellbeing of someone else can be hard work and so it's important to look after your own wellbeing. Make sure you take time to recharge your own batteries.

Ending

If delegates have completed Modules 1 – 5, congratulate them and let them know they are now a Lifelines peer supporter.

Note: Please show the service-specific slides that detail the support services available in-house before you end the session.

Module 5 Script
Talking about suicide

This is module 5 talking about suicide. The plan for this session is to show you the difference between having thoughts of suicide and making plans to die. To show you how to look out for signs and changes in people and how to ask directly if people are feeling suicidal. How to offer help and support to someone with suicidal thoughts and show the importance of looking after yourself while supporting others.

In this module, we are going to watch several films to help us understand more about suicide and how you can help people who are having suicidal thoughts.

Scotland has a public health mission to reduce lives lost through suicide. The first film [in this module] is from this Ask Tell - Save a Life Campaign. It is possible that your life has been touched by suicide, so please look after yourself.

05.03 min script pauses for film, Ask Tell – Supporting Life

When someone takes their own life is a tragic loss of life, talking openly about it can help. Are you having thoughts about ending your life? Have you thought about harming yourself? It also reduces the stigma that stops people seeking help. Simply asking someone what's worrying them can make a real difference. Everyone has a part to play in saving a life. So let's start the conversation. Anyone can think about taking their own life. They may not want to die, but they do want to end their pain or feeling of hopelessness. Every day in Scotland, two people take their own lives. One in five people have supported a family member or friend with suicidal thoughts. Nearly three quarters of suicides in Scotland are by men. Every suicide can affect up to 135 people, so its impact is wider than you might think. It's important to understand the facts around suicide. Many people who take their own life have told someone about their suicidal feelings or the methods they might use to take their own life. In many cases, appropriate help and support can prevent a tragic outcome. Talking openly about suicide reduces the risk. While some people are at increased risk, many people may think about suicide in passing, or at some time or another, someone who has attempted suicide once may be at much greater risk of attempting it again. Often the risk of suicide is greatest when a person appears calm after a period of turmoil. When people cut themselves or harm themselves in other ways, the aim can be to relieve tension or pain rather than to end a life. Someone who self-harms as a coping strategy, may not be thinking about taking their own life, but in some instances, it can indicate people may be at risk of suicide. If you suspect someone may be struggling with poor mental health or feeling suicidal, you can help. You don't have to be an expert or give them answers. Just start a conversation and listen. The best way to help is to ask direct questions. That way you leave the other person in control, and it encourages them to find their own answers. How are you really? Do you feel so sad and low? You're thinking about suicide? Always take the person seriously and don't agree to keep secrets. Don't try to cheer them up or belittle the way they're feeling. Don't assume they're just having a bad day and it will all blow over, or that someone else will help, or the situation will get better by itself. Even if the person you're talking to seems angry with you, they may appreciate your help. Later with practice talking with people about how they're feeling gets easier, you may feel out of your depth to help further, but there are people out there who can. Encourage the person to make an appointment with their GP and offer to go with them, or to

help them call Breathing Space or the Samaritans by asking, listening, and taking action. You can help keep someone safe. If the person has an immediate suicide plan and means to carry it out, don't leave them alone. Get help straight away by phoning 999 or a local crisis support service and offer to go with them. If you're worried about someone, ask for help. If you are having thoughts of suicide, please tell someone or call for support. Every life matters.

05.31 min script pauses for exercise 5.1- post film discussion

As the film shows, it is not unusual to have suicidal thoughts when things are really tough. It is important to ask people directly if they are having these thoughts. By asking, we can help people stay safe, feel less alone, and access the support they need. When we are bereaved through suicide, it is very common to feel guilt, but there will still be some people we can't save, and it is not your fault if you lose someone in this way. You may find the lived experience videos on the NHS inform page helpful, and there is a link from the Lifelines website.

We are going to show you a series of short films where Gill, Lifeline's Clinical Lead talks about the difference between suicidal thoughts and plans; how to look out for the signs and changes in a loved one; and how to ask someone directly.

The difference between suicidal thoughts and having an active plan
When we're having these really important conversations about suicide something to hold in mind is the difference between somebody having thoughts of suicide where they just can't see the point of carrying on and they don't think things are ever going to get any better and that people will be better off without them. Those thoughts and actually having an active plan, being suicidal. We can talk about how each of those are difficult, but there is a distinction. When we're thinking about how we support people, it's helpful to remember that, so that we don't get frightened that the fact that somebody is maybe having a thought of suicide means that they're in active risk right now.

How can we tell if someone's having suicidal thoughts?
How can we tell if someone's having suicidal thoughts? You know, it is the million-dollar question, and there are things that we can look out for. You know, people sometimes say things like, "what's the point?" And "I don't know if I can go on". They actually say things that suggest they're really struggling and feeling hopeless. Other times it may be changes in mood or personality or behaviour. Where folk are more withdrawn or more irritable or just sad. What we're going to think about is the importance of picking up on any of those signs and those hooks. But what we also need to remember is that sometimes we can't tell, and we don't know. And it's not our fault if we haven't noticed a change, or if we haven't noticed a sign. But as I say, those ideas where people may be giving us hints through changes in their personality or their behaviour, and obviously sometimes they can be things that look positive. Somebody might have been through a really difficult time and sometimes start to look as if everything's better, and again, that's a challenging one to look out for, isn't it? So why would you think that would be a clue that someone is feeling suicidal? You may just be really glad that they're feeling a bit better, but we know sometimes that people experience some relief when they've made that decision and that kind of uplift after a difficult time can sometimes be a warning sign.

The best approach is to ask directly
I think if we are concerned about somebody, the best approach is to ask directly. And that's both asking directly, "are you okay?" It's maybe saying, "you seem like things are kind of

weighing you down" or "you're kind of struggling a bit." And also to ask directly at some point about "are you having thoughts of suicide?" We know from people who have been in that place that somebody asking them that, doesn't increase the risk of it happening. And the really important thing about asking that question is it makes a bridge to somebody who's in that lonely, difficult place. We know what is going to help people get through this, is feeling connected to other people. And having these suicidal thoughts, whether it's an active plan or whether it's part of a sense of hopelessness or reactive to a lot of stress that's around, what having that direct conversation allows us to do, is to see what we can do to help. It gets us alongside them, and they're not on their own in that place with those scary thoughts.

09.32 min script pauses for exercise 5.2 Asking the suicide question

Gill now talks about the power of showing you care and how to offer help and support.

The power of showing you care

There are a whole range of services out there that can support people who are struggling. There can be challenges accessing them at times, but they are there and it's worth persisting. The other thing is not to underestimate the power of what you are offering right now. Sometimes people don't need complicated psychotherapy. What they need is to know that someone cares, and to have that sense of being listened to and not judged, and that they matter. Lots of people worry about getting it wrong, even if they don't think it's going to make somebody hurt themselves, but they worry that they'll offend them or they'll upset them, or perhaps that they'll hear something that they don't feel able to manage. It's really painful to know that somebody you care for is in that really difficult place. You may worry that you're going to mess it up or get it wrong, the message I would give as a professional, but also as someone who has worked a lot with people who've been in those places and who've told me about the things that help them, is that what we pick up is people's kindness and their intent. You know, either Maya Angelou or Oprah says, 'we remember how people make us feel, not what they say'. And as long as we come from a place of care and a willingness to help, people will hear that. And it doesn't matter if you get the words messed up. What people will notice is that you're, you are interested and you want to help.

How to offer help and support

If we're thinking about what sorts of help people might need to get them through this really difficult time, and I'm thinking of one of the other films on this site where Neil talks about the light at the end of the tunnel, what we're often doing as support in supporting somebody who's in that really dark place, is kind of holding the hope for a little while for them, when they can't find it themselves. It's about listening. It's about finding out what they need, what they think is driving this difficulty. And a big message is that we don't have to have all of the answers. We don't have to fix it. We don't have to come up with a plan, but we need to be curious and interested to find out what's contributing to someone being in this place. And it's interesting if we think about practical support because actually lots of people's difficulties may have a solution that we can try and help with. Maybe the reason people are feeling hopeless is they're not in contact with their kids or they're wondering how they're going to pay their bills or they've lost their job. And it's not fixing something to have that conversation and say, 'Well, let's have a think about what we might be able to do to get some help with that'. So the support you might be able to help people access won't only be about mental health support, it may be about those real life issues that are causing people so much stress.

There is a section on our website that you can access to assist with asking about suicidal thoughts. Gill now talks about how important it is to look after yourself while supporting someone else.

Looking after ourselves too
If we are supporting someone who's in a difficult place, then we need to take care of ourselves too. Whether that's the idea that you can't pour from an empty vessel or when air stewards tell us that we have to fit our own oxygen mask on first. In the same way as the kind of plans the people we're supporting need to include a network of folk who can help them and things they can do to look after themselves, to pick up their mood. If we're supporting people, we need to have those things in place for us too. And it's one of the reasons we talk about not keeping secrets, not that we're going to tell everybody somebody's business, but we might need to say, "I need to be able to tell someone that I'm supporting you and I need a bit of help as well".

There's also an issue about boundaries, and sometimes people find themselves in positions where the person they're supporting, is relying on them a very great deal. That's a wonderful privilege, isn't it, that someone is doing that. But we have to be realistic about what we can do and we can't be the only kind of hook that somebody's holding onto and answering calls 24/7. We both need to try and encourage people to access those professional supports if they need them, and also to say to the person, "I need you to know I can't do this on my own. I'm here for you, but we need some other people in our team to help with this". That goes back to that guilt that we talked about, when sometimes we feel all that responsibility then on us. We need to share that and have other people who can help us. And we need to look after our own mental health.

These quick guides can be found on our website.

14.48 min script pauses for exercise 5.3 Looking after yourself

Remember the plan for this session. We have now shown you the difference between feeling suicidal and making plans to die. Shown you how to look out for signs and changes in people. Shown you how to ask directly if people are feeling suicidal, shown you how to offer help and support to someone with suicidal thoughts and shown the importance of looking after yourself while supporting others.

Using the experience from today's course, the previous course, and the resources on the website, you are now recognised as a Lifelines Scotland peer supporter. We know the support provided by colleagues, family and friends is key to building resilience on a daily basis, but also during difficult or challenging times.

By clicking on the digital badge, others can see what a Lifelines Scotland peer supporter entails and information about Lifelines Scotland. Many congratulations.

Module 6: Post Trauma Support – understanding how trauma affects us

Module overview

The module covers the kinds of experiences that can be traumatic, the different ways people can react, and the things that affect their ability to cope and recover.

Module timings

The expected total running time of this module is 2 hours 22 minutes.

- Film (52 min)
- Exercise 6.1: Hazards and protectors (25 min)
- Exercise 6.2: Help or Hinder (25 min)
- Exercise 6.3: When your protective armour might be breached (20 min)
- Exercise 6.4 : Trauma and the Brain film (10 min)
- Exercise 6.5: Gail PTSD film (10 min)

Note: If you are going on to run Module 7, stop this recording at 51 min 38 sec.

For this module you will need:

- Link to film for Module 6
- Handouts
  – Scenarios for small group discussion
  – When your protective armour may be breached (*to be given out when doing the exercise)

Note: If this module is covered on a different day from Modules 1 – 5, please ensure you allow time for introductions and to set out context for the training in your part of the Service.

Exercise 6.1: Hazards and protectors

Small group exercise. Give delegates around 10 min for discussion in breakout rooms, with 15 min for feedback in the bigger group.

Questions for break out rooms

- What potentially traumatic experiences do you and your colleagues face?
- What protects you most of the time

Key points

As you will know the risks you and your colleagues face, we aren't giving you extensive notes on the type of events. The recorded module outlines some of these.

We want to remind delegates of the things that protect people in high-risk roles, so they can recognise and understand the things that might breach this "protective armour" including individual factors, organisational and operational factors and the role of protective teams and effective leadership. You don't need to cover all of these here because exercise 6.3 is specifically about 'when your protective armour may be breached'. However, we have provided this information here to help you link their answers to what they learned on the previous session and/or highlight the areas you think are important for them to know at this point.

You can highlight what you think might be useful for your part of the service in advance - so you can see at a glance the points you think need covered. You may not want to spend too much time on this, but anything you cover will consolidate learning.

Your **ability to distance yourself** may be breached:

- When you can't detach
- Know the victims
- Identify with those affected

Your **role and identify as responders** may be breached:

- When you don't have an active role
- If you're involved in incidents off duty
- At the start or end of your career
- If your professionalism is challenged
- If the Service is criticised or brought into disrepute

Your **expectation and readiness** may be breached:

- By unusual incidents

- If you think you could (should) have done more
- At the start of career
- At career change points (move department or promotion)

Your **sense of competence and expertise** may be breached:

- If mistakes are made
- If you think you should (could) have done more
- At career change points (move departments or promotion)

Your **social support** may be breached by:

- Isolation
- Avoidance
- Blame
- Bullying

Knowing yourself may be breached if you:

- Don't recognise warning signs
- Ignore the warning signs

Feeling able to talk about it may be breached by:

- Legal proceedings (which either prevents, or forces someone to talk)
- Stigma
- Shame
- Culture of silence

Willingness to seek help may be breached if:

- Soldier on
- Afraid to access support
- Discouraged from seeking support by others
- Support isn't available or appropriate

Protective Teams:

- Look out for each other

- Share sense of purpose
- Have mutual respect and trust
- Know each other's roles
- Are confident in the knowledge and skills of other team members
- Have adequate resourcing and training
- Know each other
- Accept and tolerate different personalities and coping styles
- Use open communication (+ humour)

Effective Leaders:

- Create supportive teams
- Treat people fairly
- Create and inspire trust
- Are approachable
- Know their staff (what's happening in their lives and able to recognise changes in behaviour)
- Are clear about tasks and roles & boundaries and autonomy
- Understand what protects and jeopardises wellbeing at work
- Model and promote the benefits of wellbeing, both physical and psychological

Organisational threats to Protective Armour:

- Excessive workload
- Under-resourcing
- Poor work environment
- Low morale
- Poor management
- Bullying
- Culture of silent coping & scepticism about the support available
- At times of change (start & end of your career, promotion)

Operational threats to Protective Armour:

- When you can't detach & identify with those involved
- Known victims
- Incidents involving colleagues
- Incidents involving children
- When things go wrong or you don't perform well - individual or team error
- When you're isolated, unsupported or criticised
- When you're unhappy with the decisions that are made
- When physical resilience is overwhelmed
- When normal coping is not possible

Social resilience:

- Safety, shelter, food
- Health
- Social support
- Occupation / sense of purpose
- Fairness + justice

Personal resilience:

- Able to tolerate difficult emotions
- Sense of who we are (identity)
- Able to reflect & problem-solve (cognitive flexibility)
- Belief we can influence what happens to us (agency)
- Able to make and use relationships

Exercise 6.2: Help or hinder

Small group exercise with characters / scenarios. Give delegates 10 min to discuss, with 15 min for feedback in the bigger group.

Allocate a character to each group and read out the case studies before going into the small group discussions. This means all delegates will have heard the characters being discussed in the other groups, ahead of the general feedback.

Questions for break out rooms

- What factors might make it harder for the character to deal with this experience? (Hinder / risks)
- What factors could help the character deal with their experience? (Help / protect)

Key points

There are no absolute right or wrong answers here. The point is to demonstrate that there can be a range of factors, about the experience, the individual and their context that will influence how they deal with, and are affected by, the experience. The following notes suggest some possible factors. Delegates may come up with more of the things that could hinder recovery, than help, so encourage them to identify both.

Stevie

Hinder / risks	Help / protective factors
• Unusual incident (multiple vehicle RTC) • Terrible Weather, tough conditions • 2 fatalities already • Distressed parents • Pregnant female & 5-year-old trapped who are both deteriorating. • Female goes into cardiac arrest • Death message to be delivered • How many calls this week? • No experience of these types of incidents • Personal connection	• Experience • Supportive team • Correct equipment • Plenty of resources available • Feeling of doing their best in circumstances (i.e. 5-year-old was rescued) • 1st call in a while • Good training • Good management • Able to reassure the parents (a job to do, sense of purpose) • No personal connection (possibly)

Alex

Hinder / risks	Help / protective factors
• Serious injury • Time delay until help arrived • Trapped/feeling of helplessness • Alex's feeling of responsibility • Others feeling Alex is responsible (team or colleague) • Impact on both - physical & psychological injuries? • Changes to personal life • Relationships between the colleagues / family /colleagues • Maintenance of car was poor • Further police investigation?	• Supportive team • Team do not blame Alex or colleague • Unconsciousness (no memory of what went on, pain etc) • Police say no blame lies with anyone • Alex's injuries recoverable • Good support network and procedures for colleague • Positive social network / response (practical and emotional)

Frankie

Hinder / risks	Help / protective factors
• Not expecting it to happen • Person on person • Physical injuries • Calling home at the time - so impact on them • On their own (perceived) at time of assault • Alcohol perhaps distorting memories • Hate crime (were words said? has this happened before, have they been 'outed'?) • Ongoing Police investigation, possible court case in future (no closure)	• Close colleagues • Quick response from them and SAS, Police etc • Family / organisational support • Injuries not too serious • Good experience with police investigation • No memory of assault (this can help sometimes)

Exercise 6.3: When your protective armour may be breached

Small group exercise using the "When your protective armour may be breached" handout. Give delegates 10 min to discuss, with 10 min for feedback in the bigger group.

Acknowledge that they may have covered some of these in great depth in earlier feedback, so this is an opportunity to consider the statements they haven't covered so far.

Question for break out rooms

- What types of situations may get through specific parts of your protective armour?

Key points

The following notes should assist the feedback discussion.

Being able to distance yourself - When you can't detach, know, or identify with those affected.

Role and identity as responders - Don't have active role, incidents off duty, start & end of career, professionalism is challenged, service is criticised or brought into disrepute.

Expectation and readiness - unusual incidents, think could (should) have done more, start of career, career change points.

Training and preparation - When you're unprepared, haven't appropriate training or right equipment.

Sense of competence / expertise - Mistakes are made, think you could (should) have done more, career change points.

Social support - Isolation, avoidance, blame, bullying.

Knowing yourself - Don't recognise or ignore warning signs.

Feeling able to talk- Legal proceedings, stigma, shame, culture of silence.

Willingness to seek help - Soldiering on, afraid to access support, discouraged from doing so by others, support isn't available or isn't appropriate.

Exercise 6.4: Trauma and the brain

Large group discussion following film.

Explain that the film was developed for police officers to show how trauma affects people's ability to 'tell their story', when being interviewed. It helps us understand the impact of trauma and may be pertinent for anyone supporting someone after a traumatic event, whether they're a member of the public or a colleague.

After the film give the group 10 minutes to consider how helpful the film is for them in their roles/ as a peer supporter.

Note: This leads straight into Exercise 6.5. Prior to playing the film, explain they are going to watch Gail, a paramedic, talking about having PTSD and pose the questions you want them to consider while watching it.

Exercise 6.5: Gail's film on PTSD

Large group discussion. Ask delegates to consider the following questions as they watch the film. After the film, give delegates 10 minutes to share their thoughts.

Questions for discussion

- What symptoms of PTSD do they recognise?
- What did Gail find helpful?

Key points

Gail mentions several signs of stress/post-traumatic stress, including being stuck on alarm mode with intense hyper-arousal, irritability and panic, intrusive memories, not sleeping, numbness etc.

She also describes some common responses to having these difficulties, including withdrawing from people and self-criticism.

Understanding her reactions helped her a great deal. It meant she wasn't so hard on herself. This is why we're helping peers understand and explain these common reactions. The other thing that helped was treatment which allowed her to process the trauma memories.

She recommends talking to colleagues generally and specifically after difficult jobs.

Good to pick up on her saying she's "Not completely cured" and still has reactions to difficult jobs at work. This may not mean she still has "old PTSD" but is having a normal response to current stressful situations.

Note: If you are going on to run Module 7, stop this recording at 51 min 38 sec.

Module 6 Script
Post trauma support – understanding how trauma affects us

Well done on completing your training as a Lifelines Scotland peer supporter. We hope that the first five modules have given you the confidence to understand what keeps you and your colleagues well and what you can do to support colleagues in times of need. In the next two modules, we turn our attention to the potentially traumatic experiences you may encounter in your role and will teach you how to provide Psychological First Aid.

This is Module Six, Post Trauma Support - understanding how trauma affects us, where we will discuss the kinds of experiences that can be traumatic, the different ways people can react and the things that affect our ability to cope and recover. This will help you recognise when your own and other people's reactions may be trauma related and when and how, we should provide Post Trauma Support. It sets the context for Module Seven, providing Psychological First Aid. Understanding what trauma is and how it can affect us will help us look after ourselves and others following a traumatic event. So thank you for taking the time to do this module.

As we start, it's important to acknowledge that upsetting, shocking, and frightening events are as much a part of the human experience as joy, love, contentment. It's the stuff of life. And that means that you may have encountered trauma in your personal life as well as in your work or volunteering role, and some of what we discuss may resonate with you. If it does, please be kind to yourself and take a break if you need.

We're going to start by reflecting on the language of trauma, how we use the word and what it means. We often use the word "trauma" to describe both what happens and the ways we're affected. To avoid any confusion, we think it's helpful to distinguish between traumatic events or experiences and trauma reactions. We'll also add the word potentially and talk about potentially traumatic experiences, and this is to remind us that while there is the possibility of injury, it's not inevitable. Stress reactions are common after potentially traumatic experiences, but we need to remember the likelihood of resilience and recovery.

For the record, the World Health Organisation's definition of a traumatic experience is exposure to a threatening or horrific event or series of events. To understand the impact of potentially traumatic events, we need to understand what keeps most human beings well, most of the time. We need to have some basic needs met and we can call this social capital or social resilience. We need to be safe, have shelter and food, to be looked after if we're not well, and to be connected to other people. The importance of this social support is at the heart of the Lifelines message. People also thrive when they have something to do, a sense of purpose, and when they live in communities that are fair and just.

Alongside these social factors, there are personal factors that help humans stay well. We do best when we're able to tolerate difficult emotions, without having to suppress them or push them away. This is not about whether we express our emotions (remember we talked about emotional inhibition back on the road trip) but it's about being able to recognise and accept our feelings. The more able we are to tolerate emotions, the better. Another important skill is something we call cognitive flexibility. This is the ability to reflect, problem solve, and adjust

our thinking. Our feelings and thoughts are interconnected and if we can tolerate difficult emotions, then it's easier to think. We also like to have a sense of identity, a sense of who we are and where we fit in the world, whether that's as an individual or as part of a group, and humans like to believe that they can influence the things that happen to them. We call this a sense of agency. And last and probably most importantly, we need to be able to make and use relationships with other human beings.

Once we understand what keeps us well, we can better understand why traumatic events are a problem, a public health problem. Whether we're thinking about war, disasters, interpersonal violence, or accidents causing injury or death, all of these things disrupt the things that keep humans well. They threaten our safety, overwhelm our emotions and cause injury and loss. They can disempower us and remove control, displace us from the people in communities that support us, and they breach trust and connection, jeopardising that essential social support.

Potentially Traumatic Events, are a part of your work or volunteering role, you respond to and are involved in them and because of that, you are at risk of being injured by them. However, injury, whether physical or psychological is not inevitable and most of you, most of the time will cope well.

05.50min – script pauses for exercise 6.1, Hazards and Protectors

It's helpful to distinguish between the two kinds of hazardous and potentially traumatic experiences you may encounter, between direct and indirect threats. Direct threats are where you are in danger. You may be operating in hazardous environments, sustain an injury or experience an assault. You may be involved in accidents or major incidents and emergencies. These are incidents where your personal safety is on the line. Indirect threats are where you're in contact with other people who are hurt or in danger. People with serious injuries, who are dying or have died. Incidents where you witness intense human suffering, especially if they're vulnerable. For example, situations involving children or incidents involving people you know.

Now we're starting to understand the hazards you face, let's remind ourselves of the things that protect you. Your protective armour, your work or volunteering identity means that you have an active and positive role in the face of these potentially traumatic incidents. They don't just happen to you; you respond to them. This means you're able to distance yourself and have a professional as well as a personal reaction to the incident. When you join your organisation, you understand that these things may happen and so have a sense of expectation and readiness. It's not a complete surprise and because they can be anticipated, you are able to prepare and train for these incidents. Hopefully this gives you a sense of competence and expertise which reinforces your professional identity. You know what your role is and hopefully you feel able to do it effectively. We know that feeling helpless or personally involved increases the risk of you being injured, so all of these professional factors protect you from this.

Then there are the interpersonal parts of your protective armour. You're protected by social support again, by your relationships with family, friends and colleagues, including being part of a team. These relationships give you the opportunity to talk about difficult situations and experiences if you feel able to access them and talk about what's happened. For those of you who want to or tend to process things on your own, that's fine, but another important part of

your armour is knowing yourself well enough to spot if things aren't okay and being willing to seek help if you need to. In summary, these are some of the risky jobs you may face.

Before we go on to talk more about trauma reactions, let's remind ourselves that potentially traumatic events don't happen in a vacuum. Individuals, families, and communities are all living their lives in all of their complexity, both good and bad, when a traumatic event happens. We are not a blank page. There will be things that protect and buffer against the impact of the experience, and other things that increase our vulnerability and we'll talk about that in a bit.

Let's revisit how we respond when we encounter a potentially traumatic event. We talked about this on the Staying Well Road Trip. We call it a biopsychosocial, model. Which is a bit of a mouthful, but it can help us remember that there are three different parallel processes going on when a human being encounters something that is stressful and potentially traumatic. First, we've got our biological responses. These are the ones that have evolved over millennia like our animal cousins to ensure our survival. Fight and flight are hyper arousal responses and freeze or fright are hypo arousal response. Both involve a range of physiological changes in our brains, bodies and nervous systems that happen automatically. Fight and flight are designed to help us respond to and escape from dangerous situations. We need to be able to run faster, fight harder, and be totally focused on surviving the threat. To do this, our heartbeats faster, our breathing increases, we tense our muscles, switch off digestion and perhaps empty our bowels or bladders so we're carrying less weight and are more flexible in the pelvic area, the blood moves from the surface of the skin to the muscles and vital organs. We sweat to cool us down and to make us slippery for predators and our senses are heightened, including dilating our pupils so that we can take in lots of information from our environment to recognise danger in the future. And we release a natural anaesthetic so that our response isn't compromised by feeling too much pain at that stage.

There are some situations and times that we're not able to survive through physical strength. Our brain recognises these and has an alternative response to ensure our survival, the instinctive hypo arousal response of freeze or fright. Essentially this is the play dead response that works so well for animals that are not fast enough to run away or strong enough to fight their predator. Blood pressure drops, heart rate slows, and they literally freeze, something known as tonic immobility. In the animal kingdom, the goal is at least twofold. It switches off the predator's chase mechanism, so they lose interest, get distracted, giving their prey chance to escape. Or the predator may not know how long the prey has been dead for and will look for a fresh kill to avoid eating bad meat. Human beings can have this freeze response too. If we're in situations where we can't escape, freezing may allow us to hide and avoid detection and harm and in situations where another human is the threat may limit the violence that's used against us.

Alongside these biological responses, a range of psychological things are happening too. In hyper arousal, we experience a narrowing of attention as we focus completely on the threat. We're not distracted by questions about why this is happening and are so focused on the threat that we may not notice other things. We are on instinct and survival brain. The same thing happens in hypo arousal, but there can be some additional psychological processes here that help us survive. We may feel numb or experience something called dissociation. Dissociation is on a spectrum, and in day-to-day life, a little bit of dissociation is adaptive. In fact, we're only able to function by not having conscious awareness of everything we do.

However, as part of the hypo arousal survival response, it's where our mind tries to protect us from the harm associated with what's happening. We call it psychological escape when physical escape isn't possible. Things may feel unreal or distant, and sometimes people describe watching themselves from outside of their bodies. In fight, flight or freeze. We actually remain quite mentally alert most of the time because we're ready to find an opportunity to escape or to respond. However, once we begin to dissociate, we're less able to do this and the flop response is where our brain absences us completely and we may lose consciousness and flop to the ground. We don't choose these responses just as we don't choose to duck when we're walking through a wood and we avoid a branch or a twig going into our eye because our brain signals us to respond before we see the twig. These instinctive responses are hardwired into us just like they are into our animal cousins to help us survive. It's the reason that emergency service staff and volunteers rehearse and train so much so that when you find yourselves in a stressful situation, you don't only default onto instinct but can channel that response into a way that's going to be effective for you as a responder.

So what happens when the danger passes? Biologically, our alarm responses, those ones driven by adrenaline and cortisol, they begin to settle. Our heart and our breathing rates slow down, digestion gets switched back on and we gradually return to physical equilibrium. How long this takes varies across the species. Human beings with our huge brains are big thinkers and meaning makers, so we have two big psychological tasks to do once that threat has passed. We need to make a memory and we need to make sense of what's just happened so we can learn for the future. Making a memory is key to understanding that the threat has passed. During the actual threat situation, we have taken in lots of raw sensory data while we've been on super responder, while doing very little processing because we were on instinct brain. That means these memories are vivid, sensory and fragmented. And so afterwards we will find ourselves thinking, dreaming, perhaps talking about what's happened as our brain digests it, the memories are recalled, processed and given a time code so that we know they relate to a past event, and we are now safe. As well as memory making, we need to find meaning, to understand and learn from the experience for the future. Again, to do this, we will think about it a lot and may talk and dream about it as we work out how it affects the way we think about ourselves, others, and the world.

The reason we talk about a biopsychosocial model is because our ability to switch our alarm system off to digest the memory and to understand what it all means happens in a social context. How safe is our community or environment? Are our basic needs for food, shelter, resources met? Do we have people around us who want to help? How do they understand our experience and what meaning do they or our community make of it? The response of the people around us makes a huge difference to how we cope and recover. Research tells us that good social support after we've had something shocking or traumatic happen is the thing that makes the biggest difference for our recovery. If we have good social support, we have a good chance of recovering well. Even with great social support, it takes a wee while for our system to reboot after a potentially traumatic experience. While our alarm system is switching off and we're trying to make a memory and get our head around what it all means, many of us will experience some temporary disturbance and distress. Physically, we may feel tense, shaky, nauseous or not be able to sleep. We may feel all sorts of emotions, distress, anger, worry or none. We're likely to think about it a lot, whether we want to or not, while awake and in our dreams and we may have lots of questions. Our behaviour might change while all this is happening, we may avoid things linked to what happened or maybe more safety focused. In the days and weeks that follow an event like this, all of these reactions are

normal and most of them will resolve with time and support. Psychological First Aid aims to promote this natural recovery.

20.17 min – script pauses for exercise 6.2, Help or hinder

Let's have a think about what might prevent this natural recovery and leave us stuck in alarm mode. There are two key things. One is what happens next? Sometimes the threat happens again, it recurs or it doesn't stop, and even if it's over, maybe it's left us with other stresses or losses to deal with, even if these aren't life-threatening. Remember, we only have one response to stress and in these circumstances our alarm system isn't going to switch off. The second thing that can block this natural recovery is when there's a mismatch between our emotional and psychological capacity and the demand. Our scales can be completely out of balance and the feelings, and the thoughts connected to the event too hard for us to process. When any of these things happen, the mind and the body can get stuck in red alert. This is where our ability to tolerate and manage emotions (remember we talked about that in personal resilience) is key. Following an event like this, there is often lots of intense emotion. How do we cope with that distress? Can we ride the rollercoaster or do we try to avoid or suppress our feelings and emotions? Our ability to tolerate emotional distress is sometimes described as a window of tolerance. When the window is wide open, we can let emotions in and out and it makes it easier for us to think. The more the window closes, the less space there is for us to think and feel without becoming overwhelmed. Our window of tolerance can vary over time, even when we're not dealing with potentially traumatic events. It's a way of thinking about how much stress we can absorb or tolerate, and as the diagram shows when we're outside of that window of tolerance, our buffer zone, we can find ourselves flipped into either hyper or hypo arousal. Our window of tolerance may vary from week to week and across our lifetime.

Let's think about the sorts of things that can affect our ability to recover following potentially traumatic events, and we're going to break these down into before, during, and after the event risk factors. As we said earlier, we're not a blank page when we encounter an event like this; our ability to deal with it can be affected by what's happened or is happening beforehand. For example, if we're experiencing poor physical or mental health or coping with other life stressors (and remember these life stressors can be both positive and negative). We may be moving house or homeless, have just become a parent or suffered a bereavement. These kinds of life stressors and changes can bring up a lot of emotional and psychological energy leaving us with less in the tank to cope if another significant stressor comes along. Another important factor is our previous experience of adversity or trauma, and this can work both ways. If we've come through something very difficult in the past, then we may have a sense of pride, strength and confidence in our ability to cope, and we call this post-traumatic growth. This can help us deal with the next adverse experience that comes along. But if we're still dealing with the aftermath of previous traumatic events and or are already struggling to manage our emotional responses, then another one can be overwhelming. Last, but not least, if we have limited social support before we encounter the potentially traumatic event, then it's going to make it harder for us to get the help we need afterwards.

The next thing that makes a difference are related to what happens during the traumatic event, and we're going to divide these into things about the event itself and our reaction to it. We know from research that there are things that increase the likelihood of psychological injury for humans; that there are certain events that disrupt what keeps us well. We can think of

this as the severity or dose of the trauma. How big is the dose if we're physically injured, if we experience multiple losses (which may be bereavements or property) or if we're exposed to death or grotesque scenes or community destruction. Then that makes it harder to recover and all of these things are more difficult if they're unpredictable and we feel out of control. That's why preparation and training is key to in your protective armour. We know that intentional interpersonal violence is harder for humans to cope with than random accidents. Coping and recovering from situations where other people have deliberately hurt us is really hard and not least because it has the potential to rupture trust and to breach social support.

How we react during the event is also important because these thoughts and feelings become part of the memory which has to be processed afterwards. If we think or accept that we're going to die or we experience intense negative emotions like terror, shame, helplessness, then we're going to have a difficult time afterwards when these thoughts and feelings come back into our minds. If we're not fully conscious during the event, whether through dissociation or perhaps we're sedated in ICU or under the influences of substances, then our memories will be even more fragmented and difficult to digest. If while it's happening the experience just feels incomprehensible, or we jump to a really quick meaning by blaming ourselves, then recovery is harder. And if we do something that goes against our values, our sense of what is right and good, then this is also difficult, and we call this moral injury. All of these reactions during the trauma experience are risky because they make it hard for us to remember and process it afterwards. They can overshoot that window of tolerance.

The next things that makes a difference are really what happens next, post-trauma. As we've said, if we're physically injured, bereaved, or experience other losses, home, job, community, or perhaps there are negative consequences from our community, whether that's a legal process or blame, then our window of tolerance is likely to reduce. Just as it matters how we think and feel during the event, it also matters how we think and feel afterwards and how other people respond. Can we begin to make sense of it or is it incomprehensible? Has the experience shattered everything we thought about ourselves, other people in the world, or maybe it's confirmed our worst negative beliefs. How are our family, friends and community reacting? Are people supportive? Are we being claimed as a hero even when we don't feel like one at all or are people pretending nothing happened? Are we blaming ourselves or are we blame being blamed by others? Are there legal consequences or is there media coverage? What story is our social group telling about the experience?

29.05min – script pauses for exercise 6.3, When our armour might be breached

Remember, our brain is an amazing information processing machine and its job once the trauma is over is to recognise that we're safe, to switch off the alarm system, to file the experience in our memory and to learn from it. To do this, it's going to bring those vivid sensory, fragmented trauma memories back into awareness so they can be digested and reconsidered. All of the factors from before, during, and after event matter because they influence our ability to do the essential physical, emotional, and psychological work after trauma. They affect both the trauma dose and our window of tolerance; how much trauma stuff we have to deal with and our ability, our capacity to process it. Perhaps we can't tolerate remembering what happened and how it makes us feel, or perhaps the experience is incomprehensible or shatters our beliefs. Maybe we're isolated and unsupported, or all of those things. When that happens, the processing gets stuck and so do we.

Before we go on to discuss what happens when we get stuck, let's take a moment to think about how this works for emergency service staff and volunteers. Over time, you will have processed and filed away many memories from events like this. Our brains have complex memory networks and so they may be stored by the type of incident or by how they made you feel. One of the reasons you're not all injured all of the time is that you've developed emotional and cognitive skills that allow you to process these potentially traumatic experiences effectively. For example, you don't often feel helpless or emotionally overwhelmed during the event and your preparation expectation and training usually allow you to make sense and to learn from it swiftly. But while this processing is happening, you may find yourself thinking or dreaming about previous jobs or experiences. This is natural and usually a good sign. Imagine it as if your brain is flicking through a filing folder or cabinet working out where to best file this new experience. It may take some other memories out while it's doing that and once it figures out where this experience goes, all of those memories should settle back down into the allocated place in the folder. However, if you have a folder that you've just used for all of the jobs you don't want to think about, you've just shoved everything in, then there's a chance that that folder is going to overflow at some point and there may not be room for this new incident. All of the unprocessed memories may tumble out switching on our alarm system as they do. When that happens, we may need some help for our brains to process this with the backlog as well as this new event.

When that natural recovery and the processing gets stuck, we're going to experience a range of unpleasant symptoms. Physically we're on red alert, so we may have those palpitations, breathlessness, aches and pains, sweats or upset tummies, we're likely to feel on edge and have difficulty sleeping. It's exhausting. And our brain will keep trying to process the experience so we may have intrusive memories and bad dreams or nightmares. As we said, we may remember other times something like this happened and either find ourselves thinking about it all the time or working really hard not to think about it all the time. It's possible we may feel detached or as if things aren't real. Emotionally, when the processing is stuck, it's like being caught in the trauma hurricane. We may feel all sorts of unpleasant emotions, fear, dread, anxiety, distress, helplessness, shame, guilt, or nothing at all. If these reactions keep going, then they can develop into longer term post-traumatic injuries and mental health conditions like post-traumatic stress disorder, depression or anxiety.

PTSD is the one most closely linked to the brain not managing to process the experience, and it is characterised by three kinds of clusters of symptoms. One of those is re-experiencing, when we have vivid memories. These can be images, sounds, sensations that can happen either in the daytime as intrusions or when we're sleeping as nightmares. When we re-experience the past as if it's happening now. These memories can be connected with a reminder (that's what can prompt them to come up) or they can just happen as our brain tries to process all that raw data. After re-experiencing, the second set of symptoms relate to our attempts to cope with the re-experiencing, and that's where we use avoidance or numbing. Our window of tolerance has been overwhelmed (usually for one of the reasons we outlined earlier) and so we're doing our best to avoid anything connected with what's happened. Avoiding places, people and even thoughts and emotions. That makes sense, but both this avoidance and emotional numbing can spread. It may start with specific reminders about the experience, but then it just keeps going. These two reactions re-experiencing and then avoidance and numbing, create a negative feedback loop. The more we avoid the memories, the more our brain tries to process it. And these processing attempts are more likely to happen when we're sleeping, so we can't actively avoid it. As this loop circles on, our brain

isn't fully able to recognise that the event is in the past and that we're currently safe, and that's why we get the third cluster of PTSD symptoms, hyper arousal or getting stuck in red alert with a constant sense of danger. This can involve intense anxiety or fear, insomnia, irritability, anger, or being really easily startled as we stay ready for fight or flight. So, re-experiencing avoidance and numbing, which keep that sort of negative loop going of us being stuck in hyper arousal.

You can't get a diagnosis of PTSD until at least a month has passed after the traumatic event. That's because there's official recognition that these reactions are common and normal in the aftermath. They're what happen to human beings when something bad happens to us, even people in trauma facing roles. It can take a while for them to settle down, especially if we have more than one thing happening, or we face other stresses because of the experience. But if they don't settle and they're having a profound impact on our day-to-day life, then that's when we might diagnose PTSD and begin to provide an evidence-based treatment.

37.23min – script pauses for exercise 6.4, Trauma and the Brain film

"We need to take a statement so we can establish what happened on Saturday night. What time did you get back to David's flat?" "What time? I don't know." "Can you give us an estimate?" "I don't remember." "Would your pals remember what time you left the club?" "He seemed nice." "She didn't remember much, did she?" "I know."
"Now we've got to waste more time on a daft lecture. We know how to deal with victims. We've had years of experience." "Well, some of us have had more years than others." "I'm in my prime, I'll have you know." "That'll be right."
"Today's session is about trauma. The latest in brain science will help you in your work. I'll start with a tour of the parts of the human brain. The reptilian brain maintains basic bodily functions. The limbic system is instinctive, it deals with fear and pleasure. For example, you pat a dog, it senses pleasure and without thinking, wags its tail. The neocortex is the site of logic, imagination, planning, and control. It's more sophisticated, but because it's conscious, it's slower than the older parts of the brain. The amygdala is a key part of the limbic system. It has one job to sense danger and set off the alarm when it's a matter of survival. The primitive parts of the brain override the conscious part.

There are three possible survival responses, fight, flight, or the one that people don't think of freeze. When the alarm goes off, blood and oxygen are diverted to muscles, adrenaline floods the body and all systems that are not crucial to survival are switched off. Normally the job of the hippocampus is to file memories so you can retrieve them later, but in times of danger, it stops filing memories, which makes it harder to gather evidence later on. Instead, the hippocampus switches to pumping cortisol. What's useful about cortisol is it stops us feeling pain so we can focus on survival. Can anyone give me an example?" "A farming accident where a man carried his own arm for a mile without feeling any pain?" "Yes. Excellent example. It is an evolutionary safety mechanism, which is fast and instinctive. In essence, it's our body's very clever way of protecting us.

To recap an example of the three parts of the brain working together. You're standing at a bar, your reptilian brain is keeping your heart beating. You're enjoying the pleasure of a nice pint with your limbic system. You're using your neocortex to work out. If there's time for another before the last train, what could happen to make the amygdala kick in? What if this happened? The way you'd respond would depend not on your logical brain, but on your instinctive brain. Being glassed in a bar would be a traumatic experience. Who can give me

another example of an event that can cause trauma? "War", "Rape", "A car crash". "Good, yes. Trauma occurs when a person is overwhelmed by something beyond their control. The survival brain takes over the rational brain. It can lead to post-traumatic stress disorder, PTSD, with symptoms that last at least a month. Vicarious or secondary trauma is something you may experience. If you deal with incidents such as rape or sudden death or think of Lockerbie, Dunblane. You are not superheroes, having a brain makes you all vulnerable to secondary trauma. It's important to understand that when trauma occurs again and again, it can become complex PTSD, such as in domestic abuse or child sexual abuse. The alarm system in the brain becomes jammed.

Memories are stuck in the limbic system, so a trigger can set off the alarm. The trigger could be anything, a colour, a smell, a sound, a sensation. Now the indicators of trauma, what should you be looking out for? "Depression", "Crying a lot". "Yes. That's one response. And at the other end of the spectrum, total numbness." "Nightmares", "flashbacks", "stress". "Good, yes, and they may feel sick, also shame, feelings of guilt, inability to enjoy sex, social isolation, triggers. People often feel overwhelmed by the symptoms of trauma.

This can lead to using alcohol or other drugs to block out memories or self-harm or dissociation, when a person's mind detaches from reality. Indicators can be specific to the type of trauma. Say dental problems when someone who is orally abused avoids going to the dentist. A victim of abuse might bond strongly to her abuser, this is known as traumatic bonding or Stockholm syndrome. And jumbled up memory when a person's normal recording of memories doesn't work. Can you recall any times you've seen that symptom?" ("What time?" "I don't know"). A traumatised person may not seem like her usual self or may be hypervigilant on edge or being startled by everyday things. Everyone is different; you never know what impact trauma will have; symptoms can change from day to day.

So what does all this mean? In practice, in your job, a traumatised person's brain is protecting them, but that normal human response of self-protection can get in the way of evidence gathering. The US military has developed new trauma-informed interviewing techniques that you can use to work around this. Research shows that if someone seems vacant, they could be distracted by their traumatic memories. Try to ground them by asking a simple non patronising question such as, are you thirsty? Do you want a glass of water? This can help bring them back to the here and now. Don't expect a logical linear story. Ask, "what can you recall just now?" find out what the victim physically felt or saw.

Working this way, from the instinctive sensory parts towards the logical parts of the brain, you'll get more results. In conclusion, four things for you to take away. Trauma response is the brain in survival mode. Repeated abuse can make trauma symptoms worse. In response to trauma, people will behave in unexpected ways. Remember, trauma is a normal human response to abnormal events.
"We know that you've gone through a really painful experience, but we need to take a statement to understand what happened on Saturday night. Are you able to tell us anything that you remember about this flat? Anything at all? A dog, barking? Are you able to remember any physical sensations or feelings that you had?" "Cigarette smoke. I can smell it now." "What was going through your mind?" "I couldn't understand it. I just couldn't move or even scream" "To freeze is a perfectly normal response." "So you start with the memories. You don't start at the beginning. You have to engage with feelings to get to the facts. Makes sense."

46.18min – script pauses for exercise 6.5, Gail's film on PTSD

Hi, my name's Gail. I'm a paramedic with the Scottish Ambulance Service. I was formally diagnosed with PTSD nearly three years ago. The actual event that triggered it though happened many years before I was officially diagnosed. I'd only tell you too many details about what actually triggered it because I don't want you to think that everyone who experiences what I did will go on to develop PTSD, because they won't. Everyone deals with things differently, but the symptoms I displayed afterwards were pretty classic, and they lasted a long time before I got the help that I needed. I became really horrible to live with, and I was horrible to work alongside.

To be honest, I was a complete bitch. I was so wound up on the inside, but it came across as being grumpy and standoffish. Little things would set me off, particularly when I felt scared or threatened, and I would have outbursts where I could feel every single muscle fibre in my body tense up as I raged. But in between overwhelming emotions, where my anger and fear were completely off the chart, I would feel nothing, completely numb. Sometimes it felt like I wasn't really present, but I was watching my life from a distance. I almost preferred the numbness to be honest, because when I could feel emotions, they were too much to bear. There was no in between. I either felt everything or nothing, but when I felt everything, it was never a positive emotion. I developed insomnia. I was scared to go to sleep, and when I would eventually drop off, I would wake up shortly afterwards, drenched and sweat and feeling panicked, but unable to remember the details about the nightmares that I was having. I wanted to keep everyone at a distance so that we wouldn't see what was happening to me. I became really withdrawn both at work and at home, and all my relationships with family, friends and colleagues suffered. I didn't want anyone to know what was going on inside my head or that I was having suicidal thoughts on a daily basis. I was absolutely exhausted just trying to exist. It all came me a head when I started having flashbacks and anxiety attacks where I was struggling to breathe, and I felt like my chest was in vice. I finally broke down after I was triggered at an event I was attending, and I could feel all the horrible feelings surfacing up inside me again. I confided in a friend who encouraged me to go and get help. I was sent on a course, that was purely for people who suffer from PTSD, and that helped me realise why I was experiencing the symptoms, and eventually I was able to stop blaming myself for some of my reactions. The course taught me that I had been through a trauma that hadn't been processed properly, so my brain was stuck in fight or flight mode, and it was constantly waiting for something bad to happen.

The Ambulance Service were really good. They arranged for me to see a psychologist who was trained in a type of treatment called EMDR or Eye Movement Desensitisation and Reprocessing therapy. It's used to help process trauma. I've been really open with people about my diagnosis, and I think it's helped them to have a better understanding of my reactions at certain times. I am a lot better than I used to be, but I'm not completely cured. I still get triggered sometimes in certain situations, and I get some of the unpleasant symptoms back again, but I'm now able to understand what has caused me to feel that way and why I'm reacting the way that I am, I'm a lot easier on myself because people around me know about the PTSD. They have a better understanding too. I don't feel as stigmatised, as much as I used to be. I try to do things that help boost my mood, like cooking a meal from scratch or spending some time out in the garden. But I know the one thing that helps me the most is talking things through. When I start to feel overwhelmed, taking time after a stressful job and not feeling like I need to respond straight away to the next one before I've properly

processed what has just happened. Even taking five minutes to talk things through can really help. I no longer need an expert to help me guide me through it. All I need is someone to care enough to actually listen and help me talk it through. That could be any one of you reaching out to help someone like me.

But let's back up a little and focus on the good news, which is that there's lots we can do to help ourselves and others following trauma, and Psychological First Aid is central to this recovery.

Remember the plan for this session, module six, Post Trauma Support -understanding how trauma affects us. We have now discussed the kinds of experiences that can be traumatic, the different ways people can react, and the things that affect our ability to cope and recover. This will help you recognise when your own and other people's reactions may be trauma related.

Module 7: Psychological First Aid

Module overview

The module introduces Psychological First Aid (PFA), the best practice model for supporting people following trauma exposure. The module covers how to provide PFA and how to help people access additional support if required.

Module timings

The expected total running time of this module is 2 hours 7 min.

- Film (27 min)
- Exercise 7.1: What PFA looks like (30 min)
- Exercise 7.2: Reflection on session so far (20 min)
- Exercise 7.3: Explaining common / normal reactions (25 min)
- Exercise 7.4 Self-care (25 min)

For this module you will need:

- Link to film for Module 7
- Supporting Documents for Facilitators:
  - 5 Ways to Wellbeing
- Handouts
  – Scenarios for small group discussion
  - Post Trauma Support: Providing Psychological First Aid
  - Common/normal reactions (*to be given out when doing the exercise)
  – Personal action plan (optional)

Exercise 7.1: What PFA looks like

Small group exercise. Give delegates around 15 min for discussion in breakout rooms, with 15 minutes for feedback in the bigger group.

Allocate a scenario and character to each group and read out the case studies before going into the small group discussions. Doing this means all delegates will have heard about all the characters being discussed ahead of the general feedback.

Check they have a copy of the Post Trauma Support handout showing the PFA framework.

Remind them that Protect and Care need to be done first but the other 5 can be done in any order. They may not all be needed and are likely to overlap. PFA also links to the key principles of trauma informed care; Safety; Collaboration; Trust; Choice and Empowerment.

Question for break out rooms

- If we were using the PFA to support your character, what would that look like?

Key points

Delegates may or may not have worked their way around the PFA model. Either is fine. PFA is about promoting a sense of safety, providing practical support and information, and basic human kindness.

If delegates have come up with practical suggestions (dry clothes, lifts to hospital etc) highlight this and make it clear that this is PFA. PFA is not all "psychological".

Watch out for any assumption that because someone is upset, they need to be off work and referred for counselling. We want to normalise emotional responses and tailor our support to people's needs.

Stevie

- Offer to help them get some clean, dry clothes. Food. A hot drink.
- Allow them to carry out their normal post incident procedures (e.g., restocking of kit). Offer to help but don't take over. Doing this can restore them a sense of agency and purpose, and depending on how physical the task, this movement will use up the excess adrenaline.
- If they're visibly upset, don't assume this means they're traumatised. Check if they want you to stay or to give them some space. Maybe this is when you go and make the tea.
- This is an upsetting incident but listen out for any specific reasons for reasons that may be causing more distress (e.g., personal relevance, perhaps they have a child of a similar age or a pregnant partner).
- If they want to contact a loved one, give them space to do so.

- Speak to them. Reassure and normalise their responses by providing information about common reactions after trauma. Suggest some coping strategies. Encourage delegates to apply what they have learned from the session.
- Don't assume they need to go home or be relieved from duty. This should be their choice unless safety is paramount. They may prefer to stay around their colleagues for peer support.
- If they are going home, check who will provide support. Keep in touch and check in with them.
- Operational debriefs and /or the opportunity to talk about what has happened with colleagues can help make sense of the experience and process the memory.

Alex

- Take in toiletries underwear/clothing (maybe not helpful to take in a newspaper if the accident is in the news).
- Speak to them ask what they need and want. Agree a plan to achieve this.
- Empower and give choices. How much do they want to do themselves? Is there anything they want help with? Anything they want you to do for them or their family?
- This could include you or the team helping with lifts to hospital, coordinating visitors, providing support with domestic tasks, insurance companies, police interview. Take your lead from them.
- They may not remember things, may still be under influence of medication and may ask same question numerous times. This can delay (and sometimes complicate) the memory-making process. Alex may need to recover physically before they can begin to process the memory.
- If they ask, tell them what to expect post trauma. In hospital, when they're recovering from physical injuries, this may be limited. Perhaps explain it's natural to feel on edge or keep thinking about what has happened.
- Be mindful of sensitivities and confidentiality if asked about their colleague's injuries/ confidentiality. Only share what you have consent for and keep it factual, not opinion or supposition.
- Just be there for them and answer questions if they ask. Immediate needs are key here.

Frankie

- What do they need? Although they were on a call to family they may live alone. Speak to them come up with a plan to meet these basic needs, shopping, bins out, dog walked etc.
- Assist with household tasks if they are unable to do things themselves. But take your lead from them.
- Discuss the incident if they want to but make sure this conversation is led by them. Answer their questions if they have any.
- Do they want support for the police investigation? Check who they'd prefer to help them, you, another colleague, staff association, Victim Support.
- Encourage positive coping. Maybe go for a walk when you meet them to check in. Exercise will help if they're still quite wired after the assault.
- Ask about their family's response. Do they need any help, practical or emotional?
- How are they feeling about colleagues visiting? Maybe you can help co-ordinate this if needed.
- They may feel unsafe and not want to leave the house. Help them understand this as an understandable reaction, it's only been a short time after the incident. Explain about it taking time for their alarm system to reset, may feel shaky etc until things settle down.
- Watch out for avoidance though. Help people rebuild confidence.

Exercise 7.2: Reflection on session so far

Small group exercise. Give delegates around 10 min in breakout groups, with 10 min for feedback within the bigger group.

Questions for break out rooms

- Does PFA make sense?
- How might you use it in your role / organisation?

Key points

As you're taking feedback, this is another opportunity to revisit the PFA model and to illustrate how it fits with the key principles of trauma informed care.

- Safety
- Collaboration
- Trust
- Choice
- Empowerment

From the PFA model you want them to remember that safety (Protect and Care) comes first and that the other 5 elements can be covered flexibly. They can and do overlap and people may not need all 5. Remind them it's not about fixing things for people, but about working alongside them. Collaborating and empowering them.

Exercise 7.3: Explaining common / normal reactions

Small group exercise using common reactions handout. Give delegates around 10 min in breakout groups, with 15 min for feedback within the bigger group.

Ask each group to consider 2 of the listed common reactions that people may experience following a potentially traumatic event. We want them to give a lay person's explanation based on what they're learned over the courses. This isn't a test! It's a chance for you as facilitator to see if there's anything they're unsure about that we need to revisit.

Questions for break out rooms

- How would you explain these reactions to a friend or colleague?

Key points

All these reactions are normal and common in the weeks after trauma exposure. They are only a problem if they keep going or get worse.

You want delegates to have tried to *explain* the reactions rather than only reassure people that they're normal. Emphasise that it helps people to have a basic understanding of why they're feeling the way they are and means they're less likely to worry that there's something wrong with them.

Memories of the experience popping into our minds – We don't do much processing during the traumatic event, so our brain needs to do this afterwards. Having these memories is a good sign. It shows the brain is doing its work to make a memory and make sense of the experience. Making a memory helps us understand what's happened is over and in the past. Making sense of the experience allows us to learn and prepare for future events.

Why avoidance is a risky coping strategy – Avoiding thoughts means we're not allowing the natural healthy processing our brain needs to do. Because our brain needs to process it, then avoiding thoughts during the day means we're more likely to have (bad) dreams about it when we try to sleep. If we avoid the places or people associated with the event, they get "stuck" in our memory as a sign of danger, and we don't get to learn that the experience is over and we're safe now.

Feeling jittery after a traumatic experience – It takes a while for the alarm system to reset after the fight or flight response, with all the physical changes of being primed for action. As the adrenaline response settles, we may feel shaky, on edge, or even nauseous.

Disturbed sleep and nightmares – Until the adrenaline response has settled down, it will be hard to sleep. Dreaming about the experience, is normal and part of our brain processing what's happened. If we're avoiding thinking about it during the day, then we will have more dreams (including nightmares) when we try to sleep. And this will cause disturbed sleep.

Muscle aches and tension – As part of the fight and flight response, we tense all our muscles to be fast and strong. Like all the adrenaline responses this can take a while to settle and we may stay tense for a bit and/or feel sore afterwards

Why having a drink to avoid bad dreams isn't likely to work – As well as the risks associated with alcohol, drinking before bed leads to poorer quality sleep. It's an understandable coping strategy (and form of avoidance) but it delays the natural processing and recovery and can our make dreams worse / more distorted.

Exercise 7.4: Self care

Small group exercise. Give delegates around 10 min in breakout groups, with 15 min for feedback within the bigger group.

Questions for break out rooms

- How are you going to look after yourselves as you support others affected by traumatic events?
- What will you do to look after yourself today?
- What are you taking away from today's session?

Key points

This is the final session and an important opportunity to remind delegates of the importance of self-care as they support others. You're also looking for their reflections on the Post Trauma Support sessions.

Remind them of the 5 ways to Wellbeing:

Be active. Regular physical activity is good for us. It helps us cope with stress and is associated with lower rates of anxiety and depression. We can all try to stay active, whatever our level of physical ability. It can be hard to do this if we have caring responsibilities, an injury or physical impairment, but this is a key tool for your psychological first aid kit.

Keep learning. This keeps us psychologically active and is associated with higher levels of wellbeing. Set goals, take up a hobby, read the news, sign up for a class, do a crossword puzzle.

Give. Helping others is good for us. It's a win-win.

Take notice. This is about being in the moment, appreciating the small things, stopping to smell the flowers. Noticing the present moment will calm your stress response and interrupt any tendency you might have to ruminate over what's happened in the past or might happen in the future.

Connect. Feeling close to, and valued by, others is a fundamental human need. Make sure you stay connected to the people who matter in your life both in and out of work.

Ending

Congratulate them for completing the Lifelines courses. They are now a Lifelines Post Trauma First Aider.

Note: Please show the service-specific slides that detail the support services available in-house before you end the session

Module 7 Script
Post Trauma Support – Psychological First Aid

Welcome on your continuing path to becoming a Lifelines Scotland Psychological First Aider. In this the seventh module, we will learn more about providing post-trauma support and specifically how to provide psychological first aid. This module will build on all of those that have gone before, especially module six, where we learned about the kinds of experiences that can be traumatic, how we might be affected, and what will influence our ability to cope and recover. In this module, we will learn how to deliver Psychological First Aid, how to recognise when people need additional support and know how to help them access this support.

Psychological First Aid is an internationally recognised model for providing humane, supportive, and practical assistance to fellow human beings who've recently suffered exposure to a serious stressor. As you progress through this module, you might think the core content of psychological first aid (or PFA) is quite straightforward or common sense, and that's a good thing. It was formalised as a model in the early 2000s to make sure that people and agencies actually did provide humane, supportive and practical assistance in the aftermath of trauma rather than anything more psychologically complicated. PFA is something that everyone can do and is best practice whatever the trauma people have faced.

In the last module, we learned that adverse events have the potential to be traumatic because they disrupt those things that keep us well. So, whether this is a natural disaster or the experience of violence from another human being, these experiences can threaten our safety, overwhelm our emotions, and remove our sense of control. Everything we do to support people following trauma exposure should be about reinstating the things that keep us well.

You may have come across the idea of trauma-informed care, perhaps through NHS Education for Scotland's National Trauma Training Plan. There are five principles that are part of trauma-informed care, they are safety, trust, collaboration, choice, and empowerment. It's the idea of doing with, not to for people who've experienced trauma, understanding the impact that trauma can have in our lives and seeking to head off or repair that harm.

Psychological First Aid puts these principles into action. It's about providing non-obtrusive, practical care and support. In delivering PFA we are addressing people's basic needs for safety, shelter, etc, and assessing their needs and concerns by asking them. It's about listening to people but not pressurising them to talk. Comforting them and helping them to feel calm. And protecting people from further harm, including people who mean may need some special attention. Perhaps they were vulnerable before the traumatic event, or the event has made them particularly vulnerable.

Psychological First Aid has seven core components and, like physical first aid, there are some things that we always need to prioritise. These are caring for immediate needs and protecting from further threat and distress. Beyond that, though, we can use these components as a framework. Not everybody will need all of them and they don't have to be followed in a particular order. We take our steer from the people we're supporting. However, it can be

helpful to have the PFA framework in mind, whether you're supporting people after trauma or planning how to put protective measures in place ahead of time.

The goal of PFA is to address people's immediate safety and concerns. To help them deal with whatever real-life needs they have as a result of the traumatic event and to help them feel calm and safe. We also want to maintain social support and to provide information about some of the natural reactions they may have and what they can do to take care of themselves.

04.49min – script pauses for exercise 7.1, What PFA looks like

Let's go through each component and think about what this might look like in practice. This isn't a definitive list, but we hope gives you some sense of what PFA involves.

So, care for immediate needs. This can be anything from accessing medical treatment to providing food, drink, shelter, dry clothes. Although people's immediate needs may seem obvious to you, we always want to collaborate and empower even if people are dazed or shocked and may not recognise that they're injured or that they've not had anything to eat or drink. We want to address these things gently. Remember, we're doing with, not to. Find out what else people need. Ask them. Don't guess. Maybe they have a child to collect from nursery. Perhaps they've lost their medication. Do they have access to a phone or a charger? The latter have become a really key part of an emergency planner's supply cupboard. If we haven't got a mobile phone charger, really we can't do very many things at all can we in terms of contacting people or accessing numbers? We want to talk to people about what they need and then collaborate with them in planning how to address these needs.

That's where providing support for practical tasks come in. Whether we're helping people contact loved ones, arranging alternative housing, giving someone a lift to hospital, we're always looking to restore a sense of control. That's what's been interrupted by the traumatic event. So we want to empower and collaborate. We help them to fix things rather than trying to fix things for them.

Alongside caring for those immediate needs, we want to protect people from further threaten and distress. We want to make sure they're removed from any physical danger as far as we can, and we also want to be considering their psychological or emotional safety. Are there bystanders taking photographs? Is their press intrusion? Are they in a hospital ward with a TV tuned into a 24-hour news channel, that's replaying the event they've just experienced? What do they need to feel safe? How can we increase their sense of safety?

This is a key question for people working or volunteering in high-risk roles. We want to minimise exposure beyond what's required to fulfil their role. For example, thinking, who really needs to see the scenes of violence and devastation that may be involved? Remember, what protects you as a responder is being active or positive in the face of trauma. So, you don't want people who don't have a task to do feeling passive or helpless alongside trauma. That's risky. However, and this is key, please don't assume that people need to leave the scene or go home. Staying with colleagues and in their professional or volunteering role may be exactly where they need to be to feel calm and safe and to begin to process the experience. Give people a choice. It's an understandable impulse to want to protect people, to remove them from work or the volunteering role, but there can be unintended consequences with people feeling judged or undermined. Being removed from your role against your will, especially it's if it's because you've seen you've shown some understandable upset, risks compounding the

impact of trauma and people feel more out of control and overwhelmed, not less. Make sure that any operational debriefs you do, focus on understanding and learning. If you're in a senior role, thank people for a difficult job done to the best of their abilities. This is not the time for identifying failings unless they're safety critical and if they are, address and fix that first and discuss the mistake later.

Connecting people with social support is always key. Remember, that's at the heart of recovery and it's also one of the reasons why we don't want to isolate people from colleagues after a potentially traumatic event. So as part of PFA, we're going to find out who's around in somebody's support network and whether they're going to be able to talk to them about what's happened, if they're not, discuss perhaps how we can help family or friends understand what's going on. And remember, we're not going to breach their trust or go behind their backs, but perhaps we might talk to them about how they could share some of the information that's in the "Family and friends" section of the Lifelines website.

10.22min – script pauses to show webpages

If they're isolated, then we need to make a plan on how they're going to be supported. because remember this support is going to be central to their recovery. How are you going to link them up with colleagues? Who else can we keep them in touch with?

Now, comfort and console, if you are there helping people to feel safe, finding out what they need, trying to connect them with support, then you are already comforting and consoling. You're communicating care and support. You'll be acknowledging that their emotional reactions are natural. So, make sure you believe this. If someone is upset or angry after something awful has happened to them, it really is natural. It doesn't mean they need professional help or to leave their role. Emotions rise up and then settle down. Again we're going to give people choices. Do they want us to stay with them or to help them get some space? While you're talking to somebody, listen out for the things that may make recovery harder. Did they know the people involved or did they remind them of a loved one? If so, acknowledge that this resonance may make it sorer. Are they blaming themselves for what's happened when you can see that that's just not the case. As meaning-makers this is a quick fix for us; a defence against the helplessness we can feel in the aftermath of trauma. It's easier to blame ourselves than to accept this random bad thing happened. If you hear someone expressing inappropriate guilt, rather than telling them "It's not your fault", "You couldn't have known", try asking them what they think they could or should have done so that they can start to work out for themselves that really there wasn't anything. As part of comforting and consoling, tell them that you'd like to keep in touch to see how they're doing. Check that that's okay and be sure that you do check in if you've said you will.

Comforting and consoling links here with providing information on coping. We want to help people get back to, or stay within, their window of tolerance. Remember, that's the area where they can think and feel at the same time without being overwhelmed. Being able to cope with the intense negative emotions often associated with potentially traumatic events is what's going to be crucial to helping us recognise that we're safe and to begin to start to process the trauma memory. If you see people who are emotionally overwhelmed, we need to help them get back within their window of tolerance so that they can feel emotionally safe. This isn't about suppressing or inhibiting the expression of those emotions, but it's about regaining a sense of control. Some things you can do might be to help them slow their breathing down, bringing their attention to the here and now. Engage in discussion about

neutral or safe things. Use their name, talk calmly. You may want to introduce some here-and-now sensory stimuli. Do they want a drink of cold water or a hot drink? And you may be asking them what they can see or feel or hear just as they're in the space with you. We sometimes call these techniques "grounding", and that's because we're bringing people's focus to the here and now. In the immediate aftermath of a traumatic event our brain doesn't quite know that it's over and in the past. And these grounding techniques (whether it's calming breathing or noticing what we can see and hear in our present environment) help people recognise their present safety.

We can also provide other information on coping. We've learned that after a potentially traumatic event, our system is flooded with adrenaline to help us respond to danger. So, let's share what we've learned (those tips on getting our alarm system under control) with the people we're supporting. Remember, regular exercise or simple movement is going to use up that excess adrenaline. Whereas relaxation-focused things will interrupt the production of adrenaline. And that can be anything from, calming breathing or meditation, all the way through to something that just involves focus or absorption. We looking to calm our system down and to get rid and metabolise some of that additional adrenaline that's in our system. So, talk to people about that. Explain what's going on and share what might be helpful.

This is another reason though, why we don't want to remove emergency responders from their roles. For lots of you, there are physical tasks to be completed following trauma exposure (e.g., packing up or cleaning equipment) and these things help you metabolise the adrenaline. These physical and cognitive tasks can be really helpful. Now, this can be a bit of a challenge for our colleagues in more sedentary or passive roles, e.g., those working in control centres. So maybe they need to walk around the room or the building. In one of the SAS control rooms, they have an exercise bike, exactly what your body needs to shake off that adrenaline. Ask people what they normally do when they're feeling stressed, and again, try to encourage that mix of movement and relaxation.

Help them watch out for risky coping. It's very common for people to talk about having a drink to help them get to sleep or to calm things down. Or even sometimes for GPs to prescribe people benzodiazepines to help manage those really acute stress symptoms. We want to acknowledge the temptation to use substances to cope, to numb the pain, to get to sleep or just keep going. And this applies both to prescribed medications as well as alcohol. Psychological First Aid asks us to explain the downsides of this. Not just the risks associated with substance use, but to help people understand that dampening things down (self-medicating in this way) will only store problems for later because what it does is it blocks or delays the brain's natural processing mechanism. That processing is still going to need to be done and it's going to kick in as soon as they stop using the substance that is blocking that.

By explaining this, you've already now started now to do another component of psychological first aid, which is to educate about normal responses to trauma. This is often one of the bits of PFA that people feel a bit less sure about, but it's super important. Knowledge is power. Understanding why we're reacting in the way that we are, empowers us, gives us choices, and reduces shame and self-blame. And we're much more likely to do something like relaxation or exercise if we understand the function it will play in reducing that adrenaline response. So, share what you've learned about our hardwired instinctive responses, their function, their value, and why they can take a wee while to settle down afterwards. As our mind and bodies process the experience.

18.56min – script pauses for exercise 7.2, Reflection on session so far

We want people to trust their brains. To understand that our brains are doing their job and that they're turning these vivid, fragmented, sensory recollections into a time-coded memory that can be filed away. And that our brain does this by thinking, talking, dreaming about what's happened. And it's really important that we allow that processing to happen. We want to avoid avoidance. Remember for emergency responders that might mean that we're thinking about other similar incidents as our brain opens the filing cabinet to work out where this experience goes. Once the memory is processed, our brain is going to try and make sense of the experience and keep us safe in the future.

So that's Psychological First Aid. It provides the safety, support, and information to promote a natural recovery after trauma. It tries to clear out of the way possible blocks to recovery. It allows us to give ourselves time to recover. It helps us understand about the impact of trauma and what we can expect. It encourages us to access support and to spend time with people who care for us. It helps us cope with the distress and it helps us begin to make sense of what's happened so that we can regain a sense of control over our lives. It tries to head off some of those unhelpful strategies (whether that's self-medication or avoidance) and gives us the space to talk about what's happened, if and when we're ready to do that.

How do we know if people need more help though? That's one of the reasons that we're going to be checking in again with people as part of PFA, we might call this "active monitoring". For the public, we tend to think that we would be looking to offer some additional support if things haven't settled down four weeks or so after the trauma. And if the reactions we're having are interfering with our ability to function day to day. We may still be having nightmares or feeling a little on edge beyond four weeks, but if we're getting back to normal functioning, then that's a part of the natural recovery. There's lots of discretion about that four-week period.

As we talked about in module six, when is the trauma over? If we're talking about a post-trauma recovery phase, then it needs to be after the trauma and those reactions aren't going to settle down if the threat or the stress are ongoing. It's going to take longer when there's some ongoing exposure to a potentially traumatic situation or if people are dealing with a bereavement, an injury, or other losses. And as we talked about before, it can take longer for responders when there's more exposure and or other incidents to process.

Post-Traumatic Stress Disorder is one of the psychological injuries we can sustain when that natural processing gets stuck. We might also develop a depressive reaction, a phobia, a substance misuse problem, or a traumatic grief reaction, but let's think again about what PTSD is. It's about getting stuck. Those re-experiencing symptoms (the intrusions, the bad dreams) they're all about our brain trying to digest, trying to process this memory, and our brain keeps trying to do that. But, given how difficult those memories are for us to manage or to make sense of, what we often do is we start to avoid them as part of PTSD. So, we block that remembering because we feel overwhelmed. And because that negative feedback loop of re-experiencing an avoidance is whirling around, we get stuck on red alert on hypervigilance mode.

23.37 min – script pauses for exercise 7.3, Common / normal reactions

23.46min – script pauses after exercise to show webpages on trauma

However, as we've said over again, injury isn't inevitable and there's lots we can do to look after ourselves and people after trauma, and PFA is the heart of that. But before we kind of finish, let's have a think about the fact that there's another reaction many people report following traumatic exposure, and that's called Post-traumatic Growth. What that involves is people reporting a greater appreciation of life, a sense of knowing what matters to them and what doesn't, and a valuing of that. They describe warmer, closer relationships, a sense of appreciation that people were there for them when they needed them, and how important that was. People are surprised by what they've managed and describe an increased sense of their personal strength and resilience. Others describe a recognition of new possibilities in life or even spiritual development. The statistics tell us that the general population are as likely to experience post-traumatic growth as they are PTSD. About 7% of people following trauma have each of those. It's the idea that what doesn't kill us, what our granny would tell us what doesn't kill us, makes us stronger. And it perhaps explains why responders are protected by job satisfaction, but it functions as key part of your protective armour.

And if we do get injured, let's remember the Lifelines essential # 6, Psychological injuries can heal. We have effective evidence-based treatments. They're called trauma-focused CBT and EMDR, which really improve people's outcomes following trauma exposure and developing PTSD. These treatments involve four key areas of work. The first is understanding our reactions. The second is tolerating and managing those. The third is about processing the trauma memory, and then finally, coming to terms with what it means. We're really trying to kickstart that natural recovery that's been blocked. The first two of these things, understanding our reactions and tolerating and managing them, are things we can all do. And that's why Psychological First Aid includes those components on understanding common reactions and tips on coping. Treatment aims to kickstart and support the natural processing so that people can switch their alarm off, make a memory, and understand what's happened to them. However, if you can help people understand and cope with their reactions while providing practical and social support, many people will recover without needing professional help.

So, thank you for learning to be a Lifelines Psychological First Aider. The support you provide will really make a difference. And don't forget to look after yourselves too.

27.22 min – script pauses for exercise 7.4, Self-care

Remember the plan for this session, module seven, Post Trauma Support: providing Psychological First Aid. During this module, we have built on all of the previous modules and have learned how to deliver Psychological First Aid. We've learned how to recognise when people need additional support and know how to help them access this support.

Using the experience from today's course, the previous course, and the resources on the website, you're now recognised as a Lifelines Scotland Post-Trauma First Aider. You'll shortly receive a digital badge. By clicking on this, others can see what a Lifelines Scotland Post Trauma First aider entails, and information about Lifelines Scotland.

Many congratulations. Having now completed all of our courses, you're able to assist your friends, family, and colleagues, wherever they are in the river. Whether it's at the bottom of the waterfall when we've been injured, at the top helping after a potentially traumatic event, or upstream, making them aware of what keeps them well and everything else in between. Remember though, to continue to look after yourself.

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