

Optimising Fire and Rescue Service “Safe & Well” visits to support detection and sign-posting for mental health problems in older adults

Problem we are seeking to address

Mental ill-health is one of the leading causes of disability worldwide¹. Older adults (defined as people 60+ years) are at increased risk of loneliness and isolation which may lead to anxiety and depression. Other life circumstances, such as bereavement, loss and illness can also contribute to low mood. One in four older adults have a mental health condition, yet only one in six seek medical help and support².

The barriers preventing older people from accessing mental health care include a lack of mental health awareness, stigma, and unwillingness to seek help from healthcare professionals.

Research collaboration

Keele University have partnered with Staffordshire Fire and Rescue Service (SFRS) to see if and how Safe and Well visits could be expanded to include more on mental health. This is a collaborative project with the University of Chester, Robert Gordon University and Midlands Partnership NHS Foundation Trust (MPFT). The project is funded by the National Institute for Health and Care Research (NIHR), Research for Patient Benefit.

Aim of the research

The FIRESIDE study is the first stage to us better understanding how a fire and rescue service, as a “non-traditional” provider of healthcare, can support the early detection of mental ill-health in older adults. Our research seeks to address: (1) the gap in older adult services that support proactive detection and sign-posting for mental health problems, and (2) the gap in evidence for

the role of non-traditional providers in this regard.

Methods

A multi-methods approach has been adopted which uses interviews, observations and stakeholder consultations to understand if and how it will be possible to adapt Safe and Well visits to include more mental health related questions and resources. Members of the public have contributed to the design of the research.

During this 12-month research study, we aim to do the following:

- 1) Observe about 20 Safe and Well home visits to examine interactions, level of engagement and opportunities for mental health inquiries.
- 2) Interview about 20 recipients of Safe and Well visits to explore attitudes and beliefs about the home visits and acceptability about mental health inquiries and information.
- 3) Interviews/focus groups with about 25 Fire and Rescue Service staff to explore attitudes and beliefs about home visits, mental health and training needs.
- 4) Interviews with about 20 Health and Social Care stakeholders (such as social workers, mental health workers, housing association staff, general practitioners) to understand the service landscape and broader acceptability of adapting Safe and Well visits.

Data from these research activities will be analysed and written up in reports for publication. Key findings will also be used to inform discussion at a mixed stakeholder

¹ Vos T, Flaxman AD, Naghavi M et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012; 380(9859): 2163–96.

² Age UK. Later life in the United Kingdom. Age UK: 2016.

consultation event in Autumn/Winter 2022 to agree future plans and scope for intervention development and implementation.

Key learning so far...

We have completed some interviews with SFRS managers and focus groups with SFRS Technicians and Community Support Officers (CSOs) who perform the Safe and Well visits.

Our findings suggest that SFRS staff are well respected in the community and are often able to gain access to the properties of individuals that other services (e.g. social care, police) may not.

SFRS staff feel that they are attending clients with symptoms suggestive of mental ill-health or cognitive impairment including anxiety, depression, loneliness, suicidal ideation and poor memory.

SFRS staff acknowledged the need for further training around mental health and were generally open to asking more questions about mental health during home visits. However, study participants described finding conversations about sensitive topics, such as mental health or alcohol consumption, challenging.

SFRS staff are keen to learn more about mental health conditions to better support their clients and respond to their needs - although maintaining a link to fire risk was felt to be important.

SFRS managers raised concerns that upskilling their employees may put the service at risk of becoming a first response to mental ill-health and individuals in crisis.

SFRS staff were frequently exposed to distressing situations involving vulnerable members of the public. One participant described the following:

“He [client] was saying he wanted to die. He said he wasn’t going to eat and he wasn’t going to turn his heating on.”

Many participants spoke about the frustrations of not being able to support clients to access the services they felt were needed. Referral systems and threshold levels were seen as challenges to clients receiving services. Staff said that they would often take such concerns home with them. Staff acknowledged how this impacted their own wellbeing.

What does it all mean in the context of the future direction of the FRS?

SFRS has welcomed being part of this project and looks forward to the findings providing a better understanding of mental health and the impact it has within our communities. It is hoped that by raising the awareness of poor mental health will help SFRS staff and members of the community. This will require the engagement and support of all relevant partners to ensure the safety, health and wellbeing for all affected is improved.

SFRS is adopting The National Fire Chiefs Council’s (NFCC) Person-Centred Framework which will give staff and volunteers additional skills and knowledge, the findings of the FIRESIDE study will help inform the development of the Framework in Staffordshire.

Conclusions and implications

SFRS staff who have taken part in the study demonstrated care and consideration for their role in supporting community residents. They are proud of the work that they do in fire prevention and would expect any adaptation to their role, such as the inclusion of mental health questions/sign-posting, to relate to fire prevention.

The research is ongoing. Future interviews with older adults and health and social care workers will help us to better understand the way that SFRS is perceived as non-traditional providers of care.

Findings will inform future research and intervention development and testing.