

Views from the ground: 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 up to 20 Safe and Well home visits to examine interactions, level of engagement and opportunities for mental health inquiries.
- 2) Interview 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 20 Fire and Rescue Service staff to explore attitudes and beliefs about home visits, mental health and training needs.
- 4) Interview 20 Health and Social Care stakeholders (inc. social workers, IAPT/wellbeing services, secondary care, third sector, and public health) to understand the service landscape and broader acceptability of expanding Safe and Well visits.

Data we gather will be analysed and written up and publicised. Key findings will inform discussion at a mixed stakeholder consultation event in February 2023 to develop a blueprint for a training intervention for FRS and future research.

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.

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Key learning so far...

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. Some HSC stakeholders admitted utilising the SFRS to help engage with service users who would otherwise not engage.

Quite often, we'll arrange to go with them to help facilitate access as well because we can have resistance as well in relation to our involvement and other professional involvement. [HSC01]

We asked HSC stakeholders if it would be acceptable for SFRS to support the detection and signposting of anxiety and depression in older adults, almost all HSC stakeholders agreed. Some even stated that it was not a matter of being acceptable, but expected:

I think there should be an expectation that there should be a push around mental health [HSC03]

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. HSC stakeholders also emphasized the need for SFRS to receive appropriate training.

HSC stakeholders mostly felt that GPs were an appropriate HCP if the FRS had concerns about a service user. Access and Mental Health teams also agreed that they too might be able to support. Most services agreed that they would always be able to make space for a potential increase in referrals to support people who needed it.

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

We have been delighted to be involved in this project. We hope the learning outcomes will have a positive impact on both the communities of Staffordshire and Stoke on Trent and for our people who visit people as part of either a Home Fire Safety Visit or as part on an operational incident. Helping people during difficult times with particular regard to their mental wellbeing and subsequently sign-posting them for support is a very positive move and demonstrates the importance of partnership working.

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.

HSC stakeholders agree that SFRS could be better utilised to support the detection and signposting of anxiety and depression in older adults with the appropriate training and support. HSC stakeholders recognised that SFRS are a respected and trusted organisation among the public. The research is ongoing. Future interviews with older adults will help us to better understand the way that FRS is perceived by their service users and whether they would support the expansion of the Safe and Well visits.

Findings from a stakeholder workshop to be held in February 2023 will inform future research and intervention development and testing.

Ongoing analysis has prompted a question in parliament (MP Sir George Howarth) and engagement with the NFCC.

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