INTERNATIONAL
MARITIME RESCUE
FEDERATION

IMRF #SARyouOK?

Mental Health and Wellbeing in
Maritime Search and Rescue (SAR) Services

Guidance and Best Practice
February 2024

TRINITY HOUSE

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Executive Summary

The #SARyouOK? initiative by the International Maritime Rescue Federation (IMRF) presents a comprehensive guidance on mental health and wellbeing for maritime Search and Rescue (SAR) services. The initiative recognises the unique psychological challenges faced by SAR personnel, who routinely encounter high-stress, traumatic situations in their line of duty.

The core of this guidance is structured around the '**Prepare, Normalise, Support**' approach.
This provides a structured approach to managing stress and trauma among SAR personnel.

Prepare

Preparation is the foundational step. The guidance emphasises the importance of training SAR personnel in stress management, resilience, and coping strategies. It suggests developing clear, layered support procedures and educating team members about self-care practices. This phase aims to equip SAR personnel with the necessary skills and resources to recognise and manage stress effectively.

Normalise

Normalisation involves ensuring that plans and preparations are not just theoretical but are actively integrated into the everyday work life of SAR personnel. This involves encouraging open and honest communication within teams, setting leadership examples, and fostering a culture of peer support. This step is crucial in creating an environment where discussions about mental health are normalised.

Support

Continuous organisational support is vital for the long-term success of mental health policies. This includes providing access to mental health resources, conducting regular check-ins, and assessing the effectiveness of stress management strategies. The goal is to create a supportive environment that acknowledges the reality of stress and provides the necessary tools to manage it effectively.

The guidance emphasises the need for organisational commitment to mental health and wellbeing. This includes examining the organisational culture, ensuring good working conditions, and having clear policies and procedures in place. Budgeting for mental health support and fostering a culture of openness are also highlighted as key actions.

Importantly, this guide addresses the management of secondary trauma — the emotional and psychological distress that can affect SAR personnel who are exposed to the traumatic experiences of others. It recognises that SAR personnel can be vulnerable to both primary and secondary trauma and provides strategies to mitigate these effects.

It is also supported by real-life case studies from SAR organisations around the world, including Canada, New Zealand, Norway, South Africa, the United Kingdom, and Uruguay. These case studies illustrate the various models and best practices in use across different contexts, providing practical examples of how SAR organisations can support their staff and volunteers.

The guidance offers a well-rounded approach to understanding and addressing mental health and wellbeing within this unique work environment. It helps to ensure that individuals can access the support they need to overcome the challenges of their operations. By integrating these practices into daily operations, SAR organisations can enhance the effectiveness of their operations and ensure the long-term health and wellbeing of their personnel.

By adopting the practices outlined in this guidance, SAR organisations can foster a culture of support and resilience, ultimately enhancing their capacity to save lives at sea while taking care of their most valuable asset – their people.

Forewords

The importance of mental health and wellbeing for people all over the world cannot be overstated. While recognising mental health as a fundamental aspect of an individual's wellbeing, there is still much work to be done to tackle the stigma that continues to surround it. A society that values and supports mental health is a society that is better equipped to address the challenges of the modern world. And the same is true for organisations.

Search and rescue (SAR) workers often face stresses that are not present in other high-risk fields of work. First responders put themselves in harm's way, repeatedly putting their physical and mental wellbeing at risk for the needs of others.

The industry has often faced an 'old school' approach to wellbeing and trauma, where those involved in SAR operations do not talk openly about their experiences and feelings. It is fantastic that the IMRF and the maritime SAR community have come together to discuss and formulate best practices on how we can best tackle this issue for the benefit of all SAR professionals.

The #SARyouOK? initiative is a vital step in creating an open and honest environment in the maritime SAR community, ensuring that individuals and organisations can all benefit from a better environment. I want to thank everyone who played a part in the development of this report and guidance, from those who joined our Working Group to those who spoke about their experiences as part of our campaign. The IMRF community has once again come together to showcase how collaboration is key if real progress is to be made.

Caroline Jupe
CEO, IMRF

The impact of critical incidents, no matter where they take place, can reverberate deeply within individuals, families, friends, and communities. It is only by talking openly and honestly about our experiences that we can begin to heal from traumatic events. Professionals in maritime SAR face unimaginable challenges, and often selflessly put their own mental and physical safety at risk to keep those at sea safe.

The IMRF and its #SARyouOK? initiative is a testament to the dedication the sector is taking to ensure that the mental health and wellbeing of crews is seen as more of a priority and ensuring that individuals can access the support they need to overcome challenging operations.

Mark Bradley
Psychological Support and Critical Incident Management Expert

Trinity House is dedicated to safeguarding shipping and seafarers by providing education, support and welfare to the seafaring community.

Those operating in the maritime search and rescue sector face a number of psychological challenges on a daily basis, showcasing unwavering resilience as they undertake critical incidents and response operations. However, we must do more to support the mental health and wellbeing of our maritime SAR crews and personnel once these operations are over and offer the assistance they need to sometimes process difficult circumstances.

We are proud to once again partner with the IMRF and support the #SARyouOK? initiative that looks to improve the mental health and wellbeing of maritime SAR personnel all over the world and ensure that the barriers that stop people from talking about their experiences are broken down.

Captain Ian McNaught
Deputy Master, Trinity House

Background

The IMRF

The International Maritime Rescue Federation (IMRF) is an international, non-governmental organisation (NGO) that supports search and rescue (SAR) organisations with the development and improvement of maritime SAR capacity around the world.

This is done by providing guidance, facilitating training and enabling SAR providers to share knowledge and expertise between members across the IMRF community. Its work spans some of the most important issues facing maritime SAR and is vital to raising and maintaining standards, as well as improving overall global SAR capability.

The IMRF currently has close to 130 members in over 50 countries, creating an engaged and passionate global SAR community. Its influence is amplified through the consultative status at the International Maritime Organisation (IMO) and its role in key IMO Working Groups such as the IMO/ICAO SAR Joint Working Group. The IMRF also leads several industry-wide programmes to tackle issues facing the international maritime SAR sector, including the #WomeninSAR initiative, the Mass Rescue Operations (MRO) guidance project and the #FutureSAR climate change initiative.

The #SARyouOK? Initiative

In June 2022, the IMRF launched its #SARyouOK? initiative at the G5 International Mass Rescue Operations (MRO) Conference in Gothenburg, Sweden, in a bid to promote awareness and break down the stigma that is attached to mental health and wellbeing issues for those working in the maritime SAR sector. The initiative is supported by the Trinity House DFT Maritime Safety Fund.

Since the launch of the initiative, the IMRF has undertaken several major efforts to understand the challenges faced by SAR organisations and individuals when it comes to addressing mental health and wellbeing of crews and personnel that often witness traumatic events that can have long-lasting effects. This has included giving SAR responders and organisations the opportunity to talk about their experiences and share best practices about mental health and wellbeing frameworks with each other.

Following extensive collaboration between SAR organisations, the IMRF has put together this #SARyouOK? Guidance to enable SAR organisations to better understand how to support their staff and volunteers when it comes to mental health, as well as ensure that the appropriate frameworks are in place to allow personnel the space to talk openly and honestly about their experiences.

The guidance includes case studies from SAR organisations from Canada, New Zealand, Norway, South Africa, United Kingdom, and Uruguay, but it has also benefited from experiences of numerous other SAR organisations. The IMRF wishes to thank each of these organisations and individuals for their efforts and support.

Guidance on Mental Health and Wellbeing of SAR Personnel

The guidance follows the same principle as the #SARyouOK? programme, namely 'prepare, normalise and support.' The guidance is intended to act as a catalyst for organisations to build their detailed policies and framework around this topic. It is envisaged that organisations may use the guidance to either aid them in implementing a mental health and wellbeing framework or to act as a tool to benchmark their current mental health and wellbeing practices.

The guidance is split into the following sections:

The importance of mental health and wellbeing in maritime SAR environment

The section discusses the mental health challenges faced by SAR teams due to their exposure to traumatic and high-stress situations. It details the types of mental health issues these personnel may experience. The section presents the 'Prepare-Normalise-Support' model.

Supporting mental health at the SAR organisation

The section outlines the crucial role of SAR organisations in implementing mental health support mechanisms. It highlights key actions such as organisational commitment to mental health, budgeting for wellbeing support, fostering a culture of openness about mental health, ensuring accessibility to mental health tools and resources, creating responsive support pathways for traumatic incidents, considering mental health factors in recruitment, and continuously reviewing and improving the organisation's mental health response.

When something happens: Managing secondary trauma

The section discusses the high susceptibility of SAR personnel to vicarious trauma due to their work's nature, involving frequent exposure to traumatic events. It explains vicarious trauma's impacts and underscores the importance of organisational support, and advocates integrating the support strategies into a comprehensive health and wellbeing program.

Throughout the guidance, there are case descriptions from different organisations introducing the models in use in different contexts.

Case Study 1
Uruguayan Navy, Uruguay

Post-Traumatic Stress Disorder

In the Uruguayan Navy, the Naval Health Department has a protocol for assessment, treatment and referral for those crewmembers who manifest symptoms and/or signs compatible with stress disorder linked to stressful life situations experienced on board. Such experiences may occur during emergencies such as fires, injured crew members, collisions or water leaks, but without any doubt the search and rescue operations generate a level of alert and stress that, when the outcome is not the expected one with lives saved, it may lead to affect some crew members to develop post-traumatic stress.

Our protocol mandates all crewmembers to have a pre-departure briefing for each of the rescue missions and a debriefing at the end of the mission, which helps mitigate the subsequent development of stress.

Photo: ADES

What has generated the greatest number of crew members to look for the naval health services have been emergencies on board, and particularly fires. Approximately eight years ago, a young crew member on board a medium-sized ship was part of the intervention group who had to fight against a fire in the ship's engine room, which was difficult to control. This young sailor, with less than two years on board, began to show symptoms compatible with post-traumatic stress, experiencing insomnia every time they went sailing, and remaining in a state of hyper alert during his watch. The officer in charge of him alerted the medical service and thus he was referred to Naval Health where he was evaluated, diagnosed and treated.

His case was evaluated by a multidisciplinary group, and based on his specialty he was assigned to a land unit where he currently works. He will work within the Navy in units that do not involve shipping, being able to develop and grow in the organisation in other positions.

The National Navy of Uruguay, through the Naval Health Service, has protocols that provide early warnings to mitigate post-traumatic stress, with a focus on sailors who make up the search and rescue crews.

Photo: ADES

Photo: ADES

Case Study 2
National Sea Rescue Institute (NSRI), South Africa

Mental Health and Wellbeing Programme

The National Sea Rescue Institute (NSRI), South Africa has a comprehensive mental health and wellbeing programme in place. This includes:

- Running training sessions at stations focusing on dealing with stress, especially with leadership groups as often these are the 'old school' crews that have had little to no formal training on stress and trauma.

- Ensuring the stations are trained in choosing the right crew for the call. It is important to know the back stories of all crew on base, as this can ensure you protect them from their triggers, for example some people join because they have lost close family members to the sea, so if there is a "Shout" with similar circumstances rather ensure they are not closely involved as this may trigger memories which again could trigger depression. Leaders are trained to run inhouse sessions with crews to ensure any past traumatic experiences are known and note is taken of crews' reactions to different situations. For example, during a rescue involving the loss of children, it was noticed to have a severe effect on certain crew for a long period afterwards. So, with leadership having that knowledge, those crew can hopefully be protected from any possible tragedies involving children.

- Having a 24/7 outsourced helpline which anyone in NSRI can use. This is a confidential service which we have found helps as the crew don't feel they will be belittled or that they will look weak to their crews. It is also aimed at all other spheres of life to try and ease all the modern life stresses. Crew can get financial advice, legal advice, divorce counselling, estate counselling, etc. The service also extends to direct family members – for example one of the crew's children getting bullied at school can use the service, or if a spouse is having a hard time with a situation, they can use the service. In other words, whatever we can do to make our volunteer crews' and families' lives better and easier is the aim.

- Despite the programme being in place, a further important factor is for the leadership to understand that this is not a quick fix, after which all will be ok. These programmes will be an ongoing project which will need follow ups and a continuous search for improved methods and ideas for the welfare of all SAR crews around the world.

Important tips to consider:

- Prepare crew for any condition that they may encounter well beforehand.

- Try and desensitize crew in a controlled environment.

- Always have a full and follow up debriefings after a severely traumatic rescue.

- Engage with trauma counsellors if you feel it necessary (often it is necessary even though the crew feel it is not – this prevents PTSD from developing).

- Talk to spouses/partners after traumatic experiences as often as possible – close family is hugely important for recovery.

- Let the emotions come out. A brave face in public is often a troubled distressed face when alone. Leaders need to learn to show vulnerability, so that crew understand it is OK to be vulnerable. This more than often will get more crew to open up about any stress or emotions worrying them.

- Allow for crew sessions to discuss matters freely amongst each other; often support from fellow crew that were not on the call will be a good start to counselling.

- Never underestimate the power of humour, it is often one of the best recovery tools for crew.

Photo: NSRI

The Importance of Mental Health and Wellbeing in a Maritime SAR Environment

Nature of SAR: You will likely be affected if you work in SAR

Danielle Rousseau identifies a specific middle ground that emergency frontline workers exist in (Rousseau 2022). She suggests that there is a specific Emergency Frontline Trauma (EFT) that arises from the direct, repeated experience of such workers.

SAR teams work in "the world of vicarious trauma, where the…clients'… pain and terror are experienced via empathy and rapport."

SAR teams and their colleagues fit in this middle ground and are exposed to, and more vulnerable to, enhanced levels of emotional, mental and physical distress.

SAR teams often face significant mental and emotional health challenges due to the nature of their work. SAR operations can involve exposure to trauma, high-stress environments, physical demands, long hours, and a constant need to make difficult decisions. These factors can take a toll on the mental health and wellbeing of SAR team members. Below are some of the mental health considerations for SAR teams:

- Trauma Exposure: SAR teams frequently encounter distressing and traumatic situations, including accidents, natural disasters, missing persons, and fatalities.

- High Stress: SAR operations are often carried out in high-stress environments with time pressure, uncertainty, and the need for quick decision-making. This can lead to acute stress and anxiety among team members if not supported.

- Physical and Mental Fatigue: The physically demanding nature of SAR work, often in adverse weather conditions, can lead to physical exhaustion. Over time, this physical fatigue can contribute to mental fatigue and reduced cognitive functioning.

- Disrupted Work-Life Balance: SAR operations can disrupt team members' work-life balance, as they may be called upon to respond to emergencies anytime, including evenings and weekends. This is especially so in volunteer-based organisations as well as organisations with standby systems that result in personnel being called to work from home.

- Grief and Loss: SAR team members may be exposed to death and loss situations. Coping with these experiences and supporting victims' families can be emotionally challenging.

- Isolation: SAR work may involve remote locations and challenging communication conditions, leading to feelings of isolation and reduced social support.

- Stigma and Avoidance: Team members may hesitate to seek help for mental health issues due to stigma or fear of appearing weak. They may avoid discussing their emotional struggles. Fear of being unable to do or thought of as unable to do their job can also lead to increased stress.

It is essential to create a culture within SAR organisations that prioritises mental health, reduces stigma, and provides the necessary resources for team members to seek support and maintain their wellbeing. This benefits the individuals involved and ensures the effectiveness and sustainability of SAR operations.

Photo: Flavio Gasperini/SOS MEDITERRANEE

Types and signs of mental health issues facing SAR personnel

Some of the mental health issues that individuals working in a SAR environment might experience:

- **Vicarious Trauma:** Individuals in contact with trauma survivors might develop a traumatic response without having experienced the traumatic event themselves. Symptoms may be provoked by repeated or extreme confrontation with details from a traumatic event and repeated interactions with traumatic events and the individuals involved. Secondary Trauma describes symptoms similar to PTSD (intrusive symptoms, avoidance, and hyperarousal) and includes depressive and anxiety symptoms.

- **Depression:** SAR work's emotional toll can lead to sadness, hopelessness, and low energy. Witnessing distressing scenes and dealing with challenging circumstances can contribute to the development of depression.

- **Anxiety:** The stress and uncertainty of SAR missions can trigger anxiety. Worries about the safety of both victims and rescuers, coupled with the high-stakes nature of the work, can contribute to anxiety and apprehension.

- **Post-Traumatic Stress Disorder (PTSD)**: SAR personnel can be exposed to traumatic events, such as witnessing fatalities or harrowing search missions. This exposure increases their risk of developing PTSD, which involves symptoms like flashbacks, nightmares, anxiety, and hypervigilance related to the traumatic events.

- **Burnout:** The demanding and often unpredictable nature of SAR work can lead to burnout, which involves physical and emotional exhaustion, reduced job satisfaction, and a sense of detachment from work and colleagues.

- **Guilt, Shame and Moral Injury:** If a SAR mission is unsuccessful or if there are negative outcomes, personnel might experience feelings of guilt, shame, or self-blame, even if the situation was beyond their control. They may also suffer from moral injury, damage done to a person's conscience or moral compass by perpetrating, witnessing, or failing to prevent acts that transgress personal moral and ethical values or codes of conduct.

- **Unhealthy Coping Mechanisms:** Coping with the emotional challenges of SAR work may lead some individuals to turn to unhealthy coping mechanisms, such as alcohol or substance abuse, hypersexuality, or risky behaviour to numb their emotions.

- **Relationship Strain:** The irregular schedules and emotional toll of SAR work can strain relationships with family and friends. Balancing work demands with personal life can lead to conflicts and social isolation.

Case Study 3
## The Royal National Lifeboat Institution (RNLI), UK

The RNLI's Evolution in Supporting Volunteer Welfare

With a rich history spanning two centuries, the Royal National Lifeboat Institution (RNLI) has continually adapted its focus on welfare and wellbeing in response to evolving priorities. Since its inception, Sir William Hillary emphasised the importance of providing financial support to crew members and their families in case of injury or loss of life during rescue missions. Throughout its history, the RNLI has consistently offered benevolent financial assistance to its dedicated crew, a support service that continues to this day.

Over the years, the organisation has prioritised safety enhancements, particularly focusing on personal protective equipment. Notable milestones include the introduction of lifejackets in 1854 and the development of self-righting capabilities for lifeboats in the 1850's and bump caps and helmets in the 1960's.

Crew sustenance during service calls also garnered attention, with manufacturers generously providing items such as biscuits, corned beef, self-heating soup and chocolate, and brandy free of charge (The Lifeboat, Autumn 1973).
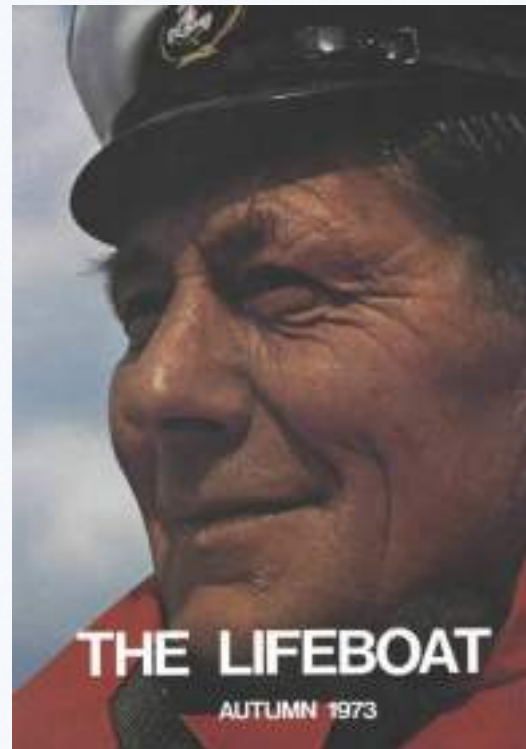
In recent times, the RNLI has recognised the psychological impact on volunteers in responder roles. In 2010, the charity introduced an Employee Assistance Program (EAP), extending this service to operational volunteers and their families. The EAP, available 24/7, offers support for various life events, including loss, relationship issues, financial management, disability, illness, and workplace pressures. Interventions encompass counselling services, coaching, and computerised cognitive-behavioural therapy, remaining largely unchanged since its inception.

In 2014, a working group was established to respond to an increase in potentially traumatic service calls.

Members of the working group included representation from Lifesaving Operations, Business Support Services and members of the RNLI Medical Advisory Committee. After reviewing the debriefing practices and studying support services

in organisations like the Police and the Military, the RNLI piloted Trauma Risk Management (TRiM), a peer-facilitated, trauma-focused physiological risk assessment. This decision was based on published research (March on Stress) and its alignment with the National Institute for Health and Care Excellence's guidance on PTSD management (NICE guideline 2018).

The TRiM pilot in 2016, covering the Thames, South and South West, Wales, and Ireland, showed promising results. The evaluation indicated that while only 27% of those who experienced potentially traumatic events before 2016 felt adequately supported, 65% of those in 2017 did. Among those offered TRiM, 83% felt the RNLI provided sufficient support (NatCen Social Research, February 2018).

In the same year, the RNLI Families project was initiated, acknowledging the impact of operational volunteering on family life. The project introduced various initiatives, including notifications of service calls to family phones, complimentary children's membership to Storm Force, accommodation discounts, family accompaniment to residential training, and a closed Facebook group. Dedicated family resources, such as the Welcome to the RNLI Family booklet, received support from Scottish Mountain Rescue, Lifelines Scotland, and Fire and Emergency New Zealand.

In 2018, TRiM became standard practice and was placed under the management of the Occupational Health and Wellbeing Manager. The original TRiM practitioner team consisted of 30 practitioners, this has since grown to 133 volunteers, supported by 11 TRiM Managers.

Simultaneously in 2018, a Welfare Adviser was appointed to provide tailored one-to-one support and signposting. Mental Health First Aid became a popular development training opportunity, leading to the organic growth of a network of qualified mental health first aiders.

Lifeboats
OUR WATCH
RNLI STRATEGIC INTENT 2020–24
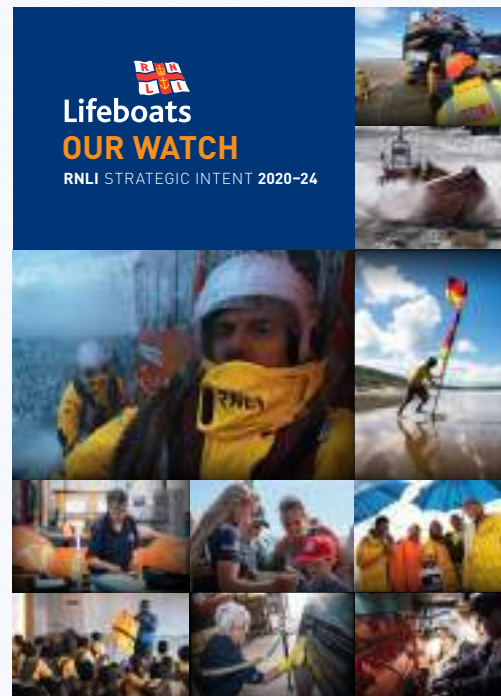
In 2020, the RNLI published Our Watch, outlining a strategic intent with Outcome 1 prioritising the safety, welfare, and wellbeing of our people. The organisation consolidated support services into a centralised Welfare and Wellbeing team. A Wellbeing Coordinator was recruited to offer stewardship to the Mental Health First Aid Network and deliver proactive communications in the form of articles, webinars and campaigns. In the 18 months that the Wellbeing Coordinator role was in existence, wellbeing content on topics such as loneliness, imposter syndrome, coping in uncertain times and working with chronic pain were viewed over 6,500 times.

Lifeboats

WELCOME TO THE RNLI FAMILY

What to expect when someone in your family volunteers as an operational lifeboat station volunteer with the RNLI

Case Study 3 (continued)
The Royal National Lifeboat Institution (RNLI), UK

Webinars on financial wellbeing, suicide prevention and menopause collectively had 260 attendees and over 250 subsequent views. Although it cannot be directly linked to the role, 2022 employee survey results showed a 5-point increase in responses given to 'I think the organisation cares about my mental health' and 'I think the organisation cares about my physical wellbeing' when compared to 2021 results.

In 2021 the RNLI appointed its first Medical Director, followed in 2023 by a Medical Operations Support Officer to support the outputs of the Medical Director. Top of the agenda is mental health of the lifeboat crew and lifeguards and in particular how we look after people who are repeatedly exposed to trauma. In certain geographic regions, instances of trauma are prevalent, particularly in areas with a high frequency of self-harm incidents. In the South East of England, emergency crews grapple with the challenge of assisting overloaded small boats crossing the channel, carrying men, women, and children, which adds an additional layer of strain.

We were unable to backfill the Wellbeing Coordinator role when it became vacant. Despite this challenge, the RNLI are exploring alternative ways to support the Mental Health First Aid Network and are collaborating with colleagues across the organisation to deliver welfare and wellbeing messages through articles like Case Study 5: Cardigan Lifeboat Station, on page 18.

While the TRiM service remains well-utilised, averaging 190 assessments per year, there is a continued focus on breaking down stigma surrounding wellbeing support in certain communities.

Our ongoing efforts involve assessing the volunteer experience within our operational crew. Recognising the importance of supporting our team from the initial stages and maintaining assistance throughout their volunteer journey, rather than solely post-trauma, we are initiating programs to enhance the induction process. This aims to better prepare our crews and lifeguards for the potential challenges they may face during emergency responses.

In Scotland, our crews have the advantage of utilising Lifelines Scotland, an organisation offering tailored training for emergency responders to foster wellbeing, resilience, and effective coping with trauma. This serves as valuable preparatory training upstream in the process.

Empowering leaders is critical to looking after our people so we are creating training for RNLI leaders in active listening skills and in how to have psychologically savvy conversations with their team if they notice that someone is struggling. Articles published internally such as Case Study 11: Torbay Lifeboat Station, on page 30, help to get the message out that trauma can affect anyone and that it is OK to speak up.

We have drawn on expertise from our own medical advisory committee and external experts in trauma to produce debriefing material for use in the immediate aftermath of a traumatic shout to help people process the event, prior to TRiM intervention.

We recognise that there is a need to support those whose exposure to trauma is frequent and who need a different kind of support to TRiM. We have drawn lessons from other organisations such as the Rail Safety and Standards Board, military charities and the NHS to help plan improvements in the support we give to crew who are repeatedly exposed to trauma.

Investing in our crews' mental health starts with the right training, right equipment, having support systems in place and ensuring we keep channels of communication open to help remove any stigma around speaking up about mental health. We are so grateful to our crews for the work they do and are committed to supporting them when they need it.

Prepare, Normalise and Support Model

Addressing and managing stress within a team is crucial for team members' wellbeing and the organisation's overall success. Given the SAR organisation's role, a simple strategy of 'Prepare, Normalise, Support' should be implemented. This model will build the individual, team and organisation's resilience to the stressors the tasks involve.

Using the model helps to prevent work-related mental health conditions through psychosocial risk management, including using organisational interventions to reshape working conditions, cultures and relationships.

We will discuss in more depth the various methods and models to support SAR organisations further in the guidance. For now, here are steps to prepare for, normalise, and support teams in managing stress.

Preparation

Preparation is the key to any organisation's commitment to mental health support. The aim is to prepare in advance and have the necessary procedures and infrastructure in place and training for the personnel. You can prepare through the following four steps:

Training

Provide team members with training on stress management, resilience, and coping strategies. Equip them with the skills to recognise and manage stress effectively.

Support Plans

Develop and communicate clear, layered, support procedures, so team members know how to access help.

Self-Care Education

Educate team members about the importance of self-care, including physical fitness, nutrition, sleep, and relaxation techniques.

Mental and Emotional Health Resources

Make mental health resources and support readily available, including access to mental health professionals and hotlines.

Normalisation

After preparing, normalisation is vital to ensure that the plans and preparations are enacted and activated in real life when needed. Without normalisation, a culture and awareness of mental health and wellbeing cannot exist. Normalisation can be promoted through the following four steps:

Open Communication

Encourage open and honest communication within the team. Normalise conversations about reactions to events, stress and emotional wellbeing – 'Normal reactions to an abnormal event.'

Leadership Example

Organisational leaders can set a positive example by discussing their experiences with stress and seeking help when needed.

Peer Support

Foster a culture of peer support, where team members are encouraged to support each other emotionally and share their experiences.

Mental, Emotional, and Physical Health Initiatives

Implement these initiatives within the workplace, such as providing access to relaxation areas, material on diet and physical exercise, or stress management workshops.

Support

Finally, once the normalisation has occurred, continued organisational support to individuals and teams must be secured to ensure success of the policies in the longer term. The following four steps set up the necessary support infrastructure.

Mental Health Resources

Ensure that team members have access to mental health resources, such as counselling services and crisis hotlines.

Interventions

Have a layered range of possible interventions prepared to provide support after an incident.

Regular Check-Ins

Conduct regular check-ins with team members to gauge their emotional wellbeing and identify signs of distress.

Continuous Improvement

Continually assess your stress management strategies' effectiveness and make adjustments based on team feedback and evolving circumstances.

It is essential to create a supportive environment that acknowledges the reality of stress and provides the necessary resources and tools to manage it effectively. Colleagues should feel comfortable seeking help and discussing their emotional and mental health without fear of judgment.

By preparing, normalising, and supporting colleagues in managing stress, organisations can promote their wellbeing and resilience.

Actions			
Preparation	Provide training and skills	Develop and communicate support plans	Educate about self-care	Provide mental and emotional health resources
Normalisation	Communicate openly	Lead by example	Foster peer support	Implement health initiatives
Support	Ensure access to mental health resources	Provide layered post-incident interventions	Conduct regular check-ins	Assess and improve continuously

Case Study 4
Coastguard Waiuku, New Zealand

Mid 2000, Coastguard New Zealand implemented a wellbeing procedure to ensure volunteers and staff, who had been exposed to a traumatic incident (loss of life, serious accident or similar) while on duty, were not left to cope with the stress of those incidents on their own.

Speaking personally as the President of one of those units within Coastguard New Zealand, I have seen how effective this has been and has resulted in a vast improvement on how we look after our people.

The support is provided in three ways:

Unit Support
There is now a greater awareness within our unit around the effects such events can have on people and their lives and families. Unit officers (those not involved) along with other unit members will provide immediate support to those who are potentially affected. Open and non-confrontational discussions and debriefs will be held, which allows the members to open about what took place and to recognise that they have the support of their unit members. Unit members then keep a close eye on those who may be affected and where there is concern, follow up support is provided.

Organisational Support
Like how the Unit support is undertaken, support from the national organisation is immediate, with staff usually on site by the time the crew return home. Not only is support offered to those directly affected but also to the wider unit, ensuring unit members know they can call on additional support if needed.

Professional Services
Coastguard has a contract arrangement with a Professional Counselling service. This service is immediately activated when a serious incident occurs, and often the counsellors will be on site by the time the Rescue Crew arrives back. The intention is to make initial contact with those involved before they disperse, to have an initial chat about what has happened and look to set up a further meeting/s for a collective debrief. We have found this early contact important, and it has helped reduce the stigma around macho men, talking with a counsellor.

Post the incident, any crew member is able (without any consent or knowledge of the organisation) to contact the counsellor for a completely personal private session, which may extend to a second session. The cost of this is covered by the national organisation without recourse.

Feedback from my Unit volunteers has been positive, and some have talked openly about undertaking extra sessions to ensure their mental wellbeing is addressed and how it has helped them.

I would strongly advocate to any search and rescue organisation the importance of this Post Incident support. The wellbeing of our people is critical.

Case Study 5
Cardigan Lifeboat Station, RNLI, UK

Opening up: The crew at Cardigan Lifeboat Station on why it's so important to get TRiM support

Cardigan RNLI crew members share their experiences accessing RNLI welfare and wellbeing support services following a traumatic shout – and urge other stations to make use of the service.

A Tough Shout

In June 2022, Cardigan RNLI was paged to respond to a person in the water. The crew assembled, kitted up and launched their D class. Five minutes later, the crew relayed to the station that they had recovered one casualty, but that one person was still unaccounted for. After recovering the first casualty to the station and administering the necessary care, the remaining crew launched a second inshore lifeboat to assist with the search. With help from the HM Coastguard helicopter, they located and recovered the second casualty approximately half a nautical mile offshore. He was found to be unresponsive, and the crew immediately began CPR.

Upon arrival at shore, the crew beached their D class and recommenced CPR on the beach. The crew performed CPR for over an hour and assisted the coastguard paramedic and ambulance paramedic with multiple attempts to administer lifesaving medication. An Emergency Medical Retrieval and Transfer Service (EMRTS) Helicopter landed on the beach and EMRTS practitioners arrived with a Lucas device. Although every effort was made by the crew and the other paramedics, the casualty was sadly pronounced dead shortly after.

The crew then had to liaise with police officers and remain with the body at the shore until the family of the casualty arrived at station. The casualty was brought into the station once the family had left, and after handing over to the funeral director and disinfecting their kit, they refuelled and washed down.

Reaching out

Pete Austin, Lifeboat Operations Manager at Cardigan, had only been in his role for six weeks at the time, but he knew that what he and the crew had just experienced was not normal. With support from Area Lifesaving Manager Roger Smith, he requested TRiM – a peer support service provided by the RNLI for people exposed to traumatic events. Pete recalls: 'It was a steep learning curve. I didn't know what the process was. But we had 17 people do it – which I was very pleased with.'

Pete says that once he had requested TRiM, things moved quickly and efficiently: 'The RNLI came straight back to us and knew all about the job. It goes up and down the coast quite quickly if you have a difficult shout'.

In the days between the shout and the TRiM session, the crew rallied round to support each other. For two of the crew members, Andrew and Lisa, it was only their first and second shout. Some of the crew – Huw, Leo and Steffan – went for a coffee the following morning to discuss how they were coping. Lisa says: 'I definitely felt that the station had wrapped its arms around me in the first few days. I knew that people were available for me to talk to. I had loads of people checking in. In the days leading to the TRiM support process, the station was there for me immediately after the incident'.

Feeling apprehensive

Some of the crew admit they were nervous heading into TRiM. Lisa says: 'I think I was a bit worried going into it, because I thought "I'm going to get upset." I was new; it had only been my second shout. I knew it wouldn't be seen as a sign of weakness, but there's a little bit of you that thinks "I don't want the others to think that I can't cope with these things."

Even for Simon, who has been crew at Cardigan for 15 years, there was some anxiety. He says: "There's a bit of trepidation going into the TRiM process – is this going to unpick something I haven't dealt with? I think I'm okay, but am I really okay? Or is this going to lift the plaster? You know your brain is behaving in a different way to usual. It's like there is a little video reel playing in your head, it never really turns off. Images are going round and round and round. I guess that's part of the process but you worry if you're dealing with it in a healthy way."

Steffan also admits he had some reservations about TRiM. He says: "I thought it would be really strict and formal." Simon agreed that he also thought TRiM might be "clinical – like an assessment."

The TRiM process

Despite some of their initial apprehension, Louise describes the TRiM session as much more relaxed than they anticipated. She says: "It was great, and it got us to be a lot more open with each other."

The TRiM itself consisted of a group briefing and a one-to-one discussion with a TRiM Practitioner. Simon explains how in the group briefing "we discussed the timeline of events and crew recalled what happened on the day. As that played out, and you heard from one person to the next, it just started filling in all the gaps. It's like a jigsaw being completed in your brain. I just felt all the bits falling into place."

Pete says how useful it was for each crew member to share their memories of the day, because it helped them all to align their timelines and better understand the shout. He says: "Some of us were in the boathouse, and there were two boats out. It was almost as bad at the boathouse with the family as it was being out on the boat. It was good to talk about both situations together."

For Lisa, having the group briefing alongside the one-to-one discussion was essential. She says: "I think both elements were actually really important.

The way that my brain was trying to process it, I wanted detail. I wanted to know what happened, and I wanted to know what had happened from all the other people that were involved. The group briefing gives you the whole picture, which helped me process it and piece it back together.

The one-to-one gives you the opportunity to share some stuff that you might want to privately, and the group briefing helps you to fill in the blanks."

Especially after initial concerns about showing her vulnerability, Lisa shared that it was a relief to see how the shout had affected the other crew members and the group briefing was a "safe space to let the emotions come to the surface."

As well as the initial session, the TRiM practitioners also check in with an additional one-to-one a few weeks later. Lisa says: "That's really important too. You expect to be really upset and working through it in the immediate aftermath, but then they make sure that they don't lose you further down the line. The follow-up session really checks in with you – how are you now? Are you still thinking about it?"

One crew

The crew all agree that going through TRiM together tightened their bond. Simon explains how "there can be a lot of hiding stuff among lifeboat crews. For example, with sea sickness. We've all felt queasy at some point on a boat, but you don't really talk about it. Showing your vulnerability is a bit like that but turned up a few levels." Remembering the shout and their TRiM process, he says: "Because we shared that experience together, we built trust. People are complex with varying pressures, concerns and emotions and our volunteer crew are no different. When you do share an experience like we did you form strong bonds that don't get broken."

Pete sees the experience as a crossroads. He reflects: "It was such a big thing for many of us. We were so new into our roles; it could have gone one of two ways. Actually, it massively strengthened the team, and aided our acceleration to becoming the crew that we are today. I think if we hadn't done TRiM, we'd have lost a few volunteers at minimum."

Case Study 5 (continued)
Cardigan Lifeboat Station, RNLI, UK

For Deputy Launch Authority Bruce Harris, TRiM is as essential as a crew member's helmet or their weekly training. He says: "You wake up in the morning and you don't know what that pager is going to bring. At 7pm that Friday night, we didn't know what was coming. When the pager went off, I was just in the car with my wife going out for dinner. I told her, "I won't be long." I hadn't a clue it was going to turn out the way it did.

To have a process where we can talk about our experience with a peer in a confidential setting is an excellent tool. We're lucky we haven't had one since – but that doesn't mean to say that the next time the pager goes off we won't have a similar or worse case."

Clare Learoyd, Medical Operations Support Officer says: "I can't overstate the importance of reaching out for help for anyone who has been exposed to this type of trauma. It's so important that we are talking about these issues in the organisation, and I'd like to thank the crew at Cardigan for courageously sharing their experience to support others.

We are working hard to identify areas where we can improve support. We are currently developing a debriefing script to support crews following incidents like this one, with the support of our Medical Director Aroop Mozumder. It can be used in the first 48hrs after a traumatic shout and aims to help people understand more about their reactions and where they can go for help, including accessing TRiM. We are currently finalising the script with a small number of stations to ensure that feedback from our crews is incorporated before it is made available to crews and lifeguard teams across the organisation."

Anyone can request a TRiM process, at any time. TRiM Practitioners are trained to understand the effects that traumatic events have upon people and to carry out supportive conversations that enable them to identify signs of distress in people that may otherwise go unnoticed.

If you're struggling after a difficult shout, you are not alone.

Case Study 6
Royal Canadian Marine Search and Rescue (RCMSAR)

Critical Incident Stress Management

The Royal Canadian Marine Search and Rescue (RCMSAR), serving the west coast of Canada via 31 rescue stations and supported by 950 volunteers, has historically relied on third party companies to provide Critical Incident Stress Management (CISM) services to their members.

Although this was a viable option, RCMSAR concluded that in the interests of our members, "we need to own the process." As a result, RCMSAR partnered with the British Columbia Search and Rescue Association (BCSARA), who developed a very comprehensive and highly regarded CISM program.

"This partnership enabled twelve RCMSAR members to become qualified peer support persons with access to an online library of CISM resources (pamphlets, articles, slide presentations and videos) for our members. Launched in late October 2023, RCMSAR had its first CISM intervention, managed by one of our own CISM trained members."

Bill Riggs, Chief Executive Officer, RCMSAR.

RCMSAR Station 64

Supporting Mental Health in the SAR Organisation

Photo: Flavio Gasperini/SOS MEDITERRANEE

Taking action at an organisational level is the most appropriate level at which many mental health support mechanisms should be enacted. Therefore, activities carried out at the organisational level are of paramount importance. Actions to undertake include the following:

Commitment

Having an organisational commitment to mental health and wellbeing. This includes:

- looking at the organisational culture;
- ensuring good working conditions and culture;
- having clear policies and procedures in place to promote mental health and wellbeing;
- ensuring that these policies and procedures are well-publicised, and staff understand how to implement them;
- briefing and training managers on support systems available.

Budgeting

Ensuring that mental health and wellbeing support is in an organisation's budget.

Culture of Openness

Fostering and embedding a culture of mental health and wellbeing awareness that empowers personnel to seek support. Ways of building and maintaining psychological safety and openness in the organisation, station and team/crew include the following:

- being clear that it's OK to talk about your feelings and mental health;
- senior leaders demonstrating a willingness to talk about their own mental health;
- ensuring staff and volunteers have access to support throughout their time with you.

Accessibility

Ensuring you make the tools available and accessible to everyone in the organisation and that personnel apply it in their roles and can see the value of doing this. Having resources readily available to all staff and volunteers, including additional resources for staff who work in a high-stress environment. This includes, for example:

- offering training;
- making it clear on staff intranets where to access resources;
- resources included in the onboarding of new staff and volunteers;
- training at the station level for understanding crew mental health.

Pathways and Response

Organisational awareness that each SAR incident responded to is different and having the necessary pathways in place to support staff following exposure to traumatic incidents, including defusing and debriefing practices. Recognising that some incidents, due to their nature, might require a particular organisational response, such as:

- incidents involving fatalities;
- incidents where someone is rescued and then dies;
- incidents where a rescuer feels scared for their life or witness something in the field that goes against their moral compass;
- responding to a suicide.

Recruitment

For some roles, particularly involving staff working or volunteering in high-stress environments, it might be worth considering this as part of the recruitment process.

Continuous Improvement

- Review the organisation's mental health and wellbeing response annually.

In summary, at the organisational level there needs to be adequate commitment, support, culture, tools, awareness, and periodic review of response.

In the rest of this Guidance, we will have a closer look at part 'Pathways and Response'. The next section outlines the recommended pathways of support for managing secondary trauma, and the final section looks specifically at the types of support services.

Case Study 7
Surf Lifesaving New Zealand (SLSNZ)

Ari Peach is the National Wellbeing Lead for Surf Lifesaving NZ (SLSNZ). He established and runs a nationwide Peer Support Programme and ensures that counselling services meet the needs of the membership. The recent evolution of wellbeing support for lifeguards has had a strong proactive focus to ensure that lifeguards are prepared to deal with the challenges that they may face.

He says "We have tried to make it clear that counselling support is something we want our people to use proactively. It could be for anything; whether it is personal issues, challenges, within Surf Clubs or after exposure to critical incidents. Immediate families of members are also eligible for the free service. Many of our members are younger, so it is critical that we involve whanau to ensure everyone is properly supported."

Because surf lifeguards can encounter significant traumatic incidents, particularly within the SAR space, the support systems that are available need to be robust. SLSNZ use their peer supporters to provide initial support after a traumatic incident and then everyone involved gets a follow up check from a counsellor two days after the incident, then again at two weeks. "Some people prefer to talk to someone they know, whilst others want it to be totally anonymous. By using a combination of peer support and counsellors, we cover both bases so our members can get the support that suits them best." says Ari.

SLSNZ has selected and trained 178 volunteers as peer supporters. Peer supporters also receive annual training, plus ongoing supervision from peer support facilitators across the network.

Case Study 8
SOS Mediterranee

Psychological First Aid

SOS Mediterranee (SOS) is a non-governmental organization dedicated to addressing the humanitarian crisis unfolding in the Mediterranean Sea, one of the deadliest migratory routes. Working to provide immediate assistance to distressed people at sea, it operates the search and rescue ship, Ocean Viking. Onboard crew use the recommended early trauma intervention psychological first aid (PFA). PFA training and resources are regularly given to all crew members who join, irrespective of their position. The PFA approach is used primarily to support the people who are rescued; however, it is also encouraged for use within the team, recognizing that SAR responders can be equally susceptible to reactions.

"Most search and rescue, by definition, is traumatic for the survivor, and potentially the rescuer as well. PFA should be a part of all search and rescue. Most cases that I see, its psychological distress rather than any physical needs. There's moral anguish and fear or relief that needs to be dealt with."
(SAR Coordinator)

PFA is defined as a *"humane, supportive response to a fellow human being who is suffering and who may need support" (World Health Organisation, WHO)*. It takes place on first contact with very distressed people, usually in emergency or crisis situations. PFA provides responders with a framework to be prepared to help and to have the necessary skills and resources to best support people, which includes addressing basic needs, providing emotional support and connection, and linking people to information or services, as shown in the PFA Action Principles.

"PFA gives you some kind of tools you can fall back on. Ultimately that helps with any form of guilt or worry or stress that you might be doing the wrong thing." (SAR Team)

With training, PFA, just like physical first aid, can be provided by non-specialists and provides a basic level of care with the goal of stabilizing. It is important to remember that PFA is not counselling or treatment and is not psychological debriefing. It does not involve asking people to analyse what happened to them.

PFA is meant to be non-intrusive and if further psychological support is needed, referral to further specialized services need to be provided. Similar to the purpose of a rescue ship, PFA is meant to be an emergency, short-term intervention, with the goal of bringing people to safety where they can be further looked after if needed.

Research has shown that intervening and supporting people early on after an adverse event is important as it can help alleviate painful emotions (for example, reduce the shock, anxiety, or confusion) and can restore adaptive coping which can help prevent the development of future post-traumatic symptoms. Therefore, within SOS, PFA is prioritized, raising awareness to possible mental health needs.

"Mental health in SAR can still be taboo. People don't want to talk about it. But PFA starts the conversation between the team, saying its completely normal, which allows more openness when it comes to helping ourselves." (SAR Team)

In SOS's experience, PFA has proven to be a valuable tool, appropriate for its emergency SAR context. It builds resilience in SAR teams and improves their ability to support one another and to provide effective assistance to those in need.

PFA Action Principles	
Prepare	• Learn about the crisis event • Learn about available services and supports • Learn about the safety and security concerns
Look	• Observe for safety • Observe for people with obvious urgent basic needs • Observe for people with serious distress reactions
Listen	• Make contact with people who may need support • Ask about people's needs and concerns • Listen to people and help them feel calm
Link	• Help people address basic needs and access services • Help people cope with problems • Give information • Connect people with loved ones and social support

Case Study 9
New Zealand Land Search and Rescue

Land Search and Rescue Wellbeing Checklist Tool

The Self Wellbeing Check-in Tool is placed into the Field Guide. The Land Search and Rescue Field Guide is issued to each volunteer and is designed to provide practical reminders on essential techniques and information for teams and individuals both training for, and responding to, SAR incidents in New Zealand. This field guide is not a complete reference nor a substitute for training and competency. Most volunteers will carry the Field guide with them and it is used for a quick reference should they need it when out in the field.

Therefore, members have easy access to the Self Wellbeing Check-in tool to see how they are tracking, and it is also available online. The tool is discussed during the member wellbeing courses and it is a valuable tool for them to identify that there are many levels and many activities that may move them up and down the continuum. It is important for members to understand that wellbeing does not necessarily mean that you must be in 'thriving' all the time and that it is easy to travel up and down the continuum and be healthy, as long as they know when they need help or to reach out to someone. Posters have also been developed, and some groups have this in their rooms as well. We have recently started a Peer support network, and these members use this as well, so they can try to figure out where a member is tracking and what help can be offered.

LandSAR Self Wellbeing Check-in Tool

This tool has been designed to assist you to reflect on your own mental health status, identify what affects your wellbeing and guide your support planning

	Thriving	Surviving	Distressed/Stressed	Unwell
Physical Wellbeing	Physically well & feeling full of energy	Low energy & motivation / Muscle tension, headaches / Tired & lethargic at times / Minor physical ailments – but responding anyway	Low energy & feeling tired/fatigue / Frequent muscle tension, headaches, aches & pains / Significant loss/gain in appetite/weight / Use of alcohol to forget or feel numb	Physically unwell or physical illness / Significant weight loss or gain / Decreased personal care / Use of drugs or excessive alcohol
Emotional Wellbeing	Usual fluctuations in mood with frequent positive emotions / Able to manage usual frustrations & stressors	Some nervousness, irritability, or sadness evident / Cranky with others	Frequent anxiety, nervousness, anger, sadness, hopelessness or irritability / Feeling numb and disconnected / Family and friends have detected change	Intense & persistent displays of emotions - agitation, anger, anxiety, low mood irritability, hopelessness, overwhelmed / Frequent worry or concern
Sleep	Able to achieve quality rest & sleep; presents as well rested	Difficulties achieving adequate rest or sleep	Difficulties achieving adequate rest or sleep / Restless or disturbed sleep	Difficulties falling or staying asleep / Sleep disturbed by dreaming, worry or excessive thinking / Sleeping too much or too little / Insomnia
Activity	Psyched to receive a call out / Eager to help out with any extra volunteer work that's not operationally focused / Have a sense of purpose & confidence / Socially active with strong connections with others / Engaged at home & work	Questioning if the call out is worth responding to / Cutting corners / Loss of situational awareness / Decreased interest in social activity & engagement with the team / Decreased involvement in usual activities	Having the 'Oh No' moment when called / Reduced motivation & not meeting expectations / Easily frustrated and not interested in training with group / Avoiding normal recreational activities / Social avoidance, withdrawal or detachment from others – peers, family & friends	Hate or fear getting a call out & finding ways or excuses to avoid responding / Don't want to respond to group meetings or trainings / Difficulties making decisions or completing tasks / Isolation from others, and avoiding social activities
Thinking	Good focus & attention / Open to new ideas, change is exciting/not threatening / Concerns or worries can be dismissed or managed	Others aren't pulling their weight; stupid ideas / Procrastination / Reduced concentration & forgetfulness / Difficulties making timely decisions	Regular thoughts & worries about issues/ incidents / Negative outlook, thinking or attitude / Increased forgetfulness	Going through motions without emotion / Frequent thoughts/dreams/memories of issues / Unusual/disturbing thoughts / Chronic negative & critical thinking / Difficulties with memory & concentration
Actions	MAINTAIN AND OPTIMISE YOUR MENTAL WELLBEING / Actively engage in coping strategies and support options to optimise wellbeing / Promote positive wellbeing & mental health literacy within the group, and normalise support and help seeking / Maintain and nurture relationships / Practice gratitude and self-compassion / Maintain an optimistic outlook	STRENGTHEN WELLBEING AND RESILIENCE / Explore opportunities to increase use of coping strategies including the use of new strategies / Amplify healthy lifestyle habits; exercise, nutrition, sleep, social activities	MOBILISE SUPPORT & DEVELOP A WELLBEING PLAN / Reach out to social supports, friends, family, social networks. / Proactively schedule social activities and pleasant events / Connect with LandSAR Support Services; Member Assistance Programme (MAP) - 0800 284 678 / Where necessary consult with your GP	SEEK PROFESSIONAL ASSISTANCE & DEVELOP A SUPPORT ACTION PLAN / Establish a strong network of support including a mental health professional / Assistance available through LandSAR MAP 0800 284 678 or your GP

When Something Happens: Managing Secondary Trauma

Due to the nature of their work, SAR personnel are highly susceptible to vicarious trauma.

"First responders face multiple potentially psychologically traumatic incidents in their daily work which puts them at heightened risk of experiencing mental health difficulties and disorders including posttraumatic stress disorder (PTSD), depression, anxiety and burnout."
(Alshahrani et al. 2022)

Vicarious trauma, which for our purposes also includes secondary trauma, refers to the emotional and psychological distress that can affect individuals and teams who are exposed to the traumatic experiences of others.

Primary trauma is directly experienced by the individual(s) directly involved in a traumatic event, and vicarious trauma is the emotional toll experienced by those indirectly exposed to the trauma, typically through hearing about or witnessing the experiences of others.

SAR teams can be vulnerable to primary trauma as part of a response to a traumatic incident, and vicarious trauma due to their contact with the individuals they rescue from traumatic events.

Although there is considered to be some protection for SAR personnel over the general population, principally due to the social connectedness and desirability of the role (Greinacher et al. 2019), it is also recognised that they are more frequently exposed to potentially psychologically traumatic events than the general population.

This repeated exposure can lead to symptoms similar to those seen in individuals who have experienced primary trauma, including:

- **Emotional numbness:** The feeling of being emotionally detached or numb, used to protect oneself from the overwhelming emotions of the trauma. This can also be seen when colleagues isolate themselves or withdraw at work or home.

- **Intrusive thoughts:** The experience of unbidden, recurring thoughts or images related to the traumatic experiences of those they have rescued.

- **Avoidance behaviour:** Avoiding situations, conversations, or reminders that might trigger distressing thoughts or emotions related to the trauma is common. However, the nature of the SAR team's roles means they are often confronted with similar traumatic scenarios.

- **Hyper-vigilance or arousal:** The feeling of constantly being on edge, easily startled, or having difficulty sleeping due to the emotional toll of exposure to trauma.

- **Emotional dysregulation:** It is common for those suffering from secondary trauma to experience mood swings, irritability, or difficulty managing their emotions.

- **Decreased empathy:** Being exposed to trauma regularly can lead to a reduced ability to feel empathy as a self-protective mechanism. Paradoxically, the opposite can also occur where your natural level of empathy is overloaded, leading to difficulties in managing your own emotions when dealing with others' distress.

Therefore, it is important for organisations, teams and individuals who are at risk of experiencing secondary trauma to have several supporting strategies and pathways in place. Organisations that employ individuals in high-trauma exposure roles should provide training, resources, and support to help mitigate the impact of secondary trauma on their employees' mental and emotional wellbeing.

The individuals should be confident in accessing guidance on self-care practices, the ability to set healthy boundaries regarding their and their team's capabilities, clear pathways to seek support from peers and supervisors, and access professional counselling if needed.

Types of Support

Organisations are responsible for creating a supportive environment that acknowledges and addresses the potential impact of vicarious trauma on their employees. Psychological care should be recognised as an important part of enabling SAR teams to manage their roles to the best of their abilities.

It is important to remember that seeking support is not a sign of weakness but a proactive way to maintain mental health and wellbeing. Though people can have powerful reactions, recognising these as normal reactions to abnormal events is important. It is essential to speak about support in the organisation to determine what is needed or wanted. Any support will be better received if the personnel are involved, and the issue is communicated with them as the service is being developed. A recent study by Billings et al. (2021) showed that "frontline health and social care workers are likely to need a flexible system of support including peer, organisational and professional support."

Most of the recognised support programmes fall under the umbrella title of 'Mental Health and Psychosocial Support'. This encompasses a wide range of services and interventions designed to help individuals and organisations cope with and recover from the psychological, emotional and physical impacts of the various stressors in their work and lives. Support for individuals experiencing vicarious trauma is essential to help them cope with the emotional toll.

Several recognised support services would be suitable for SAR teams and organisations. These range from formal support via outside services to informal support within organisations.

Here are some ways to provide support for secondary trauma:

- **Education and Training:** Organisations can provide training about mental health, signs of secondary trauma, stress management, building resilience, and implementing coping strategies. This helps employees understand secondary trauma and equips them with tools to manage its effects. It also aims to increase awareness and reduce the stigma surrounding mental health issues. This can range from an awareness of the availability and nature of formal support, such as external therapeutic intervention, to straightforward, accessible strategies to help develop resilience to the stressors in the role. Such methods can include simple exercises in stress management, positive programmes on eating and sleeping well, and general wellbeing awareness.

- **Flexibility and Workload Management**: If possible, employers can consider adjusting workloads or providing opportunities for rotation to reduce the constant exposure to trauma-related content. Care should be taken after a rescue that has the potential to be highly traumatic to 'check in' with SAR team members and offer the opportunity to stand down and recover if required.

- **Regular Breaks:** Encouraging, and making available, regular breaks during the workday to recharge and disconnect from distressing content can help maintain emotional balance.

- **Supervisory Support:** Supervisors and managers should be aware of the potential for vicarious trauma among their team members and be able to offer pathways for ongoing support. Regular check-ins, open communication, and resources for coping can make a significant difference to the wellbeing of SAR teams. Understanding what your organisation offers and how colleagues can access it creates a culture of trust and support.

- **Professional Support:** Some traumatic events and reactions require specialist support. Mental health professionals provide individual or group support to address various psychological and emotional issues. It is worth contacting a suitable professional and/or organisation and building a relationship should that need arise. Organisations

can also consult with such professionals to develop comprehensive support programs tailored to their specific needs if required. Also, telephone or online services staffed by trained professionals or volunteers can provide immediate emotional support and information to those in crisis.

- **Peer Support:** Connecting with colleagues in similar situations can provide a safe space for sharing experiences and emotions. Peer support groups or debriefing sessions can be beneficial for venting feelings and gaining insights from others who understand the challenges. It is based on the concept that people with first-hand experience with a particular context can offer valuable insights, empathy, and assistance to others in a similar situation. Peer support can be formal or informal. It can involve trained peers who make themselves available for confidential talks, or informal peer support, such as creating a culture where colleagues naturally check in on each other at the beginning or end of a shift.

- **Social Connectedness:** Social connectedness has been shown to have many health benefits and build team resilience and trust. Efforts should be made to have space and time for small connections such as a common room or space; water, snacks, eating and drinking facilities all encourage social interaction. Encouraging individuals to connect with their social networks, friends, and family can be essential to support.

- **Boundaries:** Setting clear boundaries between work and personal life is crucial. Something as simple as a 15-minute walk, purposefully done to create a boundary between work/home, where individuals breathe and gently take note of their surroundings, will help lower arousal levels and decompress.

- **Self-Care:** Individuals exposed to secondary trauma should prioritise self-care in the same way they prioritise health and safety and the physical health required to fulfil their roles. This includes getting adequate sleep, maintaining a balanced diet, and practising relaxation techniques (such as deep breathing).

Support should be tailored to the specific needs and context of the affected organisations, individuals and their families or communities. It often involves a multi-disciplinary approach, combining different support to address the diverse mental health and psychosocial needs that may arise.

Much of the support can be added to an ongoing programme of wellbeing in an organisation. Many strategies overlap with standard wellbeing exercises, such as sleep hygiene and stress arousal management; rather than offering a 'stand-alone' programme, it would be better to adapt and include strategies to create a wraparound health and wellbeing programme.

Two intervention systems that are in use are Psychological First Aid and Trauma Management:

- **Psychological First Aid (PFA):** PFA is an early intervention approach that provides practical and emotional support to distressed individuals. It focuses on ensuring safety, stabilising emotions, and connecting people with needed resources. An example of such support system by SOS Mediterranee is outlined in Case Study 8.

- **Trauma Management:** A system to support the mental wellbeing of individuals exposed to potentially traumatic events. The primary goal is to identify and provide early intervention and support to individuals at risk of developing trauma-related psychological issues. An example of such support is Trauma Risk Management (TRiM) used by the RNLI as outlined and discussed in Case Studies 3, 5 and 11.

The interventions can also focus on preventing mental health issues and building organisational resilience before crises occur. It is crucial to encompass not just the perceived 'frontline' workers, such as the active SAR team members, but also recognise the colleagues who support these teams and their families, all of whom can be affected by the stressors of the role and also provide valuable support for each other.

Case Study 10
Norwegian Society for Sea Rescue (RS), Norway

Mental Health and Wellbeing Programme

The Norwegian Society for Sea Rescue (RS) mental health and wellbeing programme involves using a Norwegian model for organisational care competence, emphasising the need for professional and wise care in dealing with mental stress and incidents. Professional care is described as empathetic support to colleagues, and wise care as special knowledge and an insight that is put to use at the right time, in the right way and with the right intensity (Brunstad, 2012).

The Norwegian model notes that mental stress occurs often and in many varieties. Key components include the role of leaders in exhibiting caring skills. The leaders have an important caring role, and they lose trust easily if they fail. The model also emphasises the importance of wise care before, during, and after serious incidents, and notes that effective care should involve all organisational areas.

The model serves as a checklist for organisations to assess and enhance their care practices, especially in response to critical incidents (Olsen et al 2022).

The model notes that the following aspects are needed for good care:

- Common language and understanding of what is at stake and what is needed.
- Ability to use stronger measures if necessary – care is more than just being kind and good.
- Select personnel into the organisation with sufficient robustness.
- Establish social support and cohesion in the organisation – because we manage and endure much more with support from each other.
- Personnel care as a system with a three-phase extent.
- All hands on deck: Care distributed at all organisational levels.
- Formal system, organisation and procedures – that people know.
- Holistic model for professional and wise personnel care.

The following tables demonstrate the aspects of care before, during, and after an incident at three organisational levels: organisation, group, and individual (hence it is also known as the 3 x 3 matrix).

Level	Before	During	Just after	After
Organization	• Develop policy and procedures for care • Plan for education and training in care • Caring culture • Visible management that emphasizes care, and takes care of their employees • Selection procedure	• Establish support for the department - mobilize external support • Organize care system (relatives centre, press, etc) • Information to relatives • Ceremonies	• Press contact • Relatives center / information • Reception center (CRC) for those affected • Get experts for management support • Moral support from senior management	• Make a plan for care taking- including re-exposure • Get professional support. • Show visible support for families • Organizational learning and possible adjustment of regulations and procedure
Group	• Common procedure in place in the group? • Everyone is trained in practical care? • Safe relationships and a good working environment? • Colleague support established? • Relationship management	• Reduce the experience of helplessness and stress • Spare as many as possible from traumatic impressions • Facilitation for individual coping skills • Visible leadership	Create: • Calm • Information • Support • Practical help • Technical and emotional debriefing • Establish colleague support • Map acute stress reactions	• Registering people struggling with PTSD (Post-traumatic stress disorder) and moral damage (after 1 month) • Continue systematic colleague support • Facilitate and motivate professional support • Evaluation for learning
Person	• Established good relationships with colleagues? • Colleague support relationship in place? • Able to use and receive effective care	• Master your own stress - find peace • Keep an eye on colleagues - help regulate colleagues' stress • Focus on work tasks	• Regulate your own stress • Contribute to social human support (give and receive) • Register your own reactions	• Self-evaluation regarding symptoms of PTSD, etc • Receive professional support and colleague support when needed be open about problems • Follow up colleagues who are struggling

Case Study 11
Torbay Lifeboat Station, RNLI, UK

**Talking About PTSD,
One crew member's story**

Nigel Crang, Torbay RNLI crew member, shares his experience of accessing RNLI welfare and wellbeing support services following years of battling alone with symptoms of post-traumatic stress disorder (PTSD) – and urges those in a similar situation not to bottle things up.

This article contains references to suicide and traumatic and violent incidents that some may find upsetting.

I'm Nigel Crang and I joined the lifeboat crew 35 years ago in 1988. I was born and bred in Brixham. When we were kids, we used to hang around the lifeboat station with one of the old coxswains, bouncing up and down the slipways on milk crates in summer.

The lifeboat station has always been a big part of my life. Before I was on the crew, I was involved with activities like sailing, kayaking, and long-distance swimming. I joined the crew because I wanted to put something back into the local lifeboat station that had helped us over the years.

With my years of experience, I've always been seen as a bit of a figurehead of the inshore lifeboat and have been on the all-weather lifeboat crew as well. A lot of people would come to me for advice with the boat and training.

In a 35-year period, I've attended all kinds of different shouts – anything from yachts in trouble, to cargo boats, cruise liners, cliff jobs, and tidal cut-offs. You name it, we've done it. We're one of the busiest stations on the south coast.

It was probably in the last 5 to 8 years that I started experiencing problems.

Sleepless nights

Shouts I'd attended from around 18–19 years ago were coming back and affecting me. I've been on a number of traumatic shouts where we've gone out to people attempting to take their own lives, or recovered people from the water, but there were two or three in particular that kept on coming back to bite me: a 14-year-old diver that we recovered from the water two weeks after he went missing.

A boat that we found on the rocks over by Broad Sands, but couldn't find the person. Then, three weeks later, myself and another crew member went out and recovered his body from the rocks. But the main shout causing me problems was in 2005 – a shout for an oil tanker.

We had a call out to a suspected heart attack. I remember the shout like it was yesterday; I remember launching the boat, going alongside the oil tanker, and the whole process of getting to the captain's cabin, expecting to walk in and deal with a heart attack case. When we got to the captain's cabin, we found out that the captain had had a heart attack, but it had been caused by stab wounds inflicted by a crew member on the tanker. The room was like a scene out of a horror film.

We left the paramedic in with the captain to do anything he could. In the hours that followed we were called back to the boat to see if we could find the perpetrator who had possibly gone over the side. After about a 2-hour search, it was called off and we returned to the station. I didn't think anything of it. It was a shout. Obviously, what we saw was upsetting, but we just came back to the boathouse, had a cup of tea, and went home.

That was in 2005. And probably by about 2016– 2017, things started materialising that would affect me at night. I would wake up and relive the scene on the boat. I'd always wake up around 2 o'clock in the morning and stay awake for an hour, 2 hours. It affected my family because I wasn't sleeping very well. It was also affecting my business at the time because I couldn't work in a room on my own.

My partner advised me to go and see a crew member who's part of TRiM (Trauma Risk Management) on our lifeboat crew. I thought that as I was on the lifeboat crew, and I do a bit of rugby, people would think I was soft if I did that. But I went and had a two-hour meeting, and our TRiM person gave me some advice. And then stupidly – this was the biggest mistake I made – I walked out of his room, got the paperwork, and chucked it in a bin.

Reaching out

So 18 months later I was still experiencing sleepless nights and not able to work on my own, when one of the lifeboat crew held a meeting about TRiM. I got up and spoke about what we'd seen aboard the boat that night. Everybody just looked at me, gobsmacked. I'd never really spoken about it before.

Case Study 11 (continued)
Torbay Lifeboat Station, RNLI, UK

I felt I couldn't go back to the crew member I'd originally spoken to because he was a friend of mine and a local lifeboat guy. I drafted an email and sent it to the RNLI, basically telling them what I felt and what had been going on. I sent that late at night and, probably before midday the following day, I had an email back from the Occupational Health Team asking if they could ring me.

The RNLI couldn't have done any more for me if they tried. They were obviously deeply concerned by what I was still dealing with on the lifeboat. But within a couple of days phones were ringing and I was offered the chance to see a psychologist.

The biggest problem I found at first was that going on a computer and looking at someone on a screen wasn't for me. I struggled to sit there and would get really anxious about my appointments. The RNLI jumped back on board and sorted it for me to go and see somebody face to face.

That was the best thing I could have done. As well as talking about the three shouts that woke me up at night, I was coming out with shouts that I'd totally forgotten about from over a 25–30-year period.

Eventually, I felt able to put a message together to our crew and even posted on my personal Facebook page, letting people know why I was how I was. After I put it in our lifeboat WhatsApp chat, a lot of people said: "Well, we knew." Lots of the lads, especially the older crew, knew that I was having issues with something, but they couldn't put their finger on it.

About six hours after posting that message, I had probably 50-60 comments and massive support from a lot of people. I don't want any sympathy – being on the crew is something that I love doing. But after speaking to my psychologist, I felt it was something I had to get out because it had been bottled up for too long.

Ripple effect

Within the first month of me putting it out there, we had a couple of guys from our own station come forward who'd had issues, had been thinking the same way and had never done anything about it. From what I understand they've now spoken to the TRiM people. I do think it's a good idea to speak to TRiM – it can be difficult talking to someone you know, which is why TRiM best practice is for practitioners outside of your own station to carry out assessments.

I'm lucky. Every time I had a meeting with the RNLI, they would ask the question: "Are you alright today?" From day one they made you feel that actually, you'd done the right thing and they were there to help. And they're still helping now.

We're not completely out of the woods today, but it's probably 80% better than it was. Laura, my wife, appreciates what's happened, and what's caused it over a 35-year period. Since seeing a psychologist, I feel more comfortable speaking about the things that happened – things that woke me up. I don't have so many jumps in the night, or if I do, they're quite mild.

In general, it's going the right way for me at the moment, because I got the right help. It's a massive difference to remember where I was and where I am now.

There are probably hundreds of people out there, within crews or in other parts of the organisation, who are bottling things up like I did for over 8 years. It can be very hard to take those first steps, but it's very worthwhile speaking to somebody.

As lifeboat crew members, we often feel that we're here to save lives, not to worry about our own feelings. But I think you do need to get out and speak to somebody. The amount of times you go on a shout and you're expecting one thing, and you end up with six other things to deal with. It doesn't matter what shout you go to, it's never exactly what you thought it was going to be.

Conclusion: Embracing Wellbeing in Maritime Search and Rescue

Photo: SSRS

It is evident that the mental health and wellbeing of maritime SAR personnel are as critical as their physical safety. The unique challenges faced by SAR teams call for a proactive approach to mental health, ensuring a supportive environment that fosters resilience and wellbeing.

This guide has highlighted the importance of understanding mental health issues, providing practical tools and strategies, and sharing best practices from SAR organisations worldwide. Culture of openness, regular mental health training, and peer support can significantly impact the wellbeing of SAR personnel.

It is crucial for SAR organisations to integrate these practices into their daily operations. By doing so, we not only enhance the effectiveness of SAR missions and continuity of the operations but also ensure the long-term health and wellbeing of those who selflessly dedicate themselves to saving lives at sea.

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