



Blue Light
Programme
Blueprint Pack:
Part One



The case for support

Why emergency services
need to take care of their staff
and how they can do it



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Credit: West Midlands Police



The Blue Light Programme - background and context

When Mind launched the Blue Light Programme in March 2015, we did so in the knowledge that 87.5% of blue light personnel had experienced stress and poor mental health while working for blue light services. Emergency services personnel were also twice as likely to identify problems at work as the main cause of their mental health problems, compared with the general workforce population¹.

It takes a long time to change a culture. For a long time the perception from police officers, and probably from the public as well, has been that the police are somehow different, somehow invincible, and they shouldn't experience mental health problems – that they should be stronger than that. And that's total rubbish. We are human beings, and we have mental health problems the same as everyone else.

Becky Davies, police officer

Our independent research also highlighted the high levels of stigma associated with mental health problems within emergency services. Almost three-quarters (71%) of emergency services personnel told us that their organisation did not encourage them to talk about mental health, and nearly half (44%) thought their colleagues would be treated less favourably if they disclosed a mental health problem at work².

The Blue Light Programme set out to change this by delivering a range of interventions that aimed to:

- tackle mental health stigma and discrimination
- boost workplace wellbeing
- build resilience
- increase access to mental health information
- improve pathways to mental health support.

Emergency services have made great strides in improving the way they support staff who experience mental health problems. But there is still a long way to go, and many of the interventions delivered as part of the Blue Light Programme still need to be fully embedded into the day-to-day work of police, fire, ambulance and search and rescue services.



The bigger picture - mental health in the workplace

Every organisation in the United Kingdom is affected by mental health problems in the workforce. At any one time, one worker in six will experience depression, anxiety or problems relating to stress.

The total cost to employers of mental health problems among their staff is estimated at £34.9 billion each year³. Across the UK, mental ill health is the leading cause of sickness absence, costing an average of £1,300 per employee per year. Through Mind's research, it was also found that 95% of employees in the general workforce calling in sick with stress gave a different reason for their absence⁴.

In 2015 to 2016, 11.7 million working days were lost due to stress, depression or anxiety and, on average in the same year, more days per individual case were lost due to stress, depression or anxiety than for musculoskeletal disorders⁵. A further £3.1 billion annually is spent to replace staff who leave their job due to mental ill health⁶.

Presenteeism

Presenteeism is where an employee is present at work but under-productive due to poor mental health and emotional wellbeing. There may be many different reasons for presenteeism at different organisations – such as punitive sickness or absence policies, fear of impact on promotion, and concern about job security.

The Centre for Mental Health calculated that presenteeism costs the UK economy £21.2 billion annually, compared with absenteeism – where an employee is not present at work – which costs the UK economy £10.6 billion⁷.

Presenteeism is often more prevalent in organisations that have a negative culture around mental health. This can mean that employees who face mental health problems fear being labelled or discriminated against, which in turn becomes a barrier to early detection, support and intervention.

It can also prompt staff to go to work when they may not be well enough, which can be more detrimental for their mental health in the long run.





A 12-hour shift is a long time for anyone, but when you're struggling with your mental health, those 12 hours can seem like an eternity. That's how each shift as a custody sergeant felt for me. So much so that I had to break each one up into 12 one-hour blocks, with my aim being to not make any mistakes and not let anyone get hurt.

At first this helped, but after a few weeks, an hour seemed too long, so I split my 12-hour shift again into 24 half-hour blocks. My aim was the same – to make no mistakes and not let anyone get hurt.

Several weeks later, half an hour was too much. I sat there, looking at the clock, knowing my only option was to split my

shift into 48 15-minute blocks. My priorities within each 15 minutes were simple – don't make any mistakes and don't let anyone die. I was trying to survive.

By now, my life was all about blocks of time. The time I spent at work, and the time I spent in between, dreading my next shift. I was incredibly depressed, lonely, exhausted and I could see no future, only darkness.

Time for me was running out and I dread to think what I might have done to myself if I hadn't realised, with the help of friends and family, that it was simply time for me to get some help. I am so happy that's what I did.

Ed Simpson, former police custody sergeant



The costs of a sick but present workforce

Research shows that presenteeism is hugely costly to employers, but all too often ignored. Managing it well not only saves money in both the short and longer term, but also contributes to the development of an engaged, productive and mentally healthy workforce.

In 2017, HR Zone⁸ undertook a piece of research into absenteeism vs presenteeism. One of its key recommendations was that “organisations need to focus on reducing punitive parts of absenteeism policies if they want positive action on presenteeism”. A key criterion of the Blue Light Time to Change pledge is that blue light services review their policies and procedures. The pledge also provides guidance to blue light services on important things to consider when reviewing and updating policies that may impact on staff mental health and wellbeing. This guidance supports the reduction of punitive policies that have a negative impact on staff.

Our own research shows that presenteeism is a significant problem for blue light personnel, who are more likely than the general workforce population to experience mental health problems, but less likely to take time off work. Tackling presenteeism not only yields financial benefits in the short and long term, but will also positively affect staff turnover, productivity and engagement.

Simple steps to improve the management of mental health in the workplace – including prevention and early indication of problems – could help UK employers to save more than 30% of the costs related to sickness absence due to mental ill health, presenteeism and staff turnover, equating to at least £8 billion every year⁹.

You can find out more about building the business case for mental health at work [here](#).



Credit: Guasanaeth Tân ac AChub De Cymru / South Wales Fire and Rescue Service



The blue light picture - mental health in the emergency services

The culture

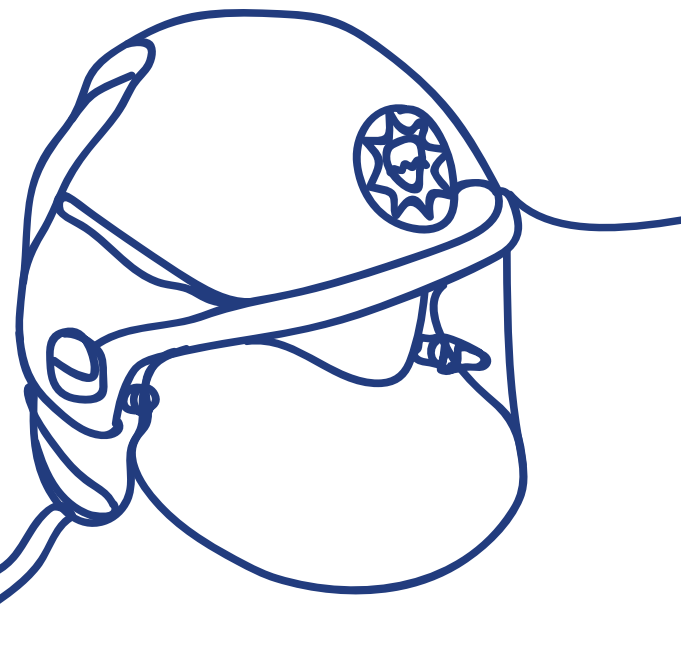
Before Mind launched the Blue Light Programme, we carried out some initial research into the culture of mental health in the emergency services. The results told us that:

- 87.5% of emergency services personnel had experienced stress and poor mental health while working for blue light services
- emergency services personnel were more likely to experience mental health problems, but less likely than the general workforce to take time off work as a result
- emergency services personnel were twice as likely to identify problems at work as the main cause of their mental health problems, compared with the general workforce population
- 44% of personnel thought colleagues would be treated less favourably if they disclosed a mental health problem at work – regardless of whether respondents had personal experience of mental health problems or not
- 71% of emergency services personnel thought their organisation did not encourage them to talk about mental health, compared with 45% of the general workforce population
- worrying about being fit to work could make existing problems worse, potentially leading to increased or longer periods of staff absence.

You can access the full research findings [here](#).

In addition to Mind's research, surveys carried out by other organisations provide insight into the prevalence of mental health problems within emergency services, including:

- [Police Federation Welfare survey](#)
- [Unison Ambulance stress survey](#).



The causes

Our research also highlighted the causes of poor mental health within emergency services¹⁰. They included:

- ❶ excessive workload (55%)
- ❷ pressure from management (55%)
- ❸ organisational upheaval (52%)
- ❹ long hours (45%)
- ❺ exposure to traumatic incidents (42%).

Importantly, organisational factors are considered bigger triggers of poor mental health than exposure to traumatic incidents. All too often, we see blue light staff and volunteers willingly exposing themselves to trauma without being aware of the ‘drip-drip’ impact it is having on their mental health. Consequently, badly managed change, poor leadership and perceptions of unfair treatment can often trigger poor mental health.

The research clearly shows that we must avoid limiting our attention to crises or major incident care, and while it is vital to provide support to personnel who have been exposed to traumatic incidents, we also need to tackle all of the causes of mental health problems. Interventions need to provide long-term solutions – not just short-term fixes.

Whatever the causes of poor mental health, it’s essential that support is available for emergency services staff. Mind’s Blue Light Programme is just one way of doing this, ensuring that dedicated workers are at their best and ready to carry out these incredibly difficult – often life-saving – jobs, which we can all take for granted.





The costs to the emergency services

Based on the average cost per employee lost annually due to mental health-related absence in the UK, a blue light service with 250 employees could lose up to £325,000 every year¹¹.

This figure does not include the costs associated with staff turnover due to poor mental health. Our research¹² showed that 63% of emergency services personnel have considered resigning from their job or voluntary role due to stress or poor mental health. The costs associated with replacing staff can include:

- advertising costs
- time reviewing applicants and interviewing
- HR time spent processing, including references and background checks
- training of new staff.

Aside from the financial implications of high staff turnover, blue light employers must also consider the quality of their workforce. Without the right support systems in place to identify and address mental health risk factors, emergency services potentially face losing highly skilled, experienced and passionate blue light workers.

There has been a lot of media coverage about the impact of mental ill health on emergency services:

- In Kent Police, the number of sick days officers take due to mental illness has more than doubled from 2010-11 to 2016-17. A total of 8,896 days were missed due to poor mental health in 2016-17 when the average head count was 3,780, compared with 3,714 days in 2010-11 when it was 3,758¹³.
- A report by the Chief Fire Officers Association found that 41,000 shifts each year are lost in England and Wales due to firefighters experiencing mental health problems¹⁴.
- Freedom of information requests submitted to NHS regional ambulance services revealed that both the number of paramedics on stress-related leave and the amount of time taken off sick had increased dramatically from 2012 to 2014. Paramedics in England took a total of 41,243 days off in 2014 as a result of stress-related illnesses – up 28% since 2012¹⁵.

For an average estimate of how much blue light services can save by implementing mental health support activity, have a look at the happiness at work calculator at www.happinessatworksurvey.com/business-case





The impact of the Blue Light Programme to date - evidence of why it works

At the end of the first year of the Blue Light Programme, we evaluated its impact by the different activities we delivered.

Tackling mental health stigma

Stigmatising attitudes stop people with mental health problems getting the help and support they need. The organisational culture of a workplace can either motivate or discourage people from talking about mental health and accessing support. Creating a culture that normalises mental health conversations not only supports those who are experiencing mental health problems, but also creates opportunities for early intervention.

A positive organisational culture around mental health can also support staff who return to work after mental health-related absences, and can foster positive team dynamics and relationships.

The Blue Light Programme includes a number of anti-stigma activities that are designed to help tackle workplace stigma and address organisational culture around mental health and wellbeing.

We know that changing an organisation-wide culture is never an easy task; nor will it produce immediate changes. But it is essential if the Blue Light Programme's activities and aims are to be successfully embedded within services.

We anticipate that, as an organisation's culture changes for the better, there may be an initial spike in sickness absence reported as being related to mental health. This should not be a cause for concern, but is instead a clear indicator that internal culture is beginning to shift and attitudes towards mental health are improving.

- After the first year of the Blue Light Programme, 91% of pledge leads reported that the Blue Light Programme had a positive impact on the organisation, and 25% said that the mental health of the workforce was now better than the same time the previous year. Two-thirds (66%) said they would recommend it to other emergency service organisations.
- However, it's important to note that, comparatively, just 27% of employees agreed that there has been a positive impact on the organisation and the findings suggest that employees are still hesitant to speak out about mental health.

Anti-stigma activity included:

- signing the [Blue Light Time to Change pledge](#)
- hosting awareness-raising events internally
- Blue Light Champions organising events
- training line managers to encourage staff to talk about their mental health.

You can find out more about our impact reducing stigma in the emergency services [here](#).



Blue Light Champions

A Blue Light Champion is an employee or volunteer in the emergency services who takes positive action at work to raise awareness of and challenge stigma around mental health. Champions are a service's cornerstone to creating a mentally healthier workplace. In many instances, Blue Light Champions will be the first port of call for someone who is experiencing a mental health problem when they need support. Having Blue Light Champions of all ranks throughout the service helps to reinforce Blue Light Programme activity and its importance.

We found after year one of the programme that emergency services personnel were generally positive about the support available immediately following a highly traumatic incident, but reported that support to help with the 'drip-drip' effect of the pressure of their job was poor or non-existent.

Having a Blue Light Champion at work to talk to or to approach for informal support can help to bridge this gap, and can be a means for signposting to other resources and forms of support.

At the end of the first year of the Blue Light Programme, Champions reported better mental health and more had sought support from formal sources, such as GPs. Champions also reported feeling more empowered and confident to share their experiences.

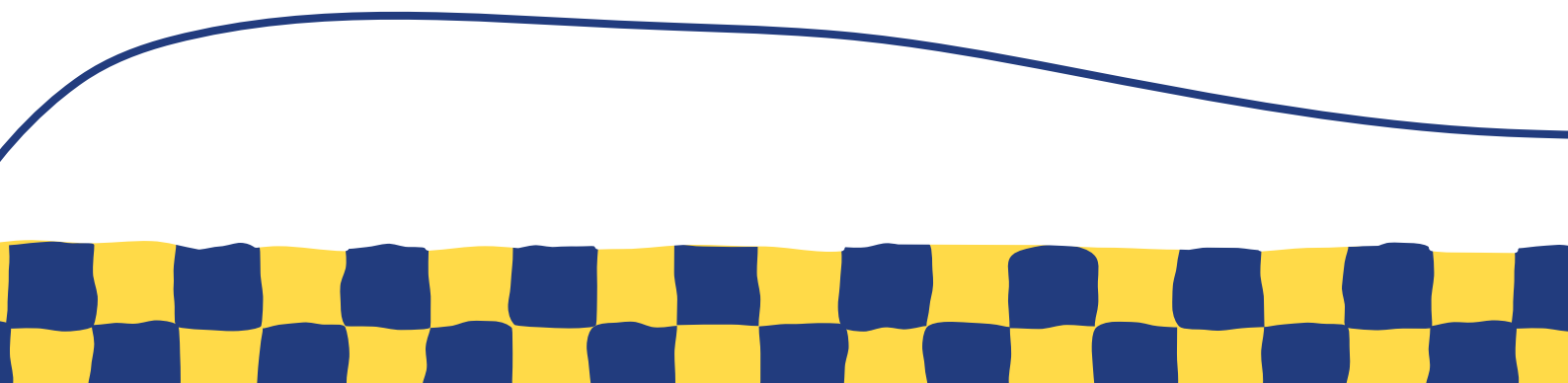
Blue Light Champions – and their friends and families – felt enthusiastic about the Blue Light Programme and its positive impact on their own mental health. They were, however, less positive about the support provided by their organisation.

This could have been for a number of reasons. But we know that, in order for Blue Light Champions to be able to successfully fulfil their role, they must be supported and empowered by their organisation. The Blue Light Programme services toolkit outlines the model we believe will best support and empower Champions, while making sure the organisation is kept informed of all the incredible work they are doing.

Being a Blue Light Champion can have a hugely positive impact on emergency service workers. To see how it makes a difference, watch one of our [films that feature Champions](#).

There are more than 1,700 Champions registered across England and Wales, and 93 Blue Light Champions who also act as Blue Light Peer Supporters. These are registered Blue Light Champions who have also taken our peer supporter training, to empower them to share their personal lived experience in order to support colleagues with their mental wellbeing and signpost to appropriate services.

You can find out more about the impact of the Blue Light Champion role in our year one evaluation findings [here](#).





Training line managers

From our initial scoping research, it was clear that, when it comes to talking about mental health, there was a need to build trust between staff and senior managers in the emergency services.

Line managers in any organisations play a vital role in supporting their workforce with mental health problems, in terms of both remaining healthy in work and in returning to work. We acknowledge that, if managers are not properly trained, they can feel unprepared and ill-equipped to do this, and

that – in turn – can negatively impact their own mental health.

Our Managing Mental Health in the Emergency Services (MMHES) course provides training to line managers to boost their understanding of mental health problems and the prevalence of these problems among the emergency services workforce, and improves their ability to recognise the signs and symptoms of common mental health problems.

98% of participants thought the course was useful overall

97% of participants would recommend the course to others

Self-reported understanding of mental health problems increased by 95% following line manager training

Managers' ability to recognise signs and symptoms of common mental illnesses increased by 54% after training

“As austerity continues to bite, if we are to achieve the challenges of the next five years, supervisors’ and managers’ appreciation of what a healthy workforce and workplace look like is fundamental. Although lots of the training won’t be alien to good supervisors and managers, it’s a timely refresher to ensure that we look after our staff in order that they, in turn, can look after the public.”

**Superintendent Paul Mogg,
Avon and Somerset Police**

Line managers are in a position to be able to identify early warning signs of mental health problems among their staff, and to make referrals to occupational health services and other sources of support. Therefore, it is essential to equip line managers with the skills to recognise common mental health problems, and empower them to appropriately manage staff who experience poor mental health, whether at work or on returning to work after a mental health-related absence.

88% agree or strongly agree with the statement: “As a result of this training I know ways to manage stress or difficult relations at work.”

Feedback from the training sessions suggests that participants strongly believe that the training should be not only for middle-level line managers or team leaders, but also for all senior management. It is important to consider that any member of staff can be affected by mental health problems, regardless of their rank, so training should be available for all staff, not just those in frontline management roles.

90% agree or strongly agree with the statement: “As a result of this training I feel confident that I could support a colleague experiencing a mental health problem at work.”

We also know that there have been cases where attending a Managing Mental Health in the Emergency Services course has enabled line managers to identify their own mental health problems, and to seek support earlier than they would otherwise have done.

You can find out more about the impact of our Managing Mental Health in the Emergency Services (MMHES) course [here](#).





Our information

Our initial scoping research revealed a high demand among blue light staff for more information about mental health.

To address this, we produced a range of information booklets, including booklets for family and friends, commissioned the Blue Light Infoline, and produced a series of webinars. The most popular information topic was how to support a colleague who is experiencing mental health problems.

Our research also revealed that most blue light personnel are unaware of the mental health support their organisation offers. This may be a barrier to people accessing support. It is essential that information is accessible to all staff and that other resources and sources of support are clearly signposted. For example, 84% of participants believed that the Infoline is not effectively advertised in their workplace.

You can find out more about the impact of our information [here](#).

Keeping the workforce mentally healthy

An important element of a healthy workforce is not just supporting staff to be healthy and well, but also empowering them to stay that way.

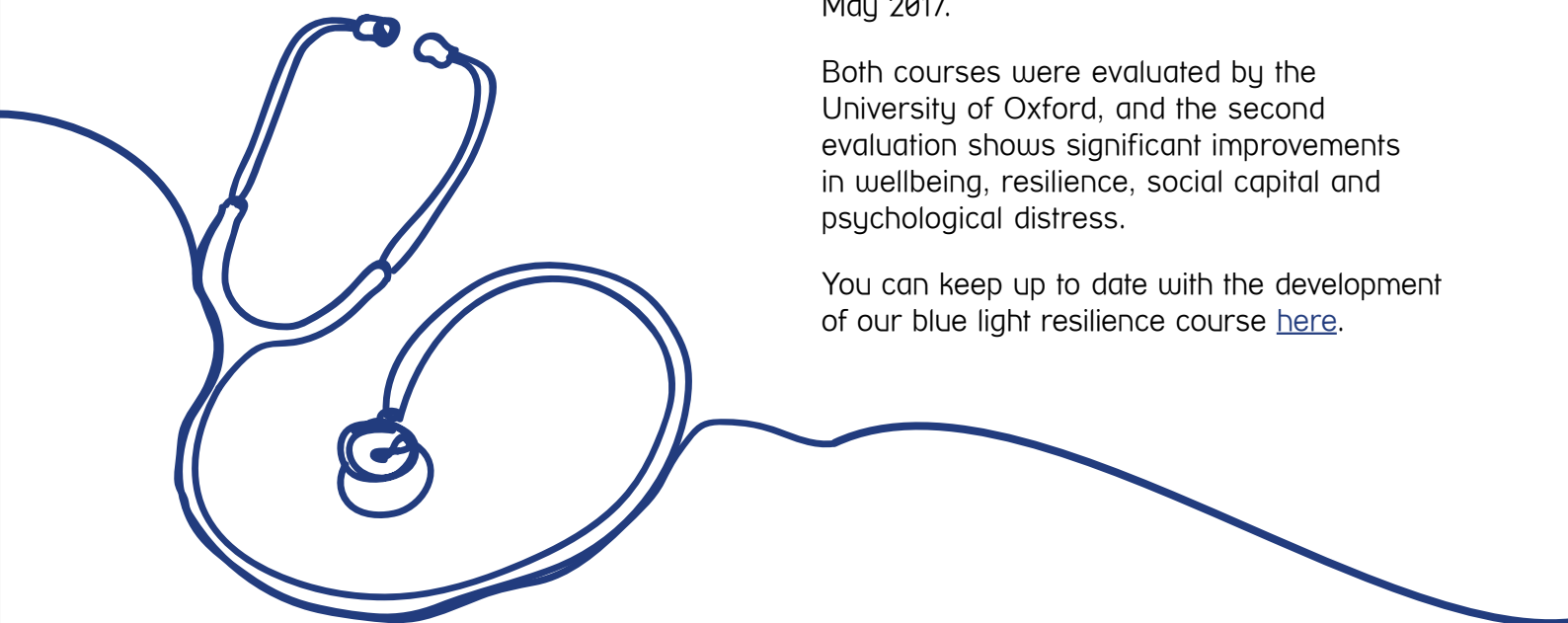
Whether or not blue light staff and volunteers have personal lived experience of mental ill health, building resilience is important to supporting staff to stay well – and this can be done in a number of ways.

During year one of the Blue Light Programme, we piloted a resilience building course tailored to blue light workers. This course was designed to help attendees build their own collection of tools and skills for coping better with stress, anxiety, relationship issues, social pressures, and difficult emotions like anger. Participants were overwhelmingly positive, with 100% saying they would recommend it to a colleague. However, the evaluation results indicated that there had been no reliable improvements in the wellbeing, resilience or social capital across the cohort of participants who took part in the pilot.

As a result of this, Mind invested in the redevelopment of the resilience building course and ran a second pilot from November 2016 to May 2017.

Both courses were evaluated by the University of Oxford, and the second evaluation shows significant improvements in wellbeing, resilience, social capital and psychological distress.

You can keep up to date with the development of our blue light resilience course [here](#).



Blue Light Mental Health Networks

In 2016 to 2017 we piloted four Blue Light Mental Health Networks across England. These networks were built on what we'd learned in year one of the Blue Light Programme, enabling emergency services in each pilot area to work together to apply Mind's three-pronged approach to wellbeing activity in their service: promoting wellbeing; tackling work-related mental health problems; and supporting employees with mental health problems.

Each network had access to funding to support a programme of activity, which was designed to improve access to mental health information and support for all blue light employees across that network area.

The four pilot networks brought together representatives from the police, fire, ambulance, and search and rescue services, including St John Ambulance. This was important because, while there are differences between each of the services, there are also many similarities in terms of the mental health challenges faced by their employees. For each of the blue light services, collaborating with colleagues from other services was a great opportunity to establish strong relationships locally, benefitting staff, senior management, human resources and occupational health teams. They were able to come together and discuss challenges or successes, and share best practice and ideas.

Image: Metropolitan Police



Blue Light Mental Health Networks work best when they are facilitated by a local Mind partner. A coordinator from a local Mind can bring skills and expertise, take charge of the administrative side of the project, and organise cross-service events and training opportunities, as well as bringing local Champions from all the services together.

An independent evaluation of the pilot networks, and wider learning from the Blue Light Programme, demonstrated that real change can be driven across all services when they work together and embed Blue Light Programme activities. Sue Hadden from Northumbria Police found that being part of Mind's North East Blue Light Network helped the force to instigate cultural change surrounding mental health.

“The effects of the Blue Light Programme are felt right across Northumbria Police. We see an organisation where staff have a ‘voice’, are engaged and empowered to contribute to future development and improvement of our services.”

You can read Sue's full letter on the benefits to Northumbria Police in the toolkit for services.

The pilot networks identified a number of key benefits achieved through collaborating with other local services, including:

- sharing training sessions and associated costs. Cross-service training sessions proved extremely popular, allowing staff and volunteers to build wider peer support networks
- sharing the costs of a local Mind coordinator to facilitate and administer the network
- opportunities to share trauma risk management (TRiM) provision or other support with services in the network
- access to amenities (such as fitness facilities) across local services
- access to expert knowledge, advice and training across the network. In the North East Blue Light Network, the ambulance service ran sessions for other services on menopause and women's wellbeing.

The pooling of resources through a collaborative network of local services has been demonstrated to be the most cost-effective way of fully integrating Blue Light Programme activity locally. You can view the full evaluation of the pilot networks [here](#).



Our recommendations

Initial evidence suggests that Blue Light Programme activity is successful and has had a positive impact on participating services. However, the commitment of blue light employers to make lasting changes in mental health culture is slow to translate into practice. Senior leader buy-in has appeared to deliver some improvements, but distrust of management motives remains widespread among the workforce.

Our recommendations are:

- Although some participating services may choose to implement only certain elements of Blue Light Programme activity – such as Blue Light Champions or Managing Mental Health in the Emergency Services training – a holistic approach to embedding all aspects of the Blue Light Programme will have the greatest impact in translating employer commitments to personnel.
- In order to change culture, improve the resilience of the workforce and create an environment that supports mental health, it is essential to ensure that Blue Light Programme activity and an organisational-wide focus on mental health and wellbeing is not a temporary measure. Interventions should not be a short-term fix to a long-term problem.
- Senior managers must send a clear message to their staff – both verbally and through demonstrable engagement with Blue Light Programme activity – that the mental health and wellbeing agenda will be part of the culture of the organisation going forward. This will help to reassure employees that managers are genuine and truly committed to making positive, long-term change.

The step-by-step guidance in our Blue Light Programme [Blueprint](#) can support services in making these changes.



Making better mental health happen – next steps

Our Blue Light Programme services toolkit and blueprint have been created to support blue light services, working in partnership with local Minds, to embed programme activity and to develop local Blue Light Mental Health Networks across England and Wales.

If you work for an emergency service:

We recommend that you read the blueprint and services toolkit to see how you could embed Blue Light

Programme activities into your service, and what steps you need to take to create a local network.

Wherever you are on your journey to better mental health, the toolkit will provide all of the guidance you need. Go to www.mind.org.uk/BlueLightBP

If you work for a local Mind:

Take a look at our local Minds guide to supporting emergency services in your area to embed Blue Light Programme activity. You'll find the guide on our Open Hub platform for local Minds.

¹ Mind Blue Light Initial Scoping Survey January 2015, www.mind.org.uk/media/4627950/scoping-survey.pdf

² Mind Blue Light Initial Scoping Survey January 2015 www.mind.org.uk/media/4627950/scoping-survey.pdf

³ Mental health at Work: The Business costs ten years on. Centre for Mental health (2017)

⁴ Mind 2014 YouGov Survey

⁵ www.hse.gov.uk/statistics/dayslost.htm

⁶ Mental health at Work: The Business costs ten years on. Centre for Mental health (2017)

⁷ Mental health at Work: The Business costs ten years on. Centre for Mental health (2017)

⁸ Kinman, G., Clements, A., Hart, J., Wray, S. (2017) 'Why we can't help working when ill: the perverse causes of presenteeism in the UK, with a focus on prison officers and academics': HRZone.

⁹ Mental Health at Work: Developing the business case (Sainsbury Centre, 2007)

¹⁰ Mind Blue Light Initial Scoping Survey January 2015 www.mind.org.uk/media/4627950/scoping-survey.pdf

¹¹ Mental Health at Work: Developing the business case (Sainsbury Centre, 2007)

¹² Mind Blue Light Initial Scoping Survey January 2015 www.mind.org.uk/media/4627950/scoping-survey.pdf

¹³ www.kentonline.co.uk/maidstone/news/police-mental-health-sick-days-130556/

¹⁴ CFA National FRS OH Performance Report April 2015-March 2016

¹⁵ www.theguardian.com/society/2015/apr/25/paramedics-take-40000-days-off-sick-with-stress-nhs-demand



We're Mind, the mental health charity.
We won't give up until everyone
experiencing a mental health problem
gets both support and respect.

Get involved

Contact us at bluelight@mind.org.uk
mind.org.uk/BlueLight

 @MindBlueLight #mybluelight

 Mind

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