



# Wellbeing and mental health support in the emergency services

Our learning and key recommendations for the sector

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# Welcome



**Fulfilling our roles as staff or volunteers should not come at the expense of our mental health and wellbeing. That's as true for our emergency services as it is for anyone else.**

And yet our research shows rates of poor mental health growing within the emergency services. Funding reductions are continuing to be felt, while recent terrorist attacks and major incidents have thrown a spotlight on the traumatic situations faced by blue light teams.

When Mind launched the Blue Light Programme in 2015, we found almost nine in 10 personnel had experienced stress and poor mental health while working for blue light services. They were twice as likely to identify problems at work as the main cause of their mental health problems, compared with the general workforce – and less likely to take time off.

I'm pleased to say the Blue Light Programme has made a significant impact in how positive staff and volunteers feel about mental health at work, in

particular how far their organisations encourage them to talk about mental health, and support for people with mental health problems. You can see our recent survey findings on page 11.

Throughout the life of the programme, from 2015 to 2019, we've tested, delivered and learned from a range of effective interventions to improve mental health support, tackle stigma and increase workplace wellbeing in the emergency services.

These measures can and do make a difference. That's why we've gathered what we learned into this report, to help inform future wellbeing and mental health initiatives.

We'll continue to play our part. But emergency services, the professional bodies and charities that work with them, and policy makers, must continue to rise to the challenge of supporting this workforce's mental health and wellbeing – and make appropriate tested interventions available to everyone in team 999.

**Paul Farmer**  
Chief executive, Mind

Credit: Nathan Williams



## A message from the Blue Light Programme Champions Working Group

Through the Blue Light Programme, in 2018, we came together as a working group, with representation from across services and regions in England and Wales. We were able to hear about best practice from our wider emergency services family, and used our experiences to think about how we can continue to change the way people think and act about mental health now and into the future.

Championing mental health within our workplace, as a member of the emergency services has been a challenging and truly inspirational experience. Sharing our experiences and seeing the positive impact it has on our peers and how it's helped them and others make positive changes makes all the hard work worth it. It's great to see this report highlight the positive work we've all been doing and the positive shift in understanding and awareness of mental health problems.

We will continue to make the case to our services and senior leaders to keep

mental health and wellbeing high on the agenda. We'll raise awareness and ask for our organisations to review their Time to Change England and Wales pledge action plans to ensure they're on track.

With the Blue Light Programme as we know it coming to an end, the challenge now is to think about how we can continue to champion mental health in our workplace, together with the help of our services, and support organisations in our regions, so that we can embed, sustain and progress culture change around mental health.

We hope everyone who works or volunteers within and with emergency services can take learnings from this report and continue to build on what has already been achieved.

**Together we've come so far, but there's still a lot more work to do so that every member of team 999 gets the support and respect they deserve.**



Dawn Anderson  
East of England Ambulance Service



Matthew Wigg  
Greater London Police



Emma Harrison  
Derbyshire Constabulary



Tracy Houldey  
Cleveland Police



Darren Holden  
London Fire Brigade



Matthew Myerscough  
West Sussex Fire and Rescue Service



# About this report

Our 999 teams save lives every day. Managing their mental health matters. But even though emergency services staff and volunteers operate in some of the most challenging workplace environments, the mental health support they receive can be limited.

This report sets out what we've learned from our four-year programme, created and delivered in partnership with blue light services and local Minds, to challenge stigma and ensure support is in place for staff and volunteers' mental health and wellbeing.

We've seen great strides made, and many of the emergency services we worked with are now developing and leading their own wellbeing and mental health initiatives.

But in order to make a serious and sustainable change for this workforce, we need everyone to play their part – emergency services organisations; the professional bodies that support them; charities in the mental health and emergency services sectors; and policy makers.

Our Blue Light Programme has been underpinned by evidence at every stage – from our in-depth scoping research to evaluations of all our interventions. We've gathered our findings here to share what we've learned, how things are changing, and why it's essential we all continue to support team 999.

**It can seem in the emergency services like nothing affects us. But there's no way that you can't be affected by what you've seen and dealt with.**

Community Support Officer, police service

Throughout this report, we've used some general terms to refer to the many different job and volunteer roles that exist in the emergency services.

**Blue light teams and 999 teams** are shorthand collective terms for all teams in the emergency services, across ambulance, fire, police or search and rescue services.

**Workforce, personnel and staff and volunteers** are collective terms for the individuals who have a role to play – paid or voluntary – in the emergency services.

# Mind's work with emergency services

In 2015, Mind began gathering evidence on the mental health of staff and volunteers working within the emergency services. We found a workforce often struggling in silence. Staff and volunteers experienced more mental health problems than the general workforce, but were less likely to take time off as a result.

We found 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.

Almost nine in 10 (88 per cent) of personnel had experienced stress and poor mental health while working for blue light services.

Our research showed fear of the perceived stigma associated with experiencing a mental health problem. Almost three quarters (71 per cent) of emergency services personnel said their organisation did not encourage them to talk about mental health, and nearly half thought their colleagues would be treated less favourably if they disclosed a mental health problem at work. Unable to reach out for support, a significant minority were isolating themselves or turning to drink or drugs to help them cope.

**We are not super humans and we are just as prone to illness as anyone else if not more. We see people experiencing mental health problems every day through work. We are no different from anyone else just because we work for the emergency services.**

Paramedic, ambulance service





## The Blue Light Programme

Between 2015 and 2019, Mind delivered an ambitious and comprehensive programme of activity aimed at reducing stigma, promoting wellbeing and improving mental health support for those working or volunteering in ambulance, fire, police and search and rescue services.

The Blue Light Programme was launched with LIBOR funding from the UK Government. Over four years we set about creating lasting change in this sector. During that time, thousands of staff and volunteers across 999 services actively challenged stigma, learned more about mental health and made positive changes in their approach to wellbeing.

### Year one: 2015-16

We developed the Blue Light Programme in collaboration with key stakeholders and blue light staff and volunteers. In the first year the programme operated in England and focused on five areas:

- Tackling mental health stigma and discrimination
- Boosting workplace wellbeing
- Building resilience
- Increasing access to mental health information
- Improving access to local support

### Years two and three: 2016-18

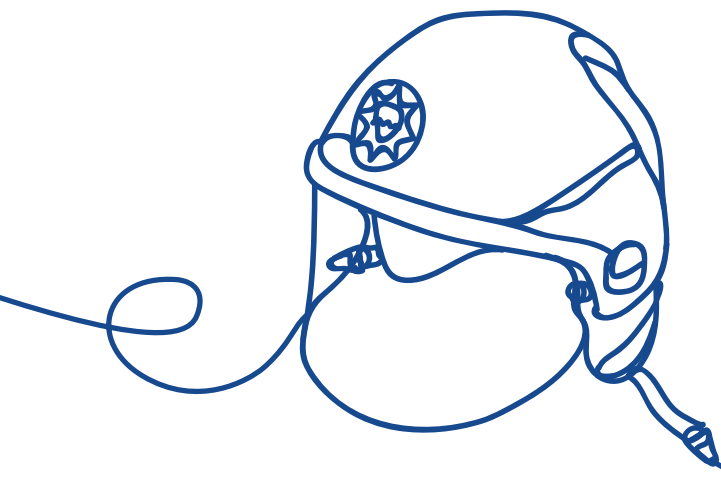
We continued to provide successful, evidence-based activities, training and information to thousands of blue light staff and volunteers, expanding the programme to cover Wales as well as England. We also extended the programme to effectively support the groups who needed it most. This included:

- Developing Blue Light Mental Health Networks to deliver multiple aspects of the programme in specific local areas
- Refining the resilience course developed in the first year
- Providing targeted support for new recruits, and tailoring existing support for 999 call handlers

### Year four: 2018-19

We built on what we'd learned from previous years to boost our support, particularly in the following areas

- Providing more support after trauma
- Working with partners to influence national-level support
- Empowering passionate staff and volunteers to lead work locally
- Identifying learning from the previous four years, and ensuring ongoing access to key resources and information
- Piloting an approach to supporting Emergency Department staff in hospitals. The findings from this will be published separately later in 2019.



Although the Blue Light Programme came to an end in March 2019, its legacy continues, both in terms of sharing our learning, and in the support and resources we and our network of local Minds continue to offer. We have learned a significant amount about what works when it comes to responding to the specific mental health and wellbeing needs of 999 teams.

# Signs of positive change

To help us develop the Blue Light Programme, we conducted a scoping survey in 2015 of more than 3,500 emergency services personnel. We found a high prevalence of poor mental health among emergency services staff and volunteers, a clear need for targeted mental health support, and for emergency services organisations to step up on behalf of their staff and volunteers. Four years later, in January 2019, we surveyed over 5,000 staff and volunteers across all four blue light services to see what had changed.

See the full findings of our Mental Health in the Emergency Services Survey 2019 on page 11.

## Support is improving, but the need is growing

Compared with 2015, staff and volunteers are now far more likely to say their organisation encourages them to talk about mental health (64 per cent compared with 29 per cent), and supports people with mental health problems well (53 per cent versus 34 per cent).

Perceptions are much more positive among those who have had some involvement with the Blue Light Programme, compared to those who haven't. Seven in 10 (70 per cent) of individuals who have had some involvement or awareness of the programme say their organisation encourages them to talk about mental health, compared with only around four in 10 (42 per cent) of those who have not been involved with the programme.

Overall, blue light personnel are much more likely to be aware of support available to help them manage their mental health (65 per cent in 2019 versus 46 per cent in 2015).

We also asked people how confident they felt that things were changing for the better in their organisation. Three in five (60 per cent) said they felt confident attitudes were improving, rising to nearly seven in 10 (68 per cent) for those who'd had some involvement in the Blue Light Programme. Over one in two (56 per cent) said they were confident organisational support with mental health problems was improving, rising to over two in three (68 per cent) of those who'd had some involvement with the Blue Light Programme.

**When I've had difficulties with my mental health, my team members have always accepted and trusted me. I was always welcomed back after I had been off unwell. I never had my ability as a team member questioned or judged by anyone because they understood that I was a capable mountain rescuer.**

Mountain rescue team member, search and rescue service



While these figures are welcome, mental health, stress and wellbeing remain significant issues for the emergency services. The number of people reporting good or very good mental health has gone down since 2015 (from 53 per cent to 45 per cent), while the number of people reporting poor mental health has increased (from 14 per cent to 21 per cent).

It's impossible to say whether these figures indicate that the prevalence of poor mental health is on the rise, or just that people feel better able to identify when they are struggling with their own mental health, and more confident to speak out. Either way, these statistics are concerning, and this is a challenge that urgently needs addressing.

Those with lived experience of mental health problems are less confident than colleagues that

the culture in their organisation is improving. Only 57 per cent of 999 personnel with mental health problems are confident attitudes are changing for the better, compared to 73 per cent of those without lived experience. Even fewer think support is improving (53 per cent of those with lived experience compared to 71 per cent of those without).

The workplace factors that contribute to people feeling mentally unwell or stressed have changed little since 2015. Excessive workload continues to top the list. But more people are now likely to cite trauma as a source of pressure (up from fifth position in 2015 to second in 2019). Lived experience of post-traumatic stress disorder (PTSD) rates are worryingly high compared with the general population, at 21 per cent.

## Trauma awareness

In the wake of high-profile traumatic incidents such as the Grenfell Tower fire and terrorist attacks in Manchester and London, we were asked to provide more information and support related to trauma. In the final year of the Blue Light Programme, we provided trauma-related support through our local Mind partners across England and Wales, who are experts in delivering frontline mental health support.

In partnership with local Minds, we provided access to face-to-face interventions, peer support, and trauma awareness training, so that even more staff and volunteers were better equipped to support their colleagues in emergency services.

- Over 300 people received training on trauma awareness
- A further 322 were trained in peer support
- And over 650 people accessed face to face interventions through our local Minds.

More than 200 participants helped us evaluate our trauma awareness training:

- 99 per cent agreed their awareness of trauma and its effects had improved
- 94 per cent said they now felt more confident looking after themselves and others witnessing or involved in traumatic events
- 95 per cent agreed their knowledge of PTSD, and how to approach colleagues who might experience this, had improved.

We also provided tailored online information on PTSD for 999 teams, and our Blue Light Infoline team received expert training in trauma.

**Most of the people in your life outside of work have never seen or been involved in a traumatic event, so this can lead to you feeling alone, different, or isolated from family and friends.**

Firefighter, fire service

# A strong evidence base

Every aspect of the Blue Light Programme has been underpinned by evidence. Before, during and following the programme activity, we commissioned and conducted robust research to help us design programme elements, evaluate how well they were working, and identify and fill gaps in our provision. Our research reports are listed on p50 and referenced throughout this report.

## Original scoping survey

Our scoping survey took place in early 2015.

3,627 respondents across England



\*As this was low, we undertook targeted scoping work with search and rescue to help us understand more about their views and needs on mental health in these roles. We also commissioned targeted research with members of the BME community, also under-represented in the survey data.

## Mental Health in the Emergency Services Survey 2019

This survey took place between December 2018 and January 2019.

5,081 respondents across England and Wales



- |                    |  |
|--------------------|--|
| • 88% staff        | • 12% volunteers   |
| • 30% managers     | • 41% said they'd had some involvement in the Blue Light Programme |
| • 70% non-managers | • 59% not involved   |

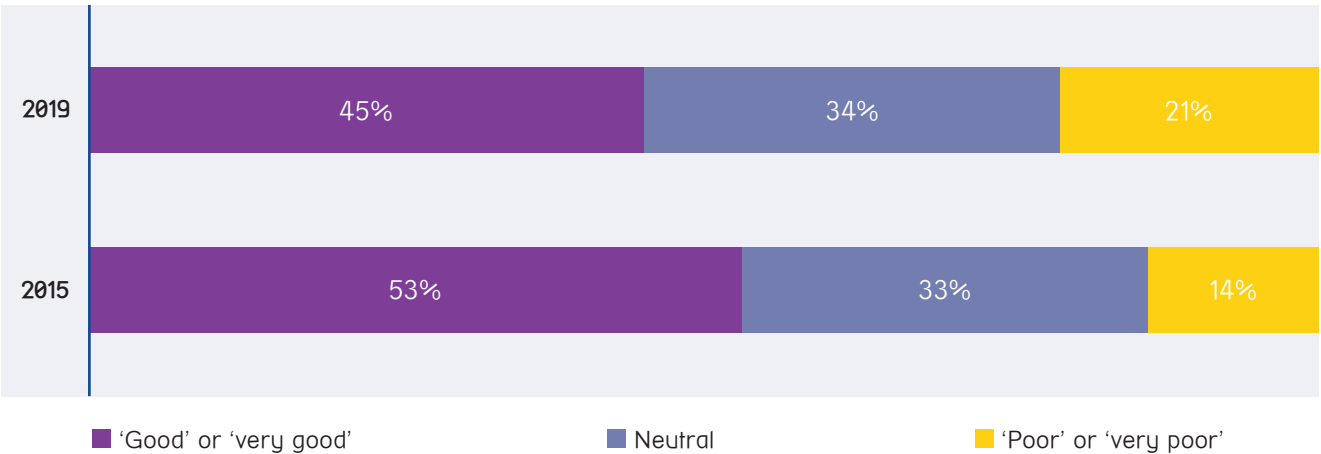


# Mental health in the emergency services – our 2019 survey results

## Current mental health

- 45 per cent of blue light personnel say their mental health is ‘good’ or ‘very good’, down eight percentage points from 2015 (53 per cent).
- Search and rescue volunteers report the best mental health – 69 per cent say it is ‘good’ or ‘very good’.
- Ambulance personnel report the worst – only 34 per cent say it is ‘good’ or ‘very good’.
- Across all services, 21 per cent say their mental health is ‘poor’ or ‘very poor’, compared with 14 per cent in 2015.

How would you describe your current mental health?



## Lived experience

Of those who participated in the survey, 67 per cent said they had lived experience of mental health problems, compared with 56 per cent in 2015.

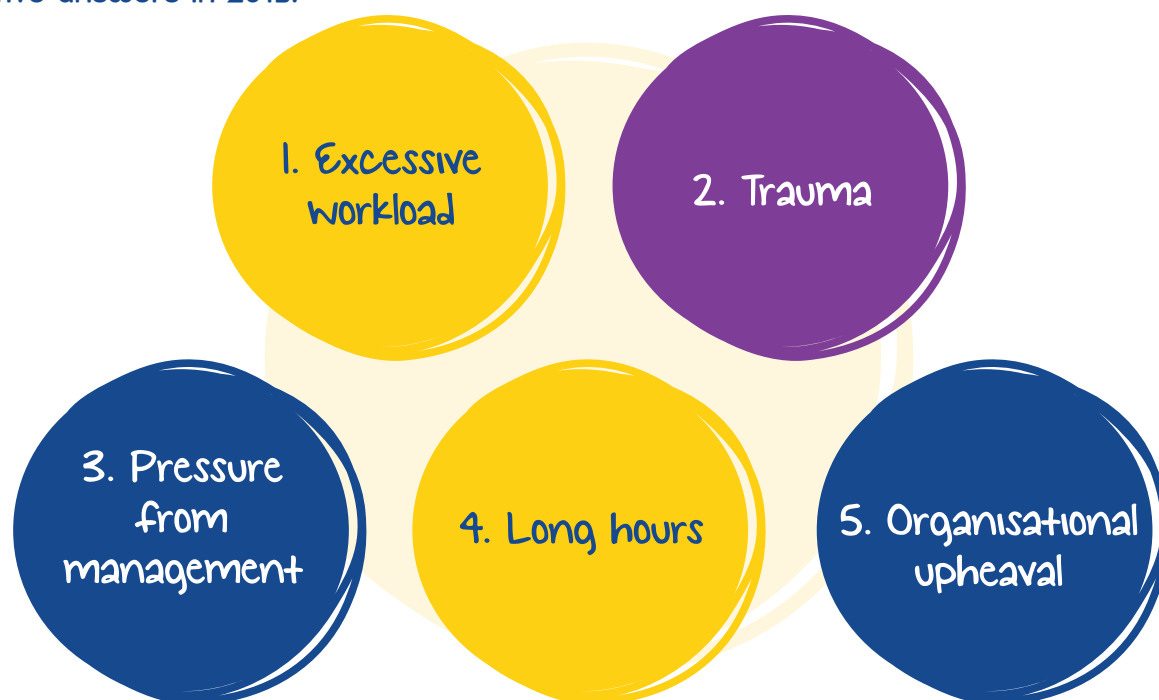
Top three reported mental health problems:



## Causes of poor mental health

In our 2015 and 2019 surveys, we asked people what particular aspects of their role could cause them to feel low, depressed, stressed, or mentally unwell.

Top five answers in 2019:



The top five is the same as 2015, though the percentage who cite trauma as a factor has increased, moving trauma from fifth position to second. Ambulance and search and rescue services are most likely to cite trauma as their top cause, while fire personnel say they are affected most by pressures from management, and the police workforce cite excessive workload.

The longer people serve, the more likely they are to feel the negative impact of workload pressures. Those who have 11 to 20 years of service are the most likely to feel the effects of a range of pressures, including organisational upheaval and physical health concerns – making them an important audience for mental health and wellbeing support.

**When I first joined the team in the early 90s, we were doing around 60 rescues per year. Now we regularly attend 100 to 120 rescues a year. It's quite a significant commitment on top of my day job, family and other things that matter in life.**

Volunteer, search and rescue

## Stigma and support, and the role of the Blue Light Programme

### Involvement within the Blue Light Programme

Of those who completed the survey:



The highest rate of programme involvement among survey respondents was in the fire service (47 per cent), and the lowest in the ambulance service (38 per cent).

### Involvement in the Blue Light Programme

Over one in two managers (56 per cent) said they'd been involved, compared with around one in three (35 per cent) non-managers:

#### Managers

Involved	56%
Not involved	44%



#### Non-managers

Involved	35%
Not involved	65%



Those who engaged with the Blue Light Programme were more likely to have lived experience of a mental health problem (45 per cent compared with 34 per cent of those with no lived experience):

#### Lived experience

Involved	45%
Not involved	55%



#### No lived experience

Involved	34%
Not involved	66%

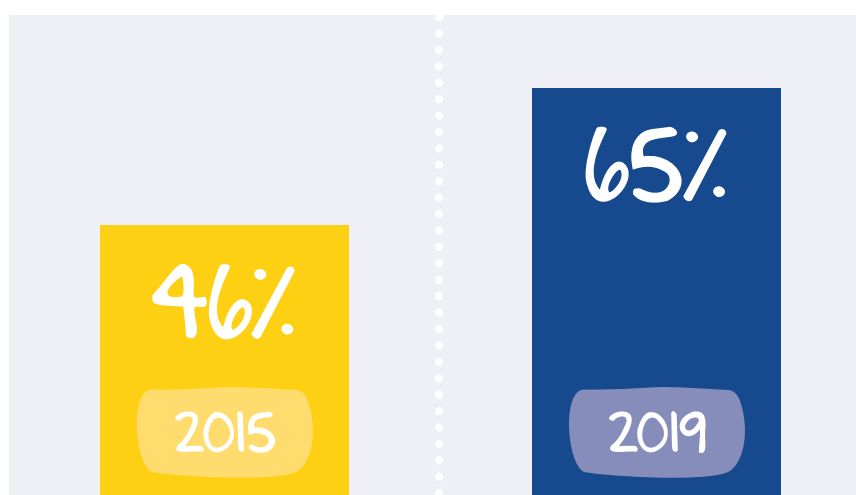


### Awareness of support

The proportion of personnel who said they were aware of mental health support available to them rose from 46 per cent to 65 per cent.

The biggest changes were in the ambulance and fire services (both up 22 percentage points), and among those with six to 10 years' service.

### Awareness of support offered by organisation to improve wellbeing and mental health

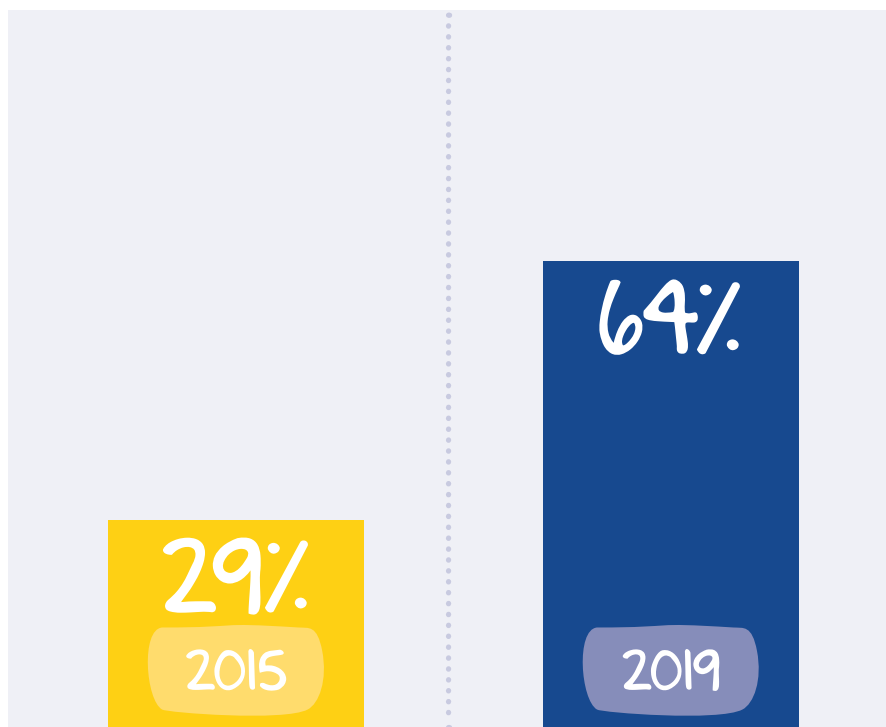




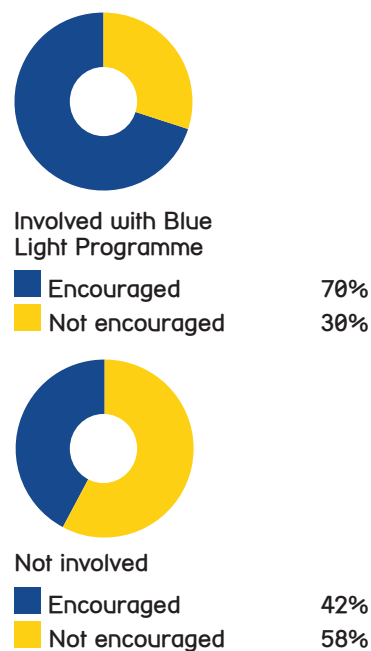
## Talking about mental health

There has been a huge increase in the number of respondents who say their organisations encourage them to talk about mental health – from 29 per cent in 2015 to 64 per cent now.

### My organisation encourages staff to talk openly about mental health



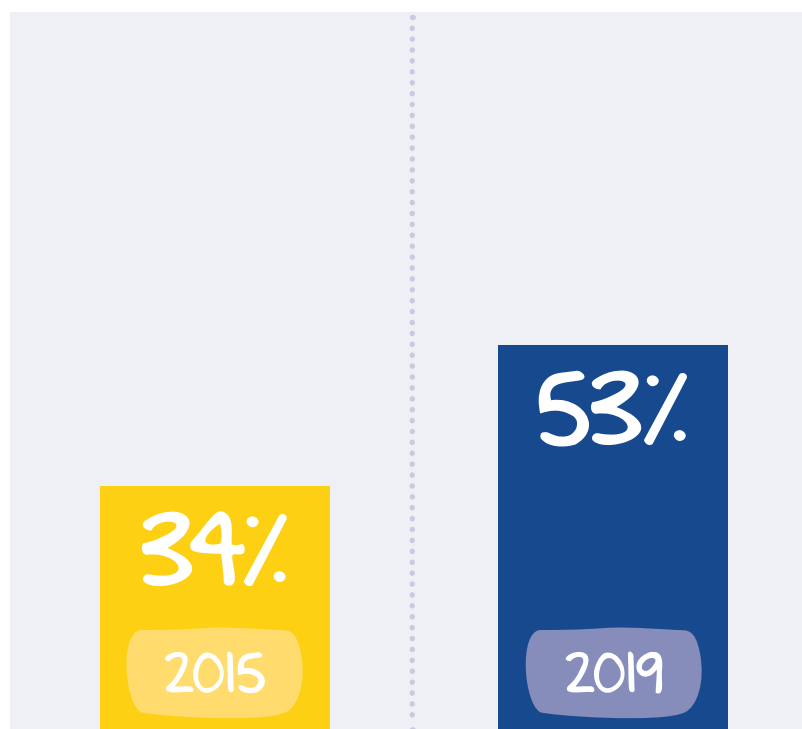
Those with some involvement with the Blue Light Programme were particularly positive, with 70 per cent saying they felt encouraged by their organisations, compared with only 42 per cent of those who had not been involved:



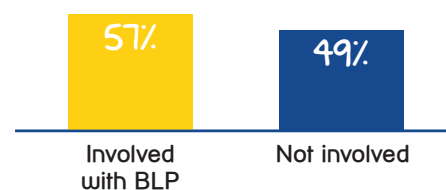
## Organisational support

There's also been a big rise in the proportion of personnel who say their organisation supports people with mental health problems well – up from 34 per cent to 53 per cent.

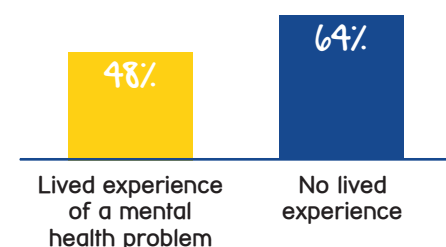
### My organisation supports employees who experience mental health problems ('well' or 'very well')



Again, those who had had some involvement with the Blue Light Programme were more likely to be positive about organisational support compared with those not involved (57 per cent vs 49 per cent):



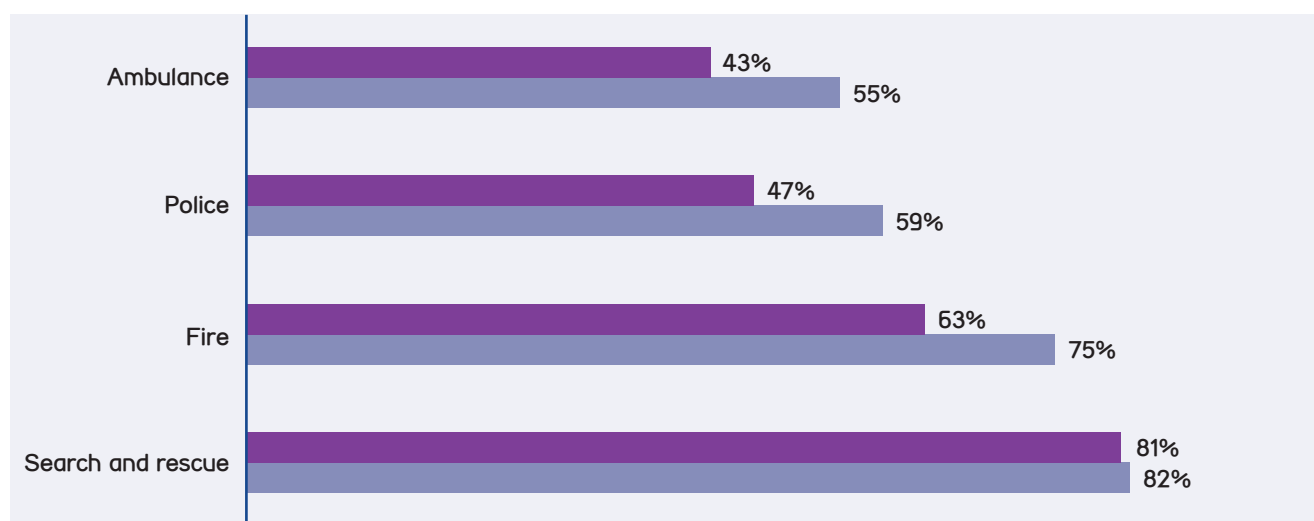
But perceptions may not match reality: positivity about organisational support was lower among those who have lived experience of mental health problems (48 per cent compared with 64 per cent of those without lived experience):



## Differences between services

We found differences between the four emergency services when it came to perceptions of organisational culture:

### Organisational culture by service



- My organisation supports employees with mental health problems well
- My organisation encourages staff to talk openly about mental health

## Mental health training

40 per cent said they had received mental health training, of which 26 per cent had received this internally, and 23 per cent from Mind or another external provider.

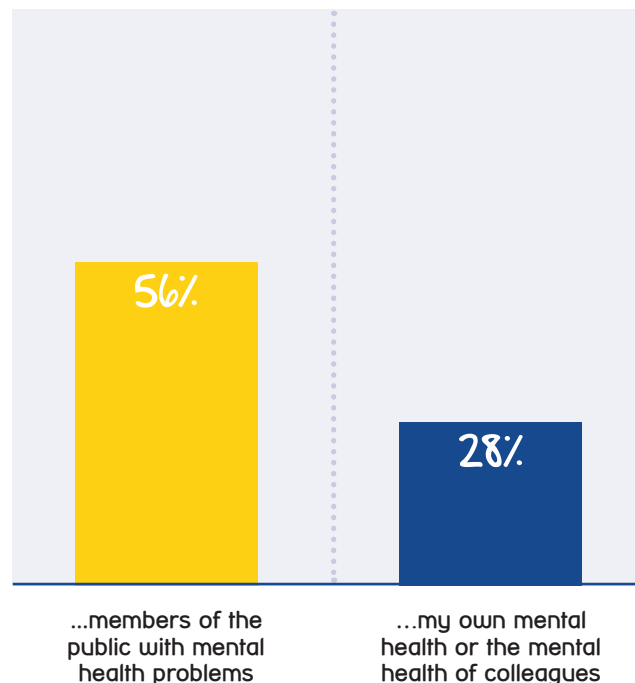
Attendance had only been mandatory for 37 per cent of attendees.

Of those who had received mental health training as part of their induction:

56 per cent had received training in supporting members of the public with their mental health

28 per cent had received training in supporting their own and colleagues' mental health.

I've received mental health training to help me support...



## Perceptions of change

60%

said they felt confident attitudes towards mental health at their organisation were changing for the better,

56%

were confident that mental health support was also improving.

The most confident across both aspects (attitude and support) was search and rescue, while the least confident was the ambulance service.

New recruits (in role less than a year) were the most positive, while those who have served 11 to 20 years were least likely to express confidence that things are getting better.

Those who had had some involvement in the Blue Light Programme were more positive compared with those not involved. And those with lived experience of mental health problems were less confident of positive change – suggesting that there's much more work to do.



## Wellbeing in Welsh 999 teams

**In 2017, we expanded our Blue Light Programme into Wales. Blue light employers were supported nationally by Mind Cymru and regionally by local Minds.**

While this report draws on our experiences and learning from England and Wales, our 2019 survey showed some positive differences in how emergency services personnel in Wales feel about their own mental health, and attitudes to mental health within their organisations.

Those who participated in our 2019 survey from 999 teams in Wales were more likely than their England-based colleagues to say their current mental health was good (54 per cent compared with 44 per cent in England), and that attitudes towards mental health in their organisations were changing for the better (68 per cent confidence compared with 61 per cent in England).

They were also more likely to have undertaken training (55 per cent versus 45 per cent), and to

say they felt encouraged by their organisation to talk about mental health (70 per cent versus 65 per cent).

We also commissioned Work2Health / Work Research Centre to evaluate the Blue Light Programme in Wales. It showed demand was high overall, as services understood the programme's value in addressing issues around poor mental health and wellbeing, following its rollout in England.

All emergency services in Wales signed the Time to Change Wales employer pledge – a visible commitment to changing the way they think and act about mental health in the workplace. We recruited 233 Blue Light Champions, who reported they'd received strong support from their employers and trade unions.

You can find our evaluation on our website at [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

**Work2Health / Work Research Centre (2018): Blue Light Programme: an evaluation of the transfer of the programme to Wales**

Credit: Gareth Noyes



# Our key learning

## It can be better

**We've shown it is possible to change organisational culture in the blue light services, and ensure targeted mental health support is in place and making a difference.**

Even so, only one in two people who responded to our 2019 survey said their organisation supports people with mental health problems well (53 per cent), and over one in three (37 per cent) still don't believe their organisation encourages dialogue about mental health.

Poor mental health continues to be an issue across all services, while the role of trauma in creating and exacerbating mental health problems is becoming more widely recognised. Our emergency services personnel have to deal with a range of challenges, and it's more important now than ever that they are offered the support to deal with the situations they face every day.

We've tested, delivered and learned from a range of interventions to improve mental health support, tackle stigma and increase workplace wellbeing. These measures can and do make a difference.

Everyone has a responsibility in coming together to support our hard-working blue light personnel.

Emergency services organisations, those who support and work with them, and policy makers, must now rise to the challenge of supporting our 999 teams with their mental health and wellbeing – and make these tested interventions available to a wider number of staff and volunteers.

It's not just the emergency services who can benefit from our experience and learning from the Blue Light Programme. We believe the principles and approaches are potentially applicable to other workforces and sectors, where personnel face similar difficulties and challenges.

**It's been my experience  
that the more I've spoken  
to colleagues about how I'm  
feeling, the better I feel.**

Firefighter, fire service





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## It takes more than goodwill

The context within which staff and volunteers carry out their roles is increasingly challenging. Funding reductions are continuing to be felt. Debates on how to fund, run and hold public services to account are increasingly politicised and divisive, accompanied by sharpened public and media criticism.

**The night shift, working with reduced staff. We're down to two. Depending on how busy it is, you sometimes haven't got time to get up from your desk to go for a comfort break or get a drink of water, even.**

Call handler, fire service

Recent high-profile terrorist attacks, and large-scale emergencies like the Grenfell Tower fire, have thrown a spotlight on the effects of trauma on both emergency services personnel and the public.

Some of the solutions for addressing poor mental health in the emergency services are beyond the reach of any one individual or organisation, or even the most effective workplace wellbeing programme. Instead, helping individuals remain in and thrive at work, whatever their mental health, needs the combined efforts of employers, professional and sector bodies, emergency services charities, and Government.

In 2017, Mind's Chief Executive Paul Farmer, together with Lord Dennis Stevenson, carried out an independent review for the Government looking at how employers in all sectors could better support individuals with mental health problems to remain in and thrive in work. Their report *Thriving at Work* showed that failing to address mental health issues and wellbeing is resulting in an enormous economic and social cost. According to the authors, a ten-year plan – with actions for employers, industry bodies and Government – is needed to achieve the necessary level of cultural change among employers, and improve the UK's mental health.

In setting out a series of core and enhanced standards for UK employers to adopt, the *Thriving at Work* authors recognised that those working in the emergency services can be at high risk of stress and trauma, making it even more important to have clear organisational accountability when it comes to workplace wellbeing. These 'standards' – recommendations for employers – were accepted by Government, and now we need to see them being implemented.

There are no quick fixes. But the mental health of our 999 teams has never mattered more.







## Mental health in the workplace

A recent Mind survey of over 44,000 staff found almost one in two employees had experienced a mental health problem while working for their current employer.

The cost of poor mental health to the economy is between £74 billion and £99 billion per year<sup>1</sup>.

Around 15 per cent of people at work have symptoms of an existing mental health condition<sup>2</sup>.

In 2015 to 2016, 11.7 million working days were lost to stress, depression or anxiety<sup>3</sup>.

The issue is exacerbated by ‘presenteeism’ – whereby employees feel compelled to come into work even though they’re not well, but are likely to be less productive. The Centre for Mental Health has calculated that presenteeism costs the UK economy £12.2 billion annually<sup>4</sup>.

Presenteeism is often more prevalent in organisations that have a negative culture around mental health. If staff facing mental health problems fear being labelled or discriminated against, this in turn becomes a barrier to prevention, early detection, seeking support, and intervention.

Our research shows presenteeism is a significant problem for blue light personnel, who are more likely than the general population to experience mental health problems, but less likely to take time off work. Our scoping survey found 44 per cent of personnel thought colleagues would be treated less favourably if they disclosed a mental health problem at work.

There’s research to show improving management of mental health in the workplace can save more than 30 per cent of the costs related to sickness absence due to mental ill health, presenteeism and staff turnover<sup>5</sup>. Tackling

**I think that’s what frightens people as well, because people think, ‘I don’t want them worrying, thinking that I can’t do my job, and trying to get rid of me or anything.’ So you just carry on like everything’s great.**

Call handler, police service

presenteeism not only yields financial benefits in the short and long term, it positively affects staff turnover, productivity and engagement.

With presenteeism often borne out of a culture of silence when it comes to mental health, we want to see employers create an environment where staff feel able to speak out about stress and poor mental health at work openly and know that if they do, they’ll be met with support.

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## The blue light workplace culture

Our research shows emergency services personnel are twice as likely to identify problems at work as the main cause of their mental health problems, compared with the general workforce population.

The causes of poor mental health in 999 teams haven't changed. Excessive workload, pressure from management, organisational upheaval, long hours and exposure to traumatic incidents remain the top five answers in our most recent survey of blue light personnel.

And while we're working to tackle stigma, there are still many who struggle on in silence, unwilling to let themselves or others know that they're finding things hard.

**In the ambulance service, we like to have this feeling that we're bulletproof, and sometimes you can feel a bit ashamed to say that there's something wrong with you.**

Paramedic, ambulance service

Our latest research shows a greater recognition among staff and volunteers of the role of trauma in triggering poor mental health. It may be that 999 team members exposed to trauma on a regular basis are now becoming more aware of the impact it has on their mental health. Badly managed change, poor leadership and perceptions of unfair treatment can then compound these effects, worsening poor mental health.

It's clearly vital to provide support to staff and volunteers exposed to traumatic incidents. But those involved in supporting the mental health of blue light personnel need to tackle all the causes – and provide long-term solutions, not just short-term fixes.

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## The costs to emergency services

Research suggests 300,000 people with a long-term mental health problem lose their jobs every year<sup>6</sup>. Our scoping research shows almost two in three (63 per cent) of blue light personnel have considered resigning from their job or voluntary role due to stress or poor mental health.

High staff turnover isn't just a financial issue – emergency services risk losing highly skilled, experienced and passionate blue light workers if they don't have the right support systems in place to identify and address mental health risk factors.

**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 problems<sup>7</sup>.**

## The impact on the public

New recruits to blue light services are twice as likely to receive mental health training to help them support members of the public than they are to receive training in supporting their own and colleagues' mental health (56 per cent versus 28 per cent).

**As a force we are very good at helping people with mental health issues – but we're not as good when it comes to looking after each other. We see it as weak.**

Police officer

And yet blue light personnel tell us they believe that when they are supported to understand their own response to mental health problems, they can draw on their own and others' lived experience to provide greater support and empathy to the public. In essence, equipping blue light staff and volunteers with improved mental health knowledge and expertise makes them better at their jobs.

Our scoping survey in 2015 showed 60 per cent of ambulance workers and 40 per cent of police agreed they were less patient with the public because of their own mental health. Compassion fatigue, where staff were unable to see 'the person' when engaging with members of the public, was said to be common among emergency services staff.

Overall, there has been limited research to date on links between emergency services staff and volunteers' mental health and wellbeing, and their ability to support members of the public, particularly those experiencing mental health problems. We would welcome greater research in this area. However, relevant findings from research on medical professionals show that:

- Increased staff wellbeing results in less sickness absence, which means there are more staff available to support the public.
- When the public view staff as doing more than 'just their job', it improves their perception of how well they've been treated.
- There is a positive relationship between good people management practices within an organisation, high levels of job satisfaction, and public satisfaction.

Those planning mental health and wellbeing initiatives within the emergency services should be considering the wider impact on the public, and where possible, evidencing this.

## Researching the public impact of 999 team wellbeing

We commissioned research during the final year of the Blue Light Programme to understand better the connection between emergency services staff and volunteers' mental health, and their ability to support members of the public.

The research, which included mapping the current evidence base, and qualitative research with police and fire services staff, highlighted the need for deeper insight into the public impact of mental health and wellbeing initiatives. This would provide more robust findings which could be used to influence, plan and evaluate future initiatives.

Our research partner NEF Consulting has recommended a staged approach to gathering data for future research studies; combining data from both blue light staff and the public to better understand the public impact of workplace wellbeing provision.

You can read the research report on our website: [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

**NEF Consulting (2018): Blue Light Programme Impact on the Public: Exploratory research**



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## Promoting the mental health of 999 teams

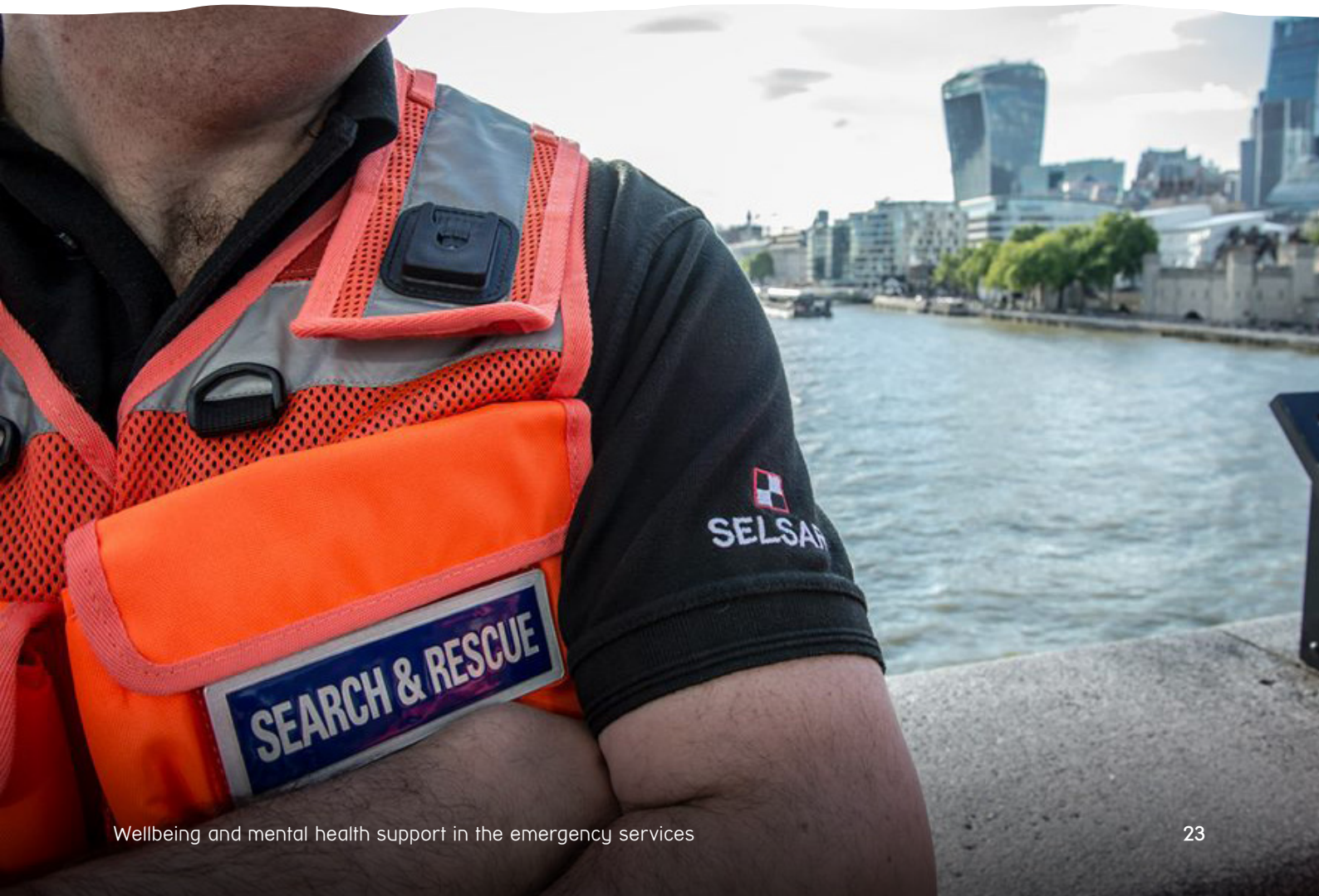
The increases in organisational openness and support, and perceptions of positive change, as reported in our 2019 survey, all show a promising direction of travel.

Those who participated in the Blue Light Programme are particularly likely to report positive change, compared to those who didn't.

The lessons are here for everyone to learn from. We're sharing what we've learned from the Blue Light Programme to inspire everyone who leads or supports emergency services to do better.

So we're pleased to see emergency services developing and leading mental health and wellbeing initiatives beyond the Blue Light Programme. Initiatives like:

- Oscar Kilo, an online gateway which brings together resources and the evidence base and best practice on emergency services wellbeing, with a view to promoting collaboration across organisational boundaries.
- The Blue Light Wellbeing Framework, a self-assessment and peer assessment tool.
- The launch of a common goal for police wellbeing to be achieved by 2021 across England and Wales.
- The Association of Ambulance Chief Executives including improving the health and wellbeing of the workforce within its HR national work stream.
- A national UK Search and Rescue wellbeing group, which is developing an integrated national framework.
- All fire and rescue services working on their inclusion practices so that everyone can be well at work and open about every aspect of their lives including mental ill health.



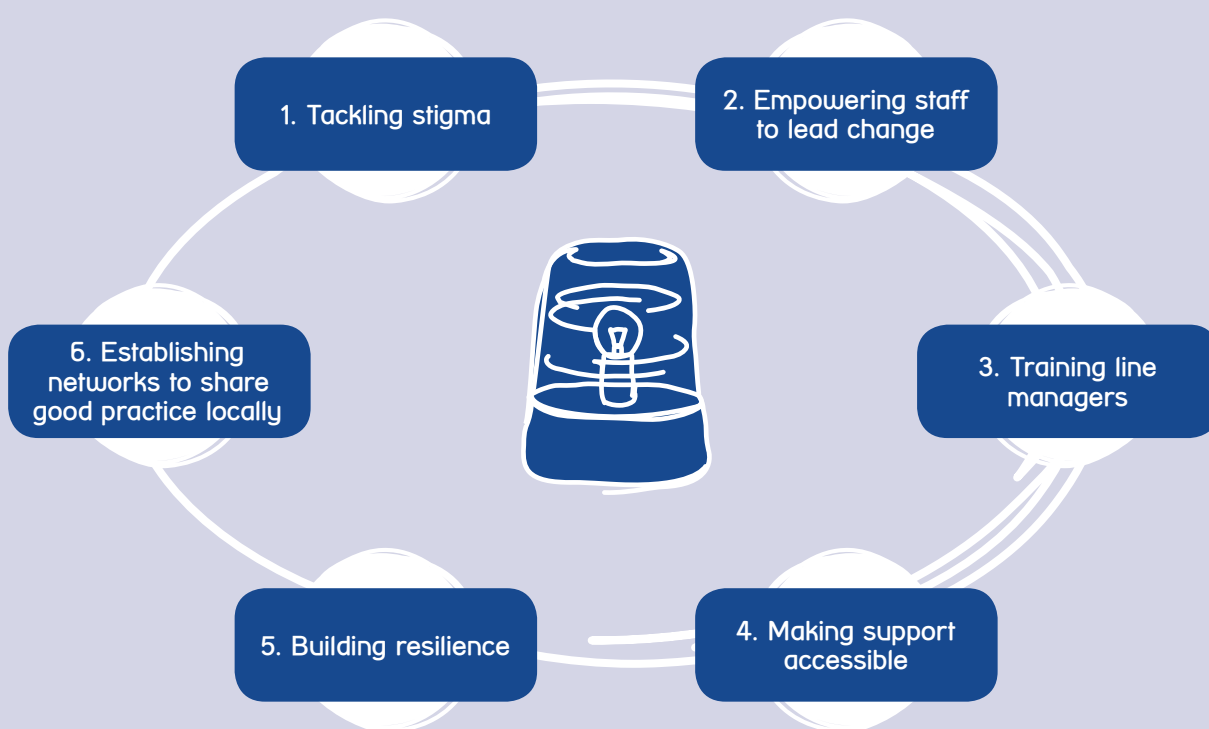
## Building on these foundations, we want to see:

- Emergency services and professional bodies investing in workplace wellbeing and mental health initiatives, tailored to the unique needs of blue light staff and volunteers
- Research bodies further developing the evidence base to enhance our knowledge of how to keep our 999 teams mentally healthy
- Government and policy makers ensuring mental health support for our 999 teams is a national priority.

We will continue to play a role in ensuring all blue light staff and volunteers get support and respect with their mental health. This includes:

- Delivering training, including through our network of local Minds
- Ensuring that Infoline staff have specific training to be able to respond to the needs of blue light personnel
- Offering a range of information booklets and online resources tailored to each emergency service
- Continuing to feed our evidence and understanding of mental health in the blue light workforce into national initiatives and policy making
- Ensuring emergency services benefit from our future workplace wellbeing initiatives targeted at the public sector in general.

## Our Blue Light Programme focused on six key areas over its four years:



The next part of this report shows what we've learned for each of these six areas.



# I. Tackling stigma

Stigmatising attitudes can stop staff and volunteers with mental health problems getting the support they need. A culture that normalises mental health conversations doesn't just lead to more people accessing support – it also creates opportunities for earlier intervention. But lasting cultural change takes time to embed.

## The problem with stigma

We've long recognised that stigma can stop people opening up about their own mental health and seeking support. Our 2015 research showed this was particularly an issue for emergency services personnel – seven in 10 (71 per cent) thought their organisation did not encourage them to talk about mental health, compared to only 45 per cent of the general workforce population.

We found there was limited understanding of poor mental health and little open discussion within 999 teams, with 44 per cent of respondents saying they thought colleagues would be treated more negatively if they disclosed a mental health problem at work. There was a perception among some blue light services that being the ones who 'fix' situations meant they couldn't be seen to have vulnerabilities themselves.

**Before this happened to me, I thought that I was invincible, that I was too strong to have a mental health problem. I work for the police after all: I'm the one that helps everyone else. Maybe that's why I found it so difficult being on the 'other side of the coin'.**

Enquiry officer, police service





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## How Mind helped tackle stigma

As part of our Blue Light Programme, we worked with the anti-stigma movements Time to Change and Time to Change Wales, to create and promote the Blue Light Time to Change pledge. This was a powerful way for organisations to show their commitment to challenge mental health stigma and promote positive wellbeing within their service. Pledged organisations created action plans to show the tangible ways they planned to go about fulfilling their pledge. By the end of the programme, more than 100 emergency services, support charities and associations had signed the pledge and created action plans.

In addition to the pledge initiative, mental health champions known as Blue Light Champions (see page 29) hosted awareness-raising events within their organisations and teams. We also trained line managers to encourage staff to talk about their mental health, to further overcome stigma (see page 32). During the first year of the programme, we ran a social marketing campaign within workplaces and on social media aimed at emergency services staff and volunteers, challenging negative stereotypes and encouraging support-seeking behaviour.



## What we've learned

Our initiatives under the Blue Light Programme show it is possible to tackle stigma, but sustaining and embedding improved attitudes and practices takes time.

After the first year of the Blue Light Programme, nine in 10 (91 per cent) employer pledge leads reported that the Blue Light Programme had a positive impact on the organisation, and one in four (25 per cent) said that the mental health of the workforce was now better than the same time the previous year. Two in three (66 per cent) said they would recommend it to other emergency service organisations.

**I think gone are those days of, 'Man up and get on with it.' I think gone are the days of it being seen as a weakness. I think it's starting to be seen now as a bit of a strength if you can talk about things that bother you**

Fire service staff member

But while pledge leads were very positive about the programme and reported positive organisational change, just 27 per cent of employees agreed that there had been a positive impact on the organisation. These first year findings suggested employees were still hesitant to speak out about mental health.

In contrast, our 2019 survey – after four years of the programme – was much more positive, with the percentage of staff who said their organisations encouraged openness rising from 29 per cent before the programme to 64 per cent at the end. This highlights the need to provide the time for anti-stigma activity to filter through to employees and for the long-established cultural ethos to change.

In our 2019 survey of 5,000 staff and volunteers, 70 per cent of those who had some involvement in the Blue Light Programme said their organisation encouraged staff to talk about their mental health, compared with only 42 per cent of those not aware of the programme.

## How we know

Our research partner Future Thinking evaluated Strand One (tackling stigma and discrimination) at the start and end of year one of the Blue Light Programme. Researchers used a mixed methodology of quantitative and qualitative research involving pledge leads, pledge associations, employees of pledged organisations, Champions, and family and friends of Champions.

You can find the reports on our website at [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- Future Thinking (2015): Blue Light Programme Strand 1 Evaluation (Part 1)
- Future Thinking (2016): Blue Light Programme Strand 1 Evaluation (Part 2)

We updated our knowledge through our survey of emergency services personnel in early 2019 (see page 11).





## Building from here

Tackling stigma is core to Mind's mission, and we'll continue to do this through our public awareness and campaigning, through the Time to Change England and Wales campaigns and pledge, and through workplace wellbeing initiatives with employers of all kinds, including emergency services. In particular, we want more emergency services to engage in activities such as the Oscar Kilo Blue Light Wellbeing framework, showing commitment to the health and wellbeing of their workforces, and our Workplace Wellbeing Index, a benchmark of best policy and practice. The Index helps organisations find out where they are doing well and where they can improve their approach to mental health in the workplace.

Changing organisational culture is not an easy task, and doesn't produce immediate results. But it's an essential ingredient in successfully embedding mental health support within 999 teams.

Building from here could mean:

- Individual emergency services investing in culture change activity, ensuring this is driven by strong organisational leadership and accountability.
- An ongoing commitment from emergency services who signed the Blue Light Time to Change pledge to remain accountable for delivering against their action plans.
- Government, sector and professional bodies encouraging culture change via the implementation in emergency services of the Thriving at Work mental health core and enhanced standards (see page 19).

Credit: Nigel Millard



## 2. Empowering staff to lead change

Having mental health champions at work to approach for informal support can help staff and volunteers in 999 teams better manage daily work pressures. They can also signpost to other forms of support. We've learned that, to successfully fulfil this role, champions must be supported and empowered by their employer.

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### Why informal peer support matters

Offering mental health support is positive – ensuring people know about it and are comfortable to take it up is essential. Our scoping research revealed that most blue light staff were unaware of the mental health support their organisation offered. Personnel were generally positive about the support that was available immediately following a highly traumatic incident, but reported poor or non-existent support to help with the 'drip-drip' effect of day-to-day role pressures.

The stigma surrounding mental health within much of the blue light community means that personnel are often reluctant to seek support from HR or their manager. Many seek support from friends or family, but we found a significant minority turn to drink, drugs, or isolation in order to cope. Having mental health champions to approach for informal support can help bridge the gap, and improve access to other forms of support.

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### How Mind helped empower mental health champions

We created the role of the Blue Light Champion – an employee or volunteer in the emergency services who takes positive action at work to raise awareness of and challenge the way people think and act about mental health. In many instances, Blue Light Champions are the first port of call for someone who needs support with a mental health problem. We provided training and support materials for Champions to help them promote wellbeing and challenge stigma through literature, events and workshops. We also helped them ensure they could set and manage boundaries when it came to talking to colleagues about personal experiences of mental health.

By the end of the Blue Light Programme, there were almost 3,000 Champions registered across England and Wales. Of those, over 400 Champions had also taken our peer supporter training, empowering them to share their personal lived experience as a way of supporting colleagues with their mental wellbeing and signposting to appropriate services.

We want to continue empowering passionate individuals at all levels, so we established a Champions Working Group, comprising Champions from across England and Wales, representing all four blue light services. The role of the group was to establish how to ensure a sustainable network of Blue Light Champions beyond the Blue Light Programme.

**Before, I felt like one person, that I couldn't change the world. Now I'm part of an organisation. It's growing, and more people are getting interested. You've got a lot of individuals who were passionate about these issues beforehand, but now we are all linked by this programme. We are more of a force.**

Detective, police service





## What we've learned

Being a mental health champion can have a significant positive impact on emergency services staff and volunteers. 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.

In addition, having mental health champions of all ranks throughout the service helped reinforce wider mental health-related programmes and their importance.

Our first-year evaluation found that Blue Light Champions, while enthusiastic about being part of the Blue Light Programme, felt less positive about the support provided by their organisation – only 51 per cent rated this as good. In our survey in early 2019, Champions had become slightly more positive: almost three in five (59 per cent) said their organisation supported people with mental health problems well, compared with just over one in two (53 per cent) of all respondents.

For champions to fulfil their role, they must be well supported and empowered by their employers. Good communications and vocal support for the champion role from management is essential – in particular, senior management speaking out about their own mental health. This also helps towards breaking down the 'us and them' division between staff and management, and drives a more positive workplace culture.

**I found that by sharing my story with my colleagues and being open and honest about my struggles, colleagues are also finding their voices and seeking help. I am definitely seeing a subtle change in attitudes and I am proud to think I may have helped with that.**

Blue Light Champion, police service



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## How we know

Our research partners, Future Thinking and Leeds Beckett University, undertook independent quantitative and qualitative research with Blue Light Champions at the start and end of the first year of the Blue Light Programme, evaluating their perceptions of the programme and support provided to them.

You can find the reports on our website: [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- Future Thinking (2015): Blue Light Programme Strand 1 Evaluation (Part 1)
- Future Thinking (2016): Blue Light Programme Strand 1 Evaluation (Part 2)
- Leeds Beckett University (2016): Evaluation of the Mind training programme for Blue Light peer support champions

We updated our knowledge in our survey in early 2019 (see page 11).

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## Building from here

It's clear that having mental health champions at all ranks and in all emergency services teams can have a hugely positive effect.

Building from here could mean:

- More emergency services introducing and supporting similar mental health champion roles, drawing on Mind's resources and knowledge
- Emergency services employers and networks recognising and supporting Champions already in role.



Credit: Gareth Noyes

### 3. Training line managers

Line managers play a vital role in supporting their workforce with mental health problems, but they can feel ill-equipped to do this. That in turn can negatively impact their own mental health. We found managers' ability to recognise signs and symptoms of common mental illnesses increased significantly after training.

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#### The importance of training line managers

Our 2015 research showed blue light team members were often reluctant to seek support from their manager. Only 15 per cent said that they would feel happy talking to their manager about their mental health. We found there was a strong need to build trust between staff and managers at all levels.

People managers in any organisation play a vital role in supporting their workforce with mental health problems, in terms of both remaining healthy at work and in returning to work. If managers are not properly trained, they can feel unprepared and ill-equipped to do this. Not only does this make them less effective in this role, their own mental health can suffer as a result.





## How Mind helped train line managers

Mind has well-developed expertise in training workplace managers. As part of the Blue Light Programme, we created a training course called Managing Mental Health in the Emergency Services (MMHES). Delivered by local Minds, the course was tailored to the unique environments that the emergency services operate within, with distinct versions for ambulance, fire, police and search and rescue services.

The half-day course was designed to be delivered face-to-face to groups of participants, and comprised trainer-led presentations and opportunities for participant discussion and interaction. During the first year, we also offered training via webinar. By the end of the programme, almost 9,000 line managers, team leaders and staff in pastoral roles within emergency services across England and Wales had attended the face-to-face training. Services see the value of our training and continue to invest time and resources in face-to-face sessions through Mind and our local Minds,

**As a manager, I need to be more aware of what my officers are experiencing and what impact it can have on them. I realise that when someone says 'I'm fine', it may not be entirely true and it just needs the right approach.**

Manager, coastguard service





## What we've learned

When we evaluated the face-to-face MMHES course, we found that among participants who had attended the course:

- Self-reported understanding of mental health problems increased by 95 per cent
- Managers' ability to recognise signs and symptoms of common mental illnesses increased by 54 per cent
- 90 per cent agreed or strongly agreed 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."

Other feedback showed participants believed training shouldn't be just for middle-level managers or team leaders, but for all senior management too. In addition, we found that opportunities needed to be provided to ensure managers got to use the new skills they'd acquired soon after the training, to avoid those positive effects dissipating.

Engagement with webinars was generally low. Participation was hampered both by IT difficulties (including strict security controls over the use of work-issue computer equipment) and the challenge of finding space and time to participate.

In contrast, face-to-face training sessions were shown to help managers recognise and address evidence of mental health conditions among their staff, as well as helping them evaluate their own mental health.

Our evaluation suggests that emergency services benefit most from line manager training in mental health when it is mandatory for all line managers or team leaders – that way, the benefits can be felt throughout the organisation, and it ensures learning is undertaken by those that need it most. However, our 2019 research showed around three in four (74 per cent) of those attending mental health training had been offered this on a voluntary basis only – so there is a way to go.

**I've told my crew that if they want to talk to me one-to-one that's okay, and if they want to take themselves off to a corner that's fine too. I've also set up talks round the table after an incident so we deal with all the stuff we have to for work, but then try to put time aside for the watch to sit down, have a cup of tea and just talk about things in general.**

Watch manager, fire service



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## How we know

We commissioned the Institute of Employment Studies to carry out an independent evaluation of our line manager training after the first year of the Blue Light Programme. This was a mixed methods study including evidence review, quantitative and qualitative research.

You can find the report on our website:  
[mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- Institute of Employment Studies (2016):  
Evaluation of Mind's Blue Light Programme  
Strand 2: Workplace Wellbeing

We updated our knowledge of access and take-up of training in our survey in 2019 (see page 11).

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## Building from here

We'll continue to offer training for workplace managers as part of our wider workplace wellbeing initiatives, building on what we've learned through the Blue Light Programme.

Building from here means:

- HR and training teams within emergency services making the case for mental health training for line managers to be a mandatory part of core training
- Emergency services investing in face-to-face training as part of workplace mental health and wellbeing initiatives.



## 4. Making support accessible

There is a strong appetite among emergency services for mental health information. Mind has a suite of written and video materials tailored to this audience's needs, as well as trained advisors at the end of a phone or email. These resources don't just equip people with knowledge. They also help them know where to go next for further support and information, and how best to access this. We've learned that these resources need to be well promoted within workplaces, and where possible tailored for particular roles or groups of staff with specific needs. Otherwise people don't know about or won't access them.

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### Mental health information for 999 teams

#### The value of readily-available information

We have consistently found a huge demand from blue light teams for mental health information tailored to their needs. One year in to the Blue Light Programme, most staff and volunteers (82 per cent) reported that either they or someone they knew had been affected by a mental health problem, either due to their work duties, or to pressure related to

budget cuts and management (76 per cent). Only 37 per cent of these participants reported that they had accessed support from a mental health service. The majority (89 per cent) agreed that more support was needed for professionals working in emergency services. This included access to trustworthy and relevant information.







## How Mind helped make information accessible

Mind operates a busy Infoline for anyone looking for information about mental health. During the Blue Light Programme, we extended this support by launching a dedicated and confidential Blue Light Infoline. This meant emergency services staff, volunteers and their families could contact a trained advisor by phone, email or SMS, and receive personal information and support on a range of mental health issues and concerns. Over the four years of the programme, we supported

over 9,000 callers with advice and information on a range of topics, from signs of stress and ill-health to employees' rights in the workplace.

We also produced and distributed a wide range of information products – leaflets, web pages and short films – developed specifically for each of the four emergency services: ambulance, fire, police and search and rescue. These were promoted and distributed online and on social media, and within workplaces by Blue Light Champions (see page 29).

### Accessing Blue Light Programme resources:

**627,000**

total webpage views

**360,000+**

printed booklets  
distributed

**34,000+**

views of our films

**46,000+**

resource downloads

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## What we've learned

Sources of information tailored to the needs of 999 teams have been welcomed by staff and volunteers. However, poor workplace visibility meant less than one in three personnel were aware of the Blue Light Infoline by the end of the first year of the programme, and those that were aware did not always know how to contact it. We countered this during the remaining years of the programme by helping employers and Champions promote the Infoline and all our resources.

Those who were aware of the Infoline viewed it positively, most commonly describing it as confidential, supportive and helpful. Our research shows confidentiality is a key component in any advice or support service aimed at supporting this workforce.

Our information booklets were well received, with positive feedback on information, links to other support resources and guidance for family and friends. Important factors included concise information, simple and non-patronising language and the use of images. The most popular leaflet had information on how to support a colleague with a mental health problem.

Our information videos were praised for prompting further discussion on mental health issues and encouraging help-seeking behaviour. There were calls to include further information in these, including signposting to additional support.

Overall we've found it's important for people to see their own services reflected in these resources, so they can feel these are truly 'for them'.

**I have noticed that if I am having a particularly stressful day then I need to take five minutes to grab a coffee and carry on rather than plough through like I would normally do.**

Paramedic, ambulance service

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## How we know

Our research partner BMG Research evaluated the use of our information and Blue Light Infoline after the first year of the programme, using a mixed method approach combining quantitative and qualitative research. This included an online survey of 463 participants living in England who had not used the Blue Light Infoline. The qualitative research involved 27 in-depth interviews and five online focus groups.

You can find the report on our website: [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- BMG Research (2016): Blue Light Programme: Evaluation of the Information Provision strand

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## Building from here

The information resources we produced for emergency services staff, volunteers and families as part of the Blue Light Programme will continue to be available via our website. Our Infoline is still available to anyone who works or volunteers in the blue light services, as well as their family and friends, looking for support or information related to mental health.

As organisations shift their culture so that mental health problems are more openly discussed, the need for trustworthy information and signposting to confidential and effective advice is likely to only increase. The effects of funding cuts and

management pressures on blue light services will further fuel this demand.

Building from here could mean:

- Emergency services going further to promote information resources and confidential sources of support
- Making access to information a key component of workplace wellbeing initiatives within emergency services.

## Tailoring support further

### One size doesn't fit all

We learned early on that the activities rolled out as part of our Blue Light Programme were accessed and received differently, depending on the roles people carried out. This was not just about which emergency service people were part of – ambulance, fire, police or search and rescue. There were also cross-service groups of staff that had unique needs:

**New recruits** have to rapidly adjust to a set of challenges different from anything they've experienced outside the emergency services. From shift patterns to dealing with distressing situations – there is a lot to get used to, while cuts mean there's now less support and mentoring than previously. New recruits are expected to absorb large amounts of information in a relatively short time. In the early stages of their new job, mental health training in topics like resilience, coping skills and supporting their wellbeing don't always feel relevant – and more like 'information overload'. At the same time, many new staff do not feel comfortable disclosing or seeking help for a mental health problem, feeling it may put their job at risk or have a negative effect on their career.

**I first experienced mental health problems within my first year in the service. I'd attended a number of particularly horrendous fatal incidents, which ended up having quite an effect on me. I tried to get through it all for a number of years, until eventually ... I started experiencing suicidal thoughts and feelings.**

Firefighter, fire service

**Call handlers** are increasingly expected to take on higher volumes of calls, against a backdrop of reduced staffing levels and strictly enforced targets. This contributes to poor mental health and wellbeing, leading to high levels of staff sickness and poor retention. Our research showed that call handlers felt they rarely had time to process their thoughts between calls, exacerbating a sense of 'emotional turbulence'. Meanwhile, not knowing the outcome of the calls they handle was leading to a lack of psychological closure. Dealing with callers experiencing mental health problems, and sometimes those experiencing suicidal thoughts and feelings, were a particular challenge. At the same time, many feel they aren't held in the same regard or getting the same recognition as other parts of the emergency services.

**There needs to be a lot more training around suicidal callers, people just don't know what to say. We're always told to be careful of what you say because of the fact that you could make a whole situation worse by saying the wrong thing.**

Call handler, ambulance service





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## How Mind responded to the support needs of specific 999 teams

During the second half of the programme, we were able to develop and pilot more targeted approaches to supporting these two groups.

We piloted a two-part training course for **new recruits** in 2018, delivered by local Minds. Part one aimed to help prepare recruits for the challenges ahead, focusing on awareness of mental health, tools for building resilience, and seeking support. Part two was delivered eight to 12 weeks later, once recruits had gained more experience in their roles, encouraging them to reflect on what they'd put into practice. We also delivered workshops to support trainers to embed awareness of mental health into existing training for new recruits.

We developed a programme of support specifically tailored towards **call handlers** working in control rooms, and piloted this in 2018. This included call handler briefings, in the form of short introductions to topics, delivered as a single day's training or three mini sessions, and a tailored version of our Managing Mental Health in the Emergency Services (MMHES) training for managers (see page 32). We also reviewed and adapted existing materials to make them more relevant to control room teams.

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## What we've learned

Two-part training for **new recruits** increases knowledge around building resilience and seeking help, and makes meaningful change more likely. Opportunities to reflect on early experiences are particularly valuable, so ensuring attendance at parts one and two is essential. New recruits often arrive with a relatively high knowledge around mental health, so the opportunity for new learning comes with focusing on coping skills and applying existing knowledge to scenarios at work.

It will take time for training practice to change. Right now, induction training on mental health for new recruits is twice as likely to focus on supporting the public's mental health, as opposed to their own or colleagues' mental health.

Demand among **call handlers** for tailored training was very high. Briefing sessions increased understanding around resilience and help-seeking, and left handlers more confident to support callers experiencing a mental health problem. Many participants said the briefing sessions and MMHES course should be mandatory for call handlers and their managers. Senior level buy-in is especially important for this audience, as well as clear signposting to sources of support – as call handlers don't always feel empowered to take time for training and wellbeing.

**You cannot overestimate just how positive this whole programme has been for our staff. If I could do it every six months, I know I would have the same response. It's just been amazing, amazing for staff.**

Manager, police service

Credit: Gareth Noyes



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## How we know

ResearchAbility and Mind worked together on a new recruits scoping study, which comprised four focus groups, two interactive workshops, and group, telephone and in-depth interviews. We also collaborated on scoping research to explore the issues facing call handlers. This comprised four focus groups, 15 in-depth interviews with staff and stakeholders, and observations within control rooms.

The pilot new recruits course was evaluated by the Institute for Employment Studies, using three waves of survey (baseline, post-training, and later follow up), qualitative interviews, training observations and post-training focus groups.

Mind evaluated the effectiveness of call handler briefings and tailored resources using post-training evaluation feedback, training and control room observations, two focus groups and five in-depth interviews.

You can find the research reports on our website: [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- ResearchAbility and Mind (2017): Blue Light Programme - Phase Three New Audience Scoping: New Recruits Final Report
- ResearchAbility and Mind (2017): Blue Light Programme - Phase Three New Audience Scoping: 999 Call Handlers Final Report
- Institute for Employment Studies (2018): Evaluation of Mind's mental health and resilience training for new recruits to the Blue Light sector
- Mind (2018): Blue Light Programme - Phase Three Evaluation of 999 Call Handler Pilot

We updated our knowledge of mental health training in our 2019 survey (see page 11).

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## Building from here

Workplace wellbeing initiatives have many components in common, but our experience shows the vital importance of understanding and responding to the particular needs of specific groups of staff. Organisations are collections of sub-cultures, and these need to be assessed and understood just as much as the prevailing overall organisational culture, so that no teams are left behind.

Building from here could mean:

- Emergency services putting in place mandatory and well-timed mental health training, in flexible and targeted formats that make it possible for a wide variety of staff to participate, including frontline staff, new recruits and call handlers
- Training departments and senior leaders in emergency services ensuring mental health is at the top of the agenda for new recruits from day one, and that call handlers' wellbeing is prioritised
- Emergency services leaders who want to drive culture change ensuring there's support for all teams, so that no internal teams are left behind. One way to ensure this is through the Thriving at Work core and enhanced standards (see page 19), which include developing a mental health plan informed by listening to staff, and relevant for all staff.



## 5. Building resilience

Resilience can be an important factor in preventing mental health problems and minimising the impact of a high-pressure role. We've learned that it is possible for individuals to improve their wellbeing, social capital and ability to cope through training tailored for 999 teams.

Our randomised controlled trial highlights the critical importance of training format when it comes to meaningful results.

**You bury your feelings deep, and sometimes you have to do that to deal with the job. You just carry on regardless, and it reaches a critical point where your brain and your body say 'no more'. Something has to give, and it's always the person, it's never the job.**

Paramedic, ambulance service

### The challenge of staying well for work

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

Resilience is particularly important given the pressures on 999 team members. Our 2015 research showed nearly nine in ten blue light staff report having experienced stress and poor mental health at work, and they are around twice as likely to identify problems at work as the main cause of those mental health problems, compared with the general workforce.

Our research continues to show excessive workload is a bigger cause of poor mental health than exposure to trauma. Many staff reported that reduced budgets and more challenging targets were not only increasing the pressures they felt under, but at the same time reducing the opportunities for informal support they had counted on in the past.

**You know, when you just put that last grain of straw, whatever it is, on them – bang! It's all these other years' worth of stuff that send them over the edge.**

Manager, police service







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## How Mind helped build resilience

During year one of the Blue Light Programme, we piloted a resilience building course tailored to blue light personnel. This course, delivered by local Minds, was designed to help attendees build their own collection of tools and skills so they could cope better with stress, anxiety, relationship issues, social pressures, and difficult emotions like anger. It was aimed at emergency services workers who were well and not experiencing a mental health problem.

Participants were overwhelmingly positive about the course, with 100 per cent saying they would recommend it to a colleague. However, our year one evaluation results showed no reliable improvements in wellbeing, resilience or social capital across the cohort of participants who took part in the pilot.

As a result, we invested in the redevelopment of the course and ran a second pilot from November 2016 to May 2017. Emergency services staff were randomly allocated to one of three options:

- A new mixed format resilience course, combining online modules and face-to-face training spread over four weeks.
- An online-only course comprising four modules delivered over four weeks.
- A wait period during which participants completed questionnaires at various times while waiting to participate.

This randomised controlled trial helped us measure and understand what makes the difference.

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## What we've learned

The evaluation of the revamped course showed significant improvements in participants' wellbeing, resilience, support networks and likelihood of experiencing psychological distress as a result of participating in the mixed format course. These improvements weren't seen in the online-only or wait groups.

Participants who took part in the mixed format course demonstrated a trend to ruminate less often when responding to unwanted memories, once they'd completed the course. This change lasted over three months.

The strongest effect was linked to improvements in mental health awareness, which we measured by assessing participants' awareness of and use of coping strategies to manage mental health.

Those who participated in the evaluation said they wanted to see the course rolled out more widely. Participants also raised questions around whether this training was reaching the right audience. Most worked in support roles, and felt the course may have been more useful if they were in a frontline role. There appeared to be logistical barriers to frontline staff taking part – such as the lack of time available and varied working hours.

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## How we know

We commissioned the University of Oxford to evaluate our original resilience course, using a randomised controlled trial and qualitative interviews. Participants were randomly allocated in a 3:1 ratio, to receive either Mind's face-to-face resilience course or a control course delivered online. Participants completed questionnaires at three time points: baseline (pre-intervention), post-intervention, and at a three-month follow up. A random sample of 24 participants took part in in-depth qualitative interviews.

The University of Oxford also evaluated our revised course, based on a further randomised controlled trial, as outlined above (see section: 'How Mind

helped build resilience'), and qualitative interviews, conducted by the New Economics Foundation.

You can find the research reports on our website: [mind.org.uk/bluelight](https://mind.org.uk/bluelight)

- University of Oxford (2016): An evaluation of Mind's resilience intervention for emergency workers
- University of Oxford (2017): An evaluation of a new resilience intervention for emergency service workers
- New Economics Foundation (2017): An evaluation of Mind's resilience intervention for emergency workers: Qualitative interview findings

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## Building from here

Our rigorous evaluation shows it is possible to build individual resilience through an appropriate training course. The format of the course matters – the blend of online learning and face-to-face sessions was the only format that delivered a measurable and sustained difference to people's resilience, sense of wellbeing and mental health awareness.

When designing and delivering this kind of training, it's important to take into account logistical challenges for blue light staff and volunteers, such as shift patterns and varied working hours. The solutions are both practical, for example, providing enough notice for staff to arrange time to take part, and cultural, placing an emphasis on staff mental health and wellbeing.

Building from here could mean:

- Emergency services investing in evidence-based resilience training and addressing practical and cultural barriers to participation, like shift patterns and varied working hours
- Training departments and providers ensuring that resilience training includes tackling rumination, an important topic for 999 teams, and one that we've shown can be positively impacted through effective resilience training.

Credit: West Midlands Police





## 6. Establishing networks to share good practice locally

While there are differences between each of the emergency services, there are also similarities in terms of the mental health challenges faced by teams within ambulance, fire, police and search and rescue. Therefore it would be helpful for services to work together. We have found that the pooling of resources through collaborative networks of local services is the most cost-effective way of fully integrating workplace wellbeing activity.

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### The need for mental health networks

Effective long-term organisational and cultural change takes time and effort. The interventions outlined in this report work best when an employer commits to all of them – tackling stigma; empowering peer champions; providing access to training; and ensuring information is accessible and well-promoted. It needs commitment from people at every level, including senior management.

Working together with other similar organisations to implement wellbeing activity and support a workforce with mental health problems makes sense. It allows for cost-effective integration, peer support and easier sharing of learning and best practice.

**We are one big 999 family in the emergency services. Look out for your friends and colleagues and support them when they need it.**

Winchman paramedic, search and rescue

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### How Mind helped establish networks

In 2016 and 2017 we piloted four Blue Light Mental Health Networks across England. By applying what we'd learned in year one of the Blue Light Programme, we brought together emergency services in each pilot area to work together on 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, designed to improve access

to information and support for all blue light personnel across that network area. Each network brought together representatives from ambulance, fire, police and search and rescue services, including St John Ambulance. The networks were each facilitated by a local Mind partner, who was able to bring skills and expertise, take charge of the administrative side of the project, organise cross-service events and training opportunities, and bring together local peer champions from all of the services.



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## What we've learned

Members of pilot networks experienced numerous benefits including:

- Sharing training sessions and costs, while also allowing staff and volunteers to build wider peer support networks
- Access to wellbeing amenities, such as fitness facilities, across local services
- Access to expert knowledge, advice and training between different parts of the network.

Our research has shown that real change can be driven across all services when they work together and embed mental health support programme activities. It can be the most cost-effective way of fully integrating such an initiative on a local level.

## How we know

Independent researcher Sam Mountford evaluated the effectiveness of our pilot networks in 2018. His research involved a review of documents, including regular quarterly reporting and end-of-year evaluations supplied by the four coordinating local Minds, as well as key project documentation. He also conducted 17 in-depth interviews, with all eight local Mind network coordinators and nine representatives of the participating emergency services.

You can read the research report on our website: [mind.org.uk/bluelight](http://mind.org.uk/bluelight)

- Mountford, S. (2018): Blue Light Mental Health Networks Pilot year evaluation report

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## Building from here

The benefits of mental health networks comprising local emergency service employers are real, both for organisations and the staff who work within them. Our research shows such benefits can rapidly extend beyond simple cost sharing.

Our local Minds throughout England and Wales will continue to promote and foster local mental health networks.

Building from here could mean:

- Emergency services identifying and pursuing local cross-service opportunities as a way to cost-effectively integrate and deliver workplace wellbeing initiatives
- Professional and sector bodies influencing emergency services organisations to work together on mental health-related initiatives.





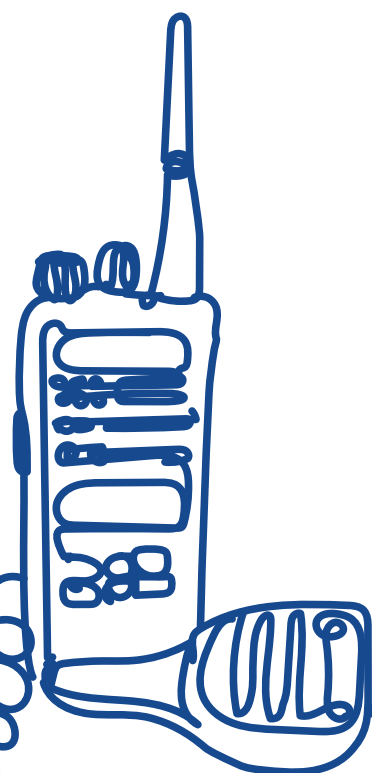
## Where we go from here

The Blue Light Programme has made a measurable difference to how encouraged staff and volunteers feel to talk about their mental health at work, and how well their organisation supports them when they are experiencing poor mental health.

We're pleased that mental health and wellbeing initiatives are now being developed across each of the emergency services, in some cases building on the work we began with them. We'll continue to support them.

However, for too many staff and volunteers, poor mental health and stress are still part and parcel of

life in the emergency services, meaning there is still a long way to go. But it is possible for things to change. By sharing what we've learned, we want to inspire others to sustain their efforts and continue to drive progress within all our blue light services.





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## Our recommendations for emergency services and professional bodies

Ensure there is investment in workplace wellbeing and mental health initiatives, tailored to the unique needs of blue light staff and volunteers.

Enable strong policy frameworks that prioritise mental health and wellbeing, taking into account organisational issues and pressures and how you intend to address them.

Adopt and promote the Thriving at Work core and enhanced mental health standards and regularly measure, review and act on feedback to ensure progress against these.

Ensure there's appropriate support for all teams and regularly seek feedback through surveys and temperature checks to help make necessary improvements or adjustments based on need.

Promote and invest in training in mental health awareness, trauma and resilience and make these mandatory for all staff – including managers and new recruits – and ensure this is accessible, offered at times and in formats that meet staff and volunteer needs.

Create or strengthen networks of workplace mental health champions at all levels to change the way 999 teams think and act about mental health, and widely promote resources and confidential sources of support. Ensure everyone knows what support is available internally and externally.

### Working in partnership

Encourage and share learning and best practice across services and provide support to each other.

Support and build or strengthen the links with services, support bodies and charities within the local area, to cost-effectively integrate and deliver workplace wellbeing initiatives.

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## Our recommendations for research bodies

Further develop the strong evidence base we and others have developed to enhance our knowledge of how to support the mental health of 999 teams.

Promote research, and advocate its application in the development of future mental health and wellbeing initiatives and interventions for this audience.

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## Our recommendations for Government and policy makers

Ensure the mental health of our 999 teams is a national priority by continuing to make resource available to increase workplace wellbeing.

Support culture change by promoting the adoption of the Thriving at Work core and enhanced mental health standards by emergency services.



**I really do think I have a great job. I get to meet a variety of different people, some of whom are really interesting to talk to. I also work with a great bunch of people who really do work hard. No two days are the same and you get the chance to make a difference in people's lives. The flipside is that you attend some extremely stressful, upsetting and at times disturbing situations.**

Paramedic, ambulance service

## Mind's role

Though the Blue Light Programme has ended, Mind remains committed to ensuring all blue light staff and volunteers get support and respect when it comes to their mental health.

We'll support emergency services, the professional and sector bodies that support them, emergency services charities and policy makers, through our wider workplace wellbeing information and services.

- Our network of local Minds will continue to work with emergency services on a local level to provide workplace wellbeing and mental health information and support. And we'll continue being there for anyone at work who wants support with their own mental health and wellbeing.
- Our resources including the Blueprint Pack are available to help anyone learn more about how to embed staff wellbeing support into core business practice.

## Local Minds

Blue Light Programme activities have been delivered in partnership with our network of local Minds across England and Wales. Many local Minds across our network were involved in the programme: providing mental health training for local emergency services; ensuring peer support for individuals experiencing trauma-related issues; and facilitating local Blue Light Mental Health Networks.

Our local Minds are experts in delivering frontline mental health support. They are there to support all people in their local area, including members of the emergency services. Each local Mind is unique and tailors its services to meet the needs of its community. We're asking them to work together with emergency services now and into the future, building on current activity or building new relationships to continue providing support.

Our website has further information on all our resources and support for blue light staff, volunteers and employers. It also includes more detail and full reports for all of the research we have referred to in this report.

[mind.org.uk/bluelight](https://mind.org.uk/bluelight)

**Our workforce are the lifeblood of this organisation. It's really important we look after their health and wellbeing.**

Director, Ambulance Trust

# Research and references

All of Mind's research into mental health blue light services is available on our website. This includes:

- Our initial scoping research from 2015
  - Our Mental Health in the Emergency Services Survey 2019
  - Our evaluation of year one of the Blue Light Programme 2015-16
  - Our evaluation of years two and three of the Blue Light Programme 2016-18
  - Our evaluation of the Blue Light Programme in Wales in 2018
  - ResearchAbility and Mind (2017): Blue Light Programme - Phase Three New Audience Scoping: New Recruits Final Report
  - ResearchAbility and Mind (2017): Blue Light Programme - Phase Three New Audience Scoping: 999 Call Handlers Final Report
  - Institute for Employment Studies (2018): Evaluation of Mind's mental health and resilience training for new recruits to the Blue Light sector
  - Mind (2018): Blue Light Programme - Phase Three Evaluation of 999 Call Handler Pilot
  - University of Oxford (2016): An evaluation of Mind's resilience intervention for emergency workers
  - University of Oxford (2017): An evaluation of a new resilience intervention for emergency service workers
  - New Economics Foundation (2017): An evaluation of Mind's resilience intervention for emergency workers: Qualitative interview findings
  - Mountford, S. (2018): Blue Light Mental Health Networks Pilot year evaluation report
  - NEF Consulting (2018): Blue Light Programme Impact on the Public: Exploratory research
  - Work2Health / Work Research Centre (2018): Blue Light Programme: an evaluation of the transfer of the programme to Wales
- Research to inform the planning and evaluation of various programme strands:
- ESRO (2015): Mind BME Blue Light scoping
  - Fiveways (2014): Blue Light personnel information needs scoping research
  - Future Thinking (2015): Blue Light Programme Strand 1 Evaluation (Part 1)
  - Future Thinking (2015): Blue Light Programme Strand 1 Evaluation (Part 2)
  - Leeds Beckett University (2016): Evaluation of the Mind training programme for Blue Light peer support champions
  - Institute of Employment Studies (2016): Evaluation of Mind's Blue Light Programme Strand 2: Workplace Wellbeing
  - BMG Research (2016): Blue Light Programme: Evaluation of the Information Provision strand
- Find it all at [mind.org.uk/bluelight](http://mind.org.uk/bluelight)

External research referenced in this report:

- <sup>1</sup> Thriving at Work: the Stevenson/Farmer review of mental health and employers. Department of Health and Social Care / Department of Work and Pensions (2017)
- <sup>2</sup> Ibid
- <sup>3</sup> [www.hse.gov.uk/statistics/dayslost.htm](http://www.hse.gov.uk/statistics/dayslost.htm)
- <sup>4</sup> Mental health at work: The business costs ten years on. Centre for Mental Health (2017)
- <sup>5</sup> Mental health at work: Developing the business case. Sainsbury Centre (2007)
- <sup>6</sup> Op cit.
- <sup>7</sup> CFA National FRS OH Performance Report April 2015 – March 2016

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# We're Mind, the mental health charity.

We won't give up until everyone  
experiencing a mental health problem  
gets both support and respect.

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