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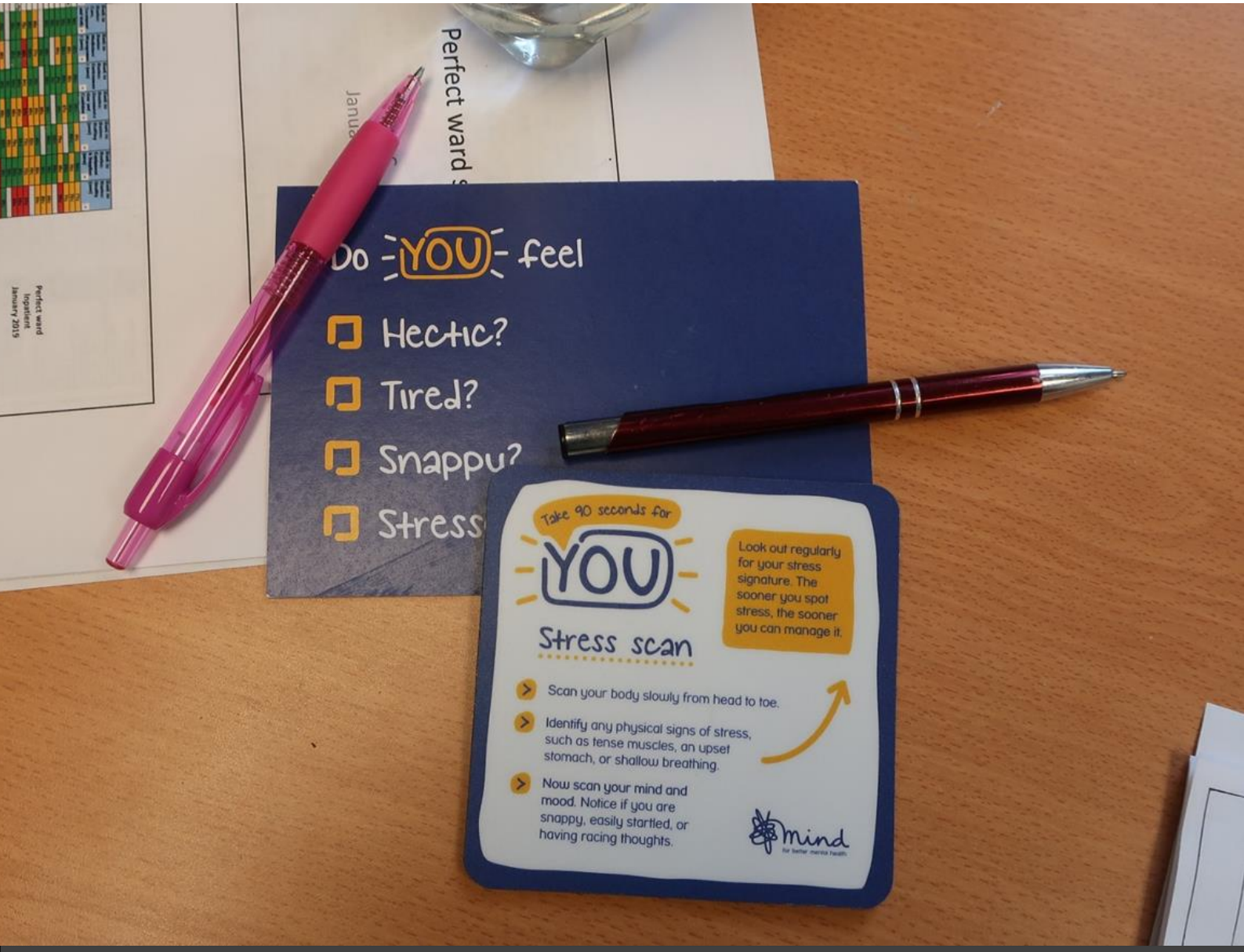

'Taking care of you' pilot evaluation

Summary of findings

Contents

1. Introduction:

Small interventions can have a big impact

The 'Taking care of you' pilot was established to explore the impact of mental health interventions in hospital emergency departments (ED).

It was inspired by; and used lessons from; the Blue Light Programme, which Mind established to improve mental health support for people working in the emergency services through interventions and awareness raising.

The 'Taking care of you' pilot was also specifically informed by an internal scoping project carried out for Mind in 2017-18 exploring the mental health problems facing staff at five emergency departments across the UK. This research revealed ED staff experienced a range of challenges relating to their mental health and wellbeing in the workplace and would benefit from being supported to better manage their everyday mental health. Existing interventions – and much of the narrative around mental health among ED staff – tended to focus on traumatic events. But this research highlighted the opportunities and benefits of establishing a wider range of interventions, tailored for the specific culture and practical conditions of the ED.

The 'Taking care of you' pilot was designed and implemented with these findings in mind. This report, which focuses specifically on the evaluation of the pilot, assumes familiarity with the report *insert title here* that sets out the higher-level findings from the scoping research and pilot together.

The pilot comprised a toolkit for ED staff (a guide and resources such as stickers, posters and information cards), complemented by a champions programme, in which staff would assume responsibility for being a point of contact for colleagues struggling with mental health and promote positive mental health and wellbeing in the workplace.

The toolkit was rolled out across five EDs for a period of four months. The champions programme was established in three of the five EDs, with the remaining two serving as control sites.

The evaluation of the pilot highlighted the impact even a small intervention could have in increasing discussion and awareness of mental health among ED staff. Across the EDs, staff were talking more about their mental health than prior to the pilot, in many cases encouraged by champions. Staff also engaged with some of the resources, particularly those designed to help staff think actively about how they prepared mentally before and after their shifts.

The 'Taking care of you' intervention was designed as a pilot, and a central part of its purpose was to identify opportunities to improve future mental health interventions for ED staff. Its evaluation revealed a number of opportunities to further improve and deliver mental health interventions in an ED.

Following a brief introduction to the pilot toolkit and champions programme, and an overview of the evaluation method, this report describes which parts of the intervention worked for ED staff, and outlines improvements that could make it even more effective.

It explores what worked well and what could be improved in terms of:

- staff 'awareness' of the pilot
- the 'appeal' it held for them
- any 'action' they took as a result.

To complement the qualitative findings from the evaluation – gathered through interviews and observation within the EDs, the final section of the report provides an overview of the findings from a survey run with ED staff after the intervention. Where relevant, headline findings from this survey are also included throughout the report alongside the qualitative findings.

2. 'Taking care of you' intervention

Developing the toolkit and champions programme

Mind developed the 'Taking care of you' intervention to raise awareness and understanding of mental health at work among ED staff and to boost their perception of how important it was to look after their mental health.

It followed scoping research carried out in EDs across England and Wales in 2017-18 which explored pressures on staff mental wellbeing and mapped existing strategies and support on offer in the departments.

The intervention was made up of two key components:

- A **toolkit** of strategies/coping mechanisms to help ED staff manage the unique challenges of their workplace and the impact of these on their mental health and wellbeing;
- A network of ED staff **champions,** improving staff knowledge of workplace wellbeing and signposting them to appropriate support.

The toolkit: resources to help positive habit formation

The toolkit included a number of resources, including a guide, posters, and vinyls, pictured below, that communicated several strategies to manage pressure and stress before, during and after a shift.

These resources were designed in collaboration with ED staff across the country and specifically intended to be effective in the ED – a dynamic, often chaotic environment with a strong performance culture.

The overarching ambition was to create resources that encouraged ED staff to form positive habits either by building on – or alternatively disrupting – their existing routines, using cues for strategies that could work in specific moments.

Other practical considerations to try to boost the effectiveness of the toolkit included the decision to focus on techniques that were easy to try for the first time, which could be done in a range of locations and which only took a short time (no more than 90 seconds).

'Teaser' postcard

Champions guide (booklet) + badge

Tips & techniques guide (booklet)

'Ready for work' checklist (business card)

'Going home' checklist (poster)

Stress scan (wall vinyl)

Stress scan (coaster)

Take a break reminder (wall vinyl)

Breathing window (wall vinyl)

Mindfulness reminder (wall vinyl)

Stickers

Staff champions: promoting and supporting the use of the toolkit

Three of the five EDs that took part in the pilot designated volunteers from their staff base to be champions. These volunteers held a variety of roles across the EDs (e.g. consultant, nurse, porter, receptionist and facilities). The purpose of the 'wellbeing champions' was to raise awareness, signpost to support, and promote positive mental health and wellbeing in the workplace.

Mind introduced the champions to the techniques and resources during a training session. This also covered what their roles would entail, such as handing out and putting up the resources in the ED and coordinating a launch to raise awareness of the initiative. Champions were encouraged to suggest ideas for what they would like to do in the ED as part of the pilot. Suggestions included a weekly drop-in session, an ED choir, and using mindfulness techniques at shift handovers.

3. Evaluation approach

Understanding the implementation challenge

Our approach to understanding the roll-out

The evaluation research was designed to build a detailed understanding of staff attitudes and experiences of the pilot intervention. Primarily qualitative in nature, it focused on going beyond superficial answers to explore staff behaviours, as well as their needs and existing strategies to manage mental wellbeing.

Specific objectives of the evaluation were to:

- Understand how EDs implement the toolkit and champions intervention
- Understand the barriers and opportunities to a successful intervention within an ED
- Test the feasibility and acceptability of the intervention (i.e. champions + toolkit)
- Understand the nature and extent of the added value provided by Champions in addition to the toolkit
- Explore awareness and uptake of tools and support options during the intervention period

This evaluation was conducted across five EDs across England and Wales. Three of these sites piloted both the champions and the toolkit, while two used only the toolkit. This meant the evaluation could compare the effectiveness of the roll-out across these two models, understand the value that champions bring to the model and, ultimately, assess how necessary they are for effective roll-out.

Qualitative evaluation approach

The research approach included ethnographic observation alongside short intercept interviews with staff on the shop floor and champions working in a wide range of roles across medical, nursing, clerical and facilities.

While it was not within the scope of the project to measure long-term culture change or specific mental health outcomes for staff, the research can provide insight on real and perceived barriers and enablers for impact within the ED environment.

- **Observational visits**: the project team conducted nine days of place-based ethnography to understand the staff awareness of the intervention, actions and initiatives started as a result of the pilot and structural barriers to effective implementation.
- **Short interviews with staff:** over 100 intercept interviews were carried out with a range of different members of staff within the departments to investigate their attitudes towards the intervention and existing strategies to manage pressure.
- **In-depth interviews with champions**: the project team interviewed champions in the trusts where they were based; and the points of contact for the intervention in the hospitals that didn't have champions, to explore the role and impact of champions on staff awareness and knowledge of effective strategies to manage their mental wellbeing.
- **Online staff survey**: 200 staff in a range of roles and at varying levels of seniority took part in an online survey designed to test awareness and appeal of the intervention's key elements and any changes they saw in the ED throughout its implementation.

Across the five sites, slightly different evaluation approaches were taken, recognising that the presence of researchers could impact the outcomes and use of the intervention. We had tiered levels of engagement with the sites, ensuring that at least one site had no contact except a pre- and post-intervention visit, while others had more frequent contact with the researchers.

Sites that participated

Five sites took part in the pilot evaluation.

Site	Intervention	Level of research contact
Urban Site – South England	**Toolkit and champions**	**Most frequent research contact** **Observational visit, intercept interviews, in depth interviews with champions, online survey, and diary study with champions**
Suburban Site – South England	**Toolkit and champions**	**Medium-level research contact** **Observational visit, intercept interviews, in depth interviews with champions, and online survey**
Suburban Site - Wales	**Toolkit and champions**	**Medium-level research contact** **Observational visit, intercept interviews, in depth interviews with champions, and online survey**
Urban Site – South England	**Toolkit only**	**Medium-level research contact** **Observational visit, intercept interviews, and online survey**
Rural Site – North England	**Toolkit only**	**Least frequent research contact** **Observational visit, intercept interviews, and online survey**

All sites had previously taken part in the scoping research and were selected to include a range of settings and specialisms (regional, urban, trauma centre, etc.) and different workloads (number of patients seen each day).

Interviews were carried out with staff across a broad range of roles, including medical, nursing, clerical and facilities. Specific roles covered within this research include consultants, senior house officers, junior doctors, junior and senior nurses (matrons, emergency nurse practitioners, advanced nurse practitioners), healthcare assistants, administrative and clerical staff (for example receptionists), and facilities staff (including porters, cleaners and security).

4. Awareness: helping staff know the intervention exists

Across the five sites as a whole, 60% of surveyed ED staff were aware of the Taking Care of You pilot[1] after the four-month intervention.

Many of the ED staff across a variety of roles could recall having seen some of the resources around their department. Most staff were aware of the **'Going home' checklist poster**, the '**Tips and techniques guide' guide** and some of the wall vinyls, most frequently **'Breathing window'** and **'Stress scan'**.

To raise awareness, all sites had someone responsible for making resources available to staff and whose role it was to highlight the importance of implementing strategies to cope with the unique pressures of the ED. For the sites that had them, this fell to the champions– often to the designated lead champion. In the two sites without the champions, someone was given the responsibility at one site and someone chose to take this on at the other site.

Some were more successful than others at raising awareness. In one urban site, the person responsible spoke to everyone on shift about the pilot and personally handed out the guide to each person. However, even in the sites where the lead made minimal effort to raise awareness, staff were talking about the intervention and mental health at work. Across the five sites, 49% of staff surveyed saw mental health as more of a talking point than in the months preceding the pilot.[2]

This chapter describes the factors that affected awareness of the resources (including the guide) and champions. These were mostly linked to their visibility and the ways they were communicated.

Awareness depended on communication

While there was a good level of awareness of the pilot overall, there was variation across hospitals and within the emergency departments. Knowledge of the pilot ranged from complete ignorance; to remembering certain posters; to being fully informed about the pilot; and, where present, being able to identify the champions.

Champions and staff across all five sites were encouraged to have a launch event for the resources and to physically hand out a copy of the guide to each member of staff.

Most sites seemed to find a way to have a launch of some kind, often involving an email to all staff. Only one department had a physical event with champions inviting their colleagues to come speak to them about the pilot over tea and cake. This helped raise awareness and many staff remembered the event, though not necessarily the techniques. In another department, one senior member of staff spoke to everyone on shift about the guide, inviting them to read it. Most staff remembered this:

> *"I remember she came to me and said: 'You need to read this."*
> Staff nurse

Beyond this, awareness across the sites seemed to depend on the staff member's relationship with the champions or the person driving the initiative. Nurses tended to be more informed than doctors, perhaps because the majority of staff who volunteered to be champions were nurses. In the case of one ED, a group of nurses set up a choir as part of the intervention. While many welcomed the activity, people who weren't

[1] Base 165 - See ED Staff Survey, Question 10

[2] Base 165 – See ED Staff Survey, Question 13

nurses didn't know when the choir took place, as it was subject to weekly confirmation which wasn't communicated to everyone.

Clinical staff were far more likely to be aware of the intervention than non-clinical teams across all the sites, although in one or two places, some non-clinical staff were acting as champions.

In most sites, even where there were several champions, promoting the intervention became the mission of one person, with limited involvement from others, which led to limited outreach.

Overall, across the sites, staff seemed more likely to be aware of the intervention when someone spoke directly to them about it, or had taken them through the resources. Just over a third (37%) of those surveyed who were aware of the pilot were made aware through conversations with colleagues[3]. When they were just handed the guide or had seen the resources they didn't generally know what they were for.

> *"I saw some of the booklets in the staff room and took one, but I haven't had the time to read through it yet"*
> Staff nurse

Several staff members hadn't understood the pilot to be a Mind initiative, some thought it was a trust effort.

In a few cases, staff had noticed posters or wall vinyls in different areas of the ED but weren't sure of their purpose or of who was responsible for them.

Location and size influenced awareness of resources, particularly on the shop floor

It was often hard for staff to notice small writing in an already visually busy environment

There are a lot of posters and information sheets placed around EDs. Small stickers (i.e. before work checklist, vinyls) were quite difficult to read/ notice on the shop floor – for staff there was a lot of information and little time to stop to take it in.

> *"There are so many posters in this room and you stop noticing them after a while."*

Good locations were places where people stopped naturally that were not visually crowded

The location of materials was important for people to notice them. Part of the reason why the 'Going home' checklist was so popular was the fact that it was often put up on the back of toilet door, a place where people naturally stopped and had nothing else to look at. Almost three-quarters (74%) of those surveyed who were aware of the initiative had noticed the resources posted around the ED[4]. Other places where staff noticed the resources were areas where they stopped to wait for samples or test results.

> *"I like the square things. I saw one in the samples area, that's a place you're usually waiting in… I just focused on it and started going through the checklist in my head"*
> Staff nurse

However, most of the materials were not in noticeable locations . This may be because putting up materials often fell to one person or because it was felt other locations should be prioritised over the places that were recommended in the champions training. Materials were also sometimes covered or taken down and not replaced.

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[3] Base 99 – See ED Staff Survey, Question 11

[4] Base 99 – See ED Staff Survey, Question 11

5. Appeal of strategies and resources

The appeal of the resources varied among staff, and while a majority agreed with or could see themselves employing the strategies in the toolkit, it seemed that they were most appealing for junior staff and those with an existing interest in wellbeing.

However, some reported that there was still an unmet need for more day-to-day support and openness about mental health in the departments.

> *"There is still a stigma about mental health. People can be quite unkind and flippant about it"*
> Senior sister

> *"It's difficult [to address mental wellbeing] in the ED because it's a trying environment. It makes us cynical. This place is very patient-centred and people get hardened, they can be dismissive"*
> Consultant

Most staff expressed an appetite for techniques to recharge after their shift and prepare for the following one, which was addressed by the 'before and after the shift' resources (i.e. **'Going home' checklist** and the **'Ready for work' checklist**). While some people felt positively about the **'Breathing window'** and the **'90 seconds stress scan'**, most members of staff across roles struggled to imagine they would actually take any time off the floor to do the techniques.

While agreeing with them in principle, many found messages around breaks during the shift somewhat incompatible with the reality of life in the ED and dismissed them as unfeasible. They felt that taking time for themselves could send the wrong message to patients and senior staff.

> *"I have to ask to go to the bathroom, to make sure that someone covers me when I'm away. I can't just take a break."*
> Nurse

> *"You can't take a break. You'll be doing something, a patient will interrupt you, and your brain is still on what you were doing before"*
> Registrar

Most staff felt they didn't have time to read the 'Tips and techniques guide', but when they did its messages resonated with them

Members of staff who had seen the guide had 'just flicked through' it when they received it or picked it up out of curiosity in a communal area. Most had then forgotten about it and no one consulted the guide regularly.

Some felt the guide's length and style could be improved to better suit ED staff

Many staff felt the guide was too long and contained too much information for them to take in, particularly during the shift. Also, while many liked the 'before, during, after the shift' partition, some thought the structure could take account of other factors such as theme (e.g. strategies for relaxing, focusing, etc) or priority.

> *"We're already busy, the booklet is busy. It's all very busy. Too many words."*
> Matron

> *"There's a lot in here, it's not really structured properly. It should be two or three pages tops with the techniques in appendixes, and in order of priority rather than chronologically."*
> Consultant

Most staff mentioned the 'Going home checklist' in its poster format as a successful example of straightforward materials, easy to assimilate in a short time.

There were also suggestions to include techniques and strategies reflective of different seniority levels, as more experienced doctors felt that many of the techniques included in the guide did not address their current needs and were more pertinent for junior staff. Some of the non-clinical staff (e.g. porters and receptionists) expressed a feeling that visually the guide's content mostly applied to clinical staff.

> *"Much that is in here doesn't apply to me [anymore]."*
> Consultant

> *"It looks like it's only for doctors."*
> Porter

Some felt the messages were too simplistic

Although the majority of respondents did not raise this, some found the language simplistic or patronising. These were often staff who weren't bought into the concept of mindfulness and therefore didn't trust the evidence behind the techniques.

> *"I find [the guide] a bit irritating, it's patronising."*
> Junior doctor

In terms of specific messages, several people questioned the section on 'anchoring' as they either did not agree with the explanation of the concept, or felt it did not work in the way it was presented. One healthcare assistant said they found the description misleading, downplaying the importance of repetition for it to work, while a consultant dismissed the technique of 'anchoring' as ineffective in the moment - but bought into it when it was explained differently.

Some felt the messages were too soft for the ED

Some staff dismissed the wellbeing messages as too generic. This was felt to be counter to the high-performance culture ingrained in their professional identities (see separate report).

> *"Type A personalities aren't going to read [the guide]. They want flowcharts and evidence the techniques work."*
> Senior registrar

Of the staff surveyed, few tried the 'anchoring' technique or any techniques relating to the senses.[5] Many dismissed these techniques as 'mindfulness stuff' not relevant to them.

Others felt that despite its compact nature, the guide wasn't portable

While many said they had no problem with the 'Tips and techniques guide' being a booklet, most respondents interviewed didn't have the guide with them and could not recall where it was – if they had taken it with them at all. Upon reflection, they felt they would not go through their day carrying the guide, partly because, as one nurse elaborated, it was not the right size to fit in her pocket.

> *"I wouldn't carry this around all day."*
> Junior doctor

> *"You see, it doesn't fit in my pocket. It's not the right size."*
> Staff nurse

However, the guide's messages and tone resonated with the majority of staff

Despite some criticism of specific elements of the guide and reluctance by some staff to read through it, when the researchers asked staff to look at the guide more carefully as part of their interview, many were more positive. Most said they thought the tone was 'fine' and felt the messages about mental wellbeing and strategies for dealing with it resonated with them.

> *"There's a real need for something like this. Particularly to give to new starters."*
> Registrar

> *"Now that I've picked [the guide] up and read it I would make more people pick it up and refer to it."*
> Consultant

Most staff found the guide's design accessible but many didn't realise it was aimed specifically at ED staff

Whether they had interacted with the guide before or were seeing it for the first time during the interview, most staff liked the design of the guide and thought it was eye-catching and accessible. Many found the colours appealing and the font playful, so they were happy to have a look.

[5]Base 176 - See ED Staff Survey, Questions 4 and 5: Few people used the 'anchoring', 'mindful hand-washing' and 'noticing the senses' techniques

> *"This looks nice, it's simple to read."*
> Staff nurse

The majority of respondents assumed the guide was meant for the wider hospital staff and sometimes patients. This was because the visuals in the guide didn't strike them as specific to the ED and many therefore didn't sufficiently engage with it to notice mentions of the ED in the subtitles and text.

> *"It's just a bit boring. Some pictures look a bit fake – this window with the rain outside, it doesn't really say much."*
> Porter

Staff were more likely to be drawn to resources that could be used outside of their shift

'Before and after shift' resources, mostly in poster and card format rather than within the guide, were generally more appealing than 'during the shift' ones, as most staff across both clinical and non-clinical roles struggled with the idea of stopping to do the techniques while on their shift. Nearly half (48%) of staff who completed the survey said that the reason they hadn't been able to try the techniques was because they didn't have the time to take a minute for themselves. Almost a quarter (24%) admitted they hadn't felt comfortable doing this at work.[6]

> *"I'm a big fan of mindfulness, but it doesn't happen on shift."*
> Junior doctor

> *"No one would look at this at work but it'd be great for everyone to have one to take home."*
> Registrar

Taking a step back from the floor, whether a 90-second stress scan or a longer break, was still seen as problematic. Many didn't feel they could excuse themselves during the shift to 'make themselves a cup of tea'.

> *"When you're overwhelmed [on the shift] you're not gonna take out a booklet."*
> Registrar

There was a concern about how taking a break would look like to seniors and it was felt this was only acceptable if they have been given direct permission by a member of their team.

> *"I remember someone died and I just kept working because I didn't want to look like I couldn't handle it. A doctor had to insist I take a step back and catch a breath."*
> Senior Sister

This was often the result of their focus on high performance and saving patients' lives, which made the idea of 'taking care of themselves' feel somehow trivial. While many could identify the link between self-care and improved focus on their work, the majority of people did not put it in practice in their daily professional lives.

> *"Taking a break is really difficult when you need to make sure the patient is ok."*
> Porter

[6] Base 165 – See ED Staff Survey, Question 9

Some senior staff felt the toolkit wasn't 'for them' or wasn't enough in the context of systemic issues

While they could see the positive impact of the toolkit on junior colleagues, most consultants and experienced staff didn't feel it was for them and felt instead that they had developed 'their own techniques' of dealing with stress.

These included apps for meditation; walking in nature, sports and physical activity; light drinking after work; sleeping; avoiding sugar rushes and foods with a "crappy glycaemic index". Many of the strategies to unwind after a shift and prepare for the next one mirrored tips included in the guide.

> *"I already use the app Head Space. It's great."*
> Consultant

> *"I had always had this thing, even when I started, where I take a brief moment automatically when things get busy. I freeze for a split second, and that's my way of dealing with it."*
> Consultant

However, senior staff didn't tend to share them with less experienced colleagues, which seemed to stem from the 'sink or swim' culture of the ED.

> *"I don't teach people how to breathe, they're adults, they can figure it out."*
> Consultant

> *"Doctors don't share [their techniques], but it would be good. It would make it feel more personal."*
> Healthcare assistant

Even when they were aware of it, seniors weren't always championing the intervention as they didn't see it as a priority or a core part of their role. That, combined with a feeling that management were unconcerned with staff mental wellbeing, led some staff to perceive the guide as a "sticking plaster on an open wound", particularly in view of structural and organisational issues such as staff shortages and pressing targets.

> *"It's a bit of a sticking plaster to cover up that working conditions are pretty poor. It's a reflex against being sued for overworking staff".*
> GP trainee

> *"It feels a bit like a textbook exercise just giving [a guide] out. No one came and told us about it."*
> Receptionist

> *"This sort of thing can be quite patronising, Staff already know they're stressed".*
> Staff nurse

6. Putting strategies into practice

Once again, action taken as a result of the toolkit varied across staff interviewed. Some remembered doing the **'Breathing window'** while waiting for samples, a few people took 90 seconds for the **'Stress scan',** and a couple of people tried **'Letting go of worries'**. Many staff recalled looking back on their day to find three positive things before going home and making a conscious effort to leave work behind, following the **'Going home' checklist's** directions.

Many felt that resources were a good reminder for staff and welcomed their presence

Across all roles, many felt it was good for staff to be reminded of the importance of taking care of their mental wellbeing, as, at the very least, it wouldn't hurt. They saw the presence of the materials as sending a positive message regardless of how many people would try the techniques.

The majority of respondents taking part in the survey also felt the intervention had had a positive impact, in boosting the conversation about mental wellbeing - compared to a couple of months before it was launched[7].

> *"Look, the resources are good. Every little thing helps"*
> Consultant

> *"It's good to make people aware of the idea of doing something and give the issue more reassurance and acknowledgment in the ED"*
> Registrar

A minority of hospital staff carried out the toolkit's techniques

Many, particularly among more senior staff insisted they "do these things anyway" and therefore did not practically take on board the techniques. Also, there was resistance to doing the 'During your shift' techniques, including taking breaks, as explained above.

> *"Oddly enough I've done the breathing window with my patients. I just don't do them on my own."*
> Junior Doctor

> *"It's hard to get 60 seconds here."*
> Security Guard

Resources were mostly used reactively rather than preventatively

Resources were mostly used in a reactive way, as staff didn't seem to fully appreciate the impact of effectively managing mental wellbeing on their performance on an ongoing basis.

> *"We had two junior nurses who were struggling so I took them to the champion drop-in on Wednesday."*

[7] Base 165 – See ED Staff Survey, Question 13: 49% of staff surveyed saw mental wellbeing as more of a talking point than in previous months

Senior Nurse

However, some departments either started or were planning to distribute the guide at induction, as particularly useful for incoming junior doctors. There were also suggestions of including them in mandatory training sessions.

> *"There should be more exposure to this at induction or in training, when we go through managing a night shift."*
> Junior doctor

7. Champions' contribution

Despite the original aspiration to create a network of champions in each of the departments selected to pilot its model, in most EDs responsibility for promoting the toolkit and raise awareness of mental wellbeing ended up falling to one person with a particular interest in the topic. This interest was often because of family history, personal experiences, or previous roles. While present at training, others did not feel a duty to get involved, as they seemed to perceive staff support as separate to their role.

In some cases, the Champions who were most involved in the intervention were junior members of staff, who, while potentially well-liked and motivated, didn't yet have enough experience or gravitas to convince the wider department staff of the value of the techniques, and more crucially, couldn't give them permission to practise self-care while on shift. In rare cases where champions held a leadership position and were committed to their role as part of their job, the toolkit and mental wellbeing in general were taken more seriously by staff as well.

Champions were a good way to raise awareness and promote complementary activities

When they took an active role, champions added value to the toolkit in so far as they could be a powerful way to raise awareness about resources, communicate that mental wellbeing was a priority for the department, and organise complementary activities, such as mental wellbeing newsletters, social outings and sport/leisure groups (e.g. walking, choir). Of the staff aware of their champions, 86% saw these staff members as having either a 'very positive' or a 'somewhat positive influence' on the department. [8]

> *"I see the monthly emails with the different tips and techniques. I think it's brilliant, we don't do enough on staff resilience."*
> Junior sister

These activities were at times prioritised over advocating for and explaining the toolkit, but they arguably contributed to raising awareness of mental wellbeing and providing an outlet for stress. Other changes champions introduced included moving team huddles to the evening, to provide an opportunity to offload before going home; weekly drop-in sessions with champions for staff to talk about any issues; and including the guide among induction materials for junior doctors and nurses.

> *"I saw one of the other nurses doing mindfulness techniques at huddles. I didn't realise it had anything to do with the booklet."*
> Nurse

However, as explained above, the champions' outreach was often limited. Not all champions were aware of the purpose of the role, and they didn't generally feel equipped to deal with some of their colleagues' resistance to mindfulness themes presented by the toolkit.

Champions' confusion about their role and duties limited their effectiveness

Despite directions received at training, some found their new role quite daunting. They felt it involved more work than they had anticipated and had concerns about becoming a point of reference for colleagues to disclose mental wellbeing problems. Some were unsure how to manage that themselves. Many could have

[8] Base 47 – See ED Staff Survey, Question 21

benefitted from a reminder that they were encouraged to signpost staff to other support services and weren't expected to deal with the situation on their own.

While some reacted by taking a step back from the commitment - to the point that some had not distributed the guide or additional materials - others suggested extending the training they received to the rest of the staff, in order to relieve some pressure from them and equip them with a basic understanding of the techniques.

> *"Some people go into a lot of detail and it's a bit overwhelming. It'd be good to know what to say or when to send them on to someone else."*
> Senior sister

> *"A few people have been referring to me as lead champion. I'm not quite sure when that happened."*
> Consultant

> *"There should be training for the rest of the stuff. I'm finding it quite hard to tell people about the techniques."*
> Senior sister

8. Lessons for the future

Many across the EDs involved in the evaluation felt positive about the pilot and thought it had contributed to prompting more discussion about the mental wellbeing of staff. Below are some lessons from the pilot implementation that can be used to improve future interventions of the same nature. These are complementary to the high-level findings on promoting self-care in ED included in the separate report, *'Sink or swim?': Improving the mental health of staff in hospital emergency departments*.

It needs to be immediately clear that resources are for the ED

Resources would benefit from being better tailored to the ED. There is an opportunity to ensure staff don't dismiss key messages by assuming materials aren't meant for wider hospital staff or patients.

This could be done by taking better account of performance culture and using imagery that speaks to different realities. Tailoring information to different roles but also to the most appropriate parts of the day - such as the end of the shift - are more likely to make techniques resonate as useful and actionable in staff members' day-to-day lives.

Posters with a few key messages work better on the floor than other resources

The ED is very busy and while resources like the 'Tips and techniques guide' can be a positive tool to be used as a reference (potentially handed out as part of induction packs), materials to be used on the floor need to be short and concise - but big enough to get noticed.

In practice, discarding the vinyls in favour of only using the posters would enable a greater impact of standalone materials. Although these are less likely to be used during the shift, the posters can cover more techniques and are more likely to be acted on.

Location, location, location

Resources placed in specific areas where staff are waiting or taking a break, such as staff rooms, toilets, and sample test areas, are far more likely to have a greater impact and a wider adoption rate. People tend to have to wait alone in these spaces and are more likely to read through resources displayed and try the techniques then and there.

Champions can be a positive influence, but they need to be committed and supported by senior staff

While champions enable the campaign to spread via word of mouth, it is important to consider who may be best placed to embed the message of staff wellbeing the ED culture. When champions were in positions of authority, such as consultants and registrars, they were more likely to be able to engage senior leaders and the trust to ensure wellbeing intervention was given appropriate support. Staff then felt like they had greater permission to take breaks and use the techniques whilst out on the floor. Champions in junior position may struggle to have a lasting impact and be respected as an authority on the subject, particularly if it isn't formally part of their role.

However, there is also a need for several champions in each ED in order to cover different roles and shifts (both in terms of raising awareness of the techniques but also as key touchpoints for staff).

Preventative use of resources needs to be encouraged

Initial expectations among ED staff were that resources were meant to be used when feeling higher levels of stress than usual. There is an opportunity to demonstrate how techniques can be embedded into everyday life as a preventative measure to impact on general wellbeing.

Conclusion

Evaluating the 'Taking care of you' pilot confirmed a strong appetite for improved mental health support among ED staff. The success of the pilot in encouraging discussion around mental health highlights that, in this context, even a small-scale intervention can have a positive impact in the ED.

The recommendations in this report are intended to provide practical guidance on how to improve the impact of future mental health interventions, which must also take account of the higher-level findings in *include name of published scoping report*.

9. Findings from the ED staff survey

An online staff survey was conducted across all five EDs, with 200 responses from staff in a range of roles and at different levels of seniority. This helped us understand the scale of awareness of the guide and resources after two months in each ED, as well as the appeal of the different elements of the toolkit. It should be noted that the sample size for this survey was relatively small, and small base sizes for particular questions mean that some conclusions may not be illustrative of all staff across the EDs.

Findings indicated that the pilot has raised awareness of mental wellbeing across the five EDs. Knowledge of the pilot was generally good, with 6 in 10 ED staff aware that the pilot was running. In general, 49% of ED staff surveyed thought that mental wellbeing was more of a talking point compared to a few months previously. The survey also showed that the pilot had encouraged permissiveness around mental wellbeing - staff were much more likely to have recommended an activity to colleagues if they heard about it at work (as opposed to those they were doing already).

This had had an impact on staff engagement with their own mental health. Nearly half (46%) were thinking more about their wellbeing than in previous months, while only a very small minority (6%) of ED staff hadn't thought about their mental wellbeing at all in the past month.

The survey also illustrated the value of wellbeing champions. Of those staff aware of their wellbeing champions, 75% saw these staff members as exerting a positive influence in the department. Only 9% of those in non-champion sites were doing anything specific to aid their mental health, as apposed to 40% in champion sites.

However, despite increased awareness of and engagement with their mental wellbeing, across all staff surveyed only a small proportion (32%) of ED staff were doing specific things regularly to help with their mental wellbeing, while a minority of staff were confident that support for staff mental health was improving for the better in their organisation.

Section 1: Behaviours

Question 1				
ROUTING: Ask all				
How often, if at all, have you thought about your mental wellbeing in the past month?				
Single-code				
		TOTAL (199)	**Champions (147)**	**Non-champions (52)**
A	**Once**	**6%**	**7%**	**2%**
B	**A few times**	**50%**	**52%**	**44%**
C	**A lot**	**32%**	**29%**	**40%**
D	**Not at all**	**13%**	**13%**	**13%**

Question 2
ROUTING: Ask all

How does this compare to a few months ago?

Single-code

		TOTAL (195)	Champions (144)	Non-champions (51)
A	**I'm thinking about my mental wellbeing more now [don't show if code D on Q1]**	**46%**	**49%**	**39%**
B	**I'm thinking about my mental wellbeing about the same amount**	**49%**	**48 %**	**53%**
C	**I'm thinking about my mental wellbeing less now than I was before**	**5%**	**3%**	**8%**

Question 3

ROUTING: Ask those who code A, B or C at Q1

Are there any specific things that you do regularly or have tried to help with your mental wellbeing?

Single-code

		TOTAL (170)	Champions (125)	Non-champions (45)
A	**Yes**	**32%**	**40%**	**9%**
B	**No**	**68%**	**60%**	**91%**

	Question 4 and 5					
	Q4 ROUTING: Ask those who code A at Q3 **Q5 ROUTING: Ask those who code B at Q3, and those who code D at Q1**					
	I want to ask you about some specific techniques for managing mental wellbeing. Which answer best applies for each one?					
	Ask each question in turn					
		I do this regularly	I've tried this but don't do this regularly	I've heard of this but not tried it	I've not heard of this before	I forgot… but I have tried it
A	**Following a 'ready for work' checklist (190)**	**6%**	**8%**	**38%**	**46%**	**2%**

B	**Following a 'going home' checklist after a shift (187)**	**6%**	**12%**	**39%**	**40%**	**4%**
C	**Taking breaks specifically to manage mental wellbeing (184)**	**7%**	**24%**	**34%**	**30%**	**4%**
D	**Following a 90 second 'time out' rule (182)**	**1%**	**10%**	**33%**	**54%**	**2%**
E	**Stress scan (181)**	**2%**	**9%**	**21%**	**67%**	**1%**
F	**Breathing window (179)**	**3%**	**10%**	**24%**	**58%**	**5%**
G	**Tensing and relaxing muscles (179)**	**5%**	**13%**	**39%**	**37%**	**6%**
H	**Noticing senses during routine activities (176)**	**6%**	**9%**	**25%**	**60%**	**1%**
I	**Mindful hand-washing (176)**	**4%**	**3%**	**24%**	**66%**	**2%**
J	**Anchoring (176)**	**2%**	**3%**	**13%**	**81%**	**1%**
K	**Making gratitude a habit (176)**	**14%**	**10%**	**16%**	**53%**	**6%**
L	**Managing panic e.g. slowing down, deep breathing (172)**	**17%**	**19%**	**37%**	**17%**	**10%**
M	**Transferring worries to paper (170)**	**8%**	**14%**	**46%**	**29%**	**4%**
N	**Worry tree (169)**	**1%**	**2%**	**26%**	**70%**	**1%**
O	**Scheduled worry time (166)**	**2%**	**3%**	**22%**	**73%**	**0%**
P	**Taking steps to improve your sleep (166)**	**20%**	**17%**	**31%**	**26%**	**6%**

	Question 6
	ROUTING: Ask for each option coded as 1 or 2 for each row in Q4 or coded as 3 from Q5
	What prompted you to try [insert technique from Q4]?
	Ask each question in turn

		Already regularly using this technique	Heard about it at work	Read something about it at work	New Year's resolution	Read or heard about it outside of work	Other
A	**Following a 'ready for work' checklist (30)**	**23%**	**20%**	**33%**	**0%**	**13%**	**20%**
B	**Following a 'going home' checklist after a shift (41)**	**17%**	**20%**	**54%**	**0%**	**7%**	**5%**
C	**Taking breaks specifically to manage mental wellbeing (65)**	**28%**	**23%**	**18%**	**3%**	**9%**	**26%**
D	**Following a 90 second 'time out' rule (24)**						
E	**Stress scan (21)**						
F	**Breathing window (32)**	**16%**	**31%**	**34%**	**0%**	**19%**	**3%**
G	**Tensing and relaxing muscles (43)**	**35%**	**7%**	**7%**	**0%**	**40%**	**14%**
H	**Noticing senses during routine activities (27)**						
I	**Mindful hand-washing (17)**						
J	**Anchoring (10)**						
K	**Making gratitude a habit (53)**	**49%**	**8%**	**2%**	**4%**	**30%**	**11%**
L	**Managing panic e.g. slowing down, deep breathing (79)**	**52%**	**5%**	**3%**	**3%**	**32%**	**13%**
M	**Transferring worries to paper (43)**	**47%**	**0%**	**0%**	**0%**	**42%**	**19%**
N	**Worry tree (6)**						
O	**Scheduled worry time (8)**						
P	**Taking steps to improve your sleep (71)**	**49%**	**7%**	**3%**	**7%**	**42%**	**10%**
	OVERALL (570 responses)	37%	13%	15%	2%	26%	15%

	Question 7 and 8							
	ROUTING: Ask for each option coded as 1 or 2 for each row in Q4 or coded as 3 from Q5							
	7 - How effective do you find [insert technique from Q4] in helping you manage the demands of your job? 8 – Have you recommended it to your colleagues?							
	Ask each question in turn							
		Q7				Q8		
		Extremely effective	**Fairly effective**	**Slightly effective**	**Not at all effective**	**Yes**	**No**	**CR**
A	**Following a 'ready for work' checklist (28)**							
B	**Following a 'going home' checklist after a shift (39)**	**13%**	**33%**	**38%**	**15%**	**38%**	**56%**	**5%**
C	**Taking breaks specifically to manage mental wellbeing (64)**	**19%**	**53%**	**23%**	**5%**	**66%**	**28%**	**6%**
D	**Following a 90 second 'time out' rule (24)**							
E	**Stress scan (21)**							
F	**Breathing window (32)**	**9%**	**47%**	**34%**	**9%**	**53%**	**38%**	**9%**
G	**Tensing and relaxing muscles (42)**	**5%**	**33%**	**55%**	**7%**	**31%**	**67%**	**2%**
H	**Noticing senses during routine activities (27)**							
I	**Mindful hand-washing (17)**							
J	**Anchoring (10)**							
K	**Making gratitude a habit (53)**	**28%**	**51%**	**21%**	**0%**	**47%**	**45%**	**8%**
L	**Managing panic e.g. slowing down, deep breathing (79)**	**25%**	**47%**	**22%**	**6%**	**44%**	**42%**	**14%**
M	**Transferring worries to paper (43)**	**26%**	**40%**	**28%**	**7%**	**33%**	**60%**	**7%**
N	**Worry tree (6)**							
O	**Scheduled worry time (8)**							

P	**Taking steps to improve your sleep (70)**	**23%**	**34%**	**37%**	**6%**	**41%**	**47%**	**11%**

Question 9		
ROUTING: Ask all		
Which of the following reasons best describe why you haven't tried some (or any) of these techniques?		
(Base = 165)		
A	**Don't have time**	**48%**
B	**Can't find a suitable space to do them in**	**23%**
C	**Don't believe they would be helpful**	**19%**
D	**Forgot to do them**	**30%**
E	**Happy with current techniques for managing mental wellbeing**	**23%**
F	**Don't feel comfortable doing them at work**	**24%**
G	**Not sure how to do them correctly**	**25%**
H	**Other (please specify)**	**11%**

Section 2: Awareness and attitudes

Question 10		
ROUTING: Ask all		
Have you heard of the Taking Care of You pilot that has been running at work recently?		
(Base = 165)		
A	**Yes**	**60%**
B	**No**	**40%**

Question 11		
ROUTING: Ask those who code A for Q11		
What made you aware of the Taking Care of You pilot?		
(Base = 99)		
A	**Saw posters / guide / stickers about it at work**	**74%**
B	**Read email about it at work**	**42%**
C	**Overheard conversation about it at work**	**3%**
D	**Someone at work told me about it**	**37%**

E	**Read or heard about it outside of work**	**0%**
F	**Saw it on social media**	**4%**
G	**Someone from another hospital told me about it**	**0%**
H	**Other (please specify)**	**4%**

Question 12		
ROUTING: Ask all		
To what extent has mental wellbeing been a talking point in the department in the past month?		
Base = 165		
A	**Not at all**	**24%**
B	**It's discussed occasionally**	**61%**
C	**It's discussed all the time**	**15%**

Question 13		
ROUTING: Ask all		
How does this compare to a couple of months ago?		
Base = 165		
A	**Mental wellbeing is more of a talking point now**	**49%**
B	**Mental wellbeing is less of a talking point now**	**6%**
C	**Mental wellbeing is talked about the same amount as before**	**45%**

Question 14											
ROUTING: Ask all											
To what extent do you think your mental wellbeing affects your job performance?											
Base = 160											
A	**I need to spend time looking after my mental wellbeing to perform my best at work (10)**	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**I can perform my best at work without spending time looking after my mental wellbeing (0)**
	18%	**8%**	**18%**	**27%**	**6%**	**8%**	**4%**	**5%**	**2%**	**3%**	**2%**
	Average = 6.9										

Question 15		
ROUTING: Ask all		
How confident are you that attitudes towards mental wellbeing in your organisation are changing for the better?		
Base = 160		
A	**Very confident**	**8%**
B	**Quite confident**	**48%**
C	**Not very confident**	**31%**
D	**Not at all confident**	**8%**
E	**Don't know / can't say**	**6%**

Question 16		
ROUTING: Ask all		
How confident are you that support for the mental health of staff and volunteers in your organisation is changing for the better?		
Base = 160		
A	**Very confident**	**9%**
B	**Quite confident**	**39%**
C	**Not very confident**	**31%**
D	**Not at all confident**	**13%**
E	**Don't know / can't say**	**9%**

Section 3: Champions

Note: Separate questionnaire for champion hospitals to include this section

Question 17		
ROUTING: Ask those except those code B at Q11		
Are you aware of anyone organising activities or otherwise supporting the Taking Care of You pilot (the mental wellbeing scheme your hospital has been running)?		
Base = 72		
A	**Yes**	**65%**
B	**No**	**35%**

Question 18

ROUTING: Ask those who code A at Q17		
Did you sign up to be a Staff Wellbeing Champion?		
Base = 47		
A	**Yes**	**15%**
B	**No**	**85%**

Question 19		
ROUTING: Ask those who code A for Q18		
To what extent have you achieved the goals you set yourself for the pilot?		
Base = 7		
A	**I've done everything I wanted to**	**1 person**
B	**I've done a decent amount, but not everything**	**3 people**
C	**Not as much as I wanted to**	**3 people**

Question 20		
ROUTING: Ask those who code B at answer Q18		
Would you be able to identify your department's Staff Wellbeing Champions?		
Base = 40		
A	**Yes**	**85%**
B	**No**	**15%**

Question 21		
ROUTING: Ask those who code A at Q17		
Staff who have been supporting the Taking Care of You pilot have been called Staff Wellbeing Champions. To what extent do you think the presence and activities of the Staff Wellbeing Champions has had an influence on the department?		
Base = 47		
A	**Very positive influence**	**11%**
B	**Somewhat positive influence**	**75%**
C	**They've had no influence either way**	**13%**
D	**Somewhat negative influence**	**2%**
E	**Very negative influence**	**0%**

Section 4: Profiling

Question 22		
ROUTING: Ask all		
Which of the below best describes your role in the emergency department?		
Base = 160		
A	**Porter**	**0%**
B	**Administrator**	**9%**
C	**Consultant**	**16%**
D	**Registrar**	**11%**
E	**Nurse unit manager**	**8%**
F	**Nurse practitioner**	**11%**
G	**Triage nurse**	**13%**
H	**Foundation doctor**	**9%**
I	**Student nurse**	**0%**
J	**Ward clerk**	**0%**
K	**Clinical assistant**	**4%**
L	**Other (please specify)**	**19%**

Question 23		
ROUTING: Ask all		
How many shifts have you worked in the emergency department in the last month?		
Base = 160		
A	**None**	**2%**
B	**1**	**1%**
C	**2 – 5**	**4%**
D	**6 – 9**	**16%**
E	**10+**	**78%**

Question 24
ROUTING: Ask all
How would you describe your gender?
Base = 160

A	**Female**	**68%**
B	**Male**	**31%**
C	**Other (please specify)**	**0%**
D	**Prefer not to say**	**2%**

Question 25		
ROUTING: Ask all		
Which of the following best describes your ethnicity?		
Base = 160		
A	**White – British**	**71%**
B	**White – Irish**	**2%**
C	**Any other white background**	**13%**
D	**White and Black Caribbean**	**1%**
E	**White and Black African**	**0%**
F	**White and Asian**	**2%**
G	**Any other mixed background**	**1%**
H	**Asian – Indian**	**2%**
I	**Asian – Pakistani**	**1%**
J	**Asian – Bangladeshi**	**0%**
K	**Any other Asian background**	**1%**
L	**Black – Caribbean**	**1%**
M	**Black – African**	**1%**
N	**Any other Black background**	**0%**
O	**Chinese**	**1%**
P	**Any other background (please specify)**	**1%**
Q	**Prefer not to say**	**5%**

Question 26		
ROUTING: Ask all		
Which one of the following age brackets are you in?		
Base = 160		
A	**18 – 24 years old**	**4%**
B	**25 – 34 years old**	**39%**

C	**35 – 44 years old**	**36%**
D	**45 – 54 years old**	**15%**
E	**55 – 64 years old**	**6%**
F	**65 – 74 years old**	**1%**
G	**Other (please specify)**	**0%**

Question 27		
ROUTING: Ask all		
Finally, please select all of the following statements which apply to you		
Base = 160		
A	**I have personal experience of mental health problems**	**39%**
B	**I use / have used mental health services**	**25%**
C	**I use / have used the services of a local Mind**	**1%**
D	**I am a family member of somebody who has experienced mental health problems**	**47%**
E	**I am a friend to somebody who has experienced mental health problems**	**54%**
F	**I care for or look after someone who has mental health problems**	**9%**
G	**None of the above**	**16%**