

Blue Light Scoping Survey

Fire and Rescue Summary

Introduction

Mind's aim is for everyone with a mental health problem to get both support and respect. We recognise that effectively managing workplace wellbeing is critical to achieving this.

With £4 million Libor funding, administered by the Cabinet Office, Mind has developed an ambitious programme to improve the mental health of emergency services personnel in England. This programme focuses on five areas: tackling stigma; embedding workplace wellbeing; increasing resilience; providing targeted information and support; and encouraging peer support. More information about the Blue Light Programme can be found here: <http://www.mind.org.uk/bluelight>

Between 5th December 2014 and 12th January 2015, Mind ran an online survey to better understand experiences of mental health problems within the emergency services and inform the development of the wider Blue Light programme. This survey was promoted widely through employers, professional associations, trade unions, and on social media. Questions covered a range of topics including, mental health triggers; coping strategies; sources of support; information needs; experiences of stigma; and organisational support. The full survey text can be found in Appendix 1.

There were 3,627 responses to this survey from emergency services personnel in England – representing approximately 1.5% of the country's total Blue Light workforce. This briefing summarises the findings from fire and rescue personnel and compares these results to police and ambulance personnel. We also surveyed Search and Rescue personnel. However, their results have been excluded because they revealed a different set of issues.

Headline Figures

From the fire and rescue service sample of 857 responses, our analysis has revealed a number of striking results. This paper presents a full analysis of these findings. Headlines include:

Mental Health at Work

- 85% of fire and rescue respondents said they had experienced stress or poor mental health whilst working for Blue Light services.
- Personnel from the fire services experience more mental health problems than the general workforce but are less likely to take time off work.
- Over half of fire and rescue personnel have lived experience of mental health problems.
- Fire and rescue personnel are more than twice as likely to identify problems at work as the main cause of their mental health problems – compared to the general workforce population.
- Fire and rescue services personnel work hard to prevent their mental health problems affecting their performance, but this comes at a large personal cost (including relationship breakdown and effects on physical health).

	<ul style="list-style-type: none"> • Organisational upheaval (49%) and pressure from management (43%) were identified as triggers more often than exposure to traumatic incidents (28%).
Stigma	<ul style="list-style-type: none"> • 58% of fire service personnel think that their organisation does not encourage them to talk about mental health– this is more negative than the general workforce population (45%). • 37% thought colleagues would be treated differently (in a negative way) if they disclosed a mental health problem at work. Managers were more likely to think someone would be treated negatively.
Sources of Support	<ul style="list-style-type: none"> • Talking to friends and family was the most popular coping mechanism. However, isolation from colleagues and friends was the second most common response. • 56% of those surveyed were aware of their organisations’ support. • Of those who were aware, 48% of fire respondents gave a negative rating of their organisation’s support. • 72% of fire respondents said they would never seek help from HR and 57% would never seek help from their union. • Respondents were more likely to seek help from a colleague (27%) rather than a manager (11%). • 60% would seek support from their family.
Information Needs	<p>Fire & rescue respondents are moderately confident about spotting the signs of a colleague’s mental health problem and relatively confident in knowing what to do if a colleague disclosed.</p>

Respondent Demographics

There were 3,627 responses to this survey from emergency services personnel in England. Of these, 857 respondents identified as working for, or having worked for the fire & rescue service, representing 23.63% of the total.

Although we know that volunteers (i.e. retained firefighters) are a crucial part of the fire service workforce there was a very low representation of volunteers amongst respondents; only five responses. Given that the majority of survey publicity was distributed through professional associations, charities and unions this may go some way to explaining the very low response rate.

Survey respondents included a mix of seniority and roles. However managers were disproportionately represented (58.23%) in the fire services. Again, this reflects the type of organisations who helped us to distribute the survey. Where there were statistically significant differences in responses between managers and non-managers this is highlighted in the survey analysis.

Almost half of fire service respondents came from one organisation, Kent Fire and Rescue Service. This organisation has been very active in promoting good mental health and they have already signed the Time to Change Employer Pledge. The more moderate responses from the fire service may be attributed to the unrepresentative nature of the Kent service. Fire service respondents from outside Kent were more negative about support available and their organisations encouragement to talk about mental health.

We received a mix of survey respondents from all regions of England. Respondents from the fire service were clustered, with the majority operating in the South East and the North West of England. This reflects the high response rates from Kent Fire and Rescue Service and Manchester Fire and Rescue Service. Where questions revealed significant differences between the regions, these are highlighted in the survey analysis.

The majority of survey respondents were male (80.24%) but the representation of women was higher than the composition of the fire service. The fire service Equality and Diversity Strategy 2008-2018 cites the proportion of operational firefighters in the U.K. who were women was 3.1% (we were unable to find more up to date national figures). No fire service respondents disclosed that their gender identity was not the same as they were assigned at birth.



Survey respondents tended to be older than the demographic profile of their service. Amongst fire service respondents the 45-54 age group was disproportionately represented (45.87%). This reflects the over-representation of managers (with long service histories) from the fire service too.

Whilst survey respondents were overwhelmingly white (96.39%) this lack of diversity is a mirror of the fire service

nationally. The fire service Equality and Diversity Strategy 2008 – 2018 cites the figure of BME employees at 3.2% as of March 2007 (we were unable to find more up to date national figures).

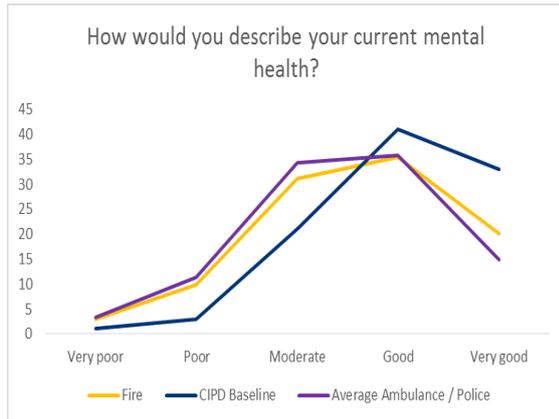
We had a relatively high number of respondents from the fire service (7.77%) who disclosed a disability. There is limited national data about the rates of disability within the emergency services and so it is difficult to judge whether these rates are typical. The majority of respondents reported that they were heterosexual (95.14%).

Mental Health at Work

As part of the Blue Light Programme, Mind is providing tailored workplace training materials to support both employers and staff and volunteers to manage mental health at work. This includes webinars tailored to police personnel and bespoke face-to-face training for managers/ shift leaders. Mind's scoping survey aimed to understand current experiences of mental health in the workforce to ensure that the programme's products were tailored and effective.

In order to provide comparability with a general population benchmark, we used question wording that is consistent with CIPD's 'Focus on Mental Health in the Workplace' survey as well as bespoke questions relevant for the emergency services. The CIPD survey was carried out in partnership with YouGov in 2011, surveying a sample of 2,000 working age adults across the UK.

Fire & rescue respondents reported a very high rate of lived experience. Over half (53.44%) had personal experience of mental health problems and 29.17% reported that they had used mental health services. This was the second highest rate amongst the emergency services (the police were highest with 60.72% and 30.82% respectively). As the question on lived experience was not time limited we also included a question about current mental health.

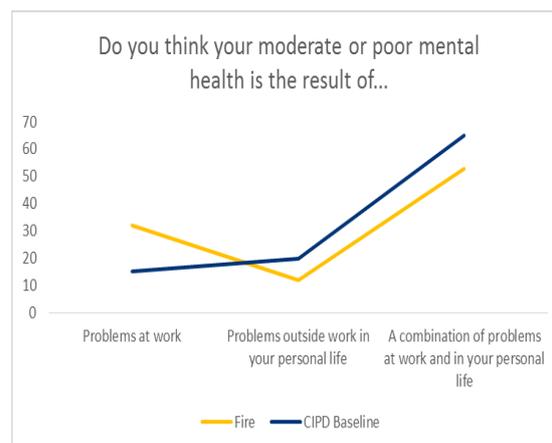


The reported mental health of fire & rescue personnel was much worse than the general population. 12.77% of those surveyed rated their current health as 'poor' or 'very poor', compared to only 4% of the general population. Although this was worse than the general population this was in fact more positive than their colleagues in the police and ambulance services with 15.44% of police respondents describing their current health as 'poor' or 'very poor' and 14.48% of ambulance respondents. The average of the police and ambulance respondents is plotted on the graph to the left to demonstrate this.

As with the CIPD survey, Blue Light respondents who said that their current mental health is 'moderate', 'poor', or 'very poor' were asked to identify the cause.

Compared to the CIPD baseline significantly more respondents cited 'problems at work' as the primary cause of their mental health problems. 32.06% of fire & rescue respondents said this was the case compared to 15% of the general population. However, the impact of problems in personnel's personal lives was also deemed as important with over 50% stating that 'a combination of problems at work and in your personal life' was the primary cause.

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We wanted to understand the broader picture of stress, low mood and poor mental health in the workplace. A standard measure of a healthy workplace is sickness absence. As with the CIPD survey we asked fire & rescue respondents if they had ever taken time off work as a result of stress, low mood or poor mental health. Given the much higher rate of declared mental health problems amongst our sample, we expected a high rate of sickness absence. However, we were surprised by the results.

In the CIPD survey, 57% of respondents said that they had taken time off work due to stress, low mood or poor mental health. However, amongst fire & rescue respondents this figure was reversed with 59% reporting they had never taken time off work due to stress, low mood or poor mental health, despite at 85.30% having experienced poor mental health whilst at work.



Many workplace risk factors apply to the fire & rescue service (e.g. long hours, unpredictable shifts, exposure to traumatic incidents.) We asked respondents to identify the aspects of their role that had the biggest impact on their mental health.

Managers within the fire & rescue service were disproportionately represented amongst survey respondents and there were several interesting differences between the responses of managers and non-managers. Both rated organisational upheaval as the most commonly cited trigger of poor mental health; given the industrial action being taking within the fire service at the time of this survey this was unsurprising.

Pressure from management was also rated highly by both, although more frequently amongst managers. Interestingly managers were nearly three times as likely as non-managers to rate excessive workload as a trigger. For non-managers changing shift patterns was rated more highly as a trigger. Physical health was, overall, least often cited as a trigger despite the physical risks taken by fire & rescue personnel.

Experience of trauma was cited less often than expected as a trigger of poor mental health. This could be linked to the relatively low reported number of incidents that fire & rescue personnel said they were exposed to. Only 26.02% of respondents were exposed to potentially distressing or traumatic situations regularly (i.e. a few times a week or more.) It is interesting to note than in the free text comments respondents tended to flag that it was particular types of incident that caused them distress. For example one respondent commented that “incidents with children” made them feel low.



In free text comments respondents reinforced their opinion that organisational upheaval and pressure from management were key aspects that caused them to feel low, depressed, stressed or mentally unwell;

“External pressures around budgets and future changes”

“Pressure to meet stupid targets while important aspects of work are ignored. Being treated as worthless by management.”

Respondents also flagged that a perceived culture of bullying was a key aspect although they tended not to go into any detail. However other respondents were keen to stress that there were no aspects of their role that caused them to feel mentally unwell:

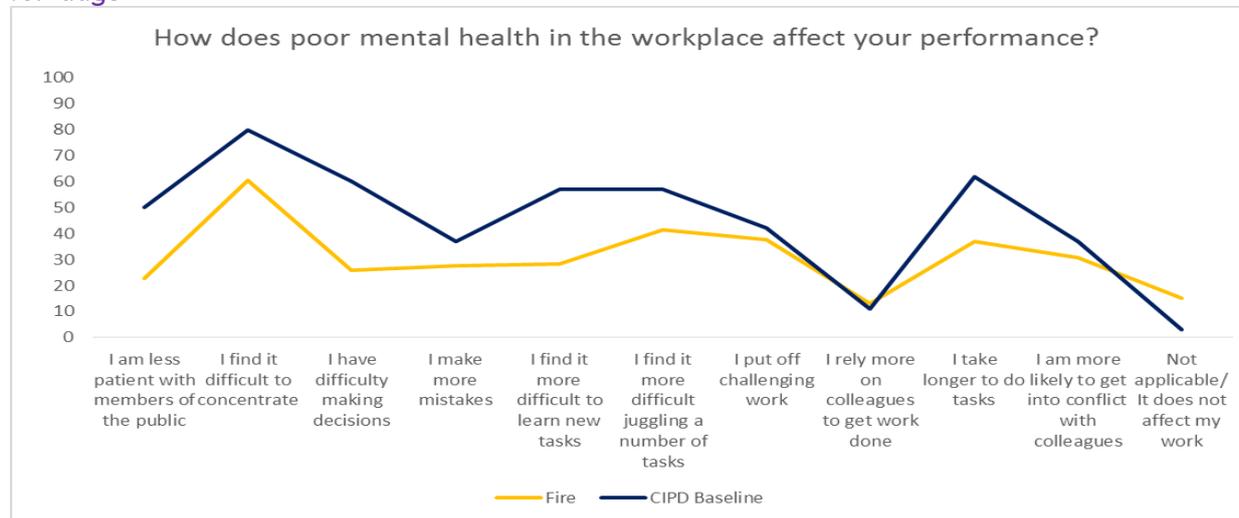
“None really. The job is good and change makes it challenging”

We are interested in the effect of the workplace on employee mental health but also the effect of poor mental health on employee performance. Fire & rescue respondents reported that their performance was less affected by mental health problems than the CIPD baseline. Several reported that work had a positive impact on their mental health:

“Work actually improved my [mental health]. It was where I was most comfortable. I felt I was good at it and it made me forget my stresses and anxieties.”

Other respondents suggested that although their work performance was not affected other aspects of their life such as their relationships were impacted.

“You do not mention any effects on home life which I would say needs looking at as well...often as an officer [I] have to go home and am unable to talk to anyone, sometimes for days”

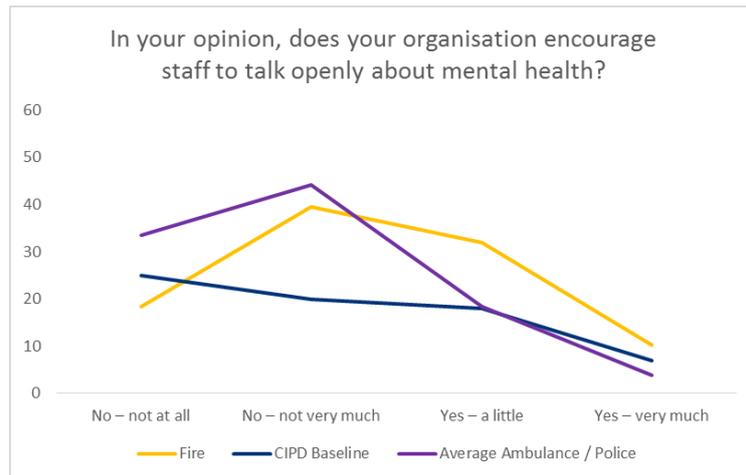


Stigma

Tackling stigma and discrimination is a key area for addressing the mental health needs of emergency services personnel. We know from our research for the Time to Change campaign that the workplace is the second most common area (after family and friends) where mental health stigma is encountered.

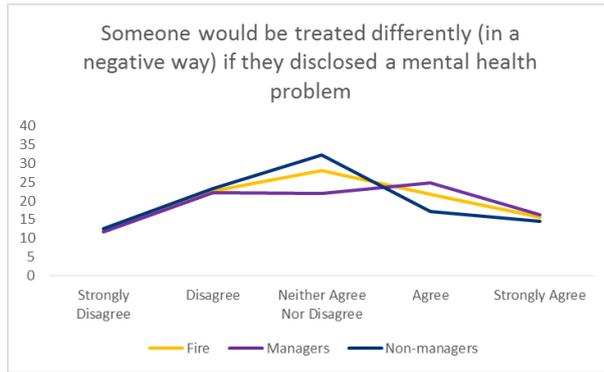
We also recognise that emergency services personnel do not live in a professional vacuum. Outside of their roles, these personnel are members of families, friendship groups, sports teams, religious organisations etc. Time to Change research shows that stigma is most often experienced from family and friends. Therefore, we are also interested in the home and social support networks of emergency services personnel.

Using the CIPD survey (2011) of the general working age population as a benchmark, we asked emergency services personnel whether their organisation encourages staff to talk openly about mental health.



Overall, respondents from the fire service were ambivalent towards their organisations' work on mental health stigma. Although relatively few felt their organisation did not encourage staff to talk openly about mental health at all (18.29%) equally few felt their organisation encouraged staff to talk about mental health 'very much' (10.25%). However, as you can see from the graph above they were markedly less negative than their colleagues in the police and ambulance service; 30.62% of ambulance staff and 24.37% of police staff felt their organisation did not encourage staff to talk about mental health at all.

Our survey went beyond the original CIPD research design to explore other indications of mental health stigma. Respondents from the fire service were more positive than those from the police and ambulance service and felt reasonably positive about speaking to both managers and colleagues about mental health. However, fire personnel were in agreement with their police and ambulance colleagues in the view that it was much easier to talk about physical health than mental health at work. Given that many fire service personnel have physically demanding roles, it is unsurprising that physical health is a standard topic of conversation. Many respondents identified regular exercise as an important coping mechanism for managing their mental health problems.

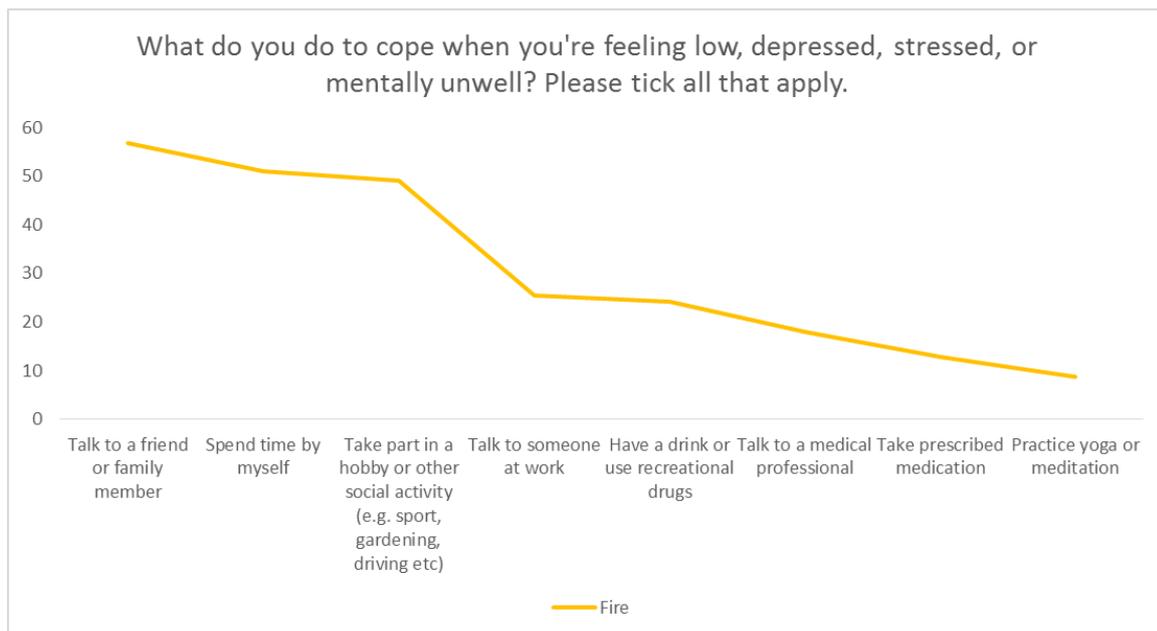


We also asked an explicit question about stigma in their workplace. Fire respondents were generally less likely to think that someone would be treated differently (in a negative way) if they disclosed a mental health problem than their colleagues in the police and ambulance services. However, there was an interesting difference between managers and non-managers with managers more likely to think someone

would be treated negatively.

Sources of support

Our survey aimed to understand the current coping strategies used by fire & rescue personnel. Talking to friends and family was the most popular coping mechanism (as across all other services). However, it is concerning to note that isolation from colleagues and friends was the second most common response. The rate of drink and drug use is slightly under-represented because several respondents used the free text box to specify that they drink but do not use illegal drugs.



Respondents also provided free text descriptions of their coping methods. Exercise featured particularly highly for fire and rescue personnel as well as a variety of psychological coping techniques (either learnt through own initiative or counselling). Unlike other services peer support did not feature and a worrying number of respondents said they just carry on. The following are typical comments:

- Just get on with it, things always get better
- Intensive exercise seems to help
- Use cognitive awareness training received whilst in psychiatric hospital
- No drugs but plenty of beer seems to work for me.
- I just grin and bear it, as my employer has little regard for its employees

Fire respondents showed higher levels of awareness of organisational support available to them than other services which may reflect the overrepresentation of managers amongst respondents. Managers had a much higher awareness level than non-managers, given the nature of their roles in supporting other staff this is not unexpected and may explain the higher levels of awareness. Non-managerial respondents from the fire service had similar levels of awareness to their police and ambulance colleagues. When asked to specify the support available from their organisation respondents cited three main options: counselling services, critical incident debrief and occupational health.

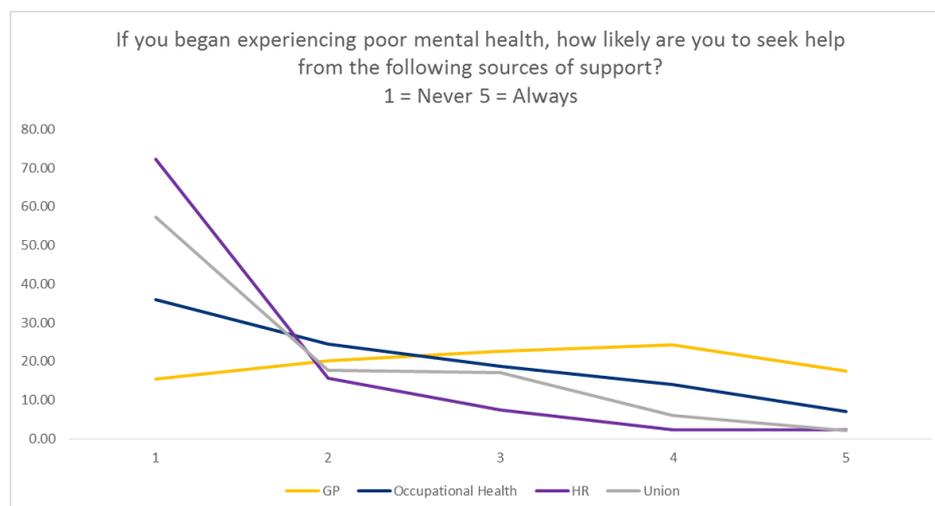
“Occ health very good [at my organisation]. I have been to chat to them once when I witnessed a traumatic incident and another when I was having problems at home.”

Confidentiality was flagged by several respondents as a key concern when seeking support. Services seen as confidential were mentioned positively but lack of confidentiality was referenced as a barrier to accessing support.

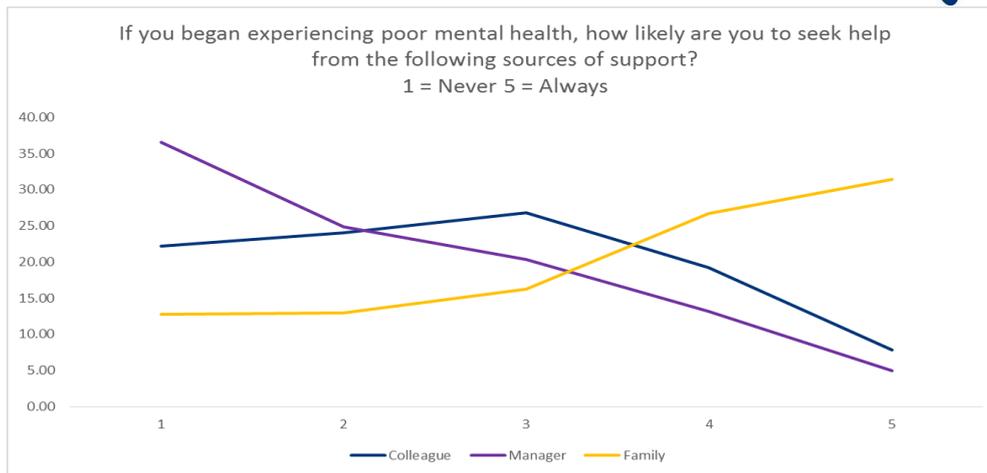
“[Support is] out sourced and much worse than before now [sad face icon]. We lost our confidential support line [sad face icon]”

In the 2011 CIPD survey of working age adults, 21% of respondents were negative about the quality of their organisation’s mental health support. 48.29% of fire respondents gave a negative rating of their organisation’s support. It is worth noting that this is more positive than other services; 79.15% of ambulance and 67.97% of police respondents gave a negative rating.

We asked respondents to rate the likelihood that they would seek support from a range of different sources. Respondents gave negative responses to the prospect of seeking help from HR or their union. 72.33% of fire respondents said they would never seek help from HR and 57.35% would never seek help from their union.



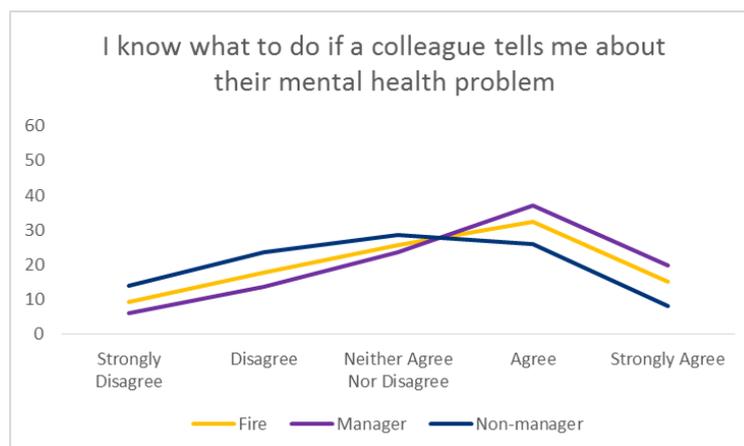
Respondents were more likely to seek help from a colleague rather than a manager. Overall the importance of family support was clearest with nearly 50% agreeing they would sometimes or always seek support from their family. This is interesting because Time to Change research has shown stigma is most likely to be experienced from friends and family.



Information needs

Empowering, high quality information about mental health is central to enabling effective self-management, choice, and access to further help and support. A key component of the Blue Light Programme is the provision of targeted advice and support for emergency services personnel and their social support networks. In order to do this we asked about the types of information required.

We also asked respondents to rate their confidence about certain mental health topics. We found that fire & rescue respondents are only moderately confident about spotting the signs of a colleague's mental health problem. We also asked respondents whether they would know what to do if a colleague disclosed a mental health problem. Overall fire respondents reported they felt relatively confident. However, this could be linked to the over-representation of managers within the sample. Whilst nearly 50% of managers agreed or strongly agreed they felt confident, that figure falls to 33.98% for non-managers.



Finally, over a quarter were interested in become a Blue Light Champion (226 individuals). This shows that, despite fears of stigma, a large number of ambulance personnel were willing to raise awareness of mental health in their workplace and challenge the stigma.

Although these briefings show the findings specific to fire staff, it should be noted that there are similarities between the four services. Our focus groups (held in December 2014) highlighted the following key consistencies:

- Front line staff in the four focus groups conducted talked about the mounting pressure experienced by front line staff in the form of reducing budgets and more challenging targets. This underpins the current experiences of Blue light personnel at work, elevating the risk factors for mental ill health while simultaneously reducing the opportunities for informal support amongst peer colleagues.
- Support around a critical or traumatic incident is strong, but there is little provision for the ‘drip-drip’ effect of ‘relentless’ exposure to trauma both on the frontline but also in control rooms.
- Stigma surrounding mental ill health was widely reported across the Blue Light services by focus group participants, arguably in part because of a perception that being the ones who ‘fix it’ means they can’t be seen to have vulnerabilities.
- There is a limited understanding of mental ill health and little open discussion in the workplace, which contributes to the stigma associated with it.
- Little provision is currently in place to support wellbeing and resilience training would fill an important gap.

The overall scoping survey findings can be found on our website.

The above findings have helped Mind establish a greater understanding of the issues faced by the emergency services and what impacts on their mental health and wellbeing, and as a result of these findings the Blue Light Programme was developed. However, Mind recognises that there is still a great deal to learn and all of the programme’s work is done in consultation with the emergency services.

Appendix One

Blue Light Personnel: Online Survey

Introduction

We are Mind, the mental health charity. We are developing a large new programme to support the mental health of 'blue light' personnel – staff and volunteers at all levels within the Ambulance, Fire, Police, and Search & Rescue services in England.

We all have mental health, just as we all have physical health, and how we feel can vary from mental wellbeing to severe mental distress. One in four people will experience a mental health problem in any year. Common mental health problems include depression, anxiety, and Obsessive-Compulsive Disorder (OCD). These make up the majority of problems people experience and their symptoms can range from the comparatively mild to very severe.

If you work or volunteer for the emergency services in England, we want to hear your views and experiences of mental health in the workplace. Your answers will help us to develop the best services and deliver them in the most effective way.

This survey should take around 15 minutes to complete. Your responses will remain confidential and your information will not be used for any other purpose.

Section 1 – Your Role

In this section we want to understand a little more about you and the type of work you do. This information will help us tailor our services to the wide range of roles across the emergency services.

Q1 [required]

Tick	I am a current member of the emergency services
Tick	I am a former member of the emergency services
Tick	I am not a member of the emergency services [If yes – free text explanation is required]

Q2 [required]

Tick	I am a member of the police service
Tick	I am a member of the fire service
Tick	I am a member of the ambulance service
Tick	I am a member of the search and rescue service
Tick	Other [If yes – free text explanation is required]

Q3 [required]

Tick	I am an employee
Tick	I am a volunteer

Q4 [required]

Do you have a management role?	
Tick	Yes
Tick	No

Q5 [required]

How much contact do you have with the public?	
Tick	Every day
Tick	Most days
Tick	A few times a week
Tick	Rarely
Tick	Never

Q6 [required]

How often are you exposed to potentially distressing or traumatic situations?	
Tick	Every day
Tick	A few times a week
Tick	A few times a month
Tick	A few times a year
Tick	Never

Q7 [required]

How long have you been a member of the emergency services?	
Tick	Less than a year
Tick	1 – 5 years
Tick	6 – 10 years
Tick	11 – 20 years
Tick	More than 20 years

Q8 [required]

Where do you work/ volunteer?	
Tick	South West England
Tick	South East England
Tick	London
Tick	East England
Tick	East Midlands
Tick	West Midlands
Tick	Yorkshire and the Humber
Tick	North East England
Tick	North West England

Section 2 – Your Experience

When times are tough we may struggle to cope – we may feel angry, or upset, or find it difficult to concentrate and engage with those around us. In many cases this will pass as the period of stress comes to an end. However, when someone has these experiences for a long time and it limits their ability to live life to the full, we refer to it as a mental health problem.

In this section, we want to know about your experience of mental health in the workplace. It is important that we understand how your work affects your mental health and also how your mental health affects your work. Remember, your answers are completely confidential.

Q9 [required]

Have you experienced stress, low mood, or poor mental health while in employment?	
Tick	Yes, only whilst working/ volunteering for this organisation
Tick	Yes, only whilst working/ volunteering for a previous organisation
Tick	Yes, both at this organisation and at previous organisations
Tick	No, never

Q10 [required]

Have you ever taken time off from work as a result of stress, low mood, or poor mental health?	
Tick	Yes
Tick	No
Tick	Don't know/ Cannot remember

Q11 [required]

How often do you go into work when experiencing poor mental health (e.g. stress, anxiety, depression etc)?	
Tick	Always
Tick	Sometimes
Tick	Rarely
Tick	Never
Tick	Don't know/ Cannot remember

Q12 [required]

In which ways, if any, does poor mental health affect your performance? Please tick all that apply	
Tick	I am less patient with members of the public
Tick	I find it difficult to concentrate
Tick	I have difficulty making decisions
Tick	I make more mistakes
Tick	I find it more difficult to learn new tasks
Tick	I find it more difficult juggling a number of tasks
Tick	I put off challenging work
Tick	I rely more on colleagues to get work done
Tick	I take longer to do tasks
Tick	I am more likely to get into conflict with colleagues

Tick	I am more likely to take risks
Tick	Other [If yes – free text explanation is required]
Tick	Not applicable/ It does not affect my work

Q13 [required]

How would you describe your current mental health?	
Tick	Very good
Tick	Good
Tick	Moderate
Tick	Poor
Tick	Very poor
Tick	Don't know

Q14 [required]

Only display if 'moderate', 'poor', or 'very poor' are selected in Q14 Do you think that your moderate or poor mental health is the result of...?	
Tick	Problems at work
Tick	Problems outside work in personal life
Tick	A combination of problems at work and in your personal life
Tick	Don't know

Q15 [required]

Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Long hours
Tick	Changing shift patterns
Tick	Excessive workload
Tick	Pressure from management
Tick	Organisational upheaval
Tick	Effects on physical health
Tick	Experience of distressing or traumatic events
Tick	Other [If yes – free text explanation is required]

Q16 [required]

If you began experiencing poor mental health, how likely are you to seek help from the following? 1 is 'never' and 5 is 'always'						
GP	1	2	3	4	5	
Occupational Health	1	2	3	4	5	
Human Resources	1	2	3	4	5	
Union	1	2	3	4	5	
Colleague	1	2	3	4	5	
Manager	1	2	3	4	5	
Family	1	2	3	4	5	
Friend	1	2	3	4	5	
Other						

[If yes – free text explanation is required]

Q17 [required]

What do you do to cope when you're feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Talk to someone at work
Tick	Talk to a friend or family member
Tick	Take part in a hobby or other social activity (e.g. sport, gardening, driving etc)
Tick	Practice yoga or meditation
Tick	Spend time by myself
Tick	Talk to a medical professional
Tick	Take prescribed medication
Tick	Have a drink or use recreational drugs
Tick	Other [If yes – free text explanation is required]

Section 3 – Your Organisation

You are now half way through the survey. We also want to find out about your organisation and what it can do to support your mental health.

This section includes questions about support that is currently available but it also asks about additional help or improvements that could be made.

Q18 [required]

Have you ever heard of Mind?	
Tick	Yes
Tick	No

Q19 [required]

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?	
Tick	Yes [If yes – free text explanation is required]
Tick	No

Q20 [required]

In your opinion, does your organisation encourage staff to talk openly about mental health?	
Tick	Yes – very much
Tick	Yes – a little
Tick	No – not very much
Tick	No – not at all

Q21 [required]

In your opinion, how well does your organisation support employees who experience mental health problems?	
Tick	Very well
Tick	Fairly well
Tick	Not very well
Tick	Not at all well

Q22 [required]

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree'					
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5

I feel confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5
I know what to do if a colleague tells me about their mental health problem	1	2	3	4	5

Q23 [required]

How useful would you find the following information topics? 1 is 'not at all useful' and 5 is 'very useful'					
Information about different types of mental health problems and their symptoms	1	2	3	4	5
Information about how to get help for a mental health problem	1	2	3	4	5
Information about how to support a colleague or friend with a mental health problem	1	2	3	4	5
Information about how to improve your mental wellbeing, making you less likely to develop a mental health problem	1	2	3	4	5
Other [If yes – free text explanation is required]	1	2	3	4	5

Q24 [required]

Would you like to help champion mental health in your workplace? If you provide your email, we will keep you informed about opportunities to get more involved.	
Tick	Yes [If yes – email is required]
Tick	No

Section 4 – Diversity

You have almost finished the survey – just a few more questions left. We need to ask some demographic questions to compare your responses to the rest of the survey participants. Again, all responses are confidential and will not be used for any other purpose.

Q25

Please tick all of the following statements which apply to you.	
Tick	I have personal experience of mental health problems
Tick	I use/ have used mental health services
Tick	I am a family member of somebody who has experienced mental health problems
Tick	I am a friend to somebody who has experienced mental health problems
Tick	None of the above.

Q26

What is your gender?	
Tick	Male
Tick	Female
Tick	Transgender

Q27

Is your gender identity the same as when you were born?	
Tick	Yes
Tick	No

Q28

What is your age?	
Tick	19 or under
Tick	20-24
Tick	25-34
Tick	35-44
Tick	45-54
Tick	55-64
Tick	65 and over

Q29

Which ethnic group do you identify with?	
Tick	White British
Tick	White Irish
Tick	White – any other White background
Tick	White and Black African
Tick	White and Asian
Tick	White and Black Caribbean
Tick	Any other mixed background
Tick	Indian
Tick	Pakistani

Tick	Bangladeshi
Tick	Any other Asian background
Tick	Caribbean
Tick	African
Tick	Any other Black background
Tick	Chinese
Tick	Gypsy/ Traveller
Tick	Other [If yes – free text explanation is required]

Q30

How would you describe your sexuality?	
Tick	Bisexual
Tick	Heterosexual
Tick	Gay
Tick	Lesbian
Tick	Other [If yes – free text explanation is required]

Q31

Do you consider yourself to be disabled? (A disabled person is defined as a person with a physical, sensory, or mental impairment that has a substantial long term effect on his or her ability to carry out normal day-to-day activities?)	
Tick	Yes
Tick	No