

Research Report



Blue Light Programme: Evaluation of the Information Provision strand

Prepared for: Mind

Prepared by: BMG Research

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www.bmgresearch.co.uk

Registered in England No. 2841970

Registered office:

BMG Research
Beech House
Greenfield Crescent
Edgbaston
Birmingham
B15 3BE
UK

Tel: +44 (0) 121 333 6006

UK VAT Registration No. 580 6606 32

Birmingham Chamber of Commerce Member No. B4626

Market Research Society Company Partner

British Quality Foundation Member

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Executive summary

Mind, the mental health charity commissioned BMG Research to conduct an evaluation of the Information Provision Strand of its Blue Light programme.

This evaluation explored the different elements of the Information Provision strand in order to assess: how effective the information provided has been; why people may not engage with the support; and how the support may be further developed or improved. Specifically, the evaluation explored the impact of the Blue Light Infoline and the quality of written and audio-visual materials designed to support the programme.

Method

The evaluation involved a mixed method approach comprising quantitative and qualitative research. Initially the research intended to explore the views of users and non-users of the Blue Light Infoline; however, due to changes in the expected take up of the support offered by the Blue Light Infoline and challenges engaging service users with the evaluation the research was conducted with non-users of the Blue Light Infoline only.

The quantitative element of research involved an online survey of 463 participants living in England and Wales who had not used the Blue Light Infoline. The research was conducted from December 2015 to February 2016. Participants who took part in the quantitative research included emergency service personnel from the ambulance service, fire service, police service and search and rescue service.

The qualitative research involved 27 in depth interviews and five online focus groups that were conducted in February 2016. Participants included a range of emergency service personnel including, Paramedics, Fire-fighters, Emergency Call Handlers and Emergency Centre Operations Manager.

Key findings

The key findings from this research are as follows:

Views on mental health in the emergency services

- Most participants (82%) reported that either they or someone they know had been affected by a mental health problem due to work in the emergency sector or pressure related to cuts and management (76%).
- Only 37% of these participants reported that they had accessed support from a mental health service.
- The majority of participants (89%) agree that more support is needed for professionals working in emergency services.
- Additionally participants from the qualitative research reported a range of reasons for why mental difficulties are prevalent in the emergency service, these include: shift patterns, work pressure and burn out, lack of control, traumatic incidents and lack of time to reflect on experiences.

Awareness of the Blue Light Infoline

- Overall there was a high awareness of mental health problems in the workplace (87%); this was particularly the case amongst older participants between the ages of 50-59years (92%).
- Awareness of the Blue Light Infoline was low, only 31% of participants indicated some awareness of the Infoline whilst the remaining sample was not aware of it (69%).
- Most participants became aware of the Infoline through their employer (44%) whilst other participants became aware of it through various other means such as, internet (16%), colleagues (14%) and marketing material (13%).
- The vast majority of participants (83%) were not aware on how to contact the Blue Light Infoline.
- 84% of participants believe that the Infoline is not effectively advertised in their workplace. This was significantly higher amongst ambulance service professionals (43%) compared to those in the fire service (30%).
- Participants in the qualitative research were slightly more aware of the Infoline and reported that they saw it promoted mainly through internal communication such as, emails, booklets and flyers.
- A number of suggestions were made by participants in the qualitative research on how to improve awareness such as, Mind representative or champion visiting their work place, information through line managers and leaflets or flyers which are practical to place in their pockets/bags.

Usage of Blue Light Infoline

- 47% of participants stated that they had not heard of the Blue Light Infoline, whilst 34% stated that they do not know enough about the service. 30% of participants suggested that they have not had the need to use the service.
- A higher proportion of those working in the fire service (52%) had not heard of the service compared to those in the ambulance service (40%).
- A significantly higher proportion of ambulance service professionals had not used the Blue Light Infoline due to a variety of reasons such as, difficulty in access (6%), support/information is accessed elsewhere (14%) , concerns regarding anonymity (10%) or they did not want telephone support (14%) compared to those working in the fire service.
- GP (26%) and counselling services (21%) were the most popular services from where participants accessed support and information.

Perceptions of the Blue Light Infoline

- Overall, more participants who stated that they are aware of the Blue Light Infoline use positive descriptors to describe the service such as, confidential (58%), relevant (36%), helpful (52%) compared to those who were somewhat are or unaware of the Infoline.
- Most participants state that more information should be provided about the service (68%) in order to encourage them to use the Infoline. Under, half the sample of participants (49%) stated that providing reassurance of confidentiality, respecting and listening to their concern (43%) or ensuring their issue is understood (40%) would encourage them to use the service.

- 68% of participants stated that they would be likely to use the Blue Light Infoline in the future for information and advice about mental health problems in the emergency sector. A higher proportion of ambulance (73%) and fire service (70%) professionals are likely to use the service compared to those in the police service (48%).
- The small proportion of participants (9%) who reported that they would use the service were currently using another service (22%) or stated that they do need to use the service (19%).
- Similarly, qualitative findings revealed that most participants would be likely to use the Infoline, particularly if it was available 24 hours a day, they were assured of confidentiality and the representative they spoke to listened and understood their situation and signposted them to relevant organisations for support.
- A range of reasons were reported from participants in the qualitative research for considering use of the Infoline such as, gaining information and support, discussing impact of work on them.
- The main reason for participants not considering using the service was the fact that they already had sufficient support elsewhere.
- Although participants had not used the service, most participants would recommend (54%) or would be very likely (33%) to recommend the service to a colleague.

Competitive Context

- 45% of participants had accessed support from another provider whilst most hadn't (53%). A higher proportion of ambulance service professionals (51%) had sought support from another provider compared to those in the fire service (38%). This was also the case for females (57%) who had accessed more support compared to males (40%).
- The majority of participants who had received support state that they accessed it from a health or mental health professional for example, a GP, social worker or counsellor (85%). Some participants had accessed support from friends or family (79%) or their manager/supervisor (45%).
- Most of the participants (54%) suggested that they accessed support from another provider and not the Blue Light Infoline due to a lack of awareness.
- Supportive of these findings, most participants from qualitative research suggested that they had not accessed the Blue light Infoline due to a lack of awareness.

Views on Mind Information materials (Qualitative research findings)

- Most participants were not aware that Mind offered information booklets prior to the research.
- When presented with a range of information booklets during the focus group and in depth interviews, all participants claimed that they would read the booklet if they needed to and would also recommend them to fellow colleagues.
- All participants perceived the content of the information booklets as useful as they believe they included comprehensive information, good links to further information and support, useful guidance for friends and family and were industry specific.
- All participants stated that the information in the booklets were relevant because it was industry specific information and included relevant case studies and information about the range of different mental health problems.

- All participants reported that the length and size of the information booklets was appropriate and included the appropriate amount of information, they also believe that the booklet was the most appropriate format to present the information due to practicality and convenience.
- Most participants perceived the images used in the booklets positively, mainly because they facilitated their understanding and made the booklet more readable. A small minority suggested that the images may reinforce people to believe or worry about their mental health problems, or that they could be misconceived as patronising.
- All participants reported that the booklets were very clear to understand and concise to read, especially for users whose second language is English. The use of non-patronising language, simple English and non-use of medical jargon was also appreciated by many participants.
- Most participants perceived the content of information videos offered by Mind positively as they were informative, reliable and challenged stereotypes of mental health stigma.
- Some participants believe that the videos used a good cross section of personnel from the different services and types of roles to convey message in the videos.
- The main benefit in relation to the videos reported by participants was the fact they encourage people to discuss and seek support for their mental health problems.
- A minority of participants reported that the videos could be perceived negatively to think that emergency service professionals are emotionally unstable or misrepresented due to the conveyance of a pregnant employee working on the front line which would never be expected in the ambulance service.
- Overall some participants believe that further information such as, where to access support/contact details on specific support sources included in the videos and additionally specialist videos for specific mental health problems or emergency service managers would be useful for them and their colleagues.

Conclusions

Effectiveness of the information and support provided

Most non-users of the Blue Light Infoline believed there was a requirement for such a service and their lack of use the service mostly related to low levels of awareness or lack of personal need at that point in time. Very few concerns were raised regarding the quality, confidentiality, or impartiality of the service.

Some non-users suggested that due to unsociable working hours and often changing shift patterns, a 24 hour service may be more beneficial for emergency service personnel.

Recommendation 1: Consider later or 24 hour opening times for the Blue Light Infoline or other similar future services.

There have been high levels of access to the written and audio-visual materials produced by Mind to support the Blue Light programme. Participants found these materials very helpful and believed they included comprehensive information, good links to further information and support, useful guidance for friends and family and were sufficiently industry specific so as to be relatable. They felt the range of individuals in the films helped to break down stereotypes regarding the types of individuals who may experience mental health problems. They believed these materials would encourage more individuals to seek help.

The comparatively high use of these materials compared with the Blue Light Infoline suggests that many emergency service personnel are still in a position where they want to find out more about the extent and type of mental health problems in the profession and how these may be addressed. As such the initial full roll out of the Blue Light Infoline prior to awareness raising and other work being conducted in the wider strands of the Blue Light programme may have been premature if Mind wanted to generate sufficient interest and awareness of the service to achieve their initial targets.

Recommendation 2: Consider introducing an initial information and awareness-raising phase ahead of the full roll-out of the core support service to ensure there is detailed awareness of the service, how to access it, what it offers, and testimony from initial users.

Visibility of the service

Less than a third of non-users of the Blue Light Infoline were aware of the service whilst some of those interviewed qualitatively were aware of written materials provided by Mind. Often awareness of the service was intrinsically linked to their employer and the extent to which they had shared the information provided by Mind in the workplace. Where employers had provided and shared this information, emergency services personnel were more likely to be aware of it.

Recommendation 3: Continue developing links with emergency service employers, occupational health and human resources departments (through the different strands of the Blue Light programme) to ensure key messages and information are being shared with managers and front line personnel.

Reasons for non-engagement

The majority of those who had not engaged with the Blue Light Infoline or the written and audio-visual materials reported this was because they were either unaware of the service and support, or because they did not feel they needed such a service at present.

Recommendation 4: Further awareness raising amongst employers and employees may be beneficial ahead of the full roll-out of services such as the Blue Light Infoline to ensure high levels of engagement.

How the support can be further developed or improved

Participants were mostly positive about the concept of the Blue Light Infoline and what it offered, but did not feel sufficiently knowledgeable about the service to comment on how it can be further improved.

Most participants believed the written and audio-visual information materials contained an appropriate amount of information and at the right level for emergency service personnel. A few participants did express some concerns that they wanted to ensure the materials were not off-putting to individuals in their depictions.

Recommendation 5: Ensure materials contain reassurances and information for individuals regarding how to go about seeking help and discussing this with managers and colleagues.

Recommendation 6: Continue to link with other strands of the Blue Light programme to ensure managers have sufficient training to effectively respond and provide support to colleagues experiencing mental health problems.

1 Introduction

1.1 Background

As the leading mental health charity in England and Wales, Mind fights for the rights of everyone affected by mental health problems. Mind works to ensure that people with mental health problems have their voices heard, and are treated fairly, positively and with respect. Through their campaigns they push for those who influence change to work with them to bring about improved services, better legislation, protection of legal rights and a more accepting attitude among employers.

Mind has recognised that 1 in 4 people in the UK will experience a mental health problem in any given year; however, those who work and volunteer in the emergency services are at higher risk of experiencing a mental health problem than the general population, but less likely to get support.

The Blue Light Programme reflects Mind's ongoing mission by ensuring professionals in some of the highest risk occupations for developing mental health problems have specialist resources and services available to them (including personnel in the ambulance service, fire service, police service, and search and rescue services).

The Blue Light Programme consists of four complementary strands (Tackling Stigma, Workplace Wellbeing, Resilience Intervention, and Information Provision) which all offer a slightly different approach to tackling the complex issues that face the sector. The Information Provision strand aims to ensure there is sufficient resource (both through literature available online and in print) and support (through a dedicated Blue Light Infoline and email and text services); as well as an effective referral network for those who require further support.

This evaluation explored the different elements of the Information Provision strand in order to assess: how effective the information provided has been (in terms of its availability, visibility, and impact on individuals and actions taken etc); why people may not engage with the support; and how the support may be further developed or improved. Specifically, the evaluation explored the impact of the Blue Light Infoline and the quality of written and audio-visual materials designed to support the programme.

BMG Research was commissioned by Mind in January 2015 to conduct research with emergency services personnel including those who have and those who have not accessed support from Mind to identify their views on the Information Provision elements of the Blue Light programme.

1.2 Use of the services available in the Information Provision strand

The two core services offered through the Information Provision strand included the Blue Light Infoline and written and audio-visual materials to provide further information and signposting to emergency services personnel.

Overall, take up of the support offered through the Blue Light Infoline was significantly lower than predicted. Initial estimates by Mind anticipated that approximately 18,000 emergency services personnel would make queries to the Blue Light Infoline and Legal Advice Service through phone, texts and emails. However, between August 2015 and February 2016 a total

of 962 calls were made to the Blue Light Infoline (49 of these were routed to the specialist Blue Light legal advice line advisers), and 87 text messages and 268 emails were sent to the Blue Light Infoline.

There has been a high level of take up of the written and audio-visual information designed by Mind as part of the Information Provision strand. Over 300,000 information booklets have been disseminated to emergency service personnel in hard copy and there have been over 100,000 web views of these materials. In addition, there have been over 16,000 views of the general services video, 'Mental health at work: Be there for your colleagues', which has been made available on YouTube.

1.3 Evaluation approach

The suggested approach for this evaluation was to utilise both qualitative and quantitative elements in order to engage service users and non-users, including:

- 1. Survey of x800 users of the Blue Light Infoline service (including a proportion of those who have accessed the service through text message and email):** We proposed to undertake a telephone survey of service users using a Computer Assisted Telephone Interview (CATI) approach. This would enable comparability with the existing Mind Infoline evaluation and phone interviews also have the benefit of allowing an interviewer to engage directly with a participant and reassure them of any concerns they have regarding taking part. This approach has been successfully used for the evaluation of Mind's Infoline on an annual basis between 2012 and 2016.
- 2. Survey of x500 non-users of the Infoline:** An online survey was proposed to enable potential participants to be sent an open link by their employers or other intermediaries.
- 3. x10 focus groups with emergency service personnel where their employer has signed up to the Time to Change Pledge:** Focus groups were proposed to identify the awareness of emergency service personnel of mental health problems and the information materials available to them. These were to be selected to be representative of different regions, employer types, and level of engagement with the Time to Change pledge.

Following commissioning of the research and the subsequent roll-out of the Blue Light programme it became apparent that not all elements of the proposed approach would effectively capture the information required. Specifically:

- a combination of initial low levels of contact to the Blue Light Infoline, and an unexpectedly high level of refusals to provide contact details or take part in further research meant that a CATI approach was no longer appropriate; and
- a lower than expected initial uptake of the Time to Change Pledge meant that focus groups with employees recruited in this way were not possible.

In order to address these challenges numerous amendments to the research approach were made during the fieldwork period, including: changing the user survey to an online completion approach (both for individual and adviser completion); linking the qualitative research with emergency service personnel to non-user survey completion through an opt-in question; and offering online focus groups to emergency service personnel to account for the geographical spread of participants.

The following table sets out the methods proposed, revisions made during the fieldwork period, and the number of individuals engaged.

Table 1: Amendments to initial research approach

| Research element | Proposed approach | Revisions made | Number of individuals engaged |
|---|--|---|-------------------------------|
| Survey of Blue Light Infoline users | Computer Assisted Telephone Interviews with x800 Blue Light Infoline users | Online survey with link sent to users | 7 |
| | | Adviser administered survey with link provided to Blue Light Infoline | |
| | | Online survey linked through non-user survey | |
| Survey of non-users | Online survey of x500 non-users | None | 463 |
| Focus groups with emergency service personnel | x8 face-to-face focus groups with emergency service personnel at employers who have signed the 'Time to Change' pledge | x5 online focus groups with non-users x20 in-depth interviews with non-users | 49 |
| In-depth interviews with Blue Light Infoline users | x8 in-depth telephone interviews with Blue Light Infoline users | x3 in-depth interviews with Blue Light Infoline users | 0 |

Despite the revisions made during the fieldwork period and ongoing efforts by the research team to engage with appropriate individuals we were unable to reach a sufficient number of Blue Light Infoline users to be included in the research and provide reliable findings for this group. As such the research mostly explores the experiences and views of non-users of the service.

1.4 Methodology

1.4.1 Survey of Blue Light Infoline non-users

The following section outlines the approach that was taken to deliver the survey of non-users of the Blue Light Infoline.

1.4.1.1 Sampling and data collection

BMG Research conducted an online survey on behalf of Mind using a unique link that was distributed to various organisations within the emergency services who promoted it through various internal platforms.

The main survey sample consists of 463 participants who live in England and Wales and have not used the Blue Light Infoline. The survey was conducted online from December 2015 to February 2016 and each response took approximately 10-15 minutes depending on

the answers given. A profile of the area of work of those who took part in the survey is shown in Table 2.

Table 2: Profile of survey participants by area of work

| Area of work | Response rate |
|---------------------------|---------------|
| Ambulance service | 44% |
| Fire service | 41% |
| Police service | 11% |
| Search and Rescue service | 6% |

A full breakdown of participant demographic details and characteristics is provided in Appendix D.

A sample size of 463 carries a maximum confidence interval of $\pm 4.55\%$ at the 95% confidence level. As such, we can be 95% confident that responses are representative of those that have not contacted Mind, if a census had been conducted, to within $\pm 4.55\%$ of the percentages reported.

However, it should be noted that due to the approach taken to data collection the sample does not reflect a representative sample of the emergency services, as such the findings reflect the views of those who chose to take part in the survey and are weighted towards the views of representatives from the Ambulance and Fire services.

1.4.1.2 Questionnaire

The questionnaire was designed by BMG Research with input from Mind. It consisted largely of a series of closed questions but where necessary to capture a more detailed answer, open questions were asked. The questions were split into a number of sections including:

- Awareness of the Blue Light Infoline
- Usage of the Blue Light Infoline
- Views on mental health in emergency services
- Competitive context
- Demographics

The survey was scripted using Confirmat software and responses were monitored and checked regularly during the fieldwork period to ensure accuracy.

A copy of the questionnaire can be found in Appendix A.

1.4.1.3 Presenting quantitative findings

Throughout this report the word significant is used to describe differences in the data. This indicates where the data has been tested for statistical significance. This testing identifies 'real differences' (i.e. difference that would occur if we were able to interview all individuals who had not contacted Mind rather than just a sample). Significant differences have been highlighted by emergency service type, gender, age group, awareness and usage of the Blue Light Infoline where differences occur.

Where tables and graphics do not match exactly to the text in the report this occurs due to the way in which figures are rounded up (or down) when responses are combined. Results that differ in this way should not have a variance which is any larger than 1%.

Throughout the report, in tables and in graphs, the symbol * is used to denote any figure that is less than 0.5%.

1.4.2 Qualitative research

1.4.2.1 In-depth telephone interviews

BMG Research undertook 27 in-depth qualitative interviews with a range of emergency service personnel including, Paramedics, Fire-fighters, Emergency Call Handlers and Emergency Centre Operations Manager. Interviews were conducted with participants who had not accessed the Blue Light Infoline and whose daily job role involves exposure to emergency situations.

The in-depth interviews were undertaken between the 8th February and the 7nd March 2016, by qualitative researchers from BMG Research. All interviews were undertaken over the telephone, and lasted between thirty and forty five minutes. Participants received a £10 cheque as a 'thank you' gesture for their time.

Ahead of each interview researchers sent an information email including hyperlinks to a range of materials offered by Mind for discussion in the interview. These included information booklets and two information videos. The first video explored the emergency service in general and the second video explored the ambulance service specifically. The content of the information materials was targeted to professionals working in the emergency services and explored issues relating to the prevalence, management and treatment of mental health problems that are potentially related to emergency service work (see Appendix C for links to the materials). Participants were requested to view the materials before their interview in preparation for the discussion.

At the start of the interview, all participants were assured that any comments made or verbatim quotations used in the report would be anonymous and would not be attributed to named individuals. They were also told that the interview would be audio-recorded (unless they objected to this) and the file would be stored securely at BMG.

A topic guide for the interviews was designed by BMG, in conjunction with Mind and is appended to this report (Appendix B). The topic guide was used by BMG researchers to ensure that the interviews remained focused on the main areas of importance whilst ensuring flexibility to pursue emerging lines of enquiry. The topic guide explored a variety of issues including participant's views, awareness, and perceptions of the Blue Light Infoline and information material offered by Mind.

1.4.2.2 Online focus groups

In addition to the in-depth telephone interviews, five online focus groups were conducted on the 16th, 17th and 18th February 2016 with a range of emergency service professionals using VisionsLive. VisionsLive is straightforward and visually appealing platform which allows both moderators and participants to conduct free-flowing conversations, explore specific participant's responses more explicitly in a private 'instant messages' window and allow the use of visual stimulus exercises using a whiteboard facility. Upon confirmation of taking part,

participants were sent an email outlining the time, date and link to join the discussion. Participants were provided with a £20 cheque as a ‘thank you’ gesture for their time.

Each online focus group was led by two independent researchers from BMG Research and lasted approximately 90 minutes. At the beginning of each focus group, participants were informed about confidentiality and assured that responses remain anonymous and any quotes used in report writing would not be attributed back to named individuals. All participants were introduced to the discussion with a short warm up introduction, detailing the purpose of the research and were then asked to introduce themselves and name an individual who they consider to be inspirational.

The same topic guide used for the in-depth telephone discussions was tailored for use in the online focus groups, and is appended to this report (Appendix B). During the online focus groups the information videos and links to the information booklets were presented to participants, as opposed to the in-depth discussions where the material was sent beforehand for participants to view.

1.4.2.3 Recruitment

All participants were recruited via telephone by BMG’s dedicated qualitative recruitment team using contact details provided by participants to the online survey of non-users who were willing to take part in further research. During the recruitment stage, potential participants were provided with an outline of the research aims and objectives, and details of what the in-depth interviews or online focus groups would involve. Participants were assured of the confidentiality of the research, and their permission was also sought to audio-record for in-depth interviews. All booked participants were then sent a confirmation email prior to their appointment to confirm the full details of the interview/online focus group discussion, and to provide a senior contact at BMG for them to contact if they had any concerns or queries.

1.4.2.4 Participants

In total 27 emergency service professionals between the ages of 18 and 59 took part in an in-depth telephone discussion. A breakdown of the profile of participants, including the emergency service profession they work in is provided in Table 3.

Table 3: Profile of participants by in-depth interviews

| No. of participants | Profession | Gender | Age |
|---------------------|--|----------------------|---|
| 27 | Emergency call handler x 4 Emergency Operations Centre Manager x 1 Paramedics x 13 Fire-fighter x 6 Prefer not to say x 3 | 17 Male 10 Female | 18-29 x 5 30-39 x 7 40-49 x 10 50-59 x 5 |

Similarly, a sample of 22 emergency service professionals between the ages of 18 and 59 took part in the online focus groups. A breakdown of the profile of participants, including the emergency service profession they work in is provided in Table 4.

Table 4: Profile of participants by focus group

| Focus group | No. of participants | Profession | Gender | Age |
|----------------------|---------------------|---|--------------------|-------------------------------------|
| Online focus group 1 | 6 | Emergency call handler Emergency Operations centre manager Paramedics x 2 Fire-fighter | 3 Male 3 Female | 18-29 x 1 30-39 x 1 40-49 x 4 |
| Online focus group 2 | 4 | Paramedics x 2 Fire-fighters x 2 | 2 Male 2 Female | 18-29 x 1 30-39 x 1 40-49 x 2 |
| Online focus group 3 | 3 | Paramedics x 2 Fire-fighter | 2 Male 1 Female | 30-39 x 2 40-49 x 1 |
| Online focus group 4 | 4 | Paramedics x 2 Fire-fighters x 2 | 3 Male 1 Female | 30-39 x 3 40-49 x 1 |
| Online focus group 5 | 5 | Paramedics x 2 Fire-fighters x 3 | 2 Male 3 Female | 18-29 x 3 40-49 x 1 50-59 x 1 |

1.4.2.5 Analysis of qualitative data

A grounded theory approach to analysis was undertaken whereby all themes and findings reported against the key areas of interest will have emerged 'organically' through the in-depth interviews themselves rather than through hypothesis testing - thus making the overall findings more robust and grounded in the experiences and views of participants.

To achieve this once the interviews were completed and transcribed, they were analysed using a thematic framework analysis approach. This approach comprised an analysis grid (in Microsoft Excel), which enabled the classification and interpretation of qualitative data.

Firstly, the key themes and topics arising from the interviews were identified through the topic guide and an initial review of a selection of transcripts. Each of the key themes and topics were then translated to a column heading in an Excel grid, with each row within the grid representing an individual case (that is, an individual business). Researchers analysed each transcript individually, by extracting relevant data from the interview and summarising it into the appropriate cell within the grid. Verbatim quotations were included alongside the summaries where possible.

Once all of the feedback had been received, researchers reviewed and analysed the information within the final grid: a series of thematic tables of qualitative data representing all the individuals who had participated in the qualitative research. Researchers read horizontally across the grid to obtain a full understanding of each individual's views and experiences, and read vertically down the grid to gain an understanding of the commonality of particular views in relation to each of the themes, as well as any differences between the

participant types. Using this approach where particular themes and commonalities emerged between participants these were included in the report. The views of individual participants are only included where they have had a very different experience to others to highlight specific instances where things have gone well or not well.

1.4.2.6 Note on the interpretation of qualitative research and data

Qualitative interviews and focus group discussions can provide an understanding of what people think, need, want and care about – and can explore the reasons behind those views. The researcher guides the interviewee through a series of topics (agreed beforehand with the client), but in a less structured way than with a quantitative (survey) questionnaire. Findings may emerge from interviews and focus group discussions which the researcher and client had not previously considered; these can be identified and explored.

It is the researcher's job to ensure that all of the client's questions are answered and that every interviewee has an opportunity to express his or her point of view. It is, however, important to note that in some cases due to the limited time available and to ensure a positive interview experience, the level of information it was possible to obtain on specific markets was restricted, with some interviewees preferring to discuss their consumer behaviour in general, particularly if they did not believe it differed by market area. Where more general information was obtained, this will be highlighted throughout the report to ensure the limitations of this approach are noted.

It should also be remembered that participants may hold views that are based on incorrect information. It is the researcher's role to explore and report participants' perceptions, not necessarily to correct any misunderstanding or incorrect perceptions.

When interpreting the findings from the interviews or focus group discussions, it is important to note that they are not based on quantitative statistical evidence. It should also be borne in mind that there is a tendency for such research to induce interviewees to express critical views. This report should be read with these notes of caution in mind.

When reporting the findings, terms such as 'several', 'some', 'many' and 'most' have been used to reflect the commonality of responses identified during the analysis process. It is important to note that where such terms have been used they refer solely to the emergency services personnel that were interviewed, and are not therefore representative of all emergency service personnel. Quotations have also been included in the report (in italics) to provide evidence for the views and experiences reported (both those that were more common, and minority views). It is important to stress that these quotations are verbatim and represent the views of the individual concerned. Quotations were selected for inclusion in this report on the basis that they met the following criteria:

- where inclusion of a quote does not mean an individual is 'over-represented' in the quotes;
- where a quote explains an issue more succinctly than could be otherwise described in the body text; and
- where a quote highlights a key issue discussed by interviewees in a succinct and clear manner.

1.5 Report structure

Following this introduction the report is structured as follows:

- **Chapter 2** explores views on mental health problems in the emergency services;
- **Chapter 3** looks at awareness of the Blue Light Infoline amongst emergency service personnel;
- **Chapter 4** explores the usage of the Blue Light Infoline;
- **Chapter 5** examines emergency service personnel's' perceptions of the Blue Light Infoline.
- **Chapter 6** looks at the competitive context in which the Blue Light Infoline sits and explores the other mental health services used by emergency service personnel;
- **Chapters 7 & 8** examine emergency service personnel's views on the information booklets and videos produced by the Blue Light programme to raise awareness of mental health problems and available support; and
- **Chapter 9** presents conclusions and recommendations from this research.

2 Views on mental health in the emergency services

This section outlines individual personal experience of mental health, views of mental health in the emergency services, and awareness of mental health problems in the workplace. It highlights the views of those who are currently working in the emergency care services across different sectors.

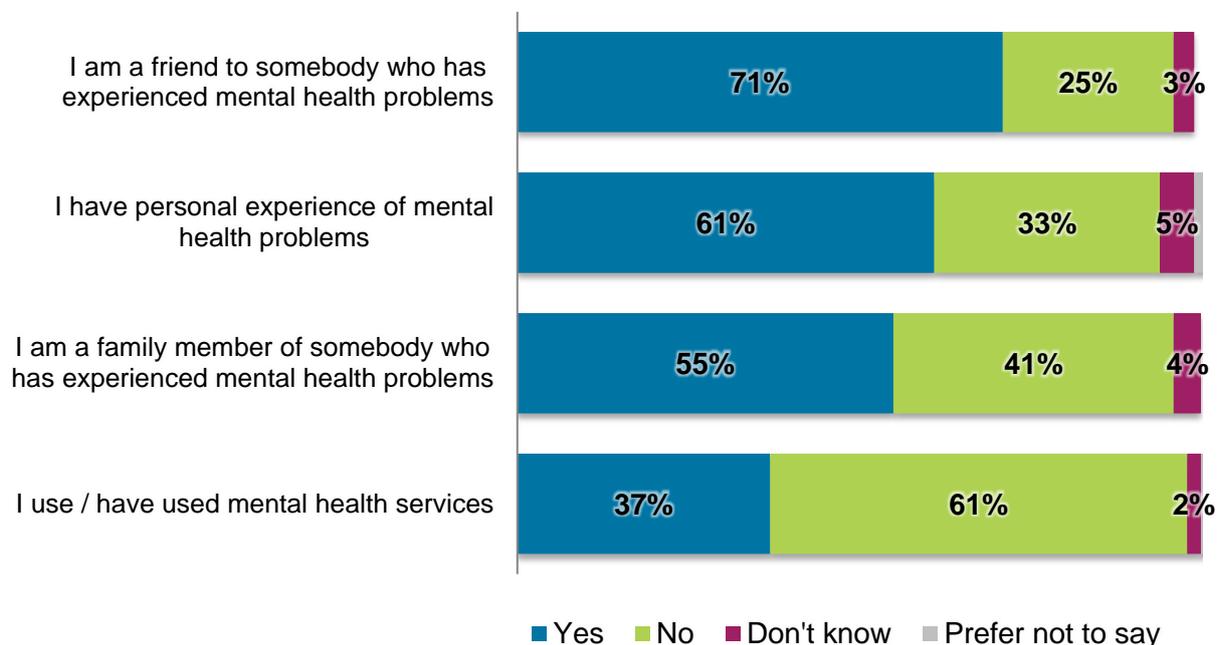
2.1 Personal experience of mental health problems

Survey participants were asked to indicate the most relevant of various statements provided relating to their personal experience of mental health problems.

A high proportion of participants have personal experience of or knew somebody with a mental health problem. The majority of those who took part are a friend to somebody who has experienced mental health problems (71%). Around six in ten state they have personal experience (61%) or are a family member of somebody who has experienced mental health problems (55%). Significantly more participants aged 40-49 years indicate they have had personal experience of mental health problems (69%) compared with other age groups.

Despite the high instance of individuals having lived experience of mental health problems, only 37% report that they use or have used mental health services. Significantly more women (45%) indicate they currently use or have used a mental health service compared with men (33%).

Figure 1: Please indicate the relevant response for the following statements.



Sample base: 436 to 451

All participants who took part in the qualitative research believe that mental health problems are very prevalent in the emergency service profession due to a variety of reasons including the following:

- Shift patterns
- Work pressure and burn out
- Lack of control
- Traumatic incidents
- Lack of time to reflect

A large number of participants mention that the rotating shift patterns they work due to the nature of the emergency services affect their mental health. The shift between working mornings, afternoon and nights disrupts their sleep pattern as well as the times at which they eat their meals.

“Shift pattern varies, knowing what I am doing for four weeks, three weeks are 'relief' could be any shift and at any station and they are only planned six weeks in advance”. (Fire service professional)

These participants report that a disrupted sleep pattern often leads to sleep deprivation, and additionally an irregular and in some cases missed breakfast, lunch or dinner routine which in turn impacts their physical and mental health. When asked to elaborate on how it impacts on their mental health, some participants mention that they often feel low in energy and mood.

Some participants also report that the pressure associated with emergency service work also affects their mental health. A few ambulance service professionals believe that the intensity of their work combined with meeting performance targets requires them to treat patients very quickly and attend to each emergency call promptly. As a result, the provision of excellent care can often become compromised as time is restricted to provide the optimum level of care that is needed during the event.

“The pressure from performance targets requires you to treat patient’s quicker meaning you doubt the provision of excellent care and leads to low morale. The patients who don’t really need an ambulance can make you feel frustrated as you can’t get to those who really need you”. (Ambulance service professional)

A number of participants mention that the high frequency of exposure to traumatic incidents can become emotionally draining and lead to burn out. They state that emergency service personnel are subject to seeing sights and incidents that would affect most people’s mental health. After the emergency event many of them report difficulty trying to ‘switch off’ and separate work from their personal life. They also mention that their thoughts and how they feel about emergency events are rarely discussed and hence they are not given the opportunity to process and reflect on what they have been through which can lead to a detrimental impact on their mental state.

“I think a lot of people put a 'front on' at work and behave like they’re not affected when they really are.” (Ambulance service professional)

Additionally a small number of participants report that working alternate shift patterns also affects their relationships with friends and family, as there is no set routine for when they have the opportunity to spend time with them. Some of these participants report feeling

upset and low in mood as they are unable to socialise or see their family regularly, due to a conflicting lifestyle schedule with them.

“By the time I get home, my kids are fast asleep so I don’t get to spend any time with them ... It’s not always the case but it is when I am random shifts and the kids are in school during the day”. (Ambulance service professional)

“My family say I have changed since working for the 999 services”. (Fire service professional)

Overall, many participants indicate that although mental health problems are highly prevalent and widely experienced, they are not sufficiently discussed or attended to in the emergency profession. Furthermore, some participants mention that the emergency services operate in such a way that stress and mental health problems are unavoidable. A few participants mention that as emergency service professionals they are seen as those who help others, and quite often other people are often misled to believe that they cannot be affected themselves.

“The idea that us as the ‘fixers’ or ‘healers’ makes it difficult to accept our own health problems - especially in relation to mental health - the state the services are in at the moment make it almost impossible not to be stressed, feel a failure but also feel trapped trying to change systems that in reality won’t change”. (Ambulance service professional)

It is worth noting that these findings are consistent with the findings from scoping research undertaken by Mind into the needs of emergency services personnel.

2.2 Views on mental health in the emergency services

Survey participants were provided with a variety of statements relating to support for individuals with mental health problems and asked to rate each one using an agreement scale. Overall, the majority of participants agree more support is needed for professionals working in the Police, Fire, Ambulance and Search and Rescue services (93%). Around nine in ten participants (89%) also agree more supported is needed for professionals working in all emergency services.

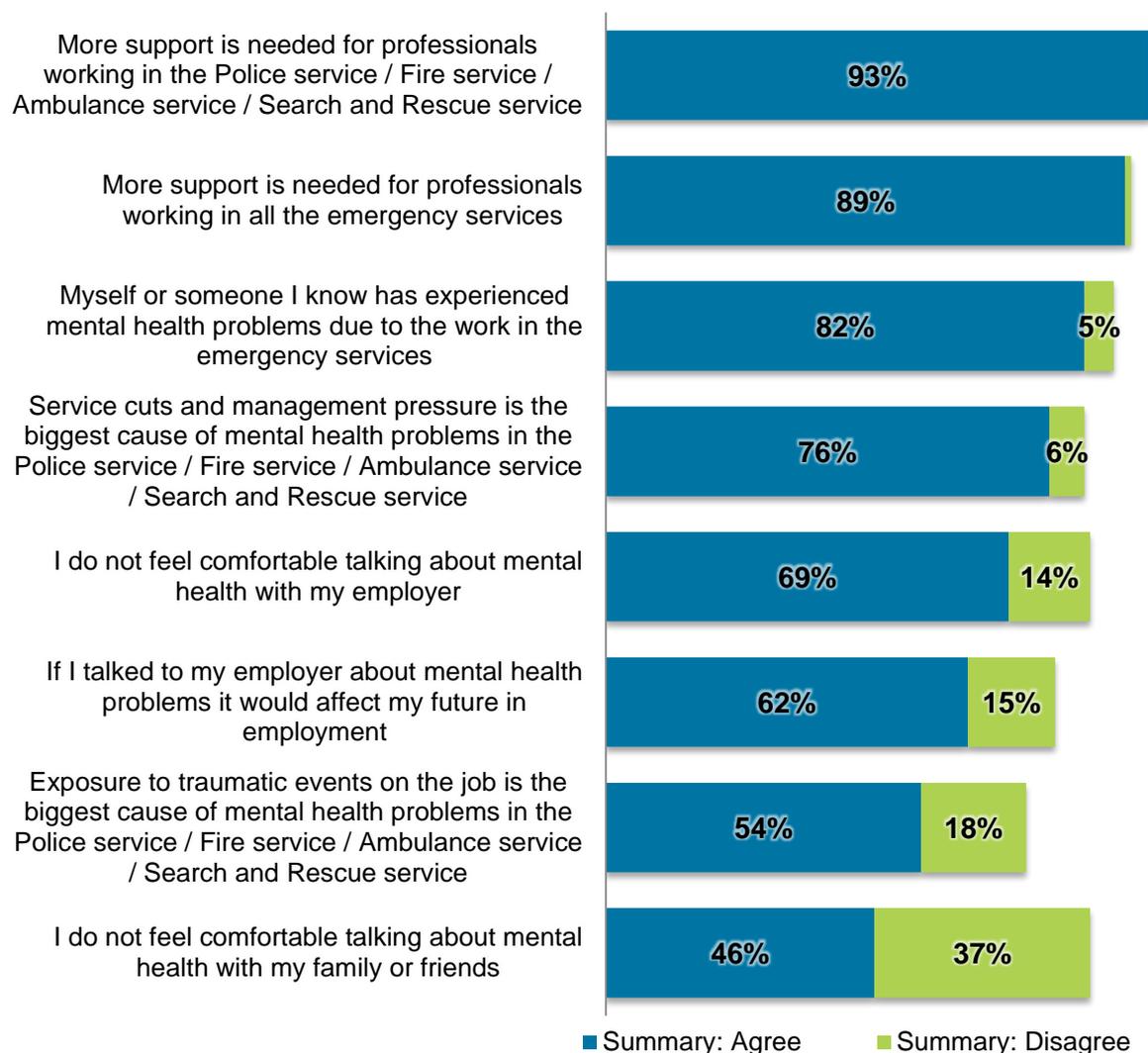
Additionally, around eight in ten participants (82%) agree that they or someone they know have been affected by mental health problems due to work in the emergency services, while three quarters (76%) agree service cuts and management pressure is a cause of mental health problems in the different emergency service sectors.

Fewer participants agree they do not feel comfortable talking about mental health problems with their friends or family (46%). A significantly higher proportion of those aged 40-49 years (50%) strongly agree with this compared with other age groups.

Furthermore, a higher proportion of those aged 40-49 (63%) agree their future in employment would be affected if they talked to their employer about mental health problems compared to younger participants (aged 18-29) (26%).

From the different service sectors within emergency care, significantly more participants working in the ambulance service agree they or someone they know have experienced mental health problems due to the work in the emergency services (90%) compared with those in the fire (80%) and police service (68%).

Figure 2: To what extent do you agree or disagree with the following statements?



Sample base: 416 – 445 (where currently work for the emergency services)

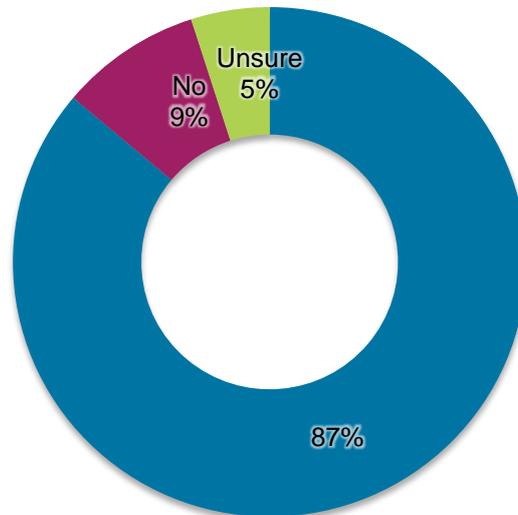
2.3 Awareness of mental health problems in the workplace

In order to gain an understanding of the awareness of mental health problems in the workplace, participants were asked to indicate if they knew any colleagues who have had personal experience of mental health problems.

Overall, there is high awareness of mental health problems in the workplace with around nine in ten (87%) suggesting they are aware of colleagues who have or had previous experiences of mental health problems.

Awareness is also significantly higher amongst older participants (aged 50-59 years) (92%) compared with those aged 18-29 years (80%) and 30-39 years (32%).

Figure 3: Are you aware/were you aware of any colleagues in your workplace that have/had personal experience of any mental health problems?



Sample base: 462

3 Awareness of the Blue Light Infoline

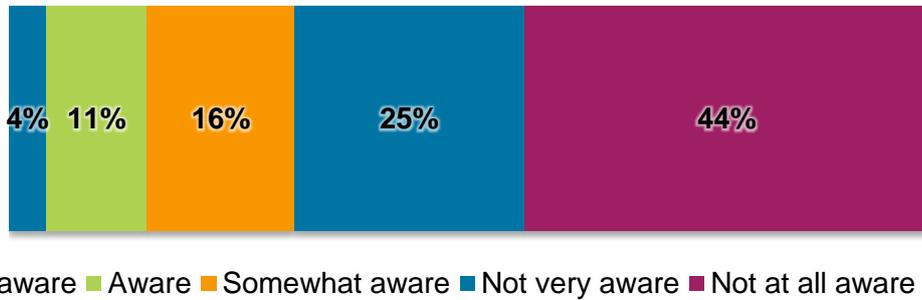
This section outlines the level of awareness of the Blue Light Infoline and the extent to which it is advertised in the workplace.

3.1 Level of awareness

Awareness of the Blue Light Infoline is low, just three in ten (31%) participants indicate some awareness of the service; while around seven in ten (69%) were not aware of it.

A higher proportion of those working in the fire service (76%) are unaware of the Blue Light Infoline compared with those in the ambulance service (61%). In addition those aged between 40-49 (72%) are more likely to be unaware of the Blue Light Infoline compared with other age groups.

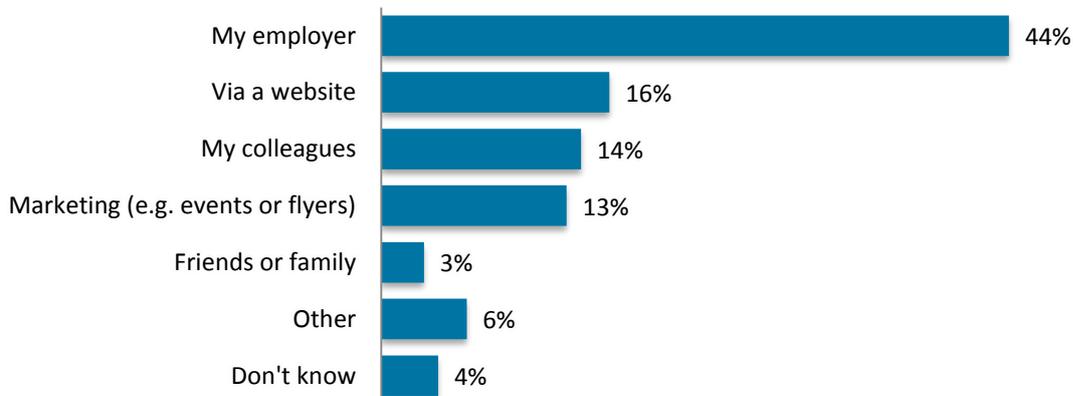
Figure 4: To what extent are you aware of the Blue Light Infoline?



Sample base: 463

Of those who are aware of the Blue Light Infoline, around two fifths (44%) became aware through their employer. Less than two in ten indicate they became aware through the internet (16%), through their colleagues (14%) or came across it through marketing material (13%).

Figure 5: How did you initially become aware of the Blue Light Infoline?

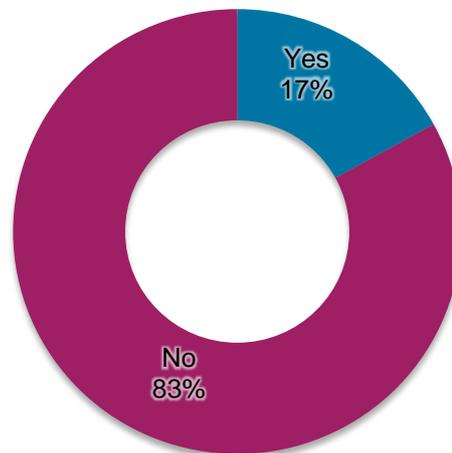


Sample base: 144 (those who are aware of the Blue Light Infoline)

3.2 Contacting the Blue Light Infoline

Survey participants were asked to indicate if they knew how to contact the Blue Light Infoline. Less than two in ten (17%) are aware while the majority (83%) indicate they are unaware how to contact the Blue Light Infoline.

Figure 6: Are you aware of how to contact the Blue Light Infoline?



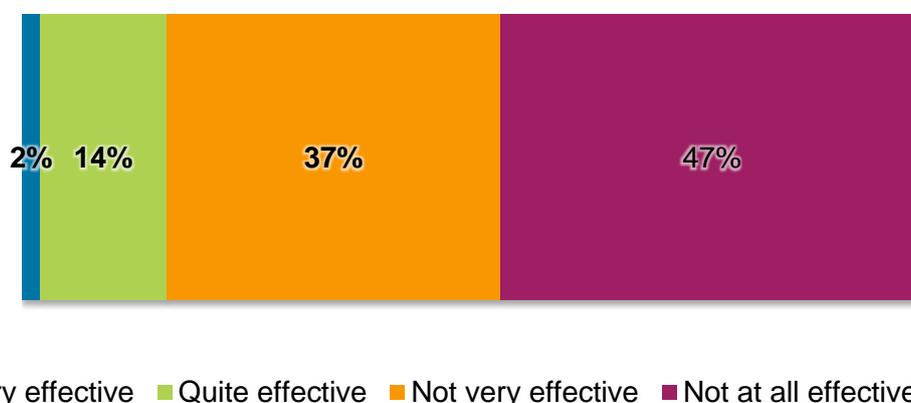
Sample base: 462

3.3 Promotion of the Blue Light Infoline

The majority of participants (84%) believe the Blue Light Infoline is not effectively advertised in their workplace. This is significantly higher for those working in the ambulance service with 43% stating it is not very effectively advertised compared with 30% in the fire service. Just 16% of participants state the Blue Light Infoline is advertised effectively.

Contrary to this, a higher proportion of participants who are aware of the Blue Light Infoline believe the service is advertised effectively in their workplace (65%).

Figure 7: How effectively is the Blue Light Infoline service advertised within your workplace?



■ Very effective ■ Quite effective ■ Not very effective ■ Not at all effective

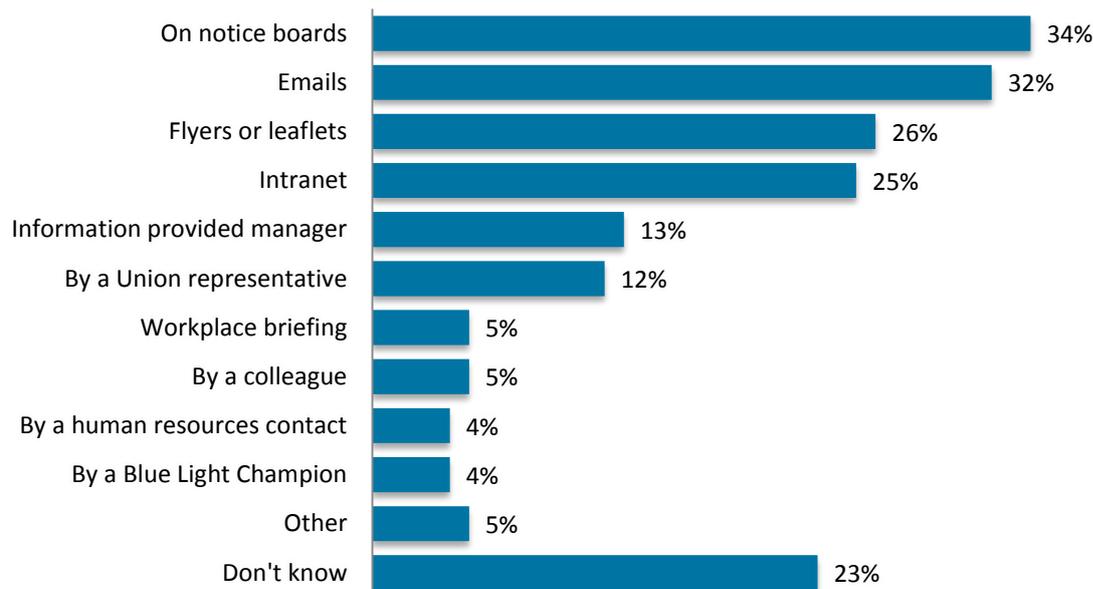
Sample base: 461

Of those who believe the Blue Light Infoline is effectively advertised in their workplace, around a third state they have seen promotions on notice boards (34%) or via email (32%).

Around a quarter also indicate advertisements on flyers or leaflets (26%) or on their workplace intranet (25%).

A similar proportion of participants also state they are unsure where they have seen advertisements of the Blue Light Infoline (23%).

Figure 8: In which of the following ways is the Blue Light Infoline advertised within your workplace?



Sample base: 240 (where Blue Light Infoline is very effectively / quite effectively / not very effectively)

As with the quantitative findings, there are mixed responses regarding the level of awareness amongst participants who participated in a qualitative discussion. However, slightly more demonstrate awareness of the Blue Light Infoline and indicate seeing it promoted mainly through internal communications such as emails or booklets and flyers.

"We received booklets etc it was on our email signatures, my organisation from MIND, they got the signature to put at the bottom of the emails, it was like a banner it had the phone number and the times on there. That was helpful as well." (Fire service professional)

A few also outline they have visited the Mind website or previously seen information on their workplace notice boards. A few explain their organisation has held awareness days where managers have provided information about the service.

"My ambulance service had an awareness day and there have been leaflets, pocket guides and information given by line managers." (Ambulance service professional)

Participants were asked to indicate how awareness of the Blue Light Infoline could be improved. A number of suggestions were made which can be summarised as:

- A Mind representative or champion visiting their workplace
- Information through line managers
- Leaflets or flyers which are practical to placed in their pockets/bags

Participants outline that emails and information on notice boards are easily dismissed as they are bombarded with materials and constrained with time to read everything due to their busy lifestyle. Most participants believe there is a need for a service such as the Blue Light Infoline in order to provide support to emergency service personnel and state having a Mind representative would be an effective way to provide information about the service.

“Have a Blue Light Infoline champion within each area or ideally on each station to promote and advertise the service.” (Ambulance service professional)

Participants also point out that having information from their line managers gives them reassurance and confidence that mental health problems are acknowledged in the workplace. The fact that managers are able to talk about mental health problems also removes stigma around mental health problems in emergency care services.

4 Usage of the Blue Light Infoline

This section explores the reasons for non-use of the Blue Light Infoline.

Survey participants were asked to state whether they have previously used the Blue Light Infoline either themselves or on behalf of a colleague. In line with the audience of this survey, the vast majority (97%) state they have not used the Blue Light Infoline.

In order to gain an understanding of reasons why participants may have not used the Blue Light Infoline, they were provided with a range of statements as shown in Figure 9 below. Approaching half of the participants have not heard of the Blue Light Infoline (47%).

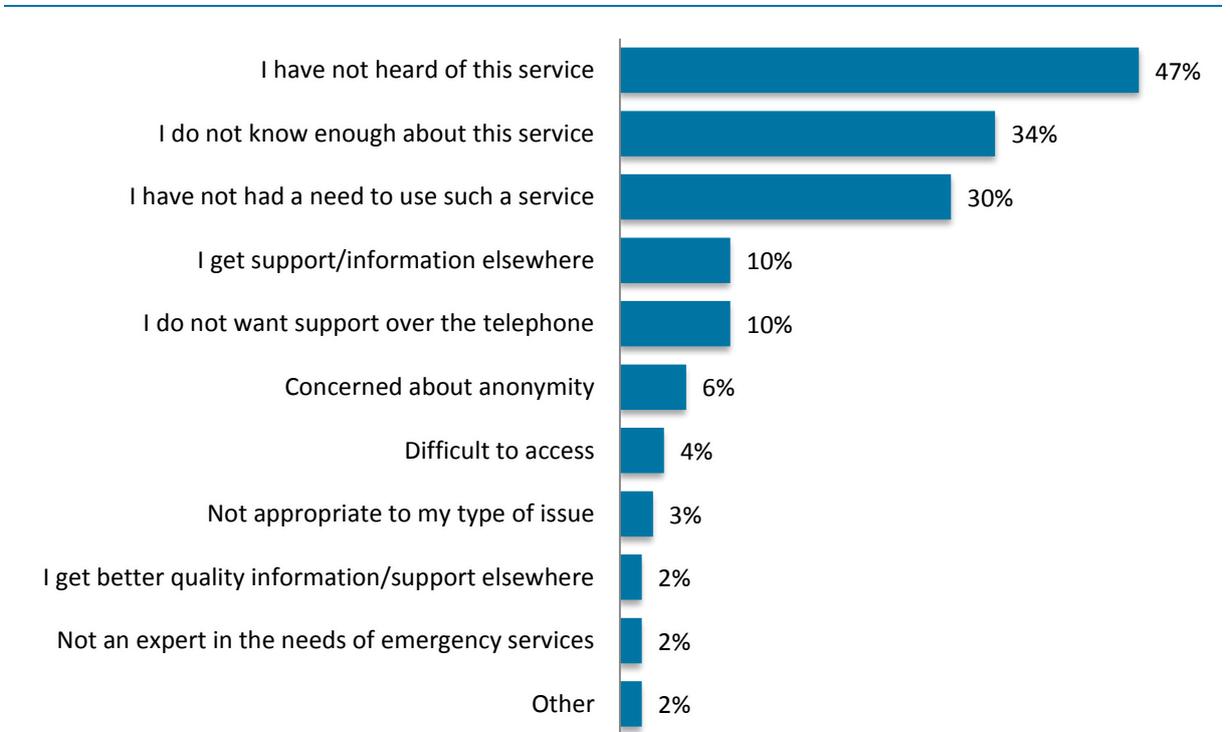
A third of participants indicate they do not know enough about the service (34%) while a similar proportion state they have not had the need to use the Blue Light Infoline (30%).

Just one in ten participants say they have not used it because they get support or information from another source (10%) or do not want support over the telephone (10%).

Significantly more of those working in the ambulance service have not used the Blue Light Infoline as they believe it is difficult to access (6%), they get support/information elsewhere (14%), are concerned about anonymity (10%) or do not want support over the telephone (14%) compared with those working in the fire service.

Additionally, a higher proportion of those working in the fire service have not heard of the Blue Light Infoline (52%) compared with those in the ambulance service (40%).

Figure 9: Which of the following, if any, best describes why you have not used the Blue Light Infoline?

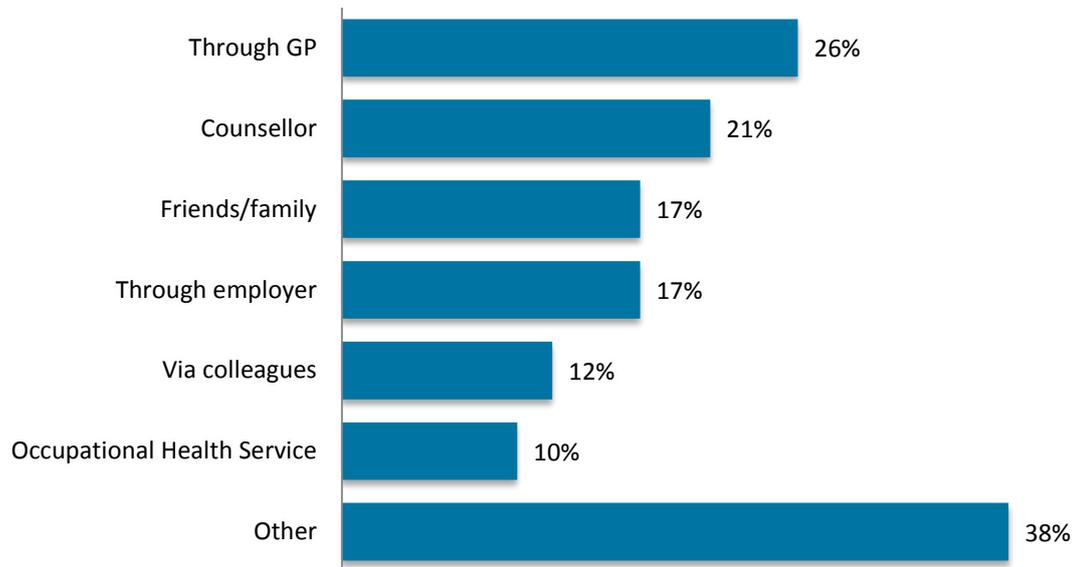


Sample base: 451

Of those who say they get support or information from another source instead of Mind, their GP (26%) and counselling (21%) services are the most popular.

Around two fifths of participants also state they use other sources (38%) instead of Mind. These include private therapists, mental health teams, peer support and being signposted to services from their employer.

Figure 10: Where do you/your friend or family currently get support or information?



Sample base: 42

5 Perceptions of the Blue Light Infoline

The following section of the report outlines participants' perceptions of the Blue Light Infoline and likelihood to use it in the future.

5.1 Perceptions of the Blue Light Infoline

Overall, the majority of participants are unsure what words or phrases they would use to describe the Blue Light Infoline (71%).

However, of those who have provided a word or phrase, the majority have used positive descriptors including confidential (20%), supportive (18%) and helpful (16%).

Significantly more participants who state they are aware of the Blue Light Infoline use positive descriptors such as confidential (58%), relevant (36%) and helpful (52%) compared with those who are somewhat aware or unaware of the Blue Light Infoline.

This is consistent with the reasons for non-use of the service explored in Chapter 4 which mostly related to a lack of awareness and knowledge of the service rather than concerns or criticisms about its quality and offer.

Figure 11: Which of the following words or phrases would you use to describe the Blue Light?



Sample base: 459

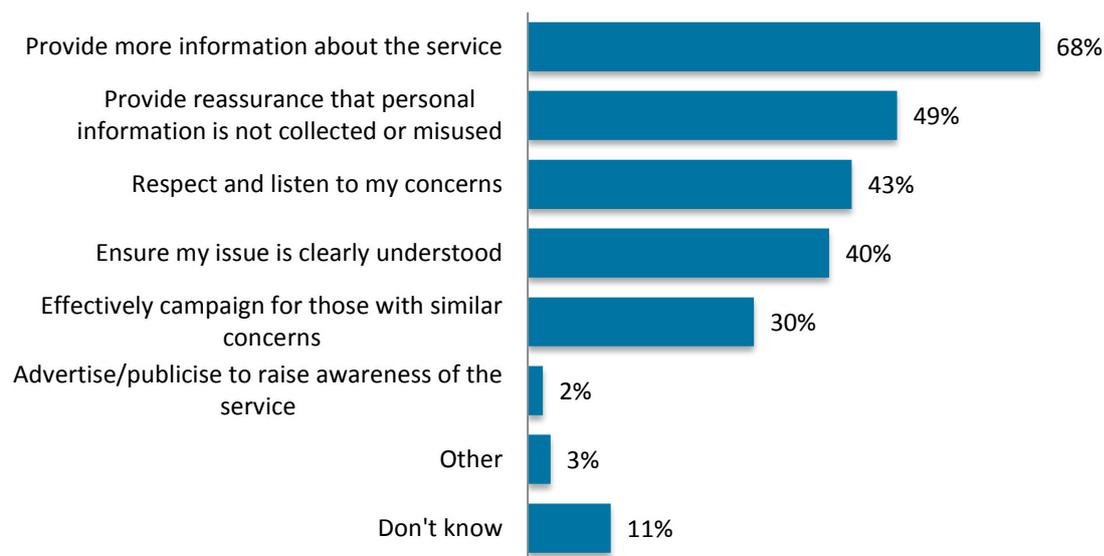
5.2 Likelihood to use the Blue Light Infoline

A range of responses were provided in terms of what would encourage participants to use the Blue Light Infoline. Overall, most state more information should be provided about the service (68%). This is significantly higher for those who state they are unaware of the Blue Light Infoline (74%).

Just under half state providing reassurance that their personal information is not collected or misused (49%). This is significantly higher for those who are aware of the Blue Light Infoline (60%).

Additionally, around two fifths state that respecting and listening to their concerns (43%) or ensuring their issue is clearly understood (40%) would encourage them to use the Blue Light Infoline.

Figure 12: In which of the following ways, if any, could the Blue Light Infoline encourage you to use it?

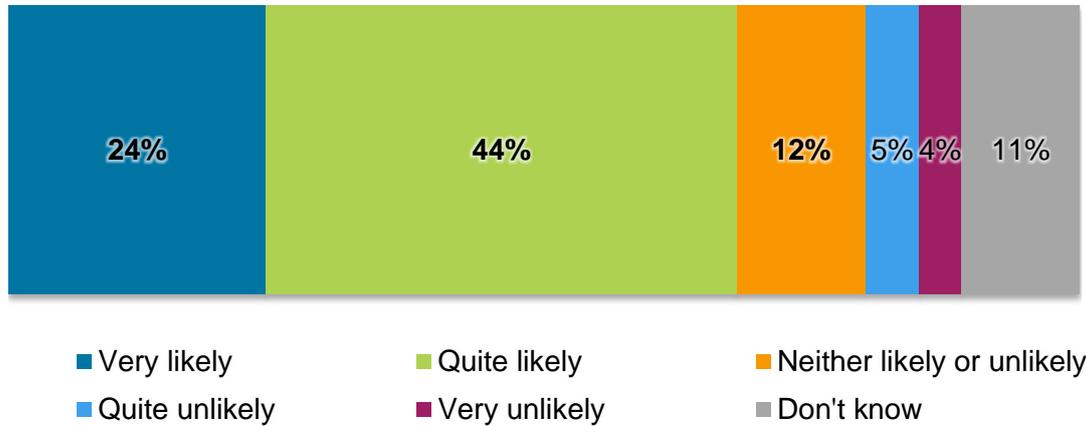


Sample base: 463

In terms of likelihood to use, around seven in ten participants state they would be likely to use (68%) the Blue Light Infoline in the future for information or advice about mental health in the emergency services. One in ten are unlikely (9%) to use the service while a similar proportion are ambivalent (12%).

A higher proportion of those working in the ambulance service (73%) and fire service (70%) are likely to use the Blue Light Infoline compared with those in the police service (48%).

Figure 13: How likely would you be to use the Blue Light Infoline if you needed information or advice about mental health in the emergency services in the future?



Sample base: 462

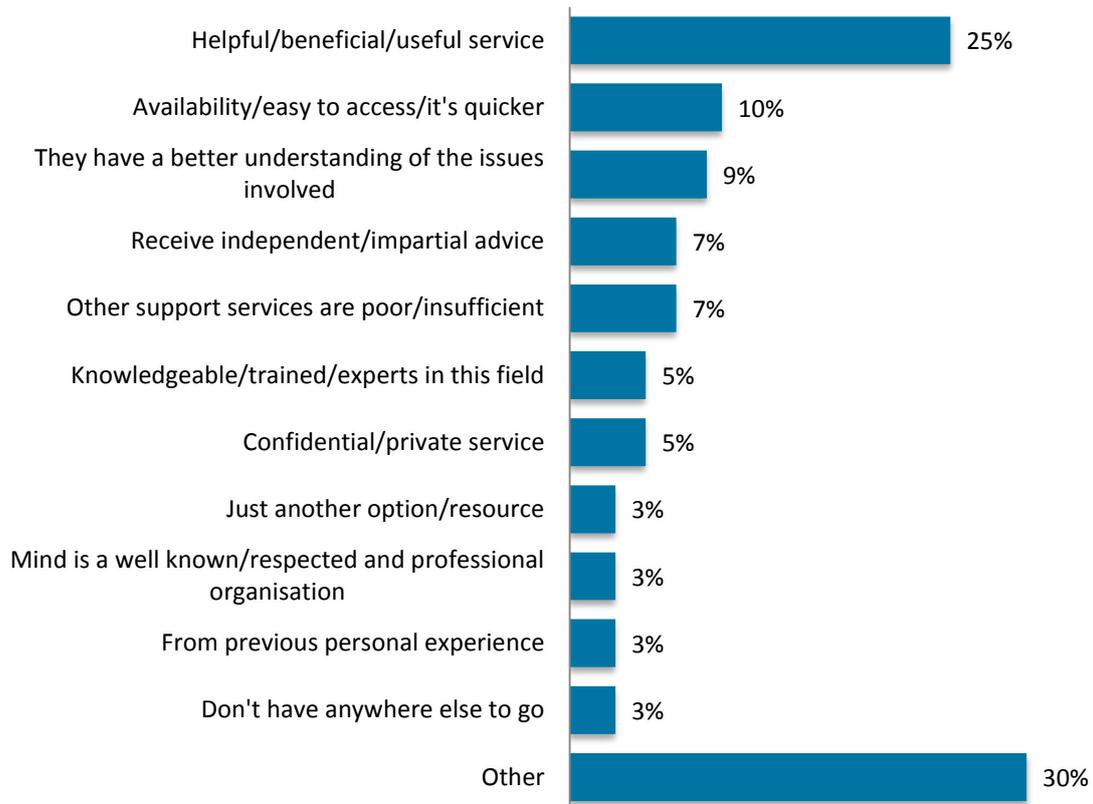
A number of reasons were provided by those who state they would be likely to use the Blue Light Infoline.

A quarter state the Blue Light Infoline would be a helpful, beneficial or useful service (25%). One in ten state that the Blue Light Infoline would be easy to access/ quicker (10%) and individuals would have a greater understanding of the issues involved (9%).

Other responses relate to individual’s personal experience of mental health problems. Some suggest it is easier for them to speak to somebody on the phone rather than approach their GP or line manager where they may encounter an appointment only service.

Others would be likely to use the Blue light Infoline as they feel there is lack of support and guidance from managers in their workplace and advocate the idea of accessing support outside of their organisation.

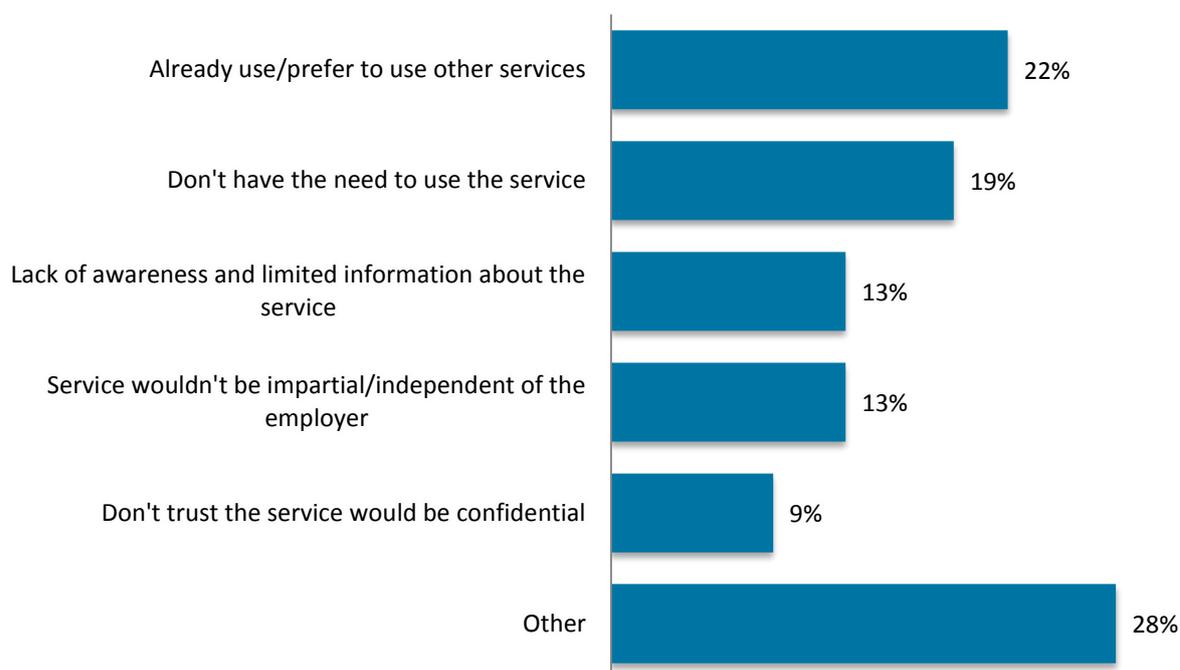
Figure 14: Please explain why? (Likely)



Sample base: 214 (where likely to use the Blue Light Infoline in the future) Responses shown for 3% or more

Of those who state they are unlikely to use the Blue Light Infoline in the future, the main reason is they are currently using or they would prefer to use another service (22%). A similar proportion also state they do not have the need to use the service (19%).

Around three in ten participants suggested other reasons (28%) such as being worried about informing their managers with the perception it may put their job at risk. One indicates the Blue Light Infoline is too close to their line of work so would prefer to find support elsewhere while another outlined there is a sense of embarrassment about admitting they have a mental health problem as this may lead to being discriminated in the workplace.

Figure 15: Please explain why? (Unlikely)

Sample base: 32 (where unlikely to use the Blue Light Infoline in the future)

As with the quantitative findings, most participants from the qualitative interviews would also be likely to use the Blue Light Infoline, particularly those in the ambulance service. Some would use the Blue Light Infoline to gain information and support while others would use it to discuss impacts of their job.

"I would consider using it in order to gain information and support for myself and also guidance for others. The info booklets would be useful to help others." (Ambulance service professional)

"Yes I would. For work related stress, more traumatic side of it, if you have a bad job you can just ring them and speak to somebody about it." (Ambulance service professional)

For those who state they would not consider using the Blue Light Infoline, particularly those in the fire service, the main reason is the fact they feel they already had sufficient support elsewhere.

"Personally no, but only due to existing support mechanisms I already have in place, but I would recommend it to colleges (Fire service professional)

"I don't feel I would as I have a very good network of family/friends that I would go to" (Fire service professional)

5.3 Likelihood to recommend the Blue Light Infoline

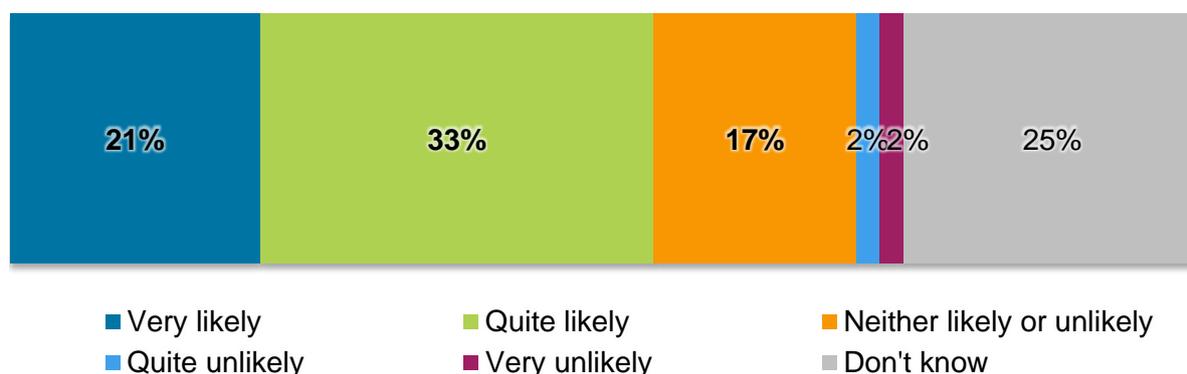
Survey participants were asked to rate how likely they would be to recommend the Blue Light Infoline. Although they do not use it, over half of those who took part would be likely to

recommend the Blue Light Infoline to a colleague (54%). Two in ten of these would be very likely (21%) and a third would be quite likely (33%).

A quarter of participants are unsure (25%) whether they would recommend the Blue Light Infoline to a colleague.

Significantly more of those working in the police service are unlikely to recommend the Blue Light Infoline (10%) compared with those in the ambulance service (4%) and fire service (2%).

Figure 16: How likely would you be to recommend the Blue Light Infoline to a colleague?



Sample base: 463

Some of those interviewed in-depth state they would be likely to recommend the Blue Light Infoline to their colleagues or others they are aware of who suffer from mental health problems.

“When taking a particularly stressful call with very little time to get over that, there can be 5 minute allowances, but apart from that there isn't much time to deal with that. If they had a colleague who took a distressing call, and they didn't appear to be coping well, they might suggest that they use the line there and then.” (Fire service professional)

“I would absolutely use the service. My partner suffers from mental health so I would use the service to know how to support a loved one better.” (Ambulance service professional)

5.4 Accessing and trusting the Blue Light Infoline

During the qualitative interviews, feedback on the most appropriate opening hours was explored with participants. There are mixed views regarding this and although some suggest a 9am to 5pm telephone service may be suitable, most indicate the opening times are not ideal as this is during their typical working hours or clash with other commitments such as childcare. Instead, early mornings or late evenings are suggested as being more appropriate.

“All I could say, I don't think 9-5 Monday to Friday would be helpful. It would more likely be when you've got quiet times in your life, maybe evenings or early mornings

would be better. The day's often started and got busy by between 9-5 whereas it might be an 8am that's good or 8pm in the evening when you've got the children in bed and settled and you think, okay now is a really good time to ring." (Ambulance service professional)

"I work 9 to 5 and I have young children. It's not something I would phone during work hours." (Ambulance service professional)

Others suggest a 24 hour helpline would be useful as the working hours in the emergency services tend to be longer and the flexibility to know support is available any time would allow them to get in touch with the Blue Light Infoline at their convenience. However they also acknowledge that this may not be viable for the organisation.

"Emergency service is 24 hours, in an ideal world 24 hours but I understand that's not sometimes viable but I think it's good that they are there, but as I say people work overnight, it would be good if there was something there overnight." (Fire service professional)

"Because we work shifts it depends when we get a day off, or even at the end of the shifts. It would be great if it was 24/7 but I know it can't be because the funding is not there and it's not going to be there I know that, but ideally 24 hours." (Ambulance service professional)

Participants were asked if they felt they could trust the Blue Light Infoline if they were to use it. Most are positive about this and say they would trust the Blue Light Infoline mainly due to the fact that Mind is perceived as a well known and reputable organisation within the emergency services sector.

"Yes, I think if it has the support of the Mind organisation, I think that's quite a well known organisation and that gives it a little bit of kudos." (Ambulance service professional)

"Yes, I would trust the Blue Light Infoline; I already know how good Mind is as a charity." (Fire service professional)

Others also mention they would trust the Blue Light Infoline as it is independent from their place of work. Ensuring their personal information remains confidential is imperative for those to feel comfortable about discussing mental health problems.

"If it is entirely confidential, it is sometimes difficult to speak to someone who you work with every single day. It's hard to talk about personal things if you know the person. Sometimes it's easier to speak to someone that you don't know and that you don't have a relationship with." (Ambulance service professional)

Further to this, participants were asked to feed back on what support would be useful to them or their colleagues if they were to access the Blue Light Infoline. The two key areas of support would be 1) having a representative to talk to that listened and understood their difficulties and 2) signposting to other counselling services or organisations for support

"It's about knowing that there is someone there who will listen and that's often hard, even trying to get your family to stop and listen when you're having a bad time. Someone who will listen and get it off your chest, and understands and does something practical with it. Reflecting on my experiences, there's nothing worse than someone listening to you and then there's a long pause and silence as they don't

know what to do or what to say with what you've told them."(Ambulance service professional)

"Initially I think it needs to be someone who can listen and guide us in the right direction, someone who has experience of the system, the pressures and the problems we encounter (Fire service professional)

Other useful sources of information include providing reassurance that the representative at Mind understood their problem and providing advice on new jobs and careers for those having difficulty in the emergency services.

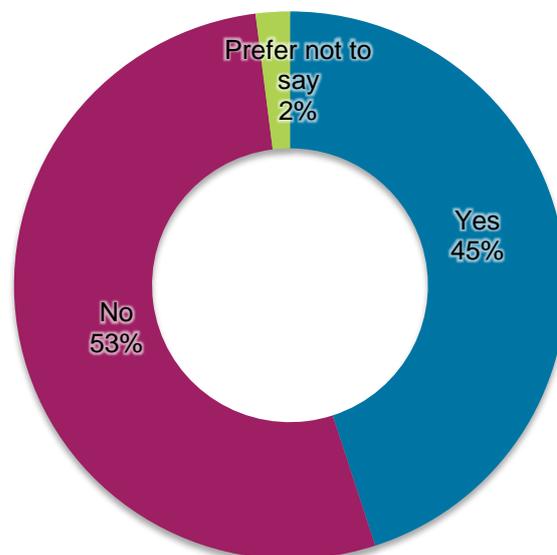
6 Competitive context

This section of the report outlines the support participants have sought from other providers regarding mental health problems and reasons why they chose that provider.

Around two fifths of participants state they have sought support from another provider (45%) while over half have not (53%). A higher proportion of those in the ambulance service have sought support from another provider (51%) compared with those in the fire service (38%).

Additionally, significantly more females (57%) state they have sought support from another provider compared with males (40%).

Figure 17: Have you previously sought support from any other providers?



Sample base: 463

Various sources were provided in terms of where participants have previously sought support. The majority who had received support state they have accessed a health or mental health professional for example, a GP, social worker or counsellor (85%). This outcome is in line with the main reasons why participants have not used the Blue Light Infoline.

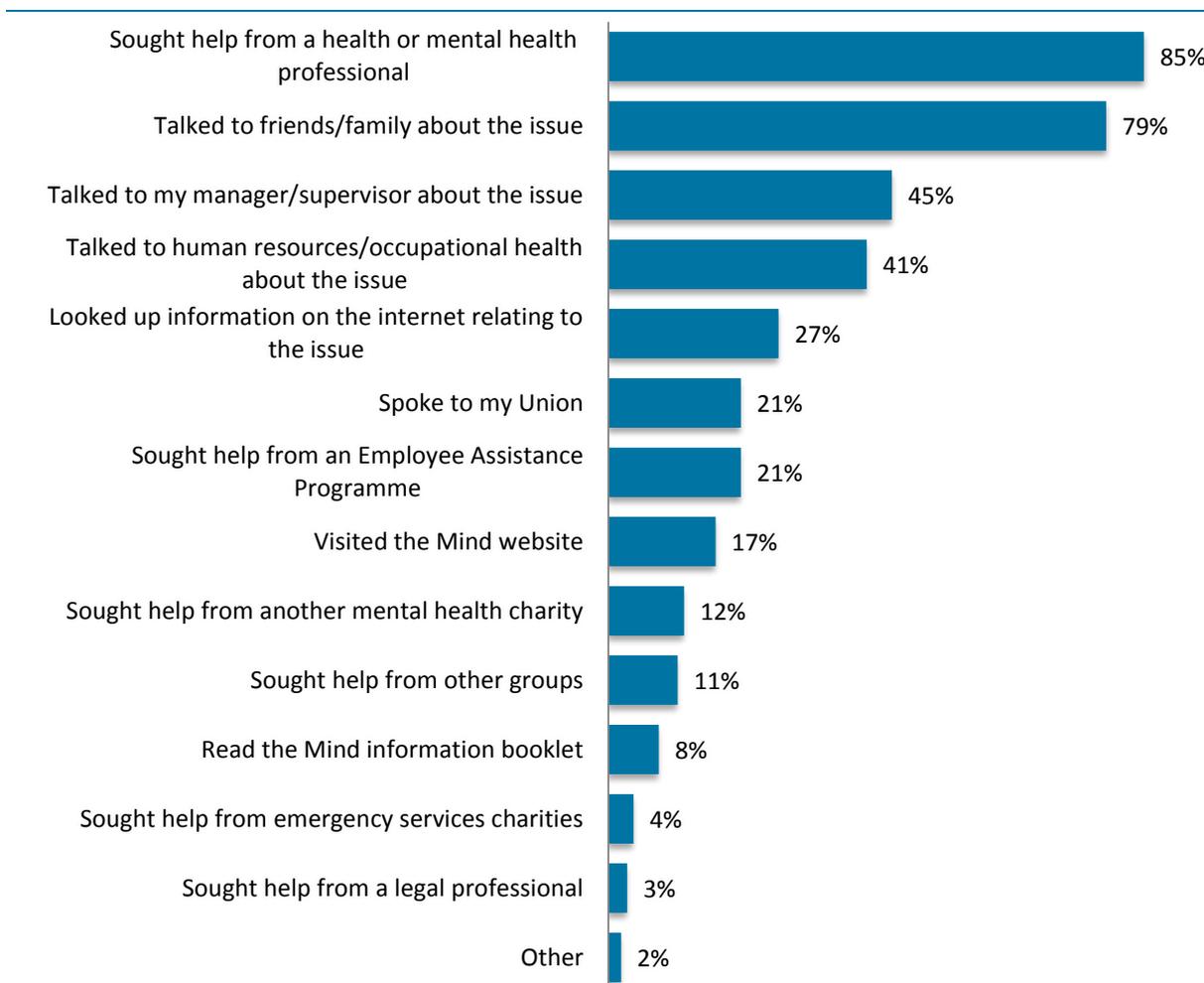
Eight in ten participants also state they have sought help by talking to friends or family about the issue (79%).

Additionally, around two fifths of participants state they have sought help having spoken to their manager/supervisor (45%) or human resources/occupational health about the issue (41%).¹

¹ It is noted that the proportion of participants who have accessed support from human resource or occupational health is higher than in other research conducted by Mind. This is likely a result of the way in which the survey was disseminated and promoted within organisations through intermediaries.

Significantly more of those aged 40-49 years (44%) and 50 to 59 (53%) state they have talked to human resources/occupational health about their issue compared with those aged 30 to 39 (21%).

Figure 18: In which of the following ways, if any, have you sought support (e.g. for stress or poor mental health related problems)?



Sample base: 207 (where previously sought support from any other providers)

Additionally, a minority of participants indicated they have sought support from other groups (11%). Examples of these groups include:

- The Samaritans
- Anxious Minds
- Norfolk Mental Health Team
- Armed Forces Mental Health Team

Most participants who took part in the qualitative interviews have also sought support from other providers. Most of these suggest they have sought support from their occupational health service. Others mention there has been a push within their organisation, particularly those in the ambulance service, to promote their internal services. This includes for example,

the Red Poppy Scheme or Staying Well. Those in the fire service also mention that some colleagues have attended mental health awareness courses.

Additionally, as with the quantitative findings, others have previously or currently go to their GP or seek advice from a counsellor regarding mental health problems.

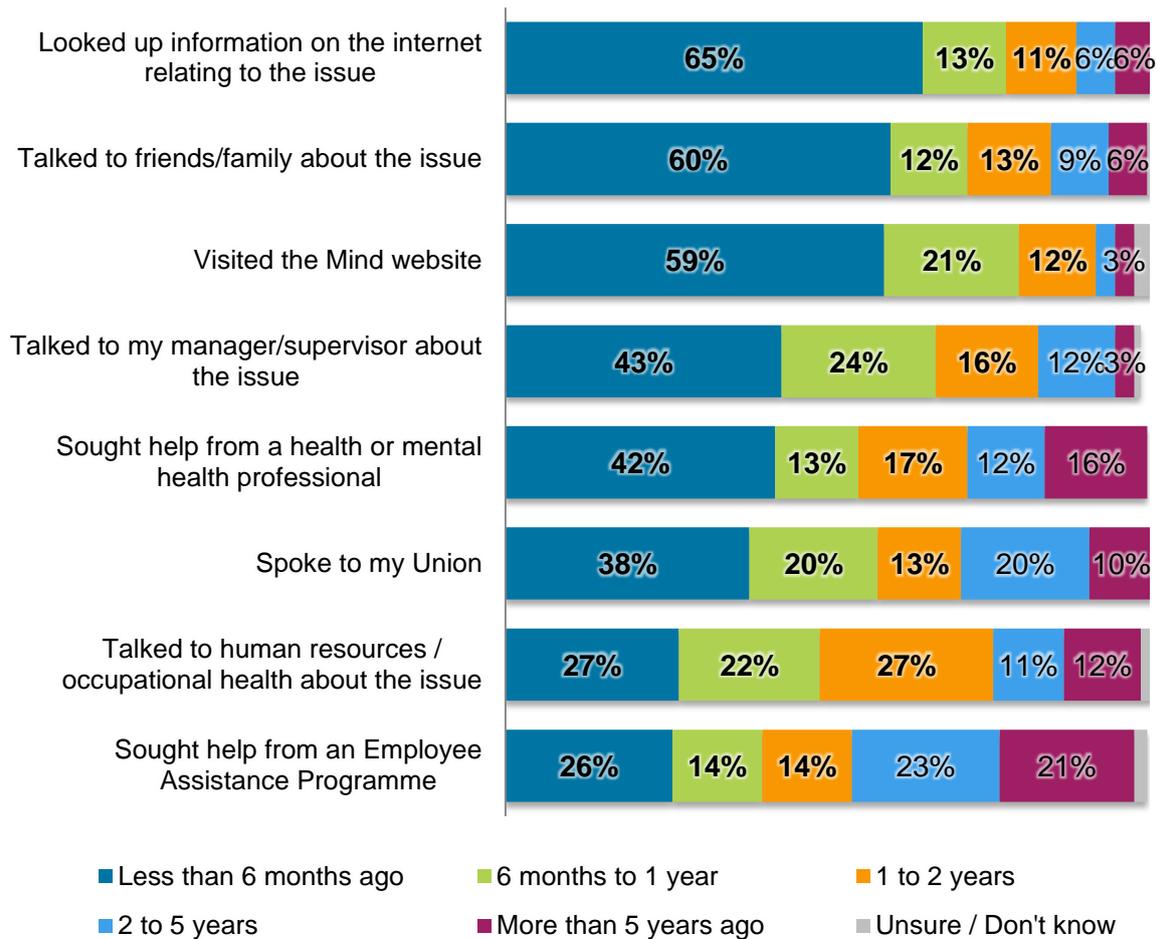
In terms of frequency of support sought amongst those who have sought support from other places, around six in ten participants have looked up information on the internet (65%) or spoken to their friends or family about the issue (60%) in the last six months. Similar proportions have also visited the Mind website in the same duration (59%).

Significantly more of those in the ambulance service have talked to their friends/family about the issue in the last six months (73%) compared with those in the fire service (43%).

Participants have less frequently spoken to human resources/occupational health about the issue or sought help from an Employee Assistance programme.

Additionally, more females (36%) have sought support from their manager/supervisor in the last six months to a year compared with males (16%).

Figure 19: When did you last require support from this/these source(s)?

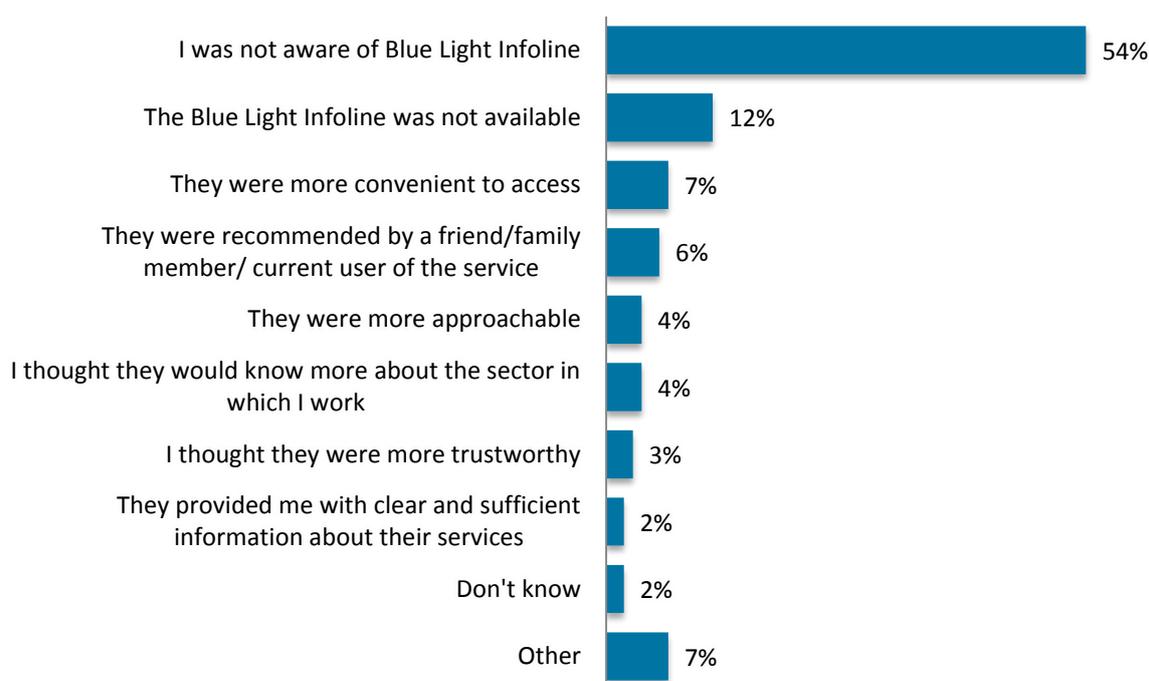


Sample base: 34 - 174 (where previously sought support from any other providers, base size of 30 or more)

Participants were asked to indicate the reasons for seeking support from other providers. Over half suggest this was due to the lack of awareness of the Blue Light Infoline (54%).

Additional reasons include the Blue Light Infoline not being available (12%), the other providers were more convenient to access (7%) and recommended by friends or family who currently use the service (6%).

Figure 20: Which of the following best describes your reasons for seeking help from this person/organisation instead of the Blue Light Infoline?



Sample base: 207 (Where previously sought support from any other providers)

Participants from the qualitative interviews also provided their reasons for accessing support from other services. In line with the quantitative findings, most say they accessed other services as they were unaware of the Blue Light Infoline. Some also indicate the other support services were referred or recommended by their employer.

“Simply because I was not aware that there was a Blue Light Information line. For all of my medication needs I was required to speak to my GP.” (Ambulance service professional)

In terms of describing the support received from other services, there are mixed views amongst participants. Some suggest the support from their GP or counsellor has been beneficial and helped them with their problems while others suggest they did not feel the support was personalised. For example, if sought support through their organisation, they would only receive a couple of counselling appointments which was not enough.

A few of those who had sought support from their GP suggest they did not advocate the appointment only facility as in some instances they felt they needed to access support immediately. They advocate the Blue Light Infoline in that they have the flexibility to seek advice at their convenience.

7 Views on Mind information booklets

7.1 Awareness of Information booklets

Prior to the in-depth telephone discussions; participants were sent an email with a link to the Mind website. This directed them to a range of 20 different information booklets from which they could choose to read one or more in preparation for the discussion.

Most participants were not aware that Mind offered information booklets and had therefore not come across the booklets prior to the research. When asked about the likelihood of reading the information booklet, all participants claimed that they would read the booklet if they needed to and also stated that they would recommend the booklets to fellow colleagues. Some of these participants were surprised that their workplace had not provided them with these booklets, as they were viewed as very relevant and useful for their job role.

"Yes absolutely, I would definitely use it. I think any amount of information is useful and again with someone feeling pressured, it's easy to get to and easy to understand and look at so yes definitely". (Emergency Call Handler)

"These are the kind of leaflets you should have with your magazines on the coffee table at work in the staff room. People could pick them up and put in their pocket and take home to read later. They are really useful to read especially because it's so relevant to our job in the fire service". (Fire Service Professional)

Of the small number of participants who were aware of the Mind information booklets prior to the interview, only a few had actually used them. Most of these participants became aware of the booklets at work through training programmes. Some of these participants stated that the training providers discussed the use of the booklets after they had received them whilst others mentioned that they were given the booklet as material to read in their own time and no discussion took place regarding them during the training session. Many of these participants stated that the information booklets were available in staff specific areas i.e. staff room and kitchen, for staff to take away and use, others stated that they were displayed on their staff notice boards. One participant became aware of the information booklets through a Mind advertisement on a social media website, namely Facebook.

"We had a staff training day and the information booklets were given to us to read in our own time, but they did not actually talk about them". (Ambulance Service Professional)

When participants who had actually read the information booklets previously were asked why they chose to read them, a mixture of responses were reported. These include the following;

- Information booklets were readily available in work premises to access
- Information booklets were handed to them during training sessions
- Mental health is not a subject that is widely spoken about in the workplace
- To support friends and colleagues

Most of these participants stated that they used the information booklets for the simple fact that they were readily available within staff specific areas i.e. staff room, kitchen and notice boards. They typically read the information booklets during their lunch or coffee breaks.

Some participants mentioned that they read the information booklets out of general interest as they were handed to them during training sessions. A few participants stated that they read the information booklet as mental health problems are not an area that is widely spoken about in the ambulance and fire service. Thus it was interesting to read about a topic that is so relevant and experienced by emergency service professionals and is yet, not openly or professionally discussed. A few participants mentioned that they read the information booklets in order to ascertain useful information and advice in order to support and signpost friends and colleagues who were experiencing mental difficulties.

"I saw it lying on the coffee table in the staff room when I went for my break, so I just picked it up and flicked through it. It was quite interesting to read". (Fire Service Professional)

"I was looking for information and guidance on the internet and came across them on the Mind website to support a friend of mine who was suffering from an episode of severe psychosis". (Emergency Call Handler)

7.2 Views on content of Information booklets

All participants who took part in the qualitative research perceived the content of the information booklets as useful for a variety of reasons. These include the following:

- Comprehensive information
- Industry specific
- Good links to further information and support
- Useful guidance for friends and family

Most participants believe that the information booklets were very comprehensive in terms of the information that they covered. They also believe that the booklets included all the appropriate types of information that someone would need if they required information about accessing support for mental health problems.

"It's really useful, it gives enough information for someone who suffers with any sort of mental health problem, and it covers everything you would need". (Fire Service Professional)

In addition to this many participants commented on specific types of information provided in the information booklets that was particularly useful. A few participants mentioned that the section in the information booklet about 'identifying triggers' was very important and useful to read as many emergency service professionals struggle to understand or recognise their own symptoms, especially in relation to post-traumatic stress disorder (PTSD) as they are constantly occupied with helping and being concerned about other people due to the nature of their job. Other participants found the practical advice on relaxation techniques offered in the information booklet particularly useful. One participant mentioned that it was useful to discover the different methods that could be used to alleviate stress after an intense/stressful day at work.

"I found the section based on triggers very useful, especially for emergency service professionals as we don't really get enough time to reflect and understand how we feel... because we are so busy all the time". (Ambulance Service Professional)

In addition to relaxation techniques, other participants reported that the advice offered in the leaflets were very useful such as, playing music or using a mindfulness mobile application to

improve sleep hygiene and help them sleep. A few participants mentioned that had they been aware of the information booklets beforehand, the information would have been extremely helpful for guidance and signposting through difficult situations they had experienced i.e. one participant expressed feelings of suicidality in the past and believe that the section that offered information about suicide would have been helpful to read.

"I was at the point where I felt suicidal; there was a link on the booklet that went straight to information about suicidal that would have been very useful at the time. All the relevant information was there; I wouldn't have felt the need to look any further had I had access to that at the time". (Emergency Call Handler)

Many participants stated that the information booklets were a good source for emergency service professionals to be signposted to further support and guidance. Participants believe that the contact numbers and website links provided in the information booklets to access support services such as, counselling, the Blue Light Infoline, stress management, anxiety management etc were particularly useful as they did not have to search for the contact details separately.

"The fact that they gave useful contact numbers I thought was quiet good especially for anxiety help ... also the fact that it signposted people to unions and the fact that whichever union you're in do offer support services was good as well". (Ambulance Service Professional)

Some participants believe that the information provided about the range of mental health problems that exist and can be experienced by emergency service professionals was also very useful. A few of these participants were in fact surprised, as they were not aware of the different types of mental health problems that exist. Furthermore, the statistical facts that were presented in the booklet about mental health problems were also perceived as very useful and interesting. Statistics based on the prevalence of mental health problems in the emergency service sector in particular, were found interesting. Participants claimed that this type of information removed stigma related to mental health.

"I was really surprised when I saw how high the percentage was of how many people suffer with mental health problems in the fire service... It was a real eye opener... It made me feel like me or anyone who suffers from a mental health problem is not alone". (Fire Service Professional)

7.3 Relevance of Information

All participants stated that the booklets were relevant. Many participants believe that the booklets were particularly useful as the information they provided was specific to the emergency sector in which they worked and hence included very relevant information. None of the participants perceived the information as irrelevant to them personally or their profession.

"It is very relevant and specific to my job role in the ambulance service and is generally very focused on emergency service workers, it actually provides the type of things they expect a booklet like this to provide". (Ambulance Service Professional)

Most participants stated that the case studies used in the information booklets were very relevant to their profession. They demonstrated mental health experiences that people had been through as a result of the nature of the work and in some cases PTSD. Some

participants believe that the case studies reflected some of the personal experiences of mental health problems themselves, as well as very common experiences that their fellow colleagues had experienced hence they were able to relate to them. Furthermore, the case studies were seen as positive as they removed stigma related to mental health problems and as such normalised these experiences.

“The case studies were relevant to me because I could completely relate with my experience of anxiety and trauma because of an incident where a child died in my arms after I ran out with him from a burning building”. (Fire Service Professional)

Similarly, some participants reported that general information about the different mental health problems were also very relevant to the emergency profession as they are widely experienced by professionals who work in the sector. Other participants reported an array of other information they found relevant to themselves and their profession such as, facts and statistics, stress and anxiety management techniques and support/advice they could offer to their colleagues or families could use.

“I thought it was good that they included information about the different types of problems because people in the emergency sector can be affected by any one of them. Also the information for families on how they could help was very relevant as well, especially to me as sometimes it’s difficult for my family to understand what I am going through you can just say ‘can you read that and then can we talk about how awful I’m feeling at the moment”. (Ambulance Service Professional)

Overall, most participants believe that the booklets covered a sufficient amount of information and felt that no further information should be added. This was to prevent the booklet from being crowded with information. However, a small number of participants offered some suggestions for additional information that may be useful to include. One participant mentioned that more information about conditions such as, ADHD, Autism and Dyslexia etc would be useful to present in the booklets as these may be experienced by many professionals in the service and could be mistaken for other conditions like anxiety therefore it raises wider awareness. Another participant suggested that it would be useful to include information related to the implications of mental health problems such as, financial issues.

“There are a lot of mental health problems related to financial implications within the fire brigade. It could be useful to provide fire-fighters with advice in order to deal with money matters”. (Fire Service Professional)

7.4 Views on length, format and size of Information booklets

All participants reported that the length and size of the information booklet was appropriate and included the correct amount of information. They also mentioned that if the length was any longer, it could be off putting for someone to read especially because emergency service professionals are busy and constantly ‘on the go’. In addition, the booklets were considered practical to store in a bag or pocket due to the appropriateness of its size.

“I think the amount of information was just right. It wasn’t too long or too short. It was a good amount to take in and digest. If there was any more information I would not want to read it as it would take forever and I don’t have time, I am constantly on the go because of work”. (Ambulance Service Professional)

"It's about the right size you can put it in your bag". (Fire Service Professional)

In terms of the format of the information, most participants suggested that the booklet was the most appropriate way to present the information as it could be read and carried around conveniently. One participant mentioned that other formats such as, notice boards or posters would not be as private to access as the information is not portable. Many participants reported a preference for the information booklets to be accessed as a printed copy as oppose to an electronic version. As mentioned before, this was due to portability of the booklet and in addition some participants lacked computer proficiency and were thus not able to use the electronic version effectively. A few participants suggested that the contact information provided for further information would be useful to click and be directed to the website of the source.

7.5 Views on language and imagery used in Information booklets

Most participants perceived the images used in the booklets positively, due to a variety of reasons. Many participants believe that the images helped to break down the information and make the booklet more readable whilst some participants stated that the images helped with understanding the written information more clearly. A few participants mentioned that the combination of imagery and text made the booklet more user friendly for individuals who have conditions, such as Asperger's syndrome or Dyslexia, and may be more visually orientated.

"It was nicely laid out with pictures and bullet points I was not bogged down too much with excessive reading because it broke down the information nicely". (Emergency Centre Operations Manager)

A small number of participants were dubious about the use of imagery in the booklet. One participant suggested that pictures could be discouraging for some readers and they may reinforce people to believe or worry about their mental health problems. Another participant suggested the need to be careful with the type of imagery that is selected to use in the booklet as they could be misconceived as patronising by some people.

"It is OK, but you would really need to be careful and make sure that the pictures are not too cartoony or patronising because they might soften a troubling issue. There is a fine line between it being OK or too childish, or even insulting". (Fire Service Professional)

In terms of the use of language in the information booklets, all participants reported that it was very clear to understand and concise to read, especially for people whose second language is English. Many participants appreciated the fact that plain English was used to illustrate the information and that no medical jargon was used to explain any of the points, especially those relating to different mental health problems. Similarly, none of the participants perceived the language as stigmatising or patronising. Some participants mentioned that the choice of language was in fact very sensitive and friendly.

"The language is absolutely fine and very clear. It's not something that you would look at and think what's that all about? It's all set out clearly so that anyone could read. I don't think any of the language is inappropriate or patronising". (Ambulance Service Professional)

“I did not think the language was offensive in any shape or form, I thought they were very sensitive and anti-stigma in the way the information was written”. (Fire Service Professional)

8 Views on Mind information videos

8.1 General views on videos

Participants who took part in the online focus groups were presented with the information booklets during the focus group discussion, and were subsequently asked about their views. Most participants who took part in the research perceived the content of the videos positively for a range of reasons including the following:

- Videos were relatable
- Challenged stereotypes and mental health stigma
- Informative

Many participants believe that the experiences that emergency service professionals shared in the videos were very 'powerful' as they reflected real experiences of mental health problems experienced in the emergency services. Therefore, they felt that emergency service professionals could easily relate to the experiences that were shared in the videos.

"I understood very much where he was coming from, the message was powerful he was getting less and less sleep and getting more and angrier...I can draw a direct parallel to that, it was good". (Ambulance Service Professional)

Some participants believe that the videos used a good cross section of personnel from the different services and types of roles to take part and convey messages, including both men and women. A few participants in particular commented positively on the use of an older male in the video, as in their opinion men are unlikely to open up and talk about their emotions and mental health experiences. They believe that men have been traditionally stereotyped as emotionally strong and inferior if they fail to withhold their emotions. Participants reported that the fact that an older male was used in the video challenged the stereotype and conversely encouraged men to approach help and reflect on their mental health experiences and as such, normalised mental health experiences amongst male emergency service professionals whilst removing negative stigma.

"The videos were really positive they highlighted the culture of the fire service being mainly male dominated...one of the main problems is the fact that fire-fighters feel that they are not allowed to have mental health problems or get help because they would be seen as wimps or weak". (Fire Service Professional)

"It even talked about stigma in the video it said 'I didn't want to say anything because I was worried about the stigma of mental health and what it might mean' and dealt with that really well saying 'no it's not a problem to say mental health or depression, these are words we should use more". (Ambulance Service Professional)

Participants reported mixed responses with regards to how informative they perceived the videos to be. Some participants believe that the videos were informative as they raised awareness of mental health problems in the emergency service sector and thus normalised such experiences. On the other hand, some participants did not find the videos very informative. They believe that the videos lacked detail as they did not explicitly name or offer contact details of the different services that viewers could be signposted to.

"I don't think it answered all the questions like ... are you aware this has happened and are you aware that you can go to these places for help?" (Ambulance Service Professional)

8.2 Benefits and drawbacks of videos

Most of the participants reported several benefits in relation to the videos. The main benefit mentioned by these participants was the fact that such videos encourage people to talk about and seek support for their mental health or emotional experiences openly as they challenge negative stigma associated with mental health problems. The video also highlights the fact that the issues presented can be widely experienced by any person regardless of individual differences such as, gender, age or the profession in which they work.

"We are all human beings and people that are men or are in uniform doing Blue Light work, fire police or us, putting on that uniform doesn't make us inhuman. We are still human underneath and can still be affected by mental health problems". (Fire Service Professional)

"I think if you're watching it and then you tell your colleagues, I watched this video this morning, have a look at it then you will start talking about it and promote it ... that's how YouTube works, for example, have you seen that clip about a dog eating the big Mac burger and it has 4 million hits...everyone starts to watch it... I think that could happen with these videos". (Ambulance Service Professional)

Some participants believe that the videos encourage peer support, as they demonstrate the importance of support from peers and colleagues. Peer support was regarded as highly significant as having worked in the emergency sector, colleagues would be able to empathise and understand each other's experiences more than other people who may have a limited knowledge such as, family or counsellors.

"It would encourage us to think about talking to colleagues and generally being more open about how certain incidents made you feel". (Emergency Service Call Handler)

A few participants mentioned that the video format of the information is beneficial as it could be easily advertised and shared on various social media websites such as, Twitter, Facebook, Instagram or LinkedIn. Therefore, this enables the messages of challenging stigma and normalising mental health experiences to be shared widely. Similarly a few participants mentioned that the video format would allow for them to very easily share the information with colleagues, especially because the duration of the video clip is relatively short hence people are less likely to lose their attention/concentration.

"Now I have watched it, I will be saying to other people, have you seen that video Mind have done it's really good, you need to watch it and the fact that it only lasts 3-4 minutes is good because people will not lose interest and passages on the message of raising awareness". (Fire Service Professional)

On the other hand, a few participants reported a mixture of drawbacks in relation to the videos. One participant mentioned that it could be challenging to encourage emergency service professionals to view such videos as they prefer to keep work and their personal life separate. Therefore they would be averse to thinking or reflecting on mental health or emotional experiences that result from work.

“Also getting people to sit down and watch the videos could be challenging as most of the emergency services like to leave at work at work and getting them to take the time to watch work related videos could be quite difficult”. (Ambulance Service Professional)

Another participant mentioned that the videos could be perceived negatively and they could influence some people to think that emergency service professionals are emotionally unstable. In turn this could result in the public mistrusting their capability or the quality of service they deliver.

“Some people might interpret it as emergency service personnel are weak and not capable of doing their job properly, causing people to mistrust them”. (Ambulance Service Professional)

A further participant commented on the video of the ambulance service misrepresenting the ambulance service. The participant suggested that the video conveyed the impression of a pregnant ambulance employee working on the front line with a colleague, when in their professional experience pregnant colleagues would never be expected to work on the front line.

“I thought that would never happen in reality, she's heavily pregnant and she shouldn't be allowed to be anywhere near an ambulance that distracted me a little bit.” (Ambulance Service Professional)

Lastly a participant referred to an example from the generic emergency service video where the actor expressed that he was teased or made fun of due to his mental issues by colleagues. The participant commented that this depiction could discourage people to access support and discuss their mental health problems openly, as they would not want to be associated with such negative stigmas or stereotypes and made fun on.

“The video was very good the only negative this was where the person in the video mentions that they are taken the ‘mickey’ out of by colleagues because of their mental health, this could stop people from coming forward and being open about it”. (Fire Service Professional)

8.3 Additional information to be included

Participants reported a mixture of responses with regards to the need for further or additional information. Some participants believe that the videos included the right level of information and felt that no further information should be added, especially as it would increase the length of the video and overcomplicate the content which would prevent people from viewing it.

“It's not a 30 minute episode; it's a 5 minute trial that just gives you the information to get you on that road”. (Ambulance Service Professional)

“All the videos had all the information that was needed, there's no need to over complicate things”. (Fire Service Professional)

In contrast, some participants believe that further information could be included in the videos in order to make it more information. Most of these participants suggested that further information on where to access support and contact details of specific support sources would be beneficial to include in the video for viewers, in order to prevent them from

searching for support elsewhere. A few participants mentioned that such details would be appropriate to present towards the end of the video.

"I think again, it's useful when the video finishes to say where can you go next, I don't remember the video finishing and saying Minds telephone number or web address, so that would be useful". (Ambulance Service Professional)

Other participants suggested that specialist videos should be available that address specific mental health problems e.g. PTSD, Autism, Anxiety or Depression etc. These videos would offer the opportunity to emergency service professionals and their friends/families to learn more about these specific types' issues that they or someone they know may be experiencing. Additionally participants advised that such videos should include details like, triggers, symptoms, and treatment and support sources in relation to the specific mental health problem.

"They could have more specific videos, concerning more people with specific issues, whether that would be symptoms and treatment or other stuff in relation to PTSD, anxiety or other areas". (Ambulance Service Professional)

A few participants mentioned that a specific video designed for managers offering information on how to support their staff would be beneficial. They suggested that there is a lack of training and information materials designed for senior staff in the emergency sector on how to offer mental health or emotional support to employees.

9 Conclusions and recommendations

The following chapter presents the conclusions and recommendations from this evaluation against the key research questions explored.

9.1 Effectiveness of the information and support provided

9.1.1 Blue Light Infoline

A key challenge to the evaluation was engaging with individuals who had used the Blue Light Infoline, and as such no information could be gathered as to how effective they found the support they were provided. However, most non-users of the Blue Light Infoline did believe that there was a requirement for such a service and their lack of use the service mostly related to low levels of awareness or lack of personal need at that point in time. Very few concerns were raised regarding the quality, confidentiality, or impartiality of the service.

Some queries were raised by non-users regarding the opening times of the Blue Light Infoline, with non-users suggesting that due to unsociable working hours and often changing shift patterns, a 24 hour service may be more beneficial for emergency service personnel.

Recommendation 1: Consider later or 24 hour opening times for the Blue Light Infoline or other similar future services to ensure emergency services personnel can access support at times that are convenient for them.

9.1.2 Written and audio-visual materials

There have been high levels of access to the written and audio-visual materials produced by Mind to support the Blue Light programme. Over 300,000 information booklets have been disseminated to emergency service personnel in hard copy and there have been over 100,000 web views of these materials. In addition, there have been over 16,000 views of the general services video, 'Mental health at work: Be there for your colleagues', which has been made available on YouTube.

Participants in the qualitative research phase of the evaluation found these materials very helpful and believed they included comprehensive information, good links to further information and support, useful guidance for friends and family and were sufficiently industry specific so as to be relatable. In particular, participants found that the individuals featured in the information showcased the experience of a wide variety of individuals and helped to break down stereotypes regarding the types of individuals who may experience mental health problems. They believed these materials would encourage more individuals to seek help.

It may be argued that the comparatively high use of these materials compared with the Blue Light Infoline demonstrates that many emergency service personnel are still in a position where they want to find out more about the extent and type of mental health problems in the profession and how these may be addressed (both by external support services and internally at their places of work). Some may want to understand more about these issues before they seek support. As such the initial full roll out of the Blue Light Infoline prior to awareness raising and other work being conducted in the wider strands of the Blue Light

programme may have been premature if Mind wanted to generate sufficient interest and awareness of the service to achieve their initial targets.

Recommendation 2: When delivering future projects of this nature, consider introducing an initial information and awareness-raising phase ahead of the full roll-out of the core support service to ensure there is not just demand for the service, but also detailed awareness of the service, how to access it, what it offers, and testimony from initial users about its quality.

9.2 Visibility of the service

Findings in this research were mixed as to the visibility of services and information offered by the Information Provision strand. Less than a third of non-users of the Blue Light Infoline were aware of the service whilst some of those interviewed qualitatively were aware of written materials provided by Mind. Often awareness of the service was intrinsically linked to their employer and the extent to which they had shared the information provided by Mind in the workplace (either through keeping materials in employees areas or by holding information and awareness raising sessions). Where employers had provided and shared this information, emergency services personnel were more likely to be aware of it.

Recommendation 3: Continue developing links with emergency service employers, occupational health and human resources departments (both through the Information Provision strand and other strands of the Blue Light programme) in order to ensure key messages and information are being shared with both managers and front line personnel.

9.3 Reasons for non-engagement

The majority of those who had not engaged with the Blue Light Infoline or the written and audio-visual materials reported this was because they were either unaware of the service and support, or because they did not feel they needed such a service at present. As such many of those who had not been aware of the Blue Light Infoline had sought support from other services. Only a very small proportion of survey participants raised any particular concerns regarding the quality of the service or its confidentiality.

Recommendation 4: Similarly to Recommendation 2 it is noted that further awareness raising amongst both employers and employees may be beneficial ahead of the full roll-out of services such as the Blue Light Infoline to ensure high levels of engagement.

9.4 How the support can be further developed or improved

Participants were mostly positive about the concept of the Blue Light Infoline and what it offered, but did not feel sufficiently knowledgeable about the service to comment on how it can be further improved (with the exception of the opening hours as noted in Recommendation 1).

Participants again were mostly positive about the written and audio-visual materials they reviewed during the qualitative research and most participants believed they contained an appropriate amount of information and at the right level for emergency service personnel. However, a few participants did express some concerns that they wanted to ensure the materials were not off-putting to individuals in their depictions e.g. making it appear that there are a high level of mental health problems in the service, or by suggesting individuals who came forward may be bullied or teased.

Recommendation 5: Ensure materials contain reassurances and information for individuals regarding how to go about seeking help and discussing this with managers and colleagues.

Recommendation 6: Continue to link with other strands of the Blue Light programme to ensure managers have sufficient training to effectively respond and provide support to colleagues experiencing mental health problems.

Appendix A: Non-User Survey

Mind Blue Light Programme: Evaluation of the Information Provision Strand: Non-Users

INTRODUCTION

Welcome to the Mind Blue Light Infoline evaluation.

As the leading mental health charity in England and Wales, Mind has recognised that 1 in 4 people in the UK will experience a mental health problem in any given year. However those who work and volunteer in the emergency services are at higher risk of experiencing a mental health problem than the general population but less likely to get support.

Mind has introduced an Information helpline to support emergency service staff, volunteers and their families.

The purpose of this survey is to understand the awareness of this service amongst those who have not used it, explore what works well, as well as identifying areas that could be improved. The results are entirely confidential and will help Mind to understand how to better meet the needs of individuals working with emergency service staff and volunteers and their families.

BMG Research, an independent market research agency, has been commissioned to manage this survey on behalf of Mind.

The survey will take no longer than 10 minutes to complete and your help in completing this survey is much appreciated.

Please press 'Next' to start the survey...

Have you previously used the Blue Light Infoline (either for yourself or on behalf of a colleague)?

| | |
|---|--------------------|
| 1 | Yes |
| 2 | No |
| 3 | Don't know/ Unsure |

IF YES THANK AND CLOSE WITH THE FOLLOWING TEXT

This survey is for people who have not used the Blue Light Infoline, if you have used the Blue Light Infoline and would like to provide your feedback please click on the following link:

INSERT LINK TO FULL ONLINE SURVEY FOR BLUE LIGHT INFOLINE USERS

SECTION A: ABOUT YOU

**ASK ALL
SINGLE CODE**

1. Which of the following statements best describes your work status within the emergency services?

| | |
|---|--|
| 1 | I currently work for the emergency services (including the police, fire, ambulance or search and rescue services)) |
| 2 | I have previously worked for the emergency services (including the police, fire, ambulance or search and rescue services)) |
| 3 | I do not work for the emergency services THANK AND CLOSE |

**ASK IF Q1=1
MULTI CODE**

2. And which of the following best describes your area of work?

| | |
|---|---------------------------|
| 1 | Police service |
| 2 | Fire service |
| 3 | Ambulance service |
| 4 | Search and Rescue service |

**ASK ALL
SINGLE CODE**

3. Please indicate the relevant response for the following statements?

| | Yes | No | Don't know | Prefer not to say |
|---|-----|----|------------|-------------------|
| I have personal experience of mental health problems | | | | |
| I use/ have used mental health services | | | | |
| I am a family member of somebody who has experienced mental health problems | | | | |
| I am a friend to somebody who has experienced mental health problems | | | | |

**ASK ALL
SINGLE CODE**

4. Which of the following best describes you?

| | |
|---|------------------|
| 1 | I am an employee |
| 2 | I am a volunteer |

**ASK if Q4=1
SINGLE CODE**

5. Do you have a management role within the emergency services?

| | |
|---|-----|
| 1 | Yes |
| 2 | No |

**ASK ALL
SINGLE CODE**

6. How long have you been a member of the emergency services?

| | |
|---|--------------------|
| 1 | Less than a year |
| 2 | 1 to 5 years |
| 3 | 6 to 10 years |
| 4 | 11 to 20 years |
| 5 | More than 20 years |

**ASK ALL
SINGLE CODE**

7. Which of the following best describes your level of contact with the public?

| | |
|---|-----------------------------------|
| 1 | I have contact every day |
| 2 | I have contact most days |
| 3 | I have contact a few times a week |
| 4 | I rarely have any contact |
| 5 | I never have any contact |

**ASK ALL
SINGLE CODE**

8. Are you aware/ were you aware of any colleagues in your workplace that have/had personal experience of any mental health problems?

| | |
|---|--------|
| 1 | Yes |
| 2 | No |
| 3 | Unsure |

SECTION B: AWARENESS OF THE BLUE LIGHT INFOLINE

The Blue Light Infoline offers confidential, independent and practice support, advice and signposting around mental health and wellbeing. The Infoline is predominantly for emergency service staff, volunteers and their families to help and support them in work. Mind’s text and email service is also part of the Infoline.

**ASK ALL
SINGLE CODE**

9. To what extent are you aware of the Blue Light Infoline?

| | |
|---|------------------|
| 1 | Very aware |
| 2 | Aware |
| 3 | Somewhat aware |
| 4 | Not very aware |
| 5 | Not at all aware |

**ASK ALL
SINGLE CODE**

10. Are you aware of how to contact the Blue Light Infoline?

| | |
|---|-----|
| 1 | Yes |
| 2 | No |

**ASK IF Q9=1-3
SINGLE CODE**

11. How did you initially become aware of the Blue Light Infoline?

| | |
|---|-----------------------------------|
| 1 | My employer |
| 2 | My colleague(s) |
| 3 | Friends or family |
| 4 | Marketing (e.g. events or flyers) |
| 5 | Via a website |
| 6 | Other (please specify below) |
| 7 | Don't know |
| 8 | Prefer not to say |

ASK IF Q11=4

12. What was the name of this website?

**ASK ALL
SINGLE CODE**

13. How effectively is the Blue Light Infoline service advertised within your workplace?

| | |
|---|----------------------|
| 1 | Very effective |
| 2 | Quite effective |
| 3 | Not very effective |
| 4 | Not at all effective |

**ASK IF Q1=1 AND Q13=1-3
MULTI CODE**

14. In which of the following ways is the Blue Light Infoline advertised within your workplace?

| | |
|----|------------------------------|
| 1 | Information provided manager |
| 2 | On notice boards |
| 3 | Emails |
| 4 | Flyers or leaflets |
| 5 | By a human resources contact |
| 6 | Workplace briefing |
| 7 | By a colleague |
| 8 | By a Union representative |
| 9 | By a Blue Light Champion |
| 10 | Intranet |
| 11 | Other (please specify below) |
| 12 | Don't know |

SECTION C: USAGE OF THE BLUE LIGHT INFOLINE

**ASK ALL
SINGLE CODE**

15. THERE IS NO Q15

**ASK ALL
MULTI CODE**

16. Which of the following, if any, best describes why you have not used the Blue Light Infoline?

| | |
|----|--|
| 1 | Difficult to access |
| 2 | Not appropriate for my type of issue |
| 3 | Concerned about anonymity |
| 4 | I get support/information elsewhere |
| 5 | I get better quality information/support elsewhere |
| 6 | I do not know enough about this service |
| 7 | I have not heard of this service |
| 8 | I have not had a need to use such a service |
| 9 | I do not want support over the telephone |
| 10 | Not an expert in the needs of emergency services |
| 11 | Other (please specify below) |

ASK IF Q16=4,5

17. Where do you/ your friend or family currently get support or information?

SECTION D: PERCEPTIONS OF THE BLUE LIGHT INFOLINE

ASK ALL MULTI CODE

18. Which of the following words or phrases would you use to describe the Blue Light Infoline?

| | |
|----|-------------------|
| 1 | Confidential |
| 2 | Independent |
| 3 | Relevant |
| 4 | Judgemental |
| 5 | Helpful |
| 6 | Practical |
| 7 | Disinterested |
| 8 | Supportive |
| 9 | Hard to reach |
| 10 | Apathetic |
| 11 | Unsupportive |
| 12 | Expert |
| 13 | Trusted |
| 14 | None of the above |
| 15 | Don't know |

ASK ALL MULTI CODE

19. In which of the following ways, if any, could the Blue Light Infoline encourage you to use it?

| | |
|---|---|
| 1 | Provide reassurance that personal information is not collected or misused |
| 2 | Ensure my issue is clearly understood |
| 3 | Respect and listen to my concerns |
| 4 | Effectively campaign for those with similar concerns |
| 5 | Provide more information about the service |
| 6 | Other (please specify below) |
| 7 | Don't know |

**ASK ALL
SINGLE CODE**

20. How likely would you be to use the Blue Light Infoline if you needed information or advice about mental health in the emergency services in the future?

| | |
|---|----------------------------|
| 1 | Very likely |
| 2 | Quite likely |
| 3 | Neither likely or unlikely |
| 4 | Quite unlikely |
| 5 | Very unlikely |
| 6 | Don't know |

ASK IF Q20=1-5

21. Please explain why?

**ASK ALL
SINGLE CODE**

22. And how likely would you be to recommend the Blue Light Infoline to a colleague?

| | |
|---|----------------------------|
| 1 | Very likely |
| 2 | Quite likely |
| 3 | Neither likely or unlikely |
| 4 | Quite unlikely |
| 5 | Very unlikely |
| 6 | Don't know |

SECTION E: VIEWS ON MENTAL HEALTH IN THE EMERGENCY SERVICES

ASK ALL SINGLE CODE

23. To what extent do you agree or disagree with the following statements?

- A. **ASK IF Q2=1-4** More support is needed for professionals working in the [insert response from Q2]
- B. **ASK ALL** More support is needed for professionals working in all the emergency services
- C. **ASK IF Q1=1** I do not feel comfortable talking about mental health with my employer
- D. **ASK IF Q1=1** I do not feel comfortable talking about mental health with my family or friends
- E. **ASK IF Q1=1** If I talked to my employer about mental health problems it would affect my future in employment
- F. **ASK IF Q2=1-5** Exposure to traumatic events on the job is the biggest cause of mental health problems in [insert response from Q2]
- G. **ASK IF Q2=1-5** Service cuts and management pressure is the biggest cause of mental health problems in [insert response from Q2]
- H. **ASK IF Q1=1-2** Myself or someone I know has experienced mental health problems due to the work in the emergency services

| | |
|---|---------------------------|
| 1 | Strongly agree |
| 2 | Slightly agree |
| 3 | Neither agree or disagree |
| 4 | Slightly disagree |
| 5 | Strongly disagree |
| 6 | Don't know |

SECTION F: COMPETITIVE CONTEXT**ASK ALL
SINGLE CODE**

24. Have you previously sought support from any other providers?

| | |
|---|-------------------|
| 1 | Yes |
| 2 | No |
| 3 | Prefer not to say |

**ASK IF Q24=1
MULTI CODE**

25. In which of the following ways, if any, have you sought support (e.g. for stress or poor mental health related problems)?

| | |
|----|--|
| 1 | Talked to friends/ family about the issue |
| 2 | Talked to my manager/supervisor about the issue |
| 3 | Talked to human resources/ occupational health about the issue |
| 4 | Sought help from a health or mental health professional e.g. GP, social worker, counsellor |
| 5 | Sought help from a legal professional |
| 6 | Spoke to my Union |
| 7 | Sought help from an Employee Assistance Programme |
| 8 | Visited the Mind website |
| 9 | Read the Mind information booklet |
| 10 | Sought help from another mental health charity |
| 11 | Sought help from other groups |
| 12 | Sought help from emergency services charities |
| 13 | Looked up information on the internet relating to the issue |
| 14 | Other (please specify below) |
| 15 | Don't know |
| 16 | Prefer not to say |

**ASK IF Q25=1-13
SINGLE CODE**

26. When did you last require support from this/these source(s)?

| | Less than 6 months ago | 6 months to 1 year ago | 1 to 2 years ago | 2 to 5 years ago | More than 5 years ago | Unsure/ Don't know |
|-----------------------------|------------------------|------------------------|------------------|------------------|-----------------------|--------------------|
| Insert response(s) from Q25 | | | | | | |

ASK IF Q25=10

27. What was the name of the group you sought help from?

**ASK IF Q24=1
SINGLE CODE**

28. Which of the following best describes your reasons for seeking help from this person/ organisation instead of the Blue Light Infoline?

| | |
|---|--|
| 1 | They were more approachable |
| | They were more convenient to access |
| 2 | They provided me with clear and sufficient information about their services |
| 3 | They were recommended by a friend/family member/ current user of the service |
| 4 | I thought they would know more about the sector in which I work |
| 5 | I thought they were more trustworthy |
| | The Blue Light Infoline was not available |
| 6 | I was not aware of Blue Light Infoline |
| 7 | Other (please specify below) |
| 8 | Don't know |

SECTION G: ABOUT YOU**ASK ALL
MULTI CODE**

29. To which of these ethnic groups do you consider you belong to?

| | |
|---|------------------------|
| 1 | White |
| 2 | Asian or Asian British |
| 3 | Black or Black British |
| 4 | Mixed |
| 5 | Other ethnic group |
| 6 | Prefer not to say |

**ASK ALL
SINGLE CODE**

30. Are you...

| | |
|---|--------------------------------|
| 1 | Male |
| 2 | Female |
| 3 | Another (please specify below) |
| 4 | Prefer not to say |

**ASK ALL
SINGLE CODE**

31. Have you ever identified as transgender (now or in the past)?

| | |
|---|-------------------|
| 1 | Yes |
| 2 | No |
| 3 | Prefer not to say |

**ASK ALL
SINGLE CODE**

32. How would you describe your sexual orientation?

| | |
|---|--------------------------------|
| 1 | Bisexual |
| 2 | Gay |
| 3 | Heterosexual |
| 4 | Lesbian |
| 5 | Another (please specify below) |
| 6 | Prefer not to say |

**ASK ALL
SINGLE CODE**

33. Which of the following age groups do you belong to?

| | |
|---|-------------------|
| 1 | 16-17 years |
| 2 | 18-29 years |
| 3 | 30-39 years |
| 4 | 40-49 years |
| 5 | 50-59 years |
| 6 | 60-69 years |
| 7 | 70 years and over |
| 8 | Prefer not to say |

**ASK ALL
MULTI CODE**

34. Would you say you have any of the following long term health conditions or disabilities?

| | |
|---|---|
| 1 | Physical Disability (including sensory impairment) |
| 2 | Learning Disability (including developmental disorders) |
| 3 | Another experience of disability (Please specify below) |
| 4 | Prefer not to say |
| 5 | Not applicable |

**ASK ALL
SINGLE CODE**

35. Within which of the following regions do you live in?

| | |
|----|-----------------------------------|
| 1 | North East England |
| 2 | North West England |
| 3 | Yorkshire and the Humber |
| 4 | East Midlands |
| 5 | West Midlands |
| 6 | East of England |
| 7 | London |
| 8 | South East England |
| 9 | South West England |
| 10 | Wales |
| 11 | I do not live in England or Wales |

**ASK ALL
SINGLE CODE**

36. Would you be interested in taking part in future research?

| | |
|---|---|
| 1 | Yes |
| 2 | Possibly, but I would like more information |
| 3 | No |

ASK IF Q36=1,2

37. Which of the following ways would you be interested in taking part in future research?
Please tick all that apply

| | |
|---|--|
| 1 | A depth interview |
| 2 | An online discussion group (this is a text based chat) |
| 3 | A face-to-face focus group |

ASK IF Q36=1,2 (Make all fields mandatory)

| |
|---|
| Name: Email address Contact number: |
|---|

THANK YOU FOR TAKING PART IN THIS SURVEY

SUBMIT

Appendix B: Qualitative topic guide

Introduction and briefing (2-3 minutes)

Introductions:

- Welcome participants and thank them for agreeing to take part in the discussion.
- Moderator to introduce themselves and BMG Research.
- Moderator to explain any 'ground rules'

Overview of the research: The mental health charity - Mind have commissioned BMG Research to explore the views of people working in emergency services about the Blue Light Infoline service that is available to them. This interview will explore your views around whether you or your colleagues use the service and your perceptions on its usefulness.

Confidentiality: All information you provide will be treated confidentially. We will not identify any individuals or disclose the personal details of those who take part. I am independent: I do not work for Mind. Your responses will be treated in the strictest confidence as observed by standards determined by the Market Research Society.

- You do not have to share information you feel uncomfortable disclosing
- You are free to withdraw/leave the interview if you choose to no longer participate
- Views stated are not attributable to individuals and the more open and honest you can be the better.
- Quotes from the discussions may be used in the research report as a way of bringing the findings to life. However these quotes would not identify any individual. This is in line with the Market Research Society Code of Conduct.
- There are no right or wrong answers: it's just your views or opinions that count.

Duration: The discussion should take no longer than 30- 45minutes depending on your responses.

Recording: we would like to audio-record the discussion for the purposes of accurately capturing all the information you share with us. The audio will be used for analysis purposes only and will not be shared with Mind.

Provide opportunity for participant to ask any questions.

Seek permission to audio-record. Switch microphone on. Once switched on, confirm that the audio-recorder is on for the benefit of the tape.

Initial questions – profession (2 minutes)

How would you describe your role? **PROMPT IF NEEDED:**

- *nature of the role/ working hours?*
- *daily tasks/routine?*
- *pressure/intensity?*

Awareness of Blue Light Infoline (5 minutes)

Are you aware of/have you used the Blue Light Infoline?

If Yes, how would you describe the Blue Light Infoline?

- what is your understanding of the service it offers?

THE FOLLOWING QUESTIONS SHOULD BE ASKED TO THOSE WHO ARE AWARE OF OR HAVE USED THE BLUE LIGHT INFOLINE

How did you become aware of the Blue Light Infoline?

What were your initial perceptions of the Blue Light Infoline (prior to use)?

Are there any other services that you are aware of or have accessed/ heard about for support? **MODERATOR TO PROBE:**

- from where/who did you hear about these services?
- what sort of service(s) were offered?

How do you think awareness of the Blue Light Infoline could be improved?

MODERATOR TO READ THE FOLLOWING TO PARTICIPANTS IF NOT AWARE OF OR USED THE BLUE LIGHT INFOLINE

The Blue Light Infoline offers confidential, independent and practical support, advice and signposting around mental health and wellbeing to emergency service staff, volunteers and their families, to help keep them well for work (not counselling or emotional support). The team provide information on a range of topics such as:

- Staying mentally healthy for work
- Types of mental health problem
- How and where to get help
- Medication and alternative treatments
- Advocacy
- Post-Traumatic Stress Disorder (PTSD)
- Existing emergency service support
- Mental health and the law

Non users of the Blue Light Infoline (5 minutes)

THE FOLLOWING QUESTIONS SHOULD BE ASKED TO THOSE WHO HAVE NOT USED THE BLUE LIGHT INFOLINE

What are your general thoughts on the Blue Light Infoline (in light of summary provided earlier)?

What are your general views on using a telephone line?

Are you aware of the range of information / topics that the Blue light Infoline could provide?
(Only ask those who are aware of the Blue Light Infoline)

Would you consider using the service? Why/in what circumstances?

Has there been an instance where you have required support, but have chosen not to use the Blue Light Infoline? Why? **(Only ask those who are aware of the Blue Light Infoline)**

If you were to use the Blue Light Infoline, what would be the most appropriate opening hours to suit your needs/lifestyle? Why? (at the moment its 9-6pm)

Do you feel that you could trust the Blue Light Infoline service, if you were to use it? Why?

What support, if any, do you feel would be useful if you or a colleague did access the service?

If you or a colleague required support and did not access the Blue Light Infoline, where else do you think support could be accessed?

IF MENTAL HEALTH SUPPORT HAS BEEN ACCESSED ELSEWHERE:

Why did you access support from other services instead of the Blue Light Infoline?

How would you describe the support offered by the service?

What were the strengths and weaknesses of the service you accessed?

How could the service you used have been improved?

Testing materials (10minutes) - Booklets

Present information booklet examples to the participants (STIMULUS 2)

Information booklets were sent via email for you to read and reflect on in terms of your views relating to its usefulness.

Have you seen/ read these booklets prior to receiving them in preparation for this interview?

IF YES, why did you choose to the read them?

IF NO:

- were you aware that Mind offers information booklets like these? If yes, why had you chosen not to read these previously?
- are you likely to read the information booklet? Why?

Content

How useful do you think the information provided in the booklet is? **PROMPT:**

- introduction
- background information including facts and statistics
- advice provided e.g. 'talking about the way you feel', 'identifying mood triggers', 'ways to relax'
- case studies
- information on available support

- useful contacts

Based on the information provided which elements do you think are most/ least relevant to you or colleagues in your profession?

Did you find the information interesting?

- were you unfamiliar with any information provided, why?
- did any of the information surprise you, why?

What further information do you think would be useful to provide in the booklets, if any?

What are your perceptions of the graphics, photos and diagrams used in the booklets?

- did they help to illustrate information clearly?
- were there too many or too less?

What are your perceptions of the information being presented in the format of a booklet?

- are there any other sources you would prefer to access this information?

Length and size of booklets

What are your views on the length of the booklets?

- too long or short
- suit your lifestyle in terms of efficiency

What are your views on the size of the booklets?

- convenience
- practicality

Language

What are your perceptions on the choice of language used in the booklets?

- clear / easy to understand?
- appropriate/ offensive

How do you think Mind can keep you better informed of the services and other information that they offer? **PROMPT IF NEEDED:**

- Preferred source e.g. internet, workplace, GP surgeries
- Verbal, Mind representatives

How would you prefer to receive information about the Blue Light Infoline? Why is this?

Testing materials (5 minutes) - Videos

Present video 1 (2 minutes)

Present video 2 (2 minutes)

What are your views on these videos and shared experiences?

To what extent did you find the videos informative? Why and in what ways?

To what extent did you find the videos inspiring? Why?

To what extent did you find the videos stigmatising (sees mental health negatively)? Why?

What do you think are the benefits and drawbacks of sharing such videos? Why is this?

Do you think such videos would encourage you or colleagues to open up and approach support for mental health problems? Why/why not?

What other information would you want to see in videos of this nature? Why is this?

Wrap Up (2-3 minutes)

Moderator to check for any final closing comments

Repeat assurances regarding confidentiality

Arrangements for incentives discussed where necessary

Thank and close

Appendix C: Links to information materials

Links to videos

General services film

<https://www.youtube.com/watch?v=PgtBd7QI5-c>

Ambulance services film

<https://youtu.be/V8L-OZAVGuE>

Links to booklets

<http://www.mind.org.uk/news-campaigns/campaigns/bluelight/blue-light-information-booklets/?ctald=/news-campaigns/campaigns/bluelight/slices/blue-light-information-booklets/>

Appendix D: Profile of participants in the survey of non-users

This section summarises the profile of those who have taken part in the research including key demographics such as age, gender and location.

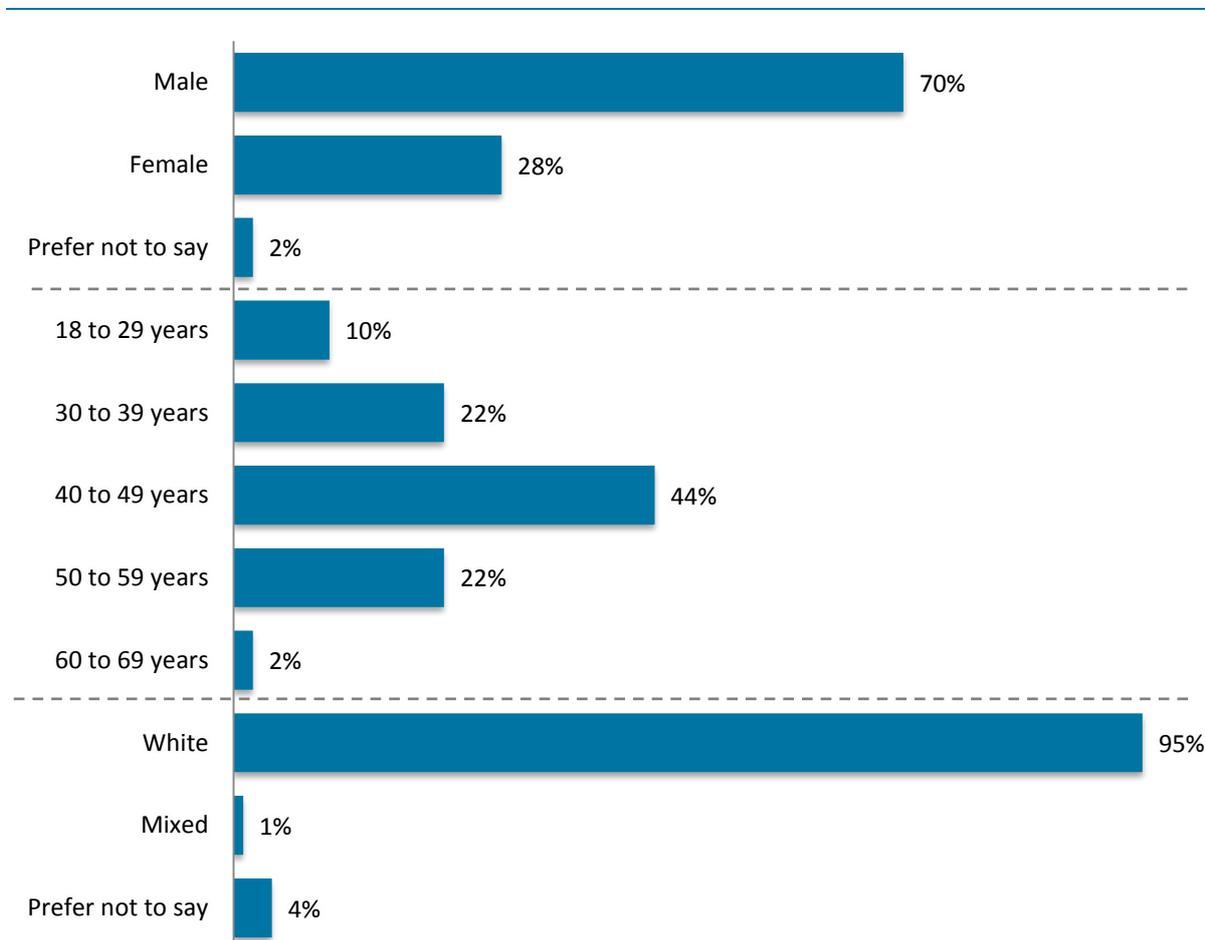
Demographic profile

The demographic profile of participants is summarised in the figure below. Seven in ten participants who took part in the survey are male (70%) while around three in ten are female (28%).

In terms of age, the majority of participants are aged between 30 and 59 (88%), one in ten are aged between 18 and 29 (10%) and just 2% are aged over 60 years.

Ninety five per cent of those who took part state they are from a White ethnic background.

Figure 21: Profile of participants by gender, age and ethnicity



Q30. Are you male or female?

Q33. Which of the following age groups do you belong to?

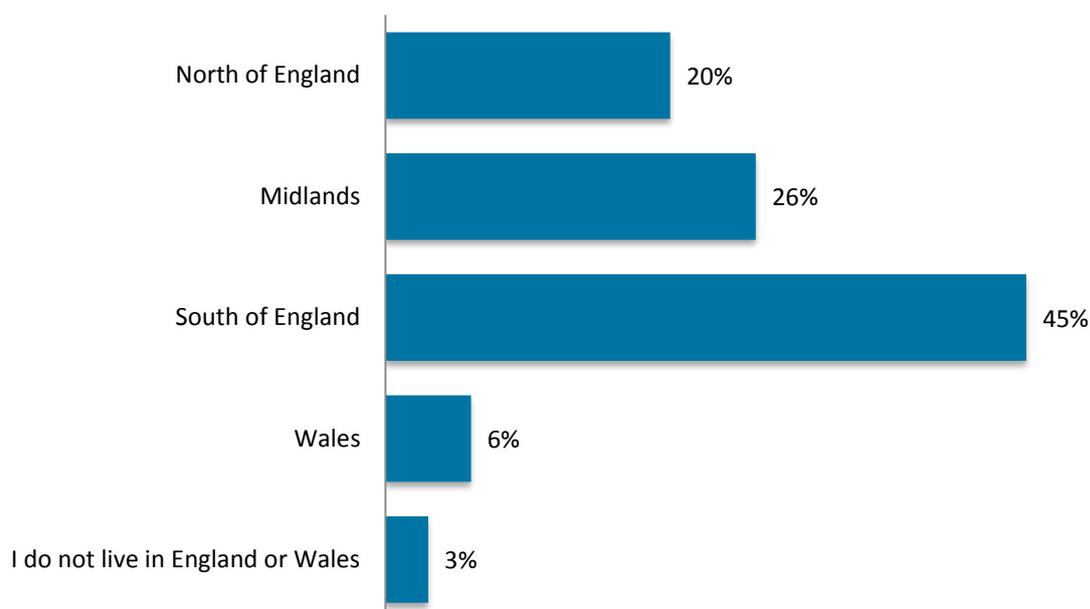
Q29. To which of these ethnic groups do you consider you belong to?

Sample base: 461 to 462

Region

Around two fifths of participants are from the South of England (45%), a quarter live in the Midlands (26%) while two in ten live in the North of England (20%). Less than one in ten participants that took part in the survey live in Wales (6%).

Figure 22: Profile of participants by region



Sample base: 463

Work background

The majority of participants who took part in the survey work in the ambulance (44%) or fire service (41%). Significantly more males (51%) responding to the survey and those aged 40 to 49 (53%) work in the fire service while a higher proportion of women (60%) and those aged 18-29 (70%) work in the ambulance service (70%).

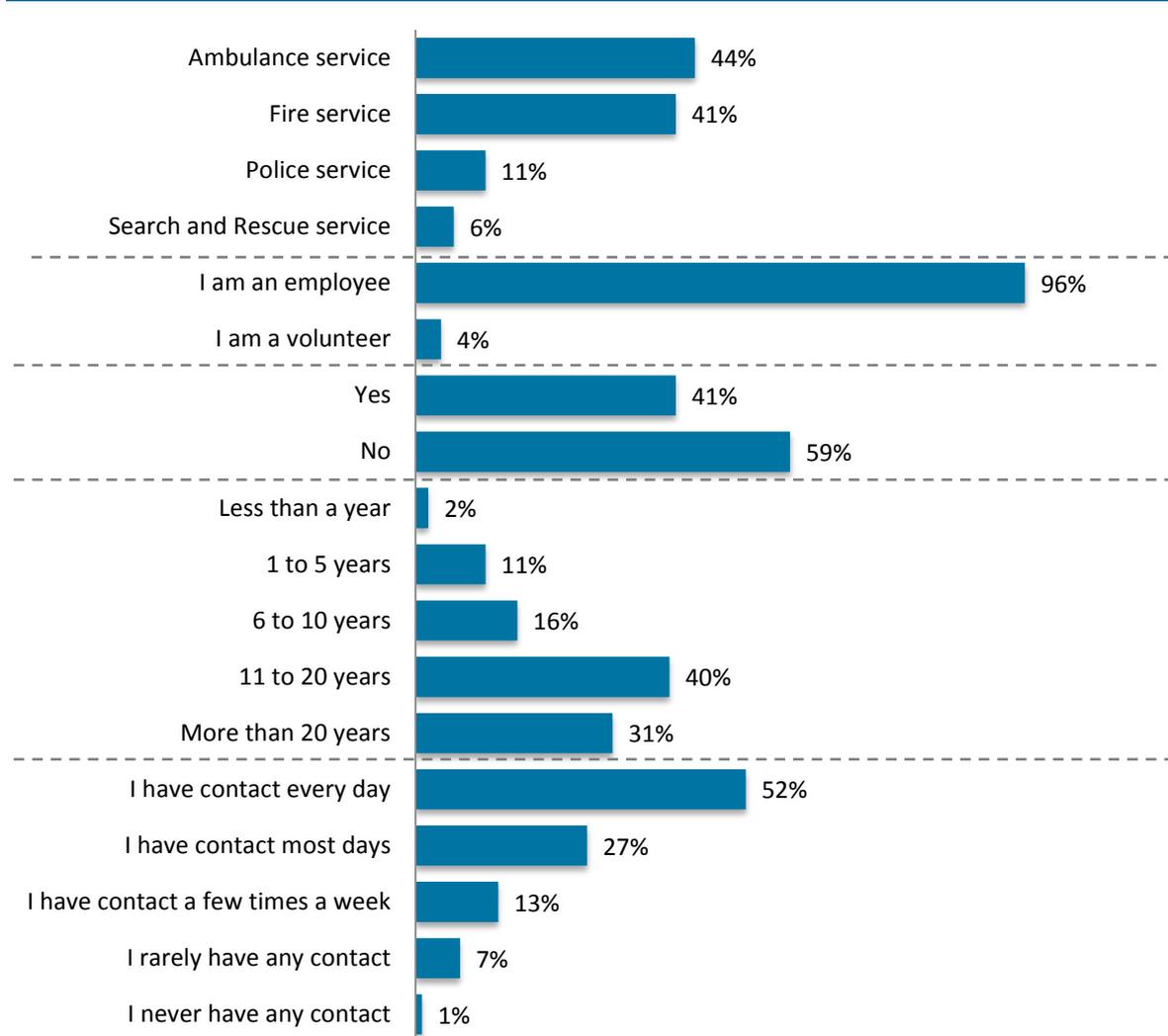
Most participants state they are an employee in the emergency services (96%) with just 4% who indicate they are a volunteer.

Of those who are an employee in the emergency services, around two fifths (41%) have a management role while approaching six in ten (59%) are in a non-management role. This is significantly higher for men (47%) compared with women (26%). A higher proportion of those with a management role are also more aware of the Blue Light Infoline (51%).

In terms of time in the emergency services, around seven in ten (71%) have been a member for over 10 years while three in ten have been working for ten years or less.

Approximately eight in ten (79%) participants have regular contact (every day or most days) with the public.

Figure 23: Profile of participants by work background



Q2. Which of the following best describes your area of work?

Q4. Which of the following best describes you?

Q5. Do you have a management role within the emergency services?

Q6. How long have you been a member of the emergency services?

Q7. Which of the following best describes your level of contact with the public?

Sample base: 442 to 463

With more than 25 years' experience, BMG Research has established a strong reputation for delivering high quality research and consultancy.

BMG serves both the public and the private sector, providing market and customer insight which is vital in the development of plans, the support of campaigns and the evaluation of performance.

Innovation and development is very much at the heart of our business, and considerable attention is paid to the utilisation of the most up to date technologies and information systems to ensure that market and customer intelligence is widely shared.

