

Blue Light Programme - Phase Three New Audience Scoping: New Recruits Final Report

Contents

Executive Summary	3
1. Introduction	5
1.2 Existing Evidence of Need.....	5
2. Research Objectives	5
3. Research Methodology & Sample	5
3.1 Demographics.....	6
4. Attitudes towards mental health	9
4.1 Public vs. personal mental health.....	10
4.2 Generational differences.....	10
5. Challenges and pressures of being a new recruit	11
5.2 Lifestyle transitions.....	11
5.2.1 Shift patterns.....	11
5.2.2 Maintaining social relationships.....	12
5.2.3 External stressors.....	12
5.3 Be prepared!.....	13
5.3.1 Dealing with distressing situations.....	13
5.4 Impact of under-resourcing on new recruits.....	14
6. Training & Support	15
6.2 Mental health and training.....	15
6.3 Organisational support.....	15
6.3.1 The 'safety net' of training departments.....	16
6.3.2 Blue Light Programme Support.....	17
6.4 Barriers to engagement/accessing support.....	17
6.4.1 Fear of impact on careers.....	18
6.4.2 Confidentiality.....	18
6.4.3 Information overload.....	18
6.4.4 Lack of relatable experience.....	19
6.5 Informal Coping Strategies.....	20
6.5.1 Support from colleagues, family and friends.....	20
6.5.2 Hobbies and interests.....	20
6.5.3 Alcohol.....	21
7. Training & Support Preferences	21

7.1	Timing.....	21
7.2	Delivery.....	22
7.3	Content.....	23
8.	Summary and Recommendations.....	24
8.2	Attitudes are changing.....	24
8.3	A difficult transition	24
8.4	The importance of the training environment.....	25
8.5	Recommendations.....	25
8.5.1	Engaging training departments and using opportunities to promote mandatory training for all staff	25
8.5.2	Providing relevant and accessible training	25
8.5.3	Increasing awareness of the Blue Light Programme amongst new recruits	26

Executive Summary

In Phase 3 of the Blue Light Programme, Mind are expanding our work to include additional ‘at risk’ groups, including new recruits, 999 call handlers, and A&E staff. Between May and September 2017, Mind conducted scoping research with new recruits and expert stakeholders from the police, fire, ambulance, and search and rescue services. This included focus groups, workshops, interviews and a teleconference with representatives from training departments. This research was carried out by Mind’s Research and Evaluation Team and an external partner, ResearchAbility. It aims to inform the planning and development of a pilot service tailored specifically towards supporting the wellbeing of new recruits. Key findings and recommendations for service delivery are summarised below:

Key Findings

- The first few years of a career in the emergency services are inherently stressful. New recruits are required to balance significant changes to their lifestyles with the pressure of exams, huge increases in responsibility and pressures to perform at the same level as their longer serving colleagues. New personnel often leave the training environment feeling unprepared for the practical realities of their roles and the emotional effects of the distressing incidents they are required to deal with. The training environment was highlighted as something of a ‘safety net’ where new recruits felt more able to seek support on wellbeing issues, however trainers would welcome more knowledge about mental health and ways to support students. The importance of the pastoral role of trainers and their ability to influence attitudes towards mental health through training was a key finding of this report.
- There is an increasing recognition within the emergency services of a need to support the wellbeing of blue light personnel which has led to a greater focus on mental health during training. New recruits in operational roles generally receive at least one input on wellbeing during their initial induction training which typically took the form of signposting towards support services. There is some indication that this is less consistent for staff in non-operational support roles. Participants sometimes struggled to understand the relevance of training on mental health and wellbeing when they did not yet have operational experience to relate it to.
- New recruits across all four services, particularly those from the younger generations, demonstrated relatively high levels of self-awareness around mental health but were aware that stigma still exists within their organisations, particularly amongst longer serving personnel. Many claimed that they would be reluctant to disclose personal experiences of mental health at work because of fear of being judged by colleagues or it having a negative impact on their career. Broadly speaking, there was a sense that the newest members of the services were more likely to feel a sense of ‘immunity’ towards the stresses and challenges of the role and believed themselves to be less at risk from experiencing poor mental health.

Recommendations

A key challenge of designing services to support the wellbeing of new recruits is navigating the diversity of training pathways that exist across emergency services to deliver support that is timely, relevant and accessible. The following actions are recommended as a result of the research findings;

- Engage senior stakeholders and bring together representatives from training departments and universities to share learning and best practice. This will help trainers to embed awareness of mental health into their existing training practices and promote buy-in to the delivery of new services.

- Make use of opportunities to influence curriculum development and future developments in training to ensure that mental health is placed at the top of the agenda.
- Ensure provision of training and support is accessible to within existing organisational structures and is delivered at appropriate points which allow time for new recruits to gain operational experience
- Tailor content of training to ensure relevance to personnel with limited experience in the emergency services, for example general skills for coping with lifestyle transitions, stressful situations and challenging difficult behaviour. Consider ways that learning can be reflected upon and reinforced.
- Promote existing Blue Light Programme support using communications materials that reflect the specific roles and pressures of being a new recruit to make it feel relevant and engaging.
- Work with training departments to increase awareness of the Blue Light Programme amongst new personnel across all areas of the emergency services and encourage recruitment of student Blue Light Champions to provide peer support.

1. Introduction

Between March 2015 and March 2016, Mind delivered the first year of an ambitious programme to improve the mental health of emergency services 'blue light' staff and volunteers in England. Since the end of this funding, Mind has been delivering a number of legacy activities (Phase 2). These include setting up local networks to bring employers together to share good practice and jointly commission services. Phase 2 also included further testing of our resilience interventions.

In November 2016, the government provided a further £1.5 million to support the continued delivery of Mind's Blue Light Programme (Phase 3). This additional support allows Mind to continue delivery in England, extend the programme to Wales, and begin working with additional 'at risk' groups, including 999 call handlers, new recruits and A&E staff.

In order to inform the planning and development of a pilot service tailored specifically towards supporting the wellbeing of new recruits, Mind's Research & Evaluation team undertook a focused research project, with support from an external research organisation called ResearchAbility. This aimed to scope the challenges new recruits to the emergency services face, the existing support and training available in relation to mental health and wellbeing and their awareness/perceptions of this support. This report captures the key findings from this scoping research and highlights recommendations for the development of a tailored support intervention.

1.2 Existing Evidence of Need

New recruits into the emergency services face significant pressures as they transition into their roles. Previous research (Wild, 2016¹) has shown that early intervention with trainee paramedics has potential to significantly reduce the incidence of mental health problems later in their career. However, it is challenging to design effective support services for new recruits. Mind conducted a small pilot resilience intervention with student paramedics during Phase 1 of the Blue Light Programme which highlighted many of these challenges. Many of the participants found it difficult to relate to the course content due to their lack of workplace experience. Any new service needs to equip participants with coping skills that are appropriate to the pressures they will face in their future roles, whilst remaining relevant to the immediate issues pertinent to their experiences (e.g. exam pressure, financial insecurity, leaving home etc).

2. Research Objectives

The overall aims of the initial scoping research were as follows;

- To develop an awareness of the existing level of mental health knowledge amongst new recruits to the emergency services.
- To understand the extent to which the mental health and wellbeing of new recruits is supported within existing training pathways.
- To identify specific pressures and mental health needs of new recruits across all four emergency services.
- To highlight priorities for future service delivery.

3. Research Methodology & Sample

The research was undertaken using a qualitative methodology which consisted of the following;

¹ An evaluation of Mind's resilience intervention for emergency workers – Dr. Jennifer Wild, University of Oxford (7 May 2016) – This report makes reference to previous research conducted by Dr. Wild with trainee paramedics.

- Four service specific focus groups within the existing Blue Light Network areas (3 x police and 1 x fire) attended by personnel with less than three years of employment in the emergency services.
- Two service specific interactive workshops, one attended by new recruits to Merseyside Fire & Rescue Service and the other including national representation from new recruits across a number of Search & Rescue (SAR) services.
- Two service specific group interviews with personnel from the police and ambulance service.
- Four in-depth telephone interviews with personnel with less than three years of employment in the police and fire services.
- Eleven in-depth interviews (conducted on the telephone and face to face) with 'expert' stakeholders; including senior management, trainers and senior lecturers.
- A teleconference attended by representatives from training departments from five emergency service organisations (3 x police, 1 x fire, 1 x SAR).

The research was carried out in partnership with an external research organisation, ResearchAbility, who were commissioned by Mind to facilitate the four focus groups. All other aspects of the research, including planning, designing topic guides, fieldwork, and analysis were conducted in-house by Mind's Research and Evaluation team.

Participants were recruited using existing Blue Light contacts, local Minds, other stakeholders (e.g. employers, unions etc) and 'snowballing' from respondents. Social media advertising was also used to recruit for the workshops and group interviews.

3.1 Profile of Research Participants

For the purposes of this research, we have defined participants as 'new recruits' if they have up to three years' service within an emergency service organisation. The sample was selected in this way to allow for a reflective perspective on how training around mental health and wellbeing has equipped participants for their subsequent roles.

The research aimed to include a spread of participants across a range of roles (both operational and support staff) in all four emergency services. However, due to challenges in participant recruitment, some services and roles are underrepresented. This is outlined below but will also be highlighted throughout the key findings section of the report where relevant.

Focus Groups:

In total, **26** Blue Light personnel attended the four focus groups, which were conducted in three of the four Blue Light Network areas (North East, Merseyside and London). The focus groups were service specific and consisted of three groups of police personnel and one group made up of seven fire service apprentices. Of the police focus groups, two were held at a conference for officers who had joined the police service through the Police Now Programme² and recruitment was self-selecting by way of a signup sheet on the day. A total of twelve police constables participated in these two focus groups, however two of these were mentors of student officers with around eight years of experience. The third police specific focus group was attended by seven police personnel. However, four of the seven did not fit the participant profile, having between ten and twenty-four years' service. The remaining three participants were all PCSOs.

Data from the participants with greater than three years' service has only been included where issues discussed relate directly to new recruits or issues specific to being new to the police service. It should be noted that these participants generated a substantial amount of data with regards to their experiences more broadly and the difficulties of working in the current climate. This data has

² <http://www.policenow.org.uk>

not been included in this report but it is acknowledged that the presence and contribution of longer serving staff may have influenced the responses and participation of those newer to their roles.

Workshops and Group Interviews

Workshops were held with two groups of new recruits, one with participants from the fire service and one attended by representatives from SAR organisations from across England. Where it was not possible to run a workshop due to challenges in recruiting participants, a group interview was conducted based on the themes raised in the workshops. The service and job distribution amongst participants was as follows;

	Ambulance	Fire	Police	SAR
Operational Staff	1	6	1	0
Support Staff	0	3	1	0
Volunteers	1	0	0	9
Total:	2	9	2	9

Aside from one participant in the police group interview, all participants in the workshops and focus groups had under 3 years of experience in their roles.

New Recruit Interviews

Four in-depth telephone interviews were conducted with new recruits, two from the police and two from the fire service. Both police participants were police constables. The two fire service participants both held support staff roles.

All interviews were informed by the same semi-structured discussion guide. These guides are designed to be dynamic and flexible. Researchers use them as a guide for discussions and will pursue interesting or relevant insights or topics as they emerge rather than sticking rigidly to pre-determined questions.

Expert Stakeholder Interviews

Fourteen expert stakeholders were engaged in the research, twelve of these through formal interviews and a further two through informal telephone discussions. The professional perspectives of stakeholders were important in providing an overarching view of the diverse support structures and training pathways available to new recruits and identifying some of the key challenges. These interviews were particularly important due to the difficulties encountered in recruiting personnel with less than three years of service in some areas.

Five stakeholders were included from the police, four from the fire service, three from the ambulance service and two from search & rescue. The breakdown of stakeholders included in the research and their roles is as follows;

Service	Role
Police	Federation Representative
Police	Director of Policing Research
Police	Officer Safety Trainer
Police	Trainer
Fire	Chief Executive
Fire	Head of HR
Fire	Trainer: Control Room
Fire	Trainer: Control Room

Fire	Trainer
Ambulance	Student Paramedic Lecturer
Ambulance	Student Paramedic Lecturer
Ambulance	Student Paramedic Lecturer
Search & Rescue	Technical Trainer - Coastguard
Search & Rescue	Maritime Operations Controller - Coastguard

Trainer Teleconference

At the end of the fieldwork period, a teleconference was held with representatives from training departments of five organisations from across the police, fire and search and rescue services. Unfortunately it was not possible to recruit a representative from the ambulance service for the call. The purpose of the teleconference was to share some of the key insights and recommendations gleaned from the fieldwork and gain the perspectives of those responsible for delivering training to new joiners as to their relevance and feasibility within their organisations.

Three trainers from the police attended the teleconference, two from the fire service (both working within the same organisation) and one representative from the Coastguard. Two of the participants had previously taken part in a 1:1 interview as part of the research.

Overall Sample

Based on the above, the overall sample of participants that has informed this research is outlined below;

	Ambulance	Fire	Police	SAR
Operational Staff	1	14	14 (11*)	0
Support Staff	0	3	7 (3*)	0
Volunteers	1	0	0	9
Stakeholders	3	5	4	2
Total:	5	22	25	11

** = number of participants with less than three years' service*

It is noted that there is a clear underrepresentation of participants from the ambulance service. This was predominantly due to logistical difficulties in recruitment brought about by time constraints and the scheduling of the fieldwork period during the university summer break and first weeks of the new term. Support staff and volunteer roles across all four of the services are also underrepresented in the research sample.

It is acknowledged that due to the diversity of roles across the services, organisational differences and limited sample size it is not possible to generalise the research findings across all personnel in all four emergency services. However, the research has been sufficient to gain understanding of some of the key challenges facing new personnel within the emergency services and generate recommendations based on the emerging themes of the research.

Key Findings

4. Attitudes towards mental health

There was general agreement amongst participants from both the new recruit and stakeholder sample that levels of stigma around mental health have decreased in recent years and that there has been a substantial degree of organisational change in the way that mental health is talked about and supported within the emergency services. Broadly speaking, it was felt that the range and diversity of mental health conditions is now more widely understood and accepted by society than in the past. This change in attitude was felt to have been helped by recent publicity and media campaigning:

"I would say now it's more talked about. I think people are more comfortable, and that's to do with the publicity, the PR that's been in the general media, I think. There is that, it's okay not to be okay hash tag. I think that's quite common now, and people are more receptive to people not being okay. I think gone are those days of, 'Man up and get on with it.' I think gone are the days of it being seen as a weakness. I think it's starting to be seen now as a bit of a strength if you can talk about things that bother you." – Stakeholder (Fire)

Participants reflected that positive changes in attitudes towards mental health in their organisations have largely been driven by senior management. Stakeholders were keen to highlight the work that they have done to tackle stigma within their organisations:

"We've done... a very solid programme of really attacking mental health stigma issues. There's been conferences. There's been lots of debate. We've had people doing internal videos where they've been very open. I said, you know, very openly, I've had a period of depression about three years ago. The guys are saying, actually, I've never been in an organisation where there's been such an open conversation about mental health so in that sense we've already done a tonne of work" – Stakeholder (Fire)

However, one downside of this top down approach was highlighted by a Search & Rescue volunteer who felt that knowledge and provisions for supporting mental health in their organisation had decreased as a result of a recent change in senior management.

Those new to the emergency services were generally able to see the positive effects of efforts made to improve attitudes towards mental health. Nevertheless, in spite of this, it was felt that a sense of stigma does still exist across the emergency services, which is particularly borne out through a tendency towards self-stigmatisation.

"There is a great level of support for people, and there's a great level of openness, and a great level of honesty about how people are built. Whether individuals choose to buy into that is obviously another kettle of fish, but certainly from what I've seen, the leadership in the police has moved towards supporting its staff and trying to get staff to take better care of their mental wellbeing." – New Recruit (Police)

It was suggested that despite organisational efforts to encourage conversations around mental health and increase awareness of support, many, especially those new to the service, would not feel comfortable disclosing or seeking help for a mental health problem. This sense of stigma was felt to be reinforced by what was described as a 'masculine culture', particularly within the police and fire services.

"In the police, it's a bit masculine and emotions are seen as something of a weakness" – New Recruit (Police)

Participants within volunteer search and rescue organisations felt that this was less of an issue within their service. They reflected upon the cultural differences between themselves and the other emergency services, of which some of those in attendance had previous experience. Generally, SAR volunteers described an environment where there was less of the 'bravado' that they felt characterised the other services (particularly the police). They also felt that attitudes towards mental health within SAR were generally more open, possibly because of their status as volunteers which made them less worried about the impact of disclosing a mental health problem on their careers.

One group of new recruits to the fire service felt that there are still negative connotations associated with mental health and that mental health is viewed differently to physical health. The group agreed that *'it shouldn't be like that'* but it is.

4.1 Public vs. personal mental health

The majority of participants who took part in the scoping research demonstrated an awareness of the broad spectrum on which mental health exists and articulated the idea that *'everyone struggles at some time'*. Nevertheless, part of the self-stigmatising behaviour highlighted above was felt to occur as a result of regular exposure to individuals in mental health crisis as part of their roles. Operational staff, particularly those in the police and ambulance service described how dealing with people experiencing severe mental health problems made it difficult for them to acknowledge issues affecting their own wellbeing. In one focus group with new recruits to the police service, participants spoke of the invalidating effect of comparing their own struggles with those of the public that they serve – *'you might be struggling, but you're not there yet.'* As has been observed in previous Blue Light scoping research, this leads to a reluctance amongst emergency services personnel to seek help for a mental health problem.

Whilst attitudes towards mental health across all four services were generally sympathetic, there still appears to be a firm division between the perception of mental health at a personal level and how it relates to the *'people on the street in crisis.'* This is reflected in training that focuses predominantly on supporting the mental health of the public and does little to conflate this with personal wellbeing.

4.2 Generational differences

Many participants perceived a generational difference in relation to knowledge and understanding around mental health. Broadly speaking, older generations were felt to have less awareness and be less open to discussing mental health problems than younger people entering the services. This was felt to be a reflection of a change in culture and attitudes towards mental health more generally.

"I think personally speaking, I think because of the school environment, my friend goes to university and they have a lot of counsellors and things like that. When I went there was nothing, so I think and this is my personal opinion, I think the younger generation are more open, because they've grown up with it..." – Stakeholder (Fire)

One focus group participant, in their first year of their career with the police, described being able to see signs of mental ill health in their older colleagues who had been in the police for a long time. Despite being *'almost at crisis point'*, these officers were described as being unable to acknowledge or seek help for their problems. This prompted the younger officer to visit the GP and seek help for his depression, stating *'I want to stay in the job, but I don't want to be like them'*, a statement that was met with general agreement from across the group.

Whilst this demonstrates potentially greater levels of self-awareness amongst younger people starting their careers in the emergency services it highlights a generational divide which may perpetuate the continued existence of stigma around mental health in the Blue Light services. Nevertheless, in spite of the above, participants who self-selected to take part in workshops (e.g.

those who were not put forward to attend by their organisations) and focus groups were typically older individuals who were starting their careers in the emergency services following periods of employment in other areas. This may be because of the timing of the fieldwork during the summer break for many students, or intensive training timetables and under resourced services not allowing for abstractions. It may also be because of the attitude of 'immunity' to mental illness which will be discussed in section 6.4.4.

There are a number of reasons that this may be the case, some of which will be discussed later in the report, however it is clear that there is an appetite amongst at least some members of the older generation to work towards closing the gap in relation to mental health awareness.

5. Challenges and pressures of being a new recruit

Findings from previous research conducted by Mind's Blue Light Programme into the mental health of emergency services personnel has typically highlighted a greater level of stress associated with pressures originating from organisational issues such as under resourcing and pressures to hit targets than as a result of the role itself. This appears to be replicated to some extent for those at the very early stages of their careers. However, as these personnel have generally had less prolonged exposure to these systemic organisational pressures they were raised less frequently as key challenges affecting the wellbeing of new recruits.

It should be noted that, generally speaking, the experiences of those in training or new to the emergency services whose views have been included as part of this research were largely positive. There were however a range of specific challenges identified that had the potential to impact upon wellbeing, especially if not adequately supported.

5.2 Lifestyle transitions

One of the key challenges highlighted by both new recruits and stakeholders was adapting to the differences in lifestyle associated with working for the emergency services. This was pertinent not only for younger personnel who may be leaving home for the first time but also for those who had previously worked in an office environment or were balancing their careers with family lives. There were two main aspects of this change in lifestyle that were felt to present the greatest challenge to wellbeing.

5.2.1 Shift patterns

Many of the participants who contributed their views to this research felt that adapting to working a shift pattern presented one of the greatest challenges in the early stages of their careers.

"Doing shifts is difficult, you're tired all the time and what's required of you is quite incredible. You're expected to be high functioning at four o' clock in the morning when you haven't slept." New Recruit (Police)

Participants reflected that there was little during their initial training to prepare them for the effects of shift work, with stakeholders from the fire service and coastguard claiming that new personnel working within the control room are sometimes not even aware when they join that the role requires them to work night shifts. Adapting, physically and mentally, to working long shifts is something that requires time to adjust to, however this is not always possible within the high pressure environment of the role.

“It’s not uncommon by any means to end up doing a fourteen hour shift and be back in the next day. You can do four or five night shifts, and you’re not going to be used to that” – Stakeholder (Ambulance)

5.2.2 Maintaining social relationships

Linked to the above, participants highlighted the potentially detrimental effects of working long hours and shift patterns on relationships with family and friends. In one focus group, participants from the police talked of being so tired on their days off that some days they *‘just can’t get off the sofa’*. This means it is difficult to maintain a social life, something that is exacerbated by shift patterns which mean that often they are not able to attend events or maintain hobbies.

The importance of maintaining social relationships outside of work is generally highlighted during training, but there is a perception that what is taught does not always match up with the rigorous training programmes and expectations placed upon new recruits in their roles. This was particularly pertinent where training is conducted in a relatively intensive environment, such as on the Police Now graduate programme:

“You get told: Take time to get to know people from other forces, and build those networks. Socialising is important. And by the way, you have an exam tomorrow, and the next day. But take time to socialise!” – New Recruit (Police)

One new recruit to the police service felt that understanding and accepting the limitations that the role places on social lives is key to maintaining wellbeing, but that is often not the case for new officers.

“One of the things I’ve really observed is just how people try to maintain the social life that they had before they joined the job. The reality is the job doesn’t permit it. You just don’t have the time, you don’t have the flexibility, you don’t have the energy to keep up with that, and I think the people I’ve seen struggling most are the ones who are trying to maintain the lifestyle that they had before, and the two just aren’t compatible.” – New Recruit (Police)

Another challenge to relationships brought about as result of starting a new career in the emergency services can be a disjuncture between lifestyles of new recruits and their peers outside of the services. Many new recruits begin their training immediately after leaving school and their experiences can be very different to that of their friends.

“It’s a classic that you come home and your mate will say, ‘Well, how was your day?’ and you think, ‘You’ve got no idea.’ You don’t really know where to start and you don’t really know what to say and probably because the worst thing that might have happened to them today was there wasn’t any sugar in Starbucks and you might have seen, you know, a child die or something horrendous.” – Stakeholder (Ambulance)

This can have an isolating effect and highlights the importance of factoring in time during training to build relationships with peers and discuss shared experiences.

5.2.3 External stressors

Transitioning to a career in the emergency services is clearly challenging. Particularly for operational staff, the training and initial probation periods can be particularly intensive, with a requirement to bond with peers, absorb vast amounts of information and perform well in exams. This can make it difficult to cope with any additional pressures arising externally.

“If someone has something happen in their personal life, because they’re operating at such a high level anyway, it can be enough to make things quite difficult for them. Equally, although

we deal with quite difficult things day in, day out, the second a very difficult thing comes along at work, it can be enough to make people's lives very miserable, because the glass is almost full all the time, so it doesn't take much to make it spill over, if that makes sense?" – New Recruit (Police)

One stakeholder described a recent case where a trainee police officer suffered a family bereavement during the latter stages of their six-month training period:

"She's now worrying about the impact of that now of how long she's going to be off, what she's going to miss. You know, she's got more important things to worry about as well, hasn't she, at the minute?" – Stakeholder (Police)

This case highlights the way in which external pressures can affect the wellbeing of new recruits and the importance of providing support structures and training programmes that allow for flexibility for individual circumstances. As one stakeholder for the fire service noted; *'just because you're in training, it doesn't mean that everything is hunky dory'*.

5.3 Be prepared!

Stakeholders who took part in this research described a wide range of training programmes designed to equip new recruits with the skills needed to carry out their roles effectively. However, despite this, the majority of participants in both operational and support roles described feeling unprepared at the end of their training in a number of areas. This was most notable for support staff and volunteers, who typically received less formal training and were expected to learn 'on the job' and in programmes/organisations where the training period was particularly condensed or intensive, e.g. Police Now.

Early career police officers in one focus group described holding an expectation that training would prepare them to know exactly what to do. At the end of the training period they still felt like they did not know what they were doing but felt under pressure to present an attitude of confidence. Another participant, who had been in the PCSO role for only two weeks following a six week period of training described feeling like they were *'winging it'* but was conscious of a need to look professional, especially when out in public.

5.3.1 Dealing with distressing situations

New recruits across all four of the emergency services described dealing with distressing situations as one of the most challenging aspects of their roles, and one that they felt that the training they received was not able to prepare them for the reality of.

"You can get taught all of the legislation and all of the techniques in the world to get on scene and to deal with it in a professional and legal and effective way, but the reality is nothing can prepare you for how your body and your mind are going to respond in that situation." – New Recruit (Police)

The first 'big job' was highlighted as an important milestone for new recruits in operational roles. In some cases this could come very early on in their career, as was the case for one London based new recruit who had been involved in policing recent major events in the capital. For others, particularly those in the fire service and SAR where major incidents are less common, the anticipation of dealing with a major incident constituted a source of anxiety in its own right. Volunteer search technicians taking part in the SAR workshop described the 'hunger' for and apprehension about their 'first find', despite being warned during training that they may have to wait years before discovering anything.

Whilst acknowledging the above, stakeholders reflected that it was not always the 'big' incidents that trigger an emotional response. Seemingly 'minor' situations that for some reason hold personal resonance or witnessing trauma at a more subtle level can be equally impactful.

"Even if that's not what people automatically think as being a traumatic event, i.e. not always major trauma but sometimes social isolation, loneliness in somebody. You know, a couple that has been together for 70 years and then one dies and the other person is left alone. You know, those kind of things are really very distressing and they have a cumulative effect."
– Stakeholder (Ambulance)

The effects of this are not always anticipated and therefore risk not being picked up on or dealt with using the same processes as for major incidents. One group of fire service apprentices described how their role had been extended to now include Emergency Medical Response (EMR) in addition to their roles as fire fighters. They explained how they felt unprepared to deal with the additional responsibilities associated with this role. For example, they had not considered what it would be like to have to deal sensitively with the family of someone in cardiac arrest.

There was a general understanding across participants in all of the workshops and focus groups that until you have actually experienced a critical incident you don't know how you are going to react, however it was felt that more could be done to provide pre-emptive training at an early stage to prepare new recruits for some of the things they might encounter and provide techniques to assist in dealing with them.

5.4 Impact of under-resourcing on new recruits

Unlike in previous scoping research, organisational change and a lack of resources was not highlighted by the majority of new recruits as one of the main stressors affecting their wellbeing. There was however a clear awareness of organisational changes amongst new recruits and stakeholders, with the latter being more inclined to raise this as an issue affecting the roles of new joiners to the services. This could be because trainers and senior managers were better able to see the effects of under-resourcing on new recruits from a broader comparative perspective.

The impact of trying to 'do more with less' was felt most strongly amongst new recruits to the police service. One representative from the Police Federation described the increasing pressure on officers in their probationary period (within the first two years of service) to perform at a level beyond their experience. Whilst in the past, these officers were consistently supported and mentored, they are now frequently used as an additional resource and often attend incidents alone.

Police Constables recruited through the Police Now programme are employed as Neighbourhood Officers and are required by the programme to carry out projects and complete assignments within the role to demonstrate impact. However, due to what were described as 'massive shortages of staff', these officers are often used as a resource in response to incidents at the expense of their neighbourhood roles and therefore their performance on the scheme. This not only creates a conflict between the demands of the force and the requirements of the Police Now programme but also has a detrimental effect on their ability to manage their own wellbeing.

Greater levels of responsibility are also being placed on new recruits in the fire and ambulance services as a result of demands on resources across all of the services. As previously referred to in section 5.3.1 above, some fire services have now been required to take on an EMR role with the aim of reducing the burden on ambulance services. This creates an additional level of responsibility for fire fighters which they are unlikely to have anticipated upon joining. New recruits in one fire and rescue service complained that due to changes to shift patterns affecting their organisation, almost all of those new to the service had been assigned to the same fire station. This meant that there were very few experienced fire fighters on their watch which had left them feeling like *'it's the blind leading the blind'*.

New personnel in support staff roles also felt that often the responsibility placed upon them was not commensurate with their experience and training.

"We are constantly reminded that if we carry out visits and, God forbid, there is a fatality then the coroner will put our necks on the block. That's a huge responsibility and a huge burden to carry around as a very, very small cog in the wheel, but that will definitely be an expectation." – New Recruit (Fire)

Participants from the Police Now programme spoke of an 'arse covering' mentality within the police service, where longer serving colleagues consistently emphasise the importance of 'covering your arse' to ensure that you are not held personally responsible for any issues. This was described as placing a great deal of stress and anxiety on new police officers who often didn't feel confident in their own decision making or complex force procedures.

6. Training & Support

The new recruits and stakeholders who took part in this study only represented a small sample of all the roles that exist within the complex structure of the emergency services. However, even in this relatively small sample there was considerable diversity in the training and support offered to those entering the services as new recruits.

Whilst some services are required to teach from a national curriculum, delivery is largely determined by individual organisations. Some services outsource the delivery of their training to external providers. As such, initial courses for new recruits vary significantly in duration, content and delivery.

In spite of these, there are some key themes that can be drawn from the research around the experiences of the training environment and the standard organisational support structures that exist across services.

6.2 Mental health and training

The extent to which mental health was covered during training for new personnel varied widely across and between services. The majority of new recruits in operational roles had received some form of input on mental health as part of their initial induction training. However this ranged from entire modules on mental health delivered within a university based training programme to short signposting sessions led by internal HR departments. Support staff in non-operational roles sometimes received a formal organisational induction but this usually lasted a maximum of one day and rarely included an input on mental health. It is therefore largely left up to individual line managers to ensure new staff are aware of the support available to them.

Whilst there was an appetite within training departments to include more mandatory training to support the wellbeing of new recruits, existing training around mental health was largely focused on dealing with the mental health of the public and identifying common mental health problems likely to be encountered as part of the role rather than on building personal resilience. What was felt to be lacking was more practical training focused on identifying signs and symptoms of poor mental health and developing positive coping strategies.

6.3 Organisational support

There was a general awareness amongst new recruits of the wide range of support available to them through their organisation. The support described was largely similar across the emergency services and is reflective of the support channels most frequently reported by emergency services personnel in the scoping work. These included:

- Line management
- Information services, e.g. intranet, social media, posters, leaflets
- Employee Assistance Programme (EAP)
- Occupational Health
- Critical incident debriefs, e.g. Trauma Risk Management (TRiM)
- Blue Light Programme, including Champions.

6.3.1 The 'safety net' of training departments

In addition to the above, both new recruits and stakeholders highlighted the important role of trainers in supporting those new to the services through the initial stages of their careers. This relationship could be highly influential, particularly in (typically more operational) roles where new recruits are required to spend extended periods of time under instruction, usually with the same trainer or group of trainers.

Trainers who participated in a teleconference at the end of the fieldwork period reflected upon the 'safety net' provided by the training team and explained how a supportive training team can often be the first port of call for new recruits experiencing issues, even when they have completed their initial training and are putting it into practise during probation or placement periods.

"A good trainer is skilled, qualified, well spoken, and convinces people of whatever it is that they're teaching them about, they're in a real position of power and trust over the student officer. That's the reason why they come back to us, whether it's an issue of law, whether it's an issue of behaviour, bullying or whatever on the shift, they will come back to us." – Stakeholder (Police)

"Our training team tend to operate with very much an open-door policy, so even when people have finished their training and left, we're someone that, sort of, is their first interaction in the Coastguard. We're, sort of the first people, really, at a more senior level, that they interact with, and we tend to build up good relationships with the people who come through the training team." – Stakeholder (SAR)

In terms of mental health, a number of the new recruits interviewed identified their trainers and lecturers as a primary source of support and guidance. The majority of trainers recognised the importance of the pastoral aspect of this role and many expressed a desire for more knowledge and training around mental health to assist them in supporting students.

"So, if we've addressed already with them, issues around mental health, and the student is convinced that it's safe to talk in the training environment with trainer, then yes, they will come back, so it's very valid that we should have that additional tier of knowledge and understanding to be able to offer that support." – Stakeholder (Police)

Broadly speaking, there was a sense across all services that conversations about mental health and the wellbeing of students should be embedded throughout training in the same way as physical health. One lecturer who had already taken steps to implement this in the delivery of their paramedic science degree was keen to emphasise the success of this approach and highlight its effectiveness in encouraging open and honest attitudes to mental health amongst their students. As well as a whole module on mental health, students on this course were also encouraged to keep reflective diaries focusing not just on their professional practise but also on their own wellbeing.

Providing a wider range of trainers and lecturers with the tools and knowledge to confidently discuss mental health and the support available could prove to be crucial in tackling stigma and improving the wellbeing of new personnel entering the emergency services.

“Certainly I do my best here to promote it. I wear my little pin, I put my little badges up, and we’ve created a little network here of Blue Light Champions, but we have to find more of us, because the more of us that are out there, and the more of us that can get trained. I have a great desire to learn more about mental health and how to recognise it, and so on” – Stakeholder (Police)

6.3.2 Blue Light Programme Support

The Blue Light Programme was discussed in both the one-to-one interviews and focus groups/workshops. Participants were asked about their knowledge of the programme and their awareness of the support available to them within their organisation.

Perhaps unsurprisingly, given that the programme was highlighted during the recruitment process, levels of awareness were relatively high amongst participants. When probed, participants without any previous involvement in the programme generally demonstrated some knowledge around its aims and were aware of the existence of Blue Light Champions within their organisations.

“There are people within the service who have had training from Mind actually, who are advertised, photograph, email, telephone number, who offer a very, very confidential service to help people who perhaps have got something rattling around. Be it personal, work-wise or otherwise, so you can offload. I am aware of persons within the organisation who have been trained to help deal with or help train to understand people’s worries or concerns.” – New Recruit (Fire)

Most of the new recruits who took part in the scoping research had seen posters advertising the programme or giving details of Champions. Some had been told directly about the programme or been given materials to read. There was a sense amongst those new to operational roles that the services offered by the Blue Light Programme were not really relevant to them ‘yet’ but that they knew where they were if they should ever need to access them. For one new member of support staff in the fire service however there was a distinct sense that Blue Light Programme services were only relevant to those in front line or operational roles.

“Well, I think there are on our SharePoint. I’m sure there’s stuff on there about the Blue Light, but I haven’t really taken much notice of it because as somebody who isn’t operational, I don’t need to.”

If the Blue Light Programme is to be offered and delivered to new emergency services joiners across all areas of the organisation it is important to ensure that content and messaging is inclusive and accessible to those in operational and non-operational roles. It would also be beneficial to increase the visibility of Champions representing support staff roles, as well as those from a younger demographic and/or newer to the services. This would help to make the services offered by the Blue Light Programme seem more relevant to those who are not currently making use of it but could benefit from its services. This has already been taken on by one university who are aiming to increase the peer support available for student paramedics through involvement in the Blue Light Programme:

“We’re working to do what I think is the first Student Blue Light Scheme or Champion Scheme, because you’ve got lots of Blue Light champions but none for students. So we’re doing a cascade to our third and second years who are going to be peer sub-champions or student champions for our first years, and look at how we can instil from day one.” – Stakeholder (Ambulance)

6.4 Barriers to engagement/accessing support

Despite demonstrating a broad attitude of acceptance towards those with mental health problems and highlighting a reduction in the stigma of mental health within their organisations, there were a

number of reasons cited why new recruits may not seek support for a mental health problem. In addition to this were some barriers associated with engaging in training related to mental health during the very early stages of service.

6.4.1 Fear of impact on careers

Participants, especially those in the police and fire service, reported a general reluctance to seek help for or divulge personal experiences of mental health problems for fear that this would put their jobs at risk or have a detrimental effect on their opportunities for career progression. According to participants in one police focus group, it is well known that being seen to struggle with stress or mental ill health has an impact upon your career, and that in general the more sick leave you take, the more *'your card is marked.'* Trainers also recognised this as a common fear but were keen to highlight it as unfounded;

"What I think may be one of their fears is that they couldn't disclose something like that because they might get removed from their post maybe. That wouldn't happen, but what I mean is they might have the fear that, 'I'm only new to the organisation. If I start saying I'm suffering with really bad mental health problems then they might, you know, get rid of me before the end of training.'" – Stakeholder (Police)

This is a common fear amongst emergency services staff more generally, as highlighted in previous Blue Light Research. However, for new recruits there is the added worry associated with disclosing signs of 'weakness' at an early stage of their careers. One group of police new recruits described overhearing conversations where longer serving colleagues had expressed negative attitudes towards newer officers taking time off for stress. They referred to a culture where it is generally accepted that the stress of the role will wear you down over time but the early this occurs the weaker you are perceived to be.

The pejorative joke culture around mental health and sickness absence can damage willingness to take time off, even when it is most needed, and thus reinforces a culture of presenteeism.

6.4.2 Confidentiality

Participants' concerns about the effect of help-seeking on their careers were linked to fears around confidentiality, particularly in the initial stages of their career when they were still working out who to trust.

"Confidentiality is the biggest point why people don't necessarily come forward then they're suffering from something because they're scared of what other people think about it. Its fine telling one person, but you don't know who that one person is going to tell." – New Recruit (Police)

There was a general consensus that concerns around confidentiality would improve as new recruits progressed through their careers within the service, formed relationships and learned who they felt comfortable talking to and who they could trust. A number of participants highlighted the importance of providing support services that guaranteed confidentiality and said that they would feel more comfortable seeking support for a mental health problem knowing that this would not be shared with their colleagues or line managers. This was particularly important for new recruits, who talked of not wanting to disclose mental health problems to their lines managers because *'you're trying to impress them'*.

6.4.3 Information overload

There was some degree of disparity between the inputs on mental health delivered during training described by stakeholders and those that new recruits could recall receiving. One group of fire

service new recruits initially claimed that they had not received any training around mental health, but later recalled that they had attended a one hour session during their induction about tackling the stigma of mental health, delivered by a previous fire service employee who now works for the Samaritans.

Other participants said that they remembered receiving inputs from HR during their induction sessions about managing their wellbeing and signposting services but could recall very little about the content. Participants were more likely to remember training that focused on supporting members of the public with mental health problems, perhaps because it felt more directly related to their operational roles.

Both new recruits and stakeholders who took part in the research highlighted the intensity of learning and large volumes of information that were required to be absorbed in a relatively short period of time during initial training periods for new recruits. This 'information' overload was felt to contribute towards the lack of retention of content relating to mental health:

"I think one of the challenges of it is like any job, and I'm sure you can relate to this, in the 21st century we are in information overload, and every day there is so much information being thrown at people that you have to prioritise what you're going to remember and what you're not. I think certainly from my experience I'd say the problem with stuff like Blue Light is if you get told about it, you think, 'That's all very nice, very good. Fantastic,' you then walk out the room and your phone's ringing, and it's your boss telling you that you've got to do this, and at the end of the day that's your job and that just takes over" – New Recruit (Police)

It was felt that in order for learning to be retained it should be followed up and the learning reiterated at a later stage. This will be discussed further in section 7.1.

6.4.4 Lack of relatable experience

Another factor perceived to contribute towards the lack of information retention described above was a lack of relatable experience which led to a perception that information on resilience, coping skills and supporting wellbeing was not useful or relevant.

Focus group participants entering their second year within the police service recalled receiving sessions on resilience during their initial six week training period where they were told about the importance of self-care and given guidance on stress management, including meditation tools. Participants described being dismissive of these sessions at the time but reflected that having now experienced first-hand the pressures of the role they are able to see the importance of building these skills.

Stakeholders from all four services described what they referred to as a 'gung-ho' attitude amongst new recruits which manifests itself in an enthusiasm for practical hands-on training at the expense of developing what are often referred to as 'soft skills'. There was a general feeling that this language should be reframed to overcome the perception of mental health and wellbeing as being secondary to learning the practical aspects of the role. As one police new recruit noted, *'on the job you WILL learn how to search or arrest, you won't be shown how to be resilient'*, so it is important to develop these skills during training.

Broadly speaking, there was a sense that the newest members of the services were more likely to feel a sense of 'immunity' towards the stresses and challenges of the role and therefore were less able to relate to training around mental health and wellbeing, believing themselves to not be at risk. Only when they had some experience in their roles were new recruits able to appreciate the effects of the job on their mental health and reflect upon the support needed to maintain a sense of wellbeing.

Whilst it is undoubtedly valuable to embed mental health information and support in training from the outset, it is important to ensure that this is not only delivered in a relatable way but is revisited and reinforced at key pressure points where it may perhaps prove to be more impactful.

6.5 Informal Coping Strategies

A range of informal coping strategies were described by participants as being useful for dealing with the challenges of training and the stresses associated with a new career in the emergency services.

6.5.1 Support from colleagues, family and friends

The support of peers/colleagues at work was widely valued and frequently cited by participants as one of the primary sources of support. This was broadly true to varying degrees across all services and in all roles, including volunteers and support staff. Line managers were highlighted as being generally supportive and approachable, although this was recognised as being largely dependent on the individual.

For operational staff, training is usually carried out in cohorts, and requires trainees to spend long periods of time together, often in residential settings. This leads to the formation of close friendships which help to provide useful support structures.

“What I would say is they gel very, very quickly and become close very, very quickly. We find that they help each other in a variety of ways.” – Stakeholder (Police)

Whilst friends and family were also highlighted as a valuable source of support outside of the workplace, particularly in the early stages when peer friendships are still in their infancy, many felt that colleagues would be more understanding of their experiences due to the unique nature of their roles.

“He felt confident talking to me because we wore the same badge” – New Recruit (SAR)

Many participants felt that they did not want to burden their loved ones with the details of their work, or things they had found distressing for fear that they would overreact or worry unnecessarily. There was a perception amongst some participants, particularly those in volunteer roles, that their friends and family were not able to understand what they did and their motivations for doing it.

It was however felt to be important to maintain relationships outside of work to avoid becoming confined in an insular environment.

“So you’ve got peer support because they understand what it’s like to be a student paramedic and to be learning and, you know, the scariness if you like of working towards qualifying. Sometimes it can be a bit daunting. And then you want support from family, friends, loved ones who are outside and lots of different things and happy to remain connected with the world and with people that you like and retain your sense of identity.” – Stakeholder (Ambulance)

6.5.2 Hobbies and interests

Maintaining a healthy work/life balance with hobbies and interests outside of work was highlighted as being important to participants and regarded as one of the more positive informal coping mechanisms. Exercise was one of the key strategies used by new recruits to support their wellbeing and the importance of a healthy lifestyle was generally understood. One new recruit to the police service said that they now make a point of taking 45 minutes at lunch time away from their desk to do something for them. This was said to be contrast to the majority of their colleagues who eat at their desks, usually whilst working.

6.5.3 Alcohol

Alcohol was frequently referred to as a coping mechanism, sometimes jokingly within focus groups and workshops, but also more seriously as a way of unwinding after a difficult day or letting off steam. Most participants described a relatively moderate use of alcohol (e.g. going out with colleagues at the end of a row of shifts or having a glass of wine after a shift to release tension).

“I do go home sometimes and by about seven or eight o’clock, the thought of what’s gone on and what I’ve overheard and what I’ve been told gets to me too much I have a glass of wine.” – New Recruit (Fire)

“I think a lot of people, through socialising, that’s their kind of release. Alcohol plays quite a bit part in that, and I have my own personal opinion about that which I think is very important, but I think largely people don’t know how to deal with what’s going on in their heads, and I’m not talking about people who drink themselves under the table to drown their sorrows. I don’t want to talk about that at all. I just think generally people go, ‘I’ve had a really difficult day. I can think of nothing better than going out with my mates and having a few beers,’ and if that works for people, great, I suppose.” – New Recruit (Police)

Younger participants were less likely to report alcohol use as a coping mechanism, with one group of police officers highlighting this as a key generational culture change within the police service.

7. Training & Support Preferences

Participants across both the new recruit and stakeholder sample were invited to share their ideas about ‘what good looks like’ in relation to mental health support provision. The research sought to identify whether there was an appetite for additional training around mental health for new recruits, what this should include and how it should be delivered. In workshops, participants worked in groups to answer these questions and presented their findings to the rest of the group.

Aside from specifics relating to training, participants felt that the importance of maintaining personal wellbeing should be emphasised at all levels of the organisation, particularly by middle management who are often felt to be lacking in this area. There was also a strong desire to work towards normalising mental health by encouraging and embedding discussion at all stages of training.

7.1 Timing

Both stakeholders and new recruits felt that it was important that training and signposting in relation to mental health be delivered as early in the training period as possible in order to demonstrate a firm commitment to supporting staff wellbeing and ensure that trainees are adequately supported. This early intervention could also help new recruits to prepare for some of the stresses and challenges they are likely to encounter as part of their role.

However, in light of the issues highlighted in section 6.4.4, many participants felt that a two pronged approach to training (in conjunction with embedded values throughout) would be most beneficial in engaging new recruits to consider their own wellbeing in relation to their career development. All of the participants questioned on this issue felt that it would be beneficial to revisit and reinforce training around mental health and wellbeing once recruits have had a chance to gain some practical experience either in their roles or through placements.

“So, their training tends to be somewhere between nine months and two years, with them coming back to us, but by the time they get to the end of that period, where they have,

potentially, experienced those things that are going to affect them, we could do with putting something back in place for them.” – Stakeholder (Police)

I think if you bring mental health awareness in at the very beginning, when they're in that safe, protected training environment, that's one thing, but it's once they've been in, and they've, like you say, got into their shift pattern. They realise that they're not seeing their family, and certainly not being, potentially, able to socialise with their friends as much. It can isolate them a huge amount. So, I completely agree, I think it's an absolutely essential part of bringing it back into the mind-set once they've been out in the real world, dare I say.” – Stakeholder (Fire)

This second training session, ideally delivered by the same facilitator(s) could provide an opportunity for new recruits to reflect upon their experiences versus expectations and the impact these experiences have had on their wellbeing and attitude towards mental health. It could also be used to reintroduce techniques for coping with stress and reemphasise the organisational support structures available.

Broadly speaking, this approach would be most suitable for operational staff who are generally subjected to longer training/probation periods interspersed with periods of practical experience. However, volunteers from lowland SAR and St. John's Ambulance also felt that the training structures within their organisations would allow for this approach. There was far less knowledge amongst the sample group of the training structures in place for support staff but given the variation in roles and lack of time spent in formal training, it was generally agreed that it would likely be more difficult to engage non-operational personnel in this way.

7.2 Delivery

Almost all participants indicated a preference for face-to-face services or training, which was felt to be especially necessary at a time when there was lots of information competing for attention.

“If you wanted it to be a decent course, you'd have to teach it. You couldn't just put it online because we've got stuff that we've got to do online and you actually don't really pay attention. You just lose interest in stuff. Same with taking stuff away and reading it.” – New Recruit (Police)

Most participants felt that training delivered by an external provider would be taken more seriously and would be more likely to encourage open discussion.

“I think coming from an external service like yourself just really emphasises how seriously we're all taking this. I agree again, it wouldn't be sufficient, I don't feel, or wouldn't add the gravitas it needs, if it came from a train the trainer event. I think it possibly would come across as we're just paying lip-service, whereas if we involved yourselves, from a national organisational perspective, I think that sends out a much weightier message, in my opinion.” – Stakeholder (Police)

I think in terms of credibility and knowledge, a train the trainer course wouldn't be enough, I don't think for, perhaps, some of the questions that you might get. I think that can only be answered with the experience of what you're talking about. Rather than what is quite clearly someone who's been taught a bit about the topic, and can deliver a presentation, and was the same person that told you yesterday about police and what they do, and what types of fire engines we have. – Stakeholder (Fire)

Some trainers believed that as well as training being delivered externally, it should be independent from the rest of the training programme and therefore not attended by trainers. They felt that this would help to create a confidential peer-to-peer sharing environment that would be beneficial for

students. Others however believed that the support and perspective of trainers could be useful in providing specific organisational examples and highlighting coping strategies and the availability of support structures. It is important to consider how the pastoral responsibility of trainers identified in section 5.3.1 relates to their role in training around mental health.

7.3 Content

Linked to the above, the idea of including relatable examples in training was raised by a number of participants as one of the most effective ways of engaging people to think about mental health and wellbeing. This could take the form of case studies or inputs from experienced personnel willing to share their experiences of mental health or from other relatively new recruits reflecting upon what they learnt from their training. The key message is that the content of training should be based upon practical relatable knowledge and experience.

“The thing that helps is, like, the experience people have. You get someone with experience then you can, kind of, gain knowledge from their experiences. So if you wanted to really learn, you’d have to have it classroom taught or practical experience.” – New Recruit (Police)

As previously referred to in section 6.2, the majority of participants who took part in the research were able to point towards some sort of input on mental health delivered during initial training which was primarily designed to signpost new joiners towards the services available to support their wellbeing. One participant from the fire service who took part in a workshop described feeling ‘inundated’ with material highlighting places they could seek support for a mental health problem.

In spite of this clear drive from organisations to demonstrate commitment to supporting the mental health of emergency services staff, the majority of participants agreed that more specific training around mental health awareness and coping skills would be beneficial. It was felt that this would not necessarily need to be service specific (although it would benefit from the inclusion of case studies as outlined above) but should be focused upon identifying signs and symptoms, preventative strategies, building resilience and practical coping skills.

“The personal options, the things that you can do yourself would be good. You know, how you can develop your own method of change, and your own journey that you’re going to deal with. All the self-help things I think will be very useful, because then if there is any reluctance to talk to a complete stranger, or on a training course, then maybe you can employ those messages you’ve talked to about, or explained or shown”. – Stakeholder (Fire)

“Helping people identify those things I think would be a very useful exercise. Helping people identify what it is you do when it hits the fan, you’re not feeling too good, and you don’t want to go and talk to a professional. What do you do when you get home at 8:00 in the morning from an all night shift, how are you going to make sure you don’t wake up shivering in the corner?” – New Recruit (Police)

Participants also identified the need for more training to prepare them for dealing with some of the distressing things they are likely to encounter as part of their roles. In one fire service focus group, participants described recently receiving an impactful session on bereavement delivered by someone in a senior paramedic role. Whilst this clearly resonated with participants, they were struck by the fact that this was delivered 18 months into their training, at a stage where they had already had to deal with these issues on a number of occasions. It was felt that there should be a greater level of pre-emptive training exposing new recruits to the sorts of situations they might encounter, preparing them for how they may react, and providing them with different coping mechanisms for dealing with those reactions.

Finally, one finding unique to SAR volunteers was a desire for training that could be delivered to friends and family of SAR volunteers as well as the volunteers themselves. The SAR environment

was described as being quite insular, with one participant referring to it as *'a different world'*. It was therefore felt that making training inclusive in this way would help those close to SAR volunteers to understand more about the role and its impact on their mental health and enable them to better support them. SAR volunteers also felt that a briefing pack that they could give to their (paid) employers would be a useful way to raise awareness about their roles and provide useful information on how they can offer support.

8. Summary and Recommendations

The first few years of a career in the emergency services are inherently stressful. New recruits are required to balance significant changes to their lifestyles with the pressure of exams, huge increases in responsibility and pressures to perform at the same level as their longer serving colleagues. New personnel often leave the training environment feeling unprepared for the practical realities of their roles. However, there is an increasing recognition within the emergency services of a need to support the wellbeing of blue light personnel which has led to an increased focus on mental health during training.

8.2 Attitudes are changing

Participants and stakeholders across all services highlighted positive changes within their organisations with regards to the way that mental health is supported and talked about. Unsurprisingly, these changes have been most successful when driven by senior stakeholders but the shift in culture is believed to have also been influenced by recent media campaigns and programmes such as Mind's Blue Light Programme.

The majority of organisations included in the research have begun to demonstrate a commitment to supporting the mental health of new personnel entering the service by including, as a minimum, some form of signposting to mental health services within their induction training. Many operational staff also receive training designed to equip them with the skills needed to deal with members of the public experiencing mental health crisis. A small number of new recruits in operational roles also reported specific inputs around stress management, resilience and bereavement, however quite often it was felt that these were not delivered at the correct stage of training to be truly impactful. What was felt to be lacking was relevant and relatable training that provided new recruits with a greater awareness around mental health and practical tools to support their own wellbeing.

New recruits across all four services, particularly those from the younger generations, demonstrated high levels of self-awareness around mental health but were aware that stigma still exists within their organisations, particularly amongst longer serving colleagues. It was suggested that despite the organisational efforts highlighted above, many would still not feel comfortable disclosing or seeking help for a mental health problem for fear of judgement or impact on their careers.

8.3 A difficult transition

Transitioning to any new career is a challenging time, however there are a number of specific pressures associated with working for the emergency services that can place a particular strain on the wellbeing of new recruits. Many participants in the early stages of their careers felt that training did not adequately prepare them for the realities of the role and felt under pressure to perform in positions of high responsibility whilst struggling to get to grip with processes and procedures. This is exacerbated by resource cuts across services which means that new recruits are often required to take on additional responsibilities alone.

For many, adapting to the change in lifestyle associated with a career in the emergency services was also highlighted as one of the most challenging aspects of being a new recruit. Adjusting to

demanding shift patterns and working long hours could have an impact on both physical and mental health and could make it challenging to maintain personal relationships and hobbies outside of work.

There was a degree of trepidation associated with what was referred to by some as ‘the first big job’ and an acknowledgement that it was difficult to predict how you would react to witnessing distressing incidents. Participants generally felt that more could be done during training to prepare new recruits for the potential effects these incidents might have on them.

8.4 The importance of the training environment

For operational staff, training is typically a lengthy and intense process where relationships with peers and training staff are formed quickly. The role of trainers can therefore be highly influential in shaping attitudes towards mental health and wellbeing at an early stage. Both new recruits and stakeholders identified trainers and lecturers as a primary source of support and guidance. Training departments are often the first port of call for new recruits experiencing issues in a range of areas (including mental health), even after they have left the training departments.

Stakeholders responsible for delivering training generally recognised the importance of this pastoral role and were keen to increase their knowledge and understanding around mental health. Trainers that had made efforts to embed discussions around mental health and wellbeing at all stages of training were keen to emphasise the success of this approach. New recruits who were encouraged to reflect upon and their wellbeing in the training environment generally demonstrated greater levels of self-awareness and a more open-minded attitude towards mental health.

8.5 Recommendations

The following are the key recommendations originating from the findings detailed above;

8.5.1 Engaging training departments and using opportunities to promote mandatory training for all staff

Whilst training programmes and entry pathways vary considerably across, and even between services, trainers have emerged consistently as an important and influential resource for providing support, knowledge and guidance to new recruits. The trainers who took part in this research, whilst clearly not representative of training departments as a whole, demonstrated a firm commitment to the wellbeing of their students and a desire to learn more about mental health in order to better support them. It is recommended that, using Mind’s extensive network of contacts, training departments across the country, including those who deliver training in universities, be brought together to share knowledge and best practice and learn about the ways in which they can embed an awareness of mental health into the training that they deliver.

The research indicates however that there is value in the role of external and independent organisations and training providers. Mind has a unique opportunity to influence future developments in training to ensure that mental health is placed at the top of the agenda. This should include highlighting the current lack of a consistent input on mental health for emergency services personnel, particularly those in support staff roles.

8.5.2 Providing relevant and accessible training

Participants often struggled to recall details of training they received about supporting their mental health and wellbeing. This was not only because of the large volumes of information they are required to absorb during their initial training period but also because often they were not able to see the relevance to their experiences.

Consideration should be given to the length of any training delivered, who it is delivered by and at what stage(s) to ensure that new recruits are able to get the most out of it. It is recommended that any initial training delivered within the first few weeks of an induction period be followed up with additional training that includes opportunities to reflect upon experiences and reinforce previous learning. Training should be supported by relevant illustrative examples and case studies where appropriate. Content should be reflective of the challenges brought about by organisational pressures and lifestyle transitions as well as exposure to traumatic/distressing situations.

8.5.3 Increasing awareness of the Blue Light Programme amongst new recruits

Although the majority of new recruits who took part in the research were aware of the Blue Light Programme, levels of active engagement amongst new recruits appeared to be relatively low. Peer support was highlighted as one of the key support mechanisms for new personnel and increasing the number of Blue Light Champions, particularly amongst the younger generation, would provide an additional layer of support for those who might be struggling and increase visibility the perception of relevance of the Blue Light Programme amongst new recruits. Tailored recruitment materials for Champions and the promotion of Blue Light Programme support through training departments would help to increase visibility more generally.