Blue Light Programme – Phase Three
Evaluation of 999 Call Handler Pilot

Contents

Executive Summary

Between May and June 2017, Mind conducted scoping research with call handlers and expert stakeholders from the police, fire, ambulance, and search & rescue services to help us understand the specific challenges they face in their roles and how these impact upon their mental health.

We used this research to plan and develop a pilot service tailored specifically towards call handlers which included introductory briefings for call handlers on three topics: mental health awareness, resilience and supporting callers with mental health problems, an adapted version of Mind's existing training for line managers and a range of targeted and tailored resources such as booklets and hints and tips cards, designed to equip call handlers with the tools to manage their own mental health and support callers experiencing mental health problems.

The training and targeted materials were piloted in our four Blue Light Mental Health Network areas between January and June 2018. Overall, 316 staff and 105 line managers attended training during the pilot period. We evaluated how these activities were perceived and the extent to which they have had an impact on staff working in the control room through post-course evaluation forms, interviews with line manager and observations within control rooms.

Overall, the training was perceived to be of high quality and successfully increased participant's self-reported knowledge of mental health and resilience and their confidence to support their own mental health and that of callers. 97% of staff who attended the briefings said they would recommend them to a colleague.

Our key findings from the evaluation and recommendations for future delivery are highlighted below.

Key Findings

Demand for training was high.

Attendance at the briefing sessions exceeded expectations. 316 call handlers attended the briefing sessions during the pilot period, with the majority doing so in their own time due to resourcing difficulties in releasing staff from the control room during shifts.

Many staff attended the briefings because they felt that mental health was relevant to their work and the training would help them to better support callers. However, they also welcomed the opportunity to reflect on their own mental health outside of a work setting. Managers and call handlers also thought that one of the main reasons for attending the briefings was an existing interest in, or personal experience of mental health problems.

Some staff said that they had signed up for the briefings after recommendations from colleagues who had positive experiences of the training. Of the staff who took part in the evaluation, 97 per cent said they would recommend the briefings to a colleague.

"I think you cannot underestimate just how positive this whole programme has been for our staff. If I could do it every six months, I know I would have the same response. It's just been amazing, amazing for staff" – Manager, Police Service

Demand for training among managers was equally high. Some services were able to ensure that all line managers working in the control room could attend the MMHES training.

Making briefings voluntary meant that some staff were not able to attend.

Despite the relatively high numbers of staff attending, course participants and managers highlighted several factors that may have prevented staff from going to the briefings. These were mainly around staff needing to attend training in their own time. Barriers included caring responsibilities, travelling distance and unwillingness to give up their days off.

Managers highlighted that staff were either paid or given time off in lieu for attending training. But for many staff this is still impractical or something they don't want to do on their day off. Therefore, there is a risk that the training does not reach many staff who might benefit from it.

The culture around mental health is changing.

Some managers were surprised by the diverse range of staff that had asked to attend the briefings. They felt this was due to positive feedback and encouragement from colleagues, but also indicates a change of culture surrounding mental health in the emergency services generally that has also been felt in the control room.

Some staff felt that this was a generational shift, others that it was a result of a greater organisational commitment to staff mental health, and some felt it to be a direct result of the influence of the Blue Light Programme.

Senior leaders and committed managers were felt to have been instrumental in driving change, especially in relation to promoting the activities associated with the Blue Light Programme and encouraging/enabling staff to attend training. However, some managers who were interviewed as part of the evaluation felt that the continued success of the programme was dependent on key individuals within the service and links with local Minds. To ensure the sustainability of the Blue Light Programme, it will be important for organisations to develop and maintain a network of passionate and committed individuals to share ideas and sustain enthusiasm.

Training increased the confidence of staff to support their own and others mental health.

Of the call handlers who attended the briefings:

- 87 per cent said they knew more about different mental health problems after the training
- 94 per cent said their knowledge of personal resilience had increased
- 90 per cent said they knew more about how to look after their wellbeing.

Observational data suggests that call handlers understanding and awareness of personal resilience was lowest before the start of the course which may explain why this area saw

the biggest self-reported increase in knowledge. Participants valued having space to reflect on their own mental health with their colleagues, and took away some key messages about the importance of their own wellbeing.

Of the call handlers who attended the briefing on supporting callers, 90 per cent agreed or strongly agreed that the briefings had made them feel more confident in supporting callers with mental health issues. They felt that the training had validated some of their existing practice. And it had given them the confidence to be more direct and less worried about talking to callers about their mental health, particularly those who are suicidal.

Following the Managing Mental Health in the Emergency Services (MMHES) training, 98 per cent of managers said that they felt confident that they could support a colleague experiencing a mental health problem at work, and 100 per cent agreed or strongly agreed that they understand the tools and techniques available to promote mental health and wellbeing at their workplace after the course.

> *"I feel quite empowered. I have to say. I felt really empowered to be able to make more of a difference and positive change within my areas of responsibility."* – Manager, Police Service

Awareness of the tailored resources was lower, but there is evidence they are being used.

Feedback from call handlers about the hints and tips cards and tailored booklets was limited, but Blue Light Programme materials were visible in all the control rooms visited as part of the evaluation, and managers told us that staff were taking them away.

Some staff interviewed were vaguely aware the booklets existed, but hadn't read them in detail. Some suggested that they would refer to them if they felt they needed to, but it was generally agreed that face-to-face training was more helpful.

There were difficulties accessing the subtitled webinars in the control rooms, which meant not many people knew about this or used it.

Some services struggled to generate the momentum needed to refresh the Blue Light Time to Change pledge.

Some managers said it had been difficult to get senior buy-in to refresh the pledge and that attempts to move this forward felt 'half-hearted'. Awareness of and interest in the pledge from call handlers was low. While managers understood the purpose of the pledge, some felt that it was more important to demonstrate a commitment to staff mental health through investing in training and a drive from senior leadership, rather than focusing on the paperwork associated with the pledge.

Conclusion

Our research with call handlers taught us about the specific pressures that they face and highlighted how important it is to have training and materials that are targeted and accessible. Staff working in control rooms described feeling overlooked within the wider structure of the emergency services. So we adapted our information materials to be more

relevant to the call handler, updated our imagery to make it more inclusive, and included specific content relating to supporting callers with mental health problems in our training briefings.

- Call handlers and managers felt the briefing sessions were relevant and engaging. They increased understanding around resilience and help seeking and gave them confidence to support callers experiencing a mental health problem. The direct and informal approach and expert knowledge of local Mind trainers was valued and many call handlers had attended the training as a result of recommendations from colleagues.

- Managers who attended the 'Managing mental health in the emergency services' (MMHES) training said that the course gave them more confidence to support their own and their colleagues' mental health.

- Many staff and managers felt strongly that both the briefings and MMHES training should be made mandatory for call handlers and line managers. Demand for the training was high and many staff attended in their own time due to resourcing constraints which prevented them from being released from their shifts.

- There was less awareness of the pledge and the tailored resources amongst call handlers but managers reported that booklets and hints and tips cards were visible in the control rooms and were being taken away by staff. It is difficult to assess how staff are making use of resources in their own time but there is some indication the resources are a useful supplement to face to face training.

- The culture around mental health is changing and there is a perception of a greater organisational commitment to mental health which has had a positive impact on staff in the control room. Committed and passionate individuals have often been instrumental in driving change and encouraging/enabling staff to attend training but sometimes, where relationships have been lost, momentum has been difficult to sustain.

Recommendations

- Senior level buy-in is needed to ensure call handlers' wellbeing is prioritised and they are given enough time for training and wellbeing activities. Consideration should be given to mandating training, or including the briefings as part of the initial induction package for call handlers, as this would reduce some of the barriers preventing staff being released for training.

- Call handlers found the briefings relevant and engaging, but some areas were considered more useful than others. Any wider roll out of the training should take into consideration feedback from call handlers to refine and adapt specific content. In particular, consider revising the content around concrete and abstract thinking and the approach to role play exercises and the inclusion of more formal content around suicide which many participants found valuable.

- Face to face training from an external trainer with expert knowledge was considered most valuable and participants felt that this would not be replicable through a train-the-trainer package. Any wider roll out of the course should consider the best mechanism for delivery and involve local Minds where possible.

- Bringing participants from different services together for training could increase the number of staff that are able to attend training by being released from the control room during their shift. However, some call handlers from the fire service felt that the training was less relevant for their roles. It is important to consider the specific context in which call handlers work and tailor the content of training if required.

- In order to ensure sustainability and enable all staff get the same benefits from the programme it is important that services do not become over reliant on key personalities to drive change. A network of passionate and committed individuals is needed to share ideas and maintain enthusiasm.

- There is little evidence for the success of the control room pledge and some managers felt it was more important to demonstrate their commitment to the mental health of staff in other ways. If staff are unaware of the pledge and maintaining enthusiasm for it is challenging then further investment in continuing the pledge in this context is not recommended.

- Call handlers need clear signposting and communication, from existing channels such as their intranets, line managers and staff noticeboards. This will increase awareness of support available and allow call handlers to make informed choices about the support they choose.

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 included 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 allowed 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.

1.2 Scoping Research

Between May and June 2017, as part of Phase 3 of the Blue Light Programme, Mind conducted scoping research with call handlers and expert stakeholders from the police, fire, ambulance, and search & rescue services. This included focus groups, interviews with call handlers and stakeholders, and control room observations. This research identified that;

- Dealing with members of the public in emergency situations is inherently stressful and the nature of these calls can impact on wellbeing, particularly when call handlers are not adequately supported in dealing with them. Call handlers experience a degree of 'emotional turbulence' due to the range of calls that they receive. They often receive abusive, inappropriate, and distressing calls which they do not always feel equipped to handle. Dealing with suicidal callers, or those with other mental health needs, was reported to be one of the most stressful and upsetting aspects of the role.

- Whilst there appears to have been a wholesale reduction in stigma and discrimination around mental health generally, there continues to be a 'just get on with it' organisational culture within the emergency services. This promotes the idea that dealing with stressful situations is an intrinsic part of the role and therefore should not be 'allowed' to impact upon wellbeing. For call handlers, this has led to a perceived lack of recognition of the psychological effects of the role and can discourage help-seeking.

- The challenges of the call handler role have been exacerbated by systemic organisational changes that have resulted in higher volumes of calls, a reduction in staff, and a culture of strictly enforced targets. These issues are overwhelmingly felt to be the main cause of poor mental health and wellbeing amongst call handlers. Participants felt that these factors contribute towards high levels of staff sickness and poor staff retention. Limited time for training, debriefing, or informal support has resulted in low levels of trust between staff and supervisors and poor expectations of support services.

1.3 Overview of Pilot

The findings and recommendations from the research report were used by the Blue Light programme team to develop a programme of support specifically tailored towards the needs of personnel working within the control room environment. This included;

- **Control Room Pledge Refreshes** – Blue Light Time to Change Pledges with targeted action plans that recognise the specific context of call handlers, whilst connecting the control room to the overarching organisational pledge.
- **Champions and Peer Support Hints & Tips** – Online and offline resource with hints, tips and examples of how to apply the existing Blue Light Champions toolkit in the Control Room context.
- **Call Handler Briefings** – Short introductions to three subjects – Mental Health Awareness, Building Resilience and Supporting Callers with their Mental Health, delivered either as a one day course or in three 1-2 hour segments.
- **Managing Mental Health in the Emergency Services (MMHES) Training** – A half day training course of line managers and team leaders covering mental health awareness, how to support team members and signposting. Activities and case studies were adapted from the general MMHES training to reflect the roles of control room managers and supervisors.
- **Workplace Wellbeing Webinars** – Subtitles to be added to existing webinars to enable them to be played within the control room environment.
- **Adapting existing materials** – Reviewing and adapting (where necessary) existing materials, e.g. information booklets to ensure relevance to and inclusion of call handlers.

1.3.1 Briefing Objectives

Short briefing sessions on three subjects were designed to be delivered either as a combined 1 day (5.5 hour) course, or as 3 separate components lasting between 1.5 hours and 2 hours each. The briefings were designed in this way to reflect feedback by staff and managers that it would be difficult to release staff for a full day of training.

Each briefing was designed to provide participants with a short introduction to each topic. The learning objectives of each briefing were developed to take into account the introductory nature of the briefings and are outlined as follows;

Introduction to Mental Health Awareness

- Raised awareness and understanding of mental health.
- An introduction to how to recognise the causes, symptoms and support options for a range of common and less-common mental health issues that 999 call handling staff may experience.
- An improved understanding of the range of mental health and wellbeing support available to 999 call handling staff, both within and outside their organisation.

Introduction to Resilience

- An improved understanding of emotional intelligence and resilience.
- An introduction to thinking patterns, and identifying what can be helpful and unhelpful.
- An introduction to resilience building techniques and signposting to key resources
- An introduction to mindfulness and signposting to key resources.
- An improved understanding of the range of mental health and wellbeing support available to 999 call handling staff, both within and outside their organisation.

Introduction to Supporting Callers with Mental Health Issues

- An introduction to how to recognise the signs and symptoms of mental health issues on telephone calls.
- An improved understanding of the impact that handling calls with people who have mental health issues can have on call handlers' own mental health.
- An increased awareness of common pitfalls in managing calls with people with mental health issues.
- An introduction to response techniques to manage challenging calls sensitively and in a structured way.
- An improved understanding of the further training available on supporting callers with mental health issues, and of the range of mental health and wellbeing support available to 999 call handling staff themselves, both within and outside their organisation

2 Evaluation Objectives

The targeted rollout and delivery of the various activities and resources were evaluated by Mind's Research and Evaluation team in order to assess how they were perceived and the extent to which they have impacted upon staff working within the control room environment. Some of the key areas that were considered within the evaluation are:

- Participants' experiences of the course/briefings and Blue Light Materials, including format, content, relevance and quality of delivery.
- The extent to which call handlers are aware of and engaged with Mind's Blue Light Programme.
- Call handlers confidence in managing their own mental health and supporting callers/colleagues/friends/family members experiencing a mental health problem after engagement in the Blue Light Programme.
- The visibility of tailored Blue Light materials/resources within the control room environment and the extent to which these are considered useful and relevant.
- The degree to which support for the mental health and wellbeing of call handlers and attitudes towards mental health is perceived to have improved at an organisational level.

Note that the introductory briefings and MMHES were tailored from existing content that Mind has previously delivered and that has already been subject to evaluation[1]. As a result, the primary focus of the evaluation was on measuring participant's attitudes towards the tailored resources and the extent to which they are considered relevant and useful to staff, rather than measuring specific outcomes.

3   Research Methodology & Sample

The evaluation was carried out using a mixed methods approach which consisted of the following:

- Post-training evaluation forms, administered face-to-face after the MMHES training and call handler briefings, inviting participants to share their views on aspects of the training and self-report on key learning outcomes.
- Observation of two full day training sessions (incorporating all three briefings) for call handlers from the police service.
- Two focus groups with call handlers from the police service who took part in the training sessions that were observed.
- Five in-depth interviews (conducted face to face) with stakeholders, representing roles in direct line management, training and employee engagement.
- Site visits and observations at three control rooms within the London & Cambridgeshire areas.

3.2   Sample

The table below highlights the number of participants/sites that were included in evaluation activity, broken down by service and activity.

	Police	Fire	Ambulance	Not recorded	Total
Post-training evaluation forms					
• MMHES	33	16			**49**
• Call Handler Briefings	112	41	98	61	**312**
Focus Groups	15				**15**
Stakeholder Interviews	4	1			**5**
Site Visits/Observations	2	1			**3**

---

[1] Wilson S, Sinclair A, Huxley C, Spiegelhalter K (2016), *Evaluation of Mind's Blue Light Programme, Strand 2: Workplace wellbeing*, Mind

Evaluation forms were handed out to all staff who attended the MMHES training and call handler briefings.

The MMHES course was delivered to approximately 105 managers working within the control room environment over the course of the pilot period, however only 49 evaluation forms (47%) were submitted to Mind's Research and Evaluation team. This may have been because local Minds were not fully aware of the requirement to submit evaluation data, as the course had previously been subject to a full evaluation. In contrast, evaluation data was received from 312 (99%) of the 316 staff who attended the call handler briefings.

61 participants did not list the emergency service that they were part of on their evaluation form and so the service they are employed by is unknown. However, all of these participants attended courses that were delivered to both fire and police service call handlers and as such it can be assumed all of those recorded in this way are employed either by the police or fire services.

Focus groups were recruited for using the local Mind trainers delivering the sessions and participants were recruited on a voluntary basis. The purpose of the evaluation was explained to course attendees and they were invited to participate in a short (45 minutes) focus group immediately following the training. Stakeholder interviews and site visits were also facilitated through local Minds using existing contacts.

3.2.1 Stakeholder Interviews

Five 'expert' stakeholders were engaged in the research through semi-structured face to face interviews. The professional perspectives of stakeholders were important in providing an overarching view of the success of the Blue Light Programme and a wider perspective around organisational attitudes to mental health and wellbeing.

Four stakeholders were included from the police service and one from the fire service and represented three different employers. The breakdown of stakeholders included in the research and their roles is as follows:

Service	Role
Fire	Training Officer
Police	Employee Engagement and Improvement
Police	Strategic Workforce Planning Manager
Police	Dispatch Supervisor
Police	Deputy Manager – Call Handling

3.2.2 Site Visits & Observations

Site visits were conducted at three control rooms: one police control room within central London, and one police and one fire control room, both located within the Cambridgeshire area. All of the visits were conducted on weekday afternoons at a similar time of day. Within each control room there was opportunity to speak informally to call handlers, and at the fire service control room there was a chance to spend time listening to live incoming calls.

More broadly, there was opportunity to observe and assess the visibility of Blue Light Programme materials within and around the control room environment.

The ambulance service are underrepresented in the sample due to difficulties in establishing key contacts to facilitate the arrangement of focus groups/site visits. Unfortunately, no courses were delivered to search and rescue (SAR) staff during this pilot and no representatives from search and rescue services participated in the evaluation. This was primarily due to a lack of dedicated SAR call handlers within the four Blue Light Mental Health Network areas where the courses were piloted.

Key Findings

4 Training Attendance

4.2 Call Handler Briefings

As referred to in section 3.2 above, a total of 316 control room staff attended the call handler briefings, which were delivered in the four Blue Light Mental Health Network areas. Evaluation data was received from 312 (98.7%) of attendees. The 312 participants whose data is included in the evaluation are broken down by network and service in the table below;

	Police	Fire	Ambulance	Not Recorded	Total
CPSL	27			59	86
Wirral	22	2			24
Tyneside	34	25	76	2	137
London	29	14	22		65
Total	112	41	98	61	*312*

Engagement in the call handler briefings was highest from the police service. This has also been the case in other areas of the Blue Light Programme and may be a reflection of the higher level of need amongst the police in general, which was also reflected in the scoping research with call handlers. Two of the four networks that took part in the pilot were not able to deliver any courses to ambulance staff during the pilot period. This was primarily due to logistical difficulties in abstracting staff for training and challenges in maintaining relationships with key contacts.

4.2.1 Motivations for attendance

All of the call handlers who took part in focus group discussions had attended the briefings voluntarily, and conversations with stakeholders echoed this pattern. Managers were keen to highlight the high demand for the training, emphasising that the majority of staff who had attended the briefings had done so on their rest days.

> *"They all came in on their days off to do it. It wasn't in job time, it was in their days off, to do this. The buy-in was such that they were just craving to actually unravel the issues that they had."* – Manager, Police Service

Many participants attended the briefings because they felt that mental health was something that was relevant to their work. Dealing with callers experiencing mental health problems was highlighted as a key stressor of the call handler role in our scoping research, and therefore it is unsurprising that staff welcomed the opportunity to increase their confidence in this area.

> "I just felt it was something that-, we deal a lot with mental health in, you know, calls and situations and that at work. So, I just felt it was worthwhile doing." – Call Handler, Police Service

However, staff also welcomed the opportunity to reflect on their own mental health outside of a work setting. Course attendees and managers also perceived that an existing interest in, or personal experience of mental health problems were primary motivators for attending the briefings.

> "I think people that have that interest and want to better themselves went on it, and I think people that have experienced mental health, even for themselves or with family members, or have experiences in their own life, were also really interested to go on it as well" – Manager, Police Service

Some staff who took part in the focus group discussions indicated that they had signed up for the briefings as a result of recommendations from colleagues who had positive experiences of the training. Hearing about the training from other staff also altered their perception of what the training would entail.

> "They said it was very good for your own-, two thirds of it was about you and caring for yourself and, you know, knowing how to handle things rather than just work related." – Call Handler, Police Service

> "I read it and I thought, no I'm not doing that on my rest days, you know. But then Steve a few of them have been and they went, 'It's really worth going on,' and I went, 'Oh, actually?' so I got it back out and then applied for it." – Call Handler, Police Service

This was also corroborated by managers, who struggled to keep up with demand for the training and were keen to take up the offer of additional courses.

> "A lot of people that went on it, encouraged other people to go, which is why we had the additional courses."- Manager, Police Service

97% of staff who attended the briefings said that they would 'absolutely' (85%) or 'probably' (13%) recommend the course to a colleague.

4.2.2 Barriers to attendance

Despite the relatively high uptake of training, course participants and managers highlighted several things that may have prevented staff from attending the briefings. These were primarily centred on the necessity for staff to attend training in their own time due to

resource constraints and barriers around doing so, such as caring responsibilities, travelling distance and unwillingness to give up their rest days.

Whilst managers were keen to highlight that staff are compensated (either monetarily or by taking time back in lieu) for attending training on their rest days, for many staff this is unwelcome and/or impractical. There is a risk therefore that the necessity for staff to participate in this way could mean that the training does not reach many staff who might benefit from it.

A small number of services were able to abstract staff from their shifts to attend the briefings. However, this was uncommon, and usually limited to one or two staff from any one shift which presented difficulties in recruiting enough participants for a course to go ahead. It was suggested that greater collaboration with neighbouring services to facilitate cross-service training could increase the number of staff that are able to attend training by being abstracted from the control room.

Call handlers from the police who took part in one focus group suggested that there is still a perception within their service that mental health is not something that affects them and this would prevent some staff from volunteering to attend the briefings.

> *"I think, you know, people just kind of think, 'Oh, I don't need to know about that,' you know? 'I can do my job perfectly well without all this pink and fluffy stuff.' There is still some level of that in our service, you know?"* – Call Handler, Police Service

This was also highlighted by a trainer within the fire service who felt that staff without personal experience of poor mental health may struggle to engage with the relevance of the training.

> *"I do still think some people think, 'I don't need to know about that, it doesn't affect me.' You say 'mental health' and people put the negative on it, they don't put the positive on it about good mental health and wellbeing and how to maintain that."* – Trainer, Fire Service

Nevertheless, some managers were surprised by the diverse range of staff that had requested to attend the course. This was felt to be largely as a result of positive feedback and encouragement from colleagues, but also indicative of a change of culture surrounding mental health in the services, an area that will be explored in more detail later in the report.

> *"There was such a variety of people. Some roughty-toughty blokes, you know, who you just wouldn't expect, and they all had a tale to tell, you know."* – Manager, Police Service

The final reason that was raised by staff and managers as being a potential barrier to attendance related to the promotion of briefings to staff. Recruitment to sessions was primarily achieved through email. However, it was remarked that call handlers often don't get chance to check their emails, or are overloaded with email traffic which means information relating to optional training often gets lost.

"They're obviously busy, and they don't get a chance to check their emails. By the time they looked at the dates that they could do, they were filled." – Manager, Police Service

It is important that all staff are made aware when training is taking place to ensure that all those who might benefit from it are given the opportunity to attend.

4.3   MMHES

Attendance data from the targeted MMHES courses was not available for the evaluation. However, of the 49 evaluation responses that were received, 33 of these were from the police and 16 from attendees from the fire service.

Indications from interviews with representatives from the police and fire service suggest that demand for training among managers was equally high. It was generally felt to be easier to release managers for training. Some services were able to ensure that all line managers working in the control room could attend the MMHES training, and this was felt to be beneficial.

However, the fragmented nature of some services meant that managers in a number of areas were given more opportunity to attend courses than others. Particularly in services where non-emergency calls are handled in a separate location to 999 calls, the message about training didn't always reach all of those responsible for managing staff who handle calls. This seemed to be primarily a result of a lack of communication between different teams and/or where the relationship with the local Mind was held primarily in one area.

> *"I don't think it was communicated out particularly, and we were in those two distinct, different locations I think, which had something to do with it, but we weren't considered, I don't think. So, when I did find out about some of the courses, I tried to shove some of our supervisors on it, but it was all quite short notice."* – Manager, Police Service.

4.4   Views on mandating training

Feedback received from interviews, focus groups and on evaluation forms indicated a strong appetite for both the call handler briefings and MMHES training to be made mandatory for staff and supervisors working in the control room.

> *"We all take calls, and we all take the same sort of calls, like there's no call-taker which doesn't take calls related to mental health. So, we should all take this training I think"* – Call Handler, Police Service

However, there were some barriers identified with regards to mandating the training for all staff, most notably around funding and resourcing. Participants in some services had allocated training days which could be used to undertake training on mental health if it was mandated by their service. However, one police call handler reflected in a focus group that she hadn't attended any training during work time since 2007.

Training provided by the Blue Light Programme during the pilot period had been offered at no cost to services, but managers felt that if it were to be sustained then it could be difficult to cover the cost of this internally.

> *"It's not something that we can sustain on our own because we need you guys to come in. We won't have the finances."* – Manager, Police Service

> *"If there's not funding there, it would depend on the cost of the courses as it's quite difficult for us to get that authorised, but maybe we could. So, again, that's not necessarily off the table if we could put together enough of an argument to say it's useful enough of an issue, and I think it is."* – Manager, Police Service

Some felt that the briefings should be included as part of the initial induction package for call handlers, and that this would also reduce some of the barriers preventing staff being released for training.

> *"I mean, we're getting new staff in all the time and I think that to set the new staff off on a great level, you know, to give them a great starting point, this sort of thing would be ideal. It would be easy to do that as part of the new starters stuff, it would be no problem to incorporate it into that."* – Trainer, Police Service

If training is to be mandated, care should be taken to ensure that staff receive it at a time that is appropriate to them as well as being logistically practical for organisations. Senior level buy-in is needed to enable funds and resources to be allocated proportionally to allow staff to attend.

5   Views on the training

5.2   Call Handler Briefings

Participants were asked to complete an evaluation form at the end of the call handler briefings which included a question about the relevance of the training and invited them to share their views on the most and least useful parts of the training. Views on the briefings were also gathered through two focus groups with participants held immediately after the training.

5.2.1   Views on the format of training

As referred to in section 1.3.1, the briefings were designed to be delivered in three short, independent sections which could be brought together into a longer, full day course if required. Despite a finding from the scoping research which suggested that it would be more difficult to abstract staff for a full day of training than separate 1.5-2 hour sections, all of the services opted to have the three briefings delivered consecutively. As a result, 307 of the 312 (98.4%) course participants included in the evaluation attended all three briefings. For the small amount of staff that weren't able to be present for the full day of the training, feedback from evaluation forms suggest that this may have been due to a lack of communication about the duration of the course.

Participants who took part in focus group discussions immediately after completing the course reflected that the briefings complemented each other well and felt that the format of the training as a full day course was most appropriate.

> *"They all seem to link together so I think if I was to do them separately over a couple of months, I probably wouldn't relate to it as much."* – Call Handler, Police Service

Just over half of call handlers who attended the briefings took part in sessions that were specific to their service. The remainder of participants attended 'cross service' sessions which were open to call handlers from different emergency services to come together. Whilst those who attended service specific sessions often struggled to see the benefit of a cross-service approach to training, those who took part in the mixed sessions reflected on the value of sharing experiences across services;

> *"It was good to have the two services, because you get a slightly different perspective because they deal with different types of calls, obviously, than the fire service deal with, and you can have those discussions about how they deal with those types of callers."* – Trainer, Fire Service

Participants valued the small group sizes (the maximum number who attended any of the briefings was 20, with an average of around 12 participants) which gave them the opportunity to interact with colleagues and was felt to facilitate open and honest discussion. Call handlers who participated in a focus group discussion after the training felt that this discussion was both an important part of their learning and also helped to build relationships with colleagues.

> *"Just to sit like this with a group of colleagues, people who you've not met before, is good because everyone's been very open. Everyone's listening and we all learn from that, you see."* – Call Handler, Police Service

They felt that this aspect of the training would not have been as beneficial had the briefings been delivered to a large group.

5.2.2 Views on training delivery

Participants were very positive about the way that the training was facilitated by local Mind staff. Trainers were described as knowledgeable, friendly and engaging and participants valued their ability to facilitate inclusive group discussion. The balance between presentations and interactive elements was felt to be appropriate and call handlers felt that the relatively informal style of delivery kept them engaged throughout the day and made them feel comfortable to ask questions and share their own experiences.

Call handlers who took part in focus group discussions were asked whether they felt that the training would be best delivered by an external provider such as Mind, or whether a train the trainer package for internal trainers would be more appropriate. Participants reflected on the value of having a trainer with expert knowledge in the subject matter and felt that this wouldn't be replicable through a train-the-trainer package.

> *"Any questions we had, she would know, she would be able to answer whereas if you're just giving someone to train, you're just going to train them and then if they're*

not an expert in it, if we have questions that we're going to ask them, they might not know the answer to them. Whereas she seemed to know everything, and she would always explain why that was." – Call Handler, Police Service

This was felt to be especially important when delivering training on a sensitive topic such as mental health. Call handlers felt that experience and commitment were important factors in engaging staff to think about their own mental health, and some participants found it especially helpful when trainers chose to share their own lived experience to illustrate examples.

"I think to train this, this is something that you've got to have a buy-in to yourself and I don't think you could just get a group of trainers together and just say, 'Right, you're going to deliver this.' It's not like delivering a computer system or anything like that. It's something where you've got to believe in the package itself and you've got to be believable to get other people to buy in to you as a trainer, not just the material." – Call Handler, Police Service

5.2.3 Views on training content

The majority of participants who attended the briefings felt that they were relevant to them and their work, with 94% strongly agreeing or tending to agreeing with this statement.

Figure 1. Participants views on whether the briefings were relevant to them and their work.
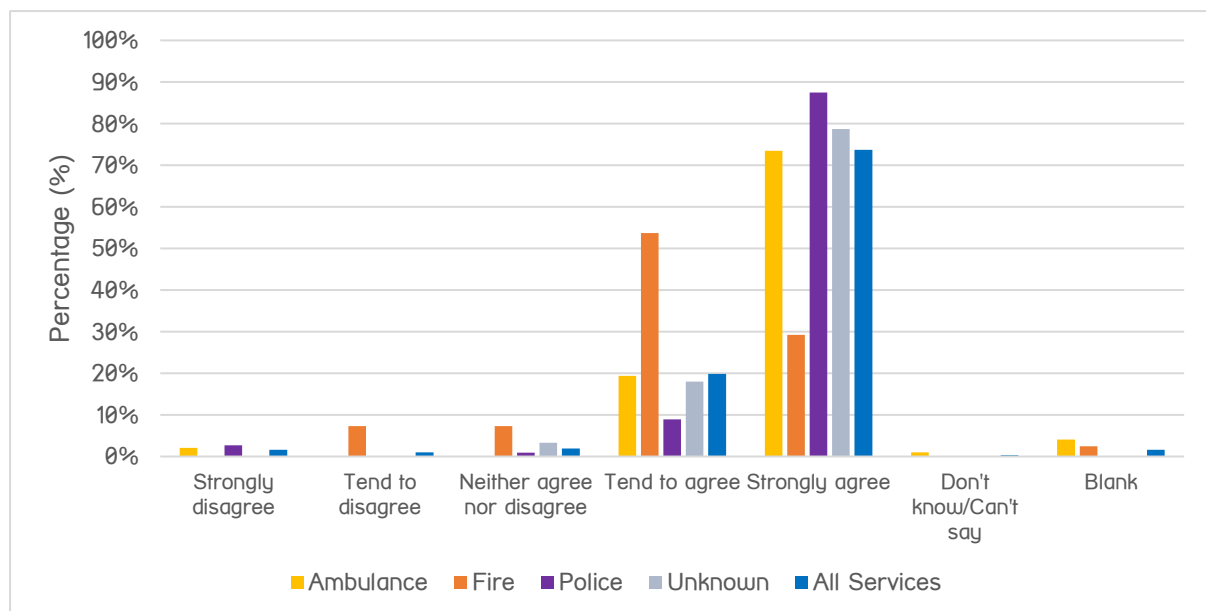
This figure was highest for participants from the police service, to whom the most courses were delivered, and lowest for call handlers from the fire service, with only 29% strongly agreeing with this statement.

Feedback from the evaluation forms suggests that some participants from the fire service felt that aspects of the course were less relevant to their roles and would be more beneficial

to call handlers in the police and ambulance services because of the nature of the calls that they deal with. Some participants suggested that the briefings would benefit from being more tailored to the specific needs of each individual emergency service. However others felt that it was useful to have a broader understanding even if it wasn't directly relevant to their roles.

Staff who took part in focus group and interview discussions provided more specific feedback about the elements of the course that were most helpful and areas that may not have had the same degree of resonance. Overall, participants felt that the course accurately reflected the pressures and challenges they face in their roles.

> *"There was no patronising. It was very clear they could see what our difficulties are and what we do deal with."* – Call Handler, Police Service

The majority of participants felt that there was a good balance between the elements of the course that encouraged them to think about their own mental health and those that focused on supporting callers with mental health problems. When asked to reflect on the most useful part of the training, responses were generally equally split between those who valued the content on resilience and supporting their own wellbeing and those who found the information on supporting callers most beneficial. There did not appear to be any distinct patterns in these responses. This suggests that both elements of the training are valuable and that the format and content of the briefings is appropriate for a wide range of staff.

Call handlers found the practical elements of the training useful to reinforce their learning and took away some of the concepts and tools referred to in the training to help them talk about and look after their mental health in their day to day roles.

> *"A lot people took away the bucket. The bucket filling up and not being able to let the tap out and it overflowing? I've had a couple of people come up to me and go, 'My bucket is nearly-,' I'm like, 'Right, you need to go and take five minutes then. Go and turn your tap on.' So, the language is actually being used, yes."* – Trainer, Fire Service

Participants also valued having an opportunity to try some techniques to improve their own wellbeing, and particularly felt the benefits of the short mindfulness exercise.

> *"When do you ever take three minutes without your phone or your radio, or in your car or what have you, just to sit and, kind of, be. I found that quite good"* – Call Handler, Police Service

As has also been observed in other evaluations of courses with Blue Light staff, there were mixed responses to the 'unknown planet' exercise, which was included to demonstrate the differences between 'concrete' (practical and solution focused) and 'abstract' (focusing on why something has happened) thinking. Participants understood the point of the exercise but struggled to engage with the role of the abstract thinker and didn't feel that the scenario was necessarily the best way to demonstrate this.

A number of participants also questioned the usefulness of the role play, which was included to give call handlers and opportunity to practically apply some of the tips included

in the course about how to talk to callers experiencing mental health problems. Some call handlers felt that the role play exercise was unnatural and unrealistic.

> *"You're completely different when it's real and you've literally got someone on the other end of the phone who is crying out for help. Your response is going to be completely different to a pretend, a fake situation as it were."* – Call Handler, Police Service

However, despite not engaging in the role play, participants found the training content around supporting callers useful and relevant and took away some key messages from this part of the course, particularly around how to speak to someone about suicide. This was an area that was not covered in detail in the training material but was expanded upon by one local Mind who delivered training to call handlers and was considered particularly valuable.

5.3   MMHES

Feedback from the MMHES course was more limited, as evaluation data was only received from 49 course attendees. However, feedback on the course largely mirrors that from the briefings, with the majority of attendees reporting positive experiences of the course content and local Mind trainers.

100% of the 49 attendees who completed the post-course evaluation form agreed or strongly agreed that the content of the course was relevant to their workplace and that the information provided will be useful in their work. Note that this figure is just under half of the total number of control room managers who attended the MMHES during the pilot so it may not be representative of the views of all course attendees. However, it is a positive indication that managers are engaging in and intend to utilise the learning from the training.

Interviews with managers who had attended the training and feedback from evaluation forms highlighted some areas of the training that were particularly useful. Scenario based exercises were felt to assist in contextualising learning and group discussions enabled participants to share and learn from different perspectives. Participants felt that the 'Black Dog' video which was shown as part of the training was particularly powerful and the exercise on recognising signs and symptoms of mental health problems was also frequently raised as being the most useful part of the course.

Some participants felt that they would have benefitted from having more time for training so that there was more time for discussion and to ensure that all of the course content was covered in detail.

6   Training outcomes

6.2   Call Handler Briefings

Call handlers who attended the training briefings were asked to answer a number of questions after the course relating to the extent to which they felt the training and increased

their knowledge in the areas covered. Call handlers and managers who took part in focus group and interview discussions as part of the evaluation were also asked about their perceptions of the effect of the training on their knowledge and confidence in these areas.

6.2.1   Mental health awareness

The chart below demonstrates participants' self-reported understanding of how the course has improved their knowledge and awareness around mental health.

Figure 2. Participants' responses to the question 'I know more about different mental health problems'
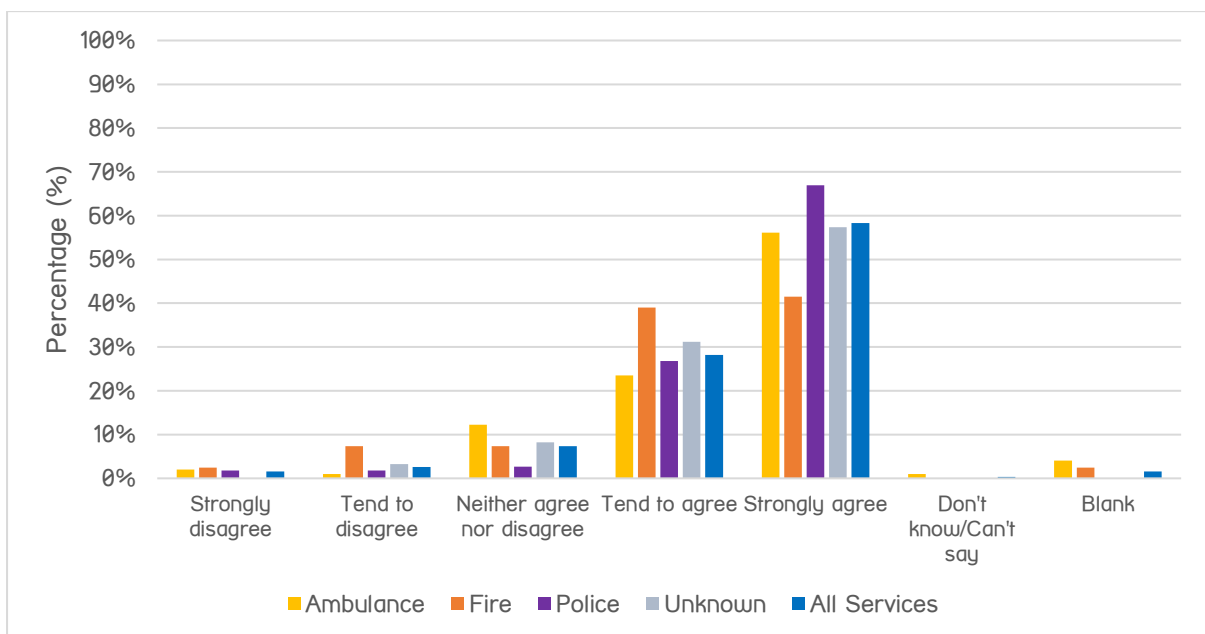
87% of participants across all services tended to agree or strongly agreed that they knew more about different mental problems after attending the briefings. This was slightly higher (94%) for call handlers in the police service compared to the ambulance service (80%) and the fire service (81%). Some participants from the ambulance service reflected that the training they received to carry out their roles already included content about the signs and symptoms of different mental health problems. However the majority felt that the mental health awareness briefing provided a useful opportunity to recap some of their existing knowledge. Participants also acknowledged that not all services receive the same level of training around mental health.

Some participants felt that the mental health awareness briefing enabled them to gain a greater understanding of some of the symptoms of poor mental health and helped them to think about mental health as being on a spectrum rather than a binary condition.

> *"I would say everybody, at various stages, will suffer with mental health issues"* – Call handler, Police service

Many reflected that they were able to relate the training to their own experiences, which may contribute towards a change in attitude towards mental health more generally and greater empathy towards callers experiencing mental health problems.

> *"When we were talking about the different kinds of mental health issues and whether it be depression or anxiety, like the varying forms of it, and the symptoms of that which can be displayed, and I could relate to some of that at varying points throughout my life, whether it be personally or through work"* – Call handler, Police Service

### 6.2.2   Resilience and support seeking

Call handlers who attended the briefings were asked to reflect on the extent to which they felt their knowledge of personal resilience and how to look after their wellbeing had increased after attending the training.

Overall, 94% of participants tended to agree or strongly agreed that their knowledge of personal resilience had increased and 90% strongly agreed or tended to agree they knew more about how to look after their wellbeing.

Figure 3. Participants' responses to the question 'I know more about how to look after my wellbeing'
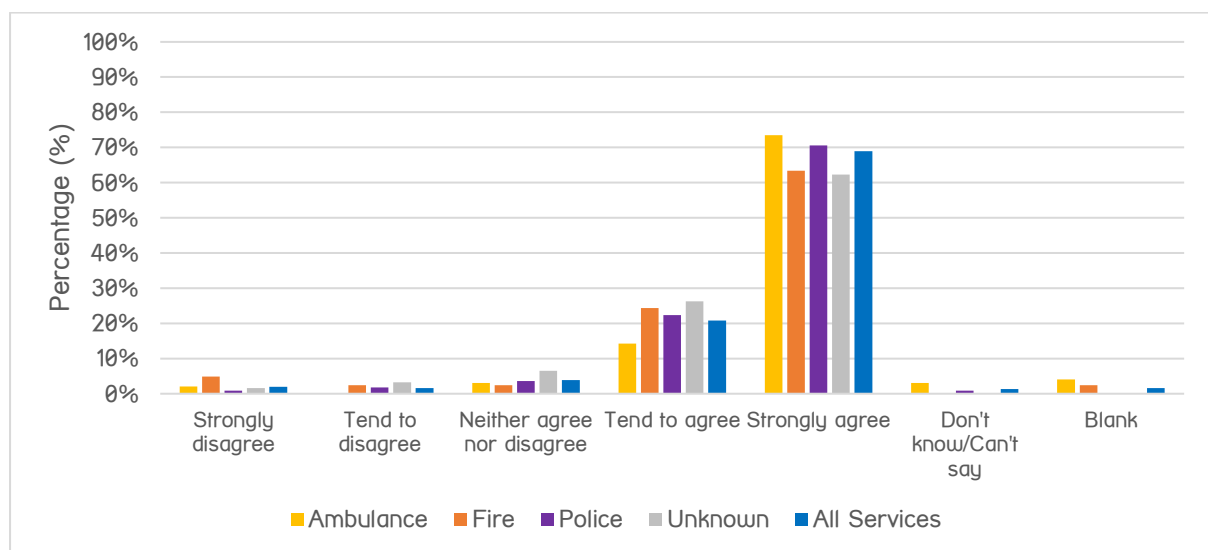
Figure 4. Participants' responses to the question 'I know more about personal resilience and what this means'
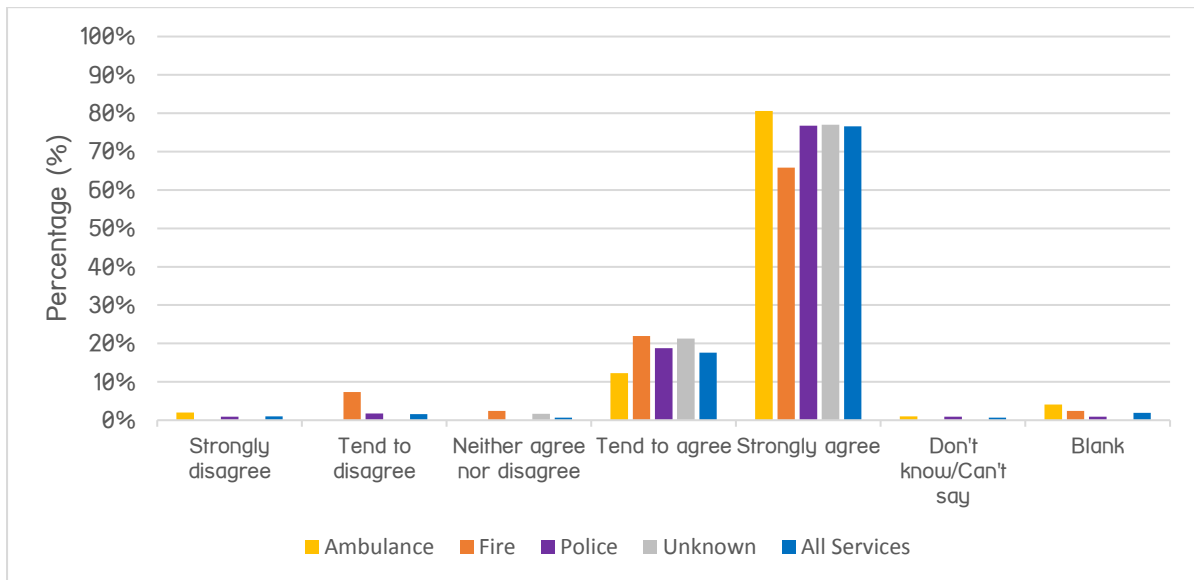
Responses to these questions were relatively consistent across the police, ambulance and fire services, with respondents from the ambulance service slightly more likely to strongly agree with both statements.

Participants valued having space to reflect on their own mental health with their colleagues, and took away some key messages about the importance of their own wellbeing.

> "To hear people having the same feelings and know that there is support out there, it's quite reassuring. Also, it's like the analogy about the plane, you've got to put on your own mask before you help others. That is quite brave and feels like a good thing to hear." – Call handler, Police Service

There was strong agreement in one focus group that attending the course had helped give them 'permission to not be ok' and that it had provided them with some practical tools that they could use to recognise when they were starting to struggle and help them to improve their wellbeing more generally.

One manager from the police service felt that staff in the control room where she worked seemed to be managing their own mental health better and perceived this to be a direct result of the training.

> "I think you cannot underestimate just how positive this whole programme has been for our staff. If I could do it every six months, I know I would have the same response. I don't know how long it would take to peter out, but certainly, it's just been amazing, amazing for staff." – Manager, Police Service

6.2.3   Supporting callers with mental health problems

Overall, 90% of participants strongly agreed or tended to agree that their confidence in supporting callers with mental health problems had increased after attending the briefings.

Figure 5. Participants' responses to the question 'I feel more confident in supporting callers with mental health issues'
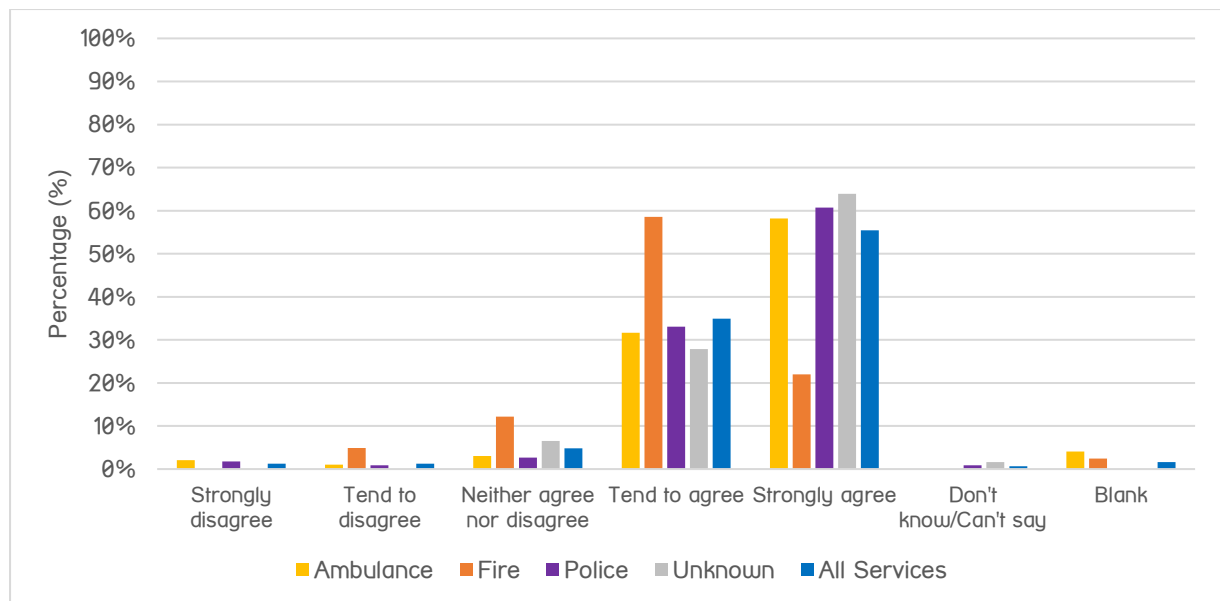
The percentage of participants strongly agreeing with this statement was greater in the police (61%) and the ambulance service (58%) than the fire service (22%). Whilst participants from the fire service represent only a small sample (13%) of total attendees, this finding reflects feedback on evaluation forms that the content around supporting callers with their mental health was not as relevant to participants working in fire service control rooms.

Some call handlers from the fire service fed back views that the briefing on supporting callers was the least useful part of the course for them. Some said that this was because they don't deal with a high level of calls from people experiencing mental health problems whilst others felt that they were already aware of this content and putting it into practise.

Call handlers from the police were most likely to report that they found this section of the training the most useful part of the course. Those who attended focus group discussions said they felt that the training had validated some of their existing practice. And it had given them the confidence to be more direct and less worried about talking to callers about their mental health, particularly those who are suicidal.

> *"Be more direct. Ask the questions you're scared of asking. It's given me the confidence to be direct. You know, that's the difference."* – Call Handler, Police Service

6.3 MMHES

Evaluation data was received from less than half of the line managers who attended the MMHES course during the pilot period and therefore findings may not be representative of all course attendees.

However, of those for whom evaluation data was received, 98% agreed or strongly agreed that they felt more aware of and informed about different mental health problems as a result of attending the course. 98% also said that they felt confident that they could support a colleague experiencing a mental health problem at work, and 100 per cent agreed or strongly agreed that they understand the tools and techniques available to promote mental health and wellbeing at their workplace.

Qualitative interview data from managers who had attended the MMHES course reflected their increased confidence levels and highlighted some of the ways in which the training has impacted upon their ability to support staff.

> *"I feel quite empowered. I have to say. I felt really empowered to be able to make more of a difference and positive change within my areas of responsibility."* – Manager, Police Service

All of the managers spoken to as part of the evaluation gave examples of where they had been directly able to apply what they had learnt from the course into their day to day interactions with staff. They felt that the training had given them practical tools to help them feel more confident to speak to staff about their mental health and signpost them appropriately if required.

> *"It's made me more open to picking up on someone who's having a really bad day and needs a bit of support."* – Manager, Police Service

> *"I heard myself saying, 'What's changed then between that day and that day to make you feel like this now?' I'm like, 'That was on one of my courses.' It was at the back of my head going, 'I learnt that on my course.'* – Manager, Fire Service

The course also appeared to increase manager's confidence in supporting their own mental health, with 100% agreeing or strongly agreeing that they know where they can access support or advice regarding their own mental health after attending the course. Managers who took part in interview discussions reflected on the difference that attending the training had made to their behaviour with regards to supporting their own wellbeing.

> *"I'm more mindful that-, you know, I didn't used to go out at lunch break, or I didn't use to take-, come away from here or whatever. Now, I make sure I go and have at least half an hour away from here, like, this bit. Even if it's in the mess room, where there's, like, chit chat and laughter and stuff going on."* – Manager, Fire Service

For some, the training helped them to challenge their own attitudes towards mental health. Improving the way that managers think and act about mental health is an important part changing the culture in the emergency services more widely.

"I think I'm someone who's actually been always quite cynical about mental health, because-, I've worked for the police for 25 years, and you just want to say to somebody, 'Come on. Pick yourself up, crack on. You just have to get on with it,' and actually, sometimes, it's okay if you can't get on with it." – Manager, Police Service

7 Tailored Resources

Feedback from call handlers about the hints and tips cards and tailored booklets was limited, but Blue Light Programme materials were visible in all the control rooms visited as part of the evaluation, and managers told us that staff were taking them away.

Some call handlers and managers who took part in focus group discussions and interviews were aware that the materials existed, but hadn't read them in detail. The general consensus was that they would refer to them if they needed to but wouldn't necessarily take the time to engage with them otherwise. There was a general agreement that face-to-face training was more helpful in engaging staff to think about mental health.

> *"I've seen the booklets and the tailored materials, but I haven't read it in depth. But they're readily available for staff and visible, definitely, yes."* – Manager, Police Service

There was some indication that some staff were vaguely aware of the materials available but hadn't necessarily made the connection between the resources and the Blue Light Programme.

> *"I wouldn't have known where they've come from had I not done this and now that I've done this, now I know. As soon as you said, actually, it folds out, I thought, 'I had a look at one of those the other day.' I picked one up and had a read of it."* – Call Handler, Police Service

This suggests that there may be a need for clearer internal communication with regards to the support offered by the Blue Light Programme or for stronger branding of materials to distinguish them as being emergency services or call handler specific.

> *So, if the materials arrive, then it needs someone to say 'This material is available, they are here. Not, take one, here you are, you've got to have it, but help yourself. You know, you may find this useful, etc.'* – Call Handler, Police Service

Feedback from call handlers suggested that the distribution of materials seemed to be quite heavily reliant on individual manager's levels of engagement with the Blue Light Programme, which meant that not all staff had equally access to resources. In one focus group with police call handlers working in two separate locations within their force area, those working in one location were familiar with the materials whilst those in the other had neither seen nor heard of them. This was because the manager responsible for liaising with Mind in relation to the call handler pilot was based in the first location and materials had not been shared with staff in other locations.

"I think possibly the local Mind's contacts have been more in the force control room than in the police service centre so that's possibly why we've not had it. She's obviously sent it, you know, and there's been an assumption that it's come to us as well or what have you, but we've not had anything." – Call Handler, Police Service

However, this was not always the case and some managers went to a great deal of effort to ensure that resources were circulated to all areas where call handlers work.

As previously referred to, gathering specific feedback about the tailored materials was difficult as the majority of call handlers spoken to had had limited interaction with them. Managers who were interviewed for the evaluation felt that the information contained within the booklets was valuable and served as a useful reminder of the content of the training.

The size and format of the booklets was felt to be appropriate as it allowed staff to take them away and read them in their own time.

"It's quite a small booklet, so it's quite easy just to shove in a pocket or a bag or something." – Manager, Police Service

There were difficulties accessing the subtitled webinars in the control rooms, which meant not many people knew about these or used them. The intention of adding subtitles to the webinars was so that they could be played in the control room, however this had not been the case in any of the three control rooms visited as part of the evaluation due to issues with IT, and anecdotal evidence suggests these difficulties had also impacted more widely. Instead, managers circulated links to the webinars to call handlers via newsletters and email distribution lists for them to watch in their own time but engagement and awareness seemed to be limited. The approach to playing webinars in the control room will need to be rethought and technical options considered if it is to be effective in the future.

8 Pledge Refresh

In order to encourage investment in the mental health and wellbeing of call handlers and connect the control room to overarching organisational efforts to improve staff wellbeing, organisations were supported to develop control room specific Blue Light Time to Change Pledges with targeted action plans that recognise the specific context in which call handlers operate.

Some services struggled to generate the momentum needed to refresh the Blue Light Time to Change pledge. Managers said it had been difficult to get senior buy-in to refresh the pledge and that attempts to move this forward felt 'half-hearted'. Others reflected that it was difficult to find time to focus on developing the actions laid out in the pledge.

"So, we've got a document that was put together and I don't know where it's gone, actually, since then. I know we had this document that we all, kind of, agreed on, and that all the heads of departments had to sign off, but then I don't know what more's happened with it." – Manager, Police Service

Awareness of and interest in the pledge from call handlers who took part in the evaluation was low. While managers understood the purpose of the pledge, some felt that it was more

important to demonstrate a commitment to staff mental health through investing in training and a drive from senior leadership, rather than focusing on the paperwork associated with the pledge.

> *"I think the main issue was getting the message over to staff in the first place, by the managers. No-one's ever referred to the pledge. None of our staff. You know, they're aware of its existence, but no-one has ever turned around and said to me, 'What's happening with the pledge? Where is it?' "*- Manager, Police service

9 Culture Change

Despite administrative challenges in relation to the pledge, the evaluation showed promising indications that the culture within control rooms is starting to change. Some staff felt that this was a generational shift, others that it was a result of a greater organisational commitment to staff mental health, and some felt it to be a direct result of the influence of the Blue Light Programme.

> *"People are a lot more open to talking about stuff, and people aren't afraid, now, to say, 'I've been upset by that'. In the past, people didn't used to, whereas now, they're like, 'I need five minutes. I need time out'. So, that's come from the Blue Light Programme, because of all of the input we've had."* – Trainer, Fire service

Senior leaders and committed managers were felt to have been instrumental in driving change, especially in relation to promoting the activities associated with the Blue Light Programme and encouraging/enabling staff to attend training. However, some managers who were interviewed as part of the evaluation felt that the continued success of the programme was dependent on key individuals within the service and links with local Minds. Where these individuals had moved on and relationships had been lost it was more difficult to sustain enthusiasm and keep mental health on the agenda. To ensure the sustainability of the Blue Light Programme, it will be important for organisations to develop and maintain a network of passionate and committed individuals to share ideas and sustain enthusiasm.

Call handlers and managers felt that an increased focus on the mental health and wellbeing of staff working within the control room had helped to reduce some of the stigma around mental health and enabled a more supportive and open environment.

> *"I remember years and years ago, going to a doctor because I was suffering at that point and the doctor wanted to sign me off work and they said, 'Tell you what, we won't put stress because it will count against you. We'll put you've got a virus.' And I was like, 'thank you ever so much because I don't want that on my record,' you know. Whereas now it's much more open and there's no fear attached to saying, 'You know what, actually, yes, I do suffer from depression. I do.' You know, and you can be more open and honest with people now."* – Call Handler, Police Service

However, it was acknowledged that there was still some way to go to ensure that all staff are able to access support for their mental health when they need it and feel empowered to take steps to manage their own wellbeing within the context of their challenging working environments.

"Some of the taboos have been lifted greatly. The good is perhaps the taboo is lifting, but the bad is that we're not resourced within ourselves to deal with it." – Call Handler, Police Service

"Everyone's trying to remove the stigma and make people more confident in speaking about mental health issues and things. I think it's just such a massive subject, there is still a way to go but obviously we've come a long way already" – Call Handler, Police Service

10 Conclusion and Recommendations

Our research with call handlers taught us about the specific pressures that they face and highlighted how important it is to have training and materials that are targeted and accessible. Staff working in control rooms described feeling overlooked within the wider structure of the emergency services. So we adapted our information materials to be more relevant to the call handler, updated our imagery to make it more inclusive, and included specific content relating to supporting callers with mental health problems in our training briefings.

- Call handlers and managers felt the briefing sessions were relevant and engaging. They increased understanding around resilience and help seeking and gave them confidence to support callers experiencing a mental health problem. The direct and informal approach and expert knowledge of local Mind trainers was valued and many call handlers had attended the training as a result of recommendations from colleagues.

- Managers who attended the 'Managing mental health in the emergency services' (MMHES) training said that the course gave them more confidence to support their own and their colleagues' mental health.

- Many staff and managers felt strongly that both the briefings and MMHES training should be made mandatory for call handlers and line managers. Demand for the training was high and many staff attended in their own time due to resourcing constraints which prevented them from being released from their shifts.

- There was less awareness of the pledge and the tailored resources amongst call handlers but managers reported that booklets and hints and tips cards were visible in the control rooms and were being taken away by staff. It is difficult to assess how staff are making use of resources in their own time but there is some indication the resources are a useful supplement to face to face training.

- The culture around mental health is changing and there is a perception of a greater organisational commitment to mental health which has had a positive impact on staff in the control room. Committed and passionate individuals have often been instrumental in driving change and encouraging/enabling staff to attend training but

sometimes, where relationships have been lost, momentum has been difficult to sustain.

10.2 Recommendations

- Senior level buy-in is needed to ensure call handlers' wellbeing is prioritised and they are given enough time for training and wellbeing activities. Consideration should be given to mandating training, or including the briefings as part of the initial induction package for call handlers, as this would reduce some of the barriers preventing staff being released for training.

- Call handlers found the briefings relevant and engaging, but some areas were considered more useful than others. Any wider roll out of the training should take into consideration feedback from call handlers to refine and adapt specific content. In particular, consider revising the content around concrete and abstract thinking and the approach to role play exercises and the inclusion of more formal content around suicide which many participants found valuable.

- Face to face training from an external trainer with expert knowledge was considered most valuable and participants felt that this would not be replicable through a train-the-trainer package. Any wider roll out of the course should consider the best mechanism for delivery and involve local Minds where possible.

- Bringing participants from different services together for training could increase the number of staff that are able to attend training by being released from the control room during their shift. However, some call handlers from the fire service felt that the training was less relevant for their roles. It is important to consider the specific context in which call handlers work and tailor the content of training if required.

- In order to ensure sustainability and enable all staff get the same benefits from the programme it is important that services do not become over reliant on key personalities to drive change. A network of passionate and committed individuals is needed to share ideas and maintain enthusiasm.

- There is little evidence for the success of the control room pledge and some managers felt it was more important to demonstrate their commitment to the mental health of staff in other ways. If staff are unaware of the pledge and maintaining enthusiasm for it is challenging then further investment in continuing the pledge in this context is not recommended.

- Call handlers need clear signposting and communication, from existing channels such as their intranets, line managers and staff noticeboards. This will increase awareness of support available and allow call handlers to make informed choices about the support they choose.