An evaluation of Mind's resilience intervention for emergency workers: **Qualitative interview findings**

SUMMARY

This report outlines the findings of a series of qualitative interviews undertaken to feed in to the evaluation of Mind's revised Blue Light Resilience intervention.

The key findings were:

1. Overall, participants enjoyed the intervention they received, including those who had received the online-only intervention. However, almost all participants felt that the mixed intervention (online and face-to-face) would have a greater impact.
2. That said, all participants experienced positive changes in key outcomes, including a greater awareness of their own mental health, an increased awareness and use of coping mechanisms and a greater ability to support others.
3. The key criticism raised by participants and Mind staff was that the process was disorganised. Both said that longer lead-in time and more information would have made the process easier and boosted participant recruitment.
4. The sample of intervention participants raised questions around whether the intervention is meeting its intended audience. The majority of participants interviewed were women in support-roles, rather than frontline staff. This should be compared to the intervention population to explore whether there are barriers preventing frontline staff from taking part.

INTRODUCTION

The overall research questions we explored through interviews with intervention participants and Mind staff were:

1. What are the mechanisms, if any, through which the resilience course impacts on participants?
2. How has the task of delivering the intervention been experienced by Mind staff?

METHODOLOGY

SAMPLING

We used purposive quota sampling, seeking to ensure a wide range of characteristics of interviewees to identify commons themes evident across the sample. For the intervention participant sample, we sought variation in location, intervention type, service, gender, ethnicity, age, number of sessions attended, use of app post-intervention, effectiveness of intervention, length of service, role type, marital status and type of employment. However, due to various issues including recruitment challenges and delayed app development, we were only able to meet or approach our targets

concerning location and intervention type. For the Mind staff sample, we sought variation in location, gender, role, ethnicity and age. We met targets for location and role.

Table 1 Interview sample

	INTERVENTION PARTICIPANTS		MIND STAFF
Total	16		9
Gender			
Male	4		0
Female	12		9
Location			
Peterborough	5		3
Wirral	3		2
London	4		3
Tyneside	4		1
Role		***Role***	
Support role	8	Facilitator	4
Front line/ operational	5	Co-ordinator	2
Usually front line but on light duties/ temporary support roles	3	Both	3
Intervention type			
Mixed	10		
Online-only	6		
Attendance of sessions			
4 of 4	12		
3 of 4	4		
Service			
Police	13		
Fire	2		
Ambulance	1		
Median age	45 (SD = 5.50)		

INTERVIEWS

We conducted semi-structured interviews based on topic guides. We drew heavily on the findings of the first resilience intervention evaluation to develop the topic guides for the interviews, and took an iterative approach to developing them further as we conducted the interviews. We employed a phenomenological approach in which the focus was on interviewees' subjective experiences.

The interviews took place in February and May 2017. 18 interviews were face-to-face, 7 were via telephone.

ANALYSIS

Interviews were audio recorded and transcribed, yielding 287 pages of transcripts. Using Dedoose software, we used mixed method thematic analysis incorporating inductive and deductive coding methods. This enabled us to identify themes directly from the data, whilst also incorporating learning from the previous evaluation of a similar intervention, which was used to create a template of codes a priori.

Over 250 codes were created, and there were 2871 code applications on 740 text excerpts.

INTERVENTION PARTICIPANTS

EXPERIENCE OVERALL

Overall, participants enjoyed the intervention and said that they had learned from it. The following paragraphs outline participants' experiences of different aspects of the intervention. The main negative experiences that participants reported were around the evaluation, as opposed to the intervention itself. While not strictly relevant for the intervention moving forward, these reflections are also included for completeness.

FACE TO FACE

Eight of ten mixed-intervention participants really enjoyed the face-to-face element of the mixed intervention. Of the two who did not, one said they preferred online but only because they had done the Blue Light Champion training in-person recently, and the other preferred online because they were not interested in peer support.

"I wasn't interested in their problems or their issues; I was only interested in what I could get out of it for myself. So I preferred the online aspect, where I could just work through the various modules myself and pick up the various suggestions and the tips that was suggested in those modules, as opposed to the actual meeting up with other people on a Friday afternoon."

For those who liked the face-to-face work, the main reason given was peer support. In fact, many highlighted the peer support as their favourite thing about the intervention. Some people also felt that the peer element encouraged them to use the tools more at home.

"I probably wouldn't have been as inclined to do the practices as regular as we did when we went back and reported back on it. 'cause every week, we reported back on what we'd done so you'd feel a little bit… you'd have to be quite honest and say whether you've done it that week or not done it. So if it was online, I'm accountable to myself, in a way. When you were doing it in the group, when we started the session, it was always about, 'How has your week gone and what have you used this week?' So for doing what the programme wanted us to do, it was the face-to-face that kind of got me to do it."

ONLINE MODULES

Generally, people seemed to like the online modules themselves, with some participants saying they looked forward to doing them, and some saying they found them very user-friendly. There was a strong sense that the online modules complemented the face-to-face sessions. However, four of the six online-only participants said they found the modules impersonal.

Around half the interviewees found it difficult to do the online modules at work, either because it was too busy or loud, or because their work restricts website access on work computers, e.g. Youtube. Of those who did not struggle doing the online modules at work, many were working in support rather than operational service roles. Some also noted that their seniority made it easier to do modules at work, as they have more control over their own time.

"It's not so much feeling comfortable because we do work in an office with a secure code so people can't just walk in and out, but obviously you can't say to other members of staff, 'I'm doing this now. Can you just not talk?' And the phones are ringing and people do come in and things like that, so someone comes round, knocks on the door and wants to come in for advice, they're not going to stop just because I'm in the corner doing some work."

"The positives was that I didn't have to travel, I could do it without it affecting my work. I work Monday to Friday so it would have been difficult getting to the location 'cause I think it wasn't too far away but it wasn't local. It would probably have been like an hour's travelling backwards and forwards. So it was great to be able to just access it without any worries of time issues of the journey. But then what that also… the negative on that, I guess, was that you could speed read it or perhaps you rushed it a little bit[…] I think if you'd gone in person, you probably would've probably paid a little bit more attention, I guess."

FACILITATORS

All of the participants who received the face-to-face sessions were very positive about the facilitators, and some talked about ways in which facilitators had gone out of their way to make the participants feel comfortable. The facilitators were described variously as well-prepared, skilled and professional. One participant said that when they had missed a session, the facilitator offered to come early the following week to run over the content with them.

One set of facilitators decided to go through the intervention themselves alongside the participants, for example, practicing using the tools at home. Participants in this group seemed to respond really well to this, with a few of them specifically mentioning it.

"Really easy to speak to, very relaxed atmosphere, very welcoming, and things like… there's silly little things like where it took me a good 40 minutes to get there, and I rushed around, and was all fitting in between work or children and stuff… One time I got there five minutes late – 'Do you want a cup of tea? Some water?' Great. Because if you're running from a false start, it's just nice – and you're thirsty. Really, really good. Very understanding."

TOPICS

Generally, participants were positive about the topics. Four participants said they appreciated how accessible they were, saying they were broken down well, un-complicated and fit together well.

"as each week rolled around, it was almost like a little jigsaw coming together, where the next bit you'd think, 'That's just as interesting as the last bit, and slightly different, but just as relevant.' So it was almost like they covered all the angles. I don't think you would've needed additional modules. The thing I liked about it is you had the different modules but they didn't really overlap. They were all standalone bits that fitted together quite nicely."

Five people said attention training was their most memorable topic, four said mindfulness[1], three said triggers, two said PTSD, two said sleep, and one said suicide.

No participants felt any topics were missing. However, one participant did not like the first module because they felt they had already covered it in Blue Light Champion training, and one participant

[1] The word 'mindfulness' does not appear in the course guide. If we understand this as attention training, nine different people mentioned attention training as their favourite topic.

wanted the intervention to include something about concrete actions to take if someone is struggling with their mental health.

While participants could not remember the names of the weekly modules themselves, many could remember specific exercises in great detail.

EXERCISES

Preferred exercises used on the intervention were (in order of frequency); attention training/mindfulness, the circle activity, concrete and abstract thinking, realistic risk, visualisation, and if-then planning.

Some participants disliked the drawing exercise, one did not like the positive/negative thinking, one said they did not like if-then planning and one said they did not like exercises that included elements of role-play. There were divergent views over the egg exercise, which some people highlighted as their favourite, and some highlighted as something they would remove from the intervention.

CHANGES ARISING FROM INTERVENTION

All participants reported positive changes arising from taking part in the intervention. These included (in order of frequency):

- Improved attitude to own mental health
- More able to deal with difficult situations
- Knowledge of coping mechanisms
- More able to help others
- Raised awareness
- Taking more control over their time
- Improved home life
- Greater self-awareness
- Improved relationships
- Being present
- Shared the content with others
- More able to sign-post people
- More able to recognise triggers
- Calmer
- Greater ability to cope
- More confident
- Increase in exercise
- Feeling more able to ask for help
- Improved work-life-balance

These changes include both behavioural changes (e.g. increased exercise, work-life balance and asking for help), improved confidence in managing mental health (e.g. more able to recognise triggers, raised awareness), and also outcomes in their lives (e.g. increased calmness, confidence). Two participants said that other people had noticed changes in them since taking part in the intervention. One participant said they the intervention had helped them make the decision to leave the police service to protect their mental health.

All-but-one participants said they had used tools they learnt on the intervention since it ended. The most common tool was attention training/mindfulness, which seven participants said they have used after the intervention. Two participants said they had used breathing techniques, two said they had used if-then planning, and one said they had put a sticker on their work computer to remind them to take time out.

In terms of differences between the intervention types, a greater proportion of mixed intervention participants reported all of the above changes apart from the following: knowledge of coping mechanisms, greater ability to cope, more able to help others, more able to sign-post others, and feeling more able to ask for help.

The frequency of each outcome fluctuated by location, however, there was no discernible pattern across all of the outcomes and no location showed particularly low frequencies of outcomes taken altogether.

REASONS FOR ATTENDING INTERVENTION

Participants attended the intervention for different reasons.

- Six gave personal reasons, mainly building their personal resilience
- Eight gave professional reasons, mainly to support others to build their resilience
- Two said they attended because they thought it was Blue Light Champion training, and there was some confusion around this

Some participants said it was unclear what the main purpose of the intervention was (personal or professional), and that this should be made clearer. Some participants felt that different reasons for attending meant people felt differently about being open about their feelings.

"What I thought the course was going to do was help me in understanding how to deal with those situations. I thought the idea of the course was to help me if I had somebody who was showing signs of mental health and they came to see me, that I would be able to think, actually you can do this and you can do that, and signpost them to different things or help me help them. I didn't find the course did that."

BARRIERS TO TAKING PART

Struggling to find time to undertake the intervention was a recurring theme. Some participants did not have time to do the online modules at work, or could not take time out of work to attend sessions. Therefore, some participants did the intervention in their own time – swapping their days off, taking leave to attend, or doing the modules in the evenings. For those with caring responsibilities, this meant arranging childcare. Some did not struggle with time however, and these tended to be people who manage their own workload day to day, are office-based, or were relatively senior within their service.

Three participants said that unsupportive management was a barrier to taking part, but nine said that their managers were very supportive and encouraged them to take part in the intervention.

"I actually said that I would happily do it outside of work. I don't have an issue with that. My line manager said, 'No, just fit it in,' and that's what I did."

Four participants talked about mental health stigma being a barrier to taking part. Three participants talked about feeling guilty about taking the time out – these were all from the mixed intervention.

CHALLENGES

EVALUATION

At least seven of the participants were unaware that the evaluation questionnaires were not part of the intervention.

When asked what they would change about the intervention for next time, a number participants raised the questionnaires in the online modules. They found them repetitive and intrusive. One participant wanted to know why he was not told his score each week.

"I think a lot of boxes on the online course are repetitive and it is the same questions really. […] And I'm not sure you could always answer some of the questions just with a tick-box."

"The first week I thought it wasn't necessarily relevant to me. I got a little bit confused with the first week because I was being asked a lot of questions about me and I thought, why am I being asked lots of questions about me? I was a little bit confused by that."

On the other hand, some participants said the questionnaires were one of their favourite elements of the intervention, or that the questionnaires themselves had an impact on them. This suggests that a mere-measurement effect may have been operating, i.e. that merely measuring participants' resilience may have affected outcomes measured as part of this evaluation.[2]

"Just being asked about, 'Are you finding it difficult to concentrate on things, are you not doing things that you enjoy in your own time?' The realisation that I think I am working a lot of the time. And just, actually, being asked that question in the questionnaire raised my reflective a bit more as a consequence, I've tried to take a bit of a step back and tried to take a bit more time for myself. That's probably the main thing that's come out of it, for me personally."

PARTICIPATION

Many of the participants recognised that peer support was a key element of the intervention, and many did have a positive experience of it. However, the level of participation was raised as a challenge by all the mixed-intervention participants. There were a number of reasons suggested for this; group size, attendance, comfort zone and lack of effort or interest.

The relatively small size of the groups meant that if someone was absent the dynamic might change significantly.

"But yeah, it was a shame 'cause I was quite sad that I had to miss a week. I didn't want to… 'cause it was the third week and once I'd done the first two… and then there were other people who didn't do the fourth week. So when you start to build that group dynamic, I missed the third week, they missed the fourth week. So actually, it felt… the people that you'd maybe built that initial rapport with you only saw for two weeks. And so that's a bit of a shame, I think."

[2] Morwitz, V. G., & Fitzsimons, G. J. (2004). The mere-measurement effect: Why does measuring intentions change actual behavior?. *Journal of Consumer Psychology*, *14*(1-2), 64-74.

While the participants were encouraged to share phone numbers with the others in their group, not many took up this suggestion. The reasons given for this were that it felt a bit forced, artificial, or awkward.

People had mixed views on the value of doing with intervention with colleagues. Some people were pleased to be taking part in the intervention with their colleagues, and have continued to talk about resilience with colleagues since the end of the intervention. However, one person said that her involvement in the group was massively curbed by a senior colleague's presence.

REACHING INTENDED PARTICIPANTS

Only five of the total sixteen participants we spoke to were currently doing front-line, shift based work, and only four of the participants were men. Given that three of the key risk factors for mental health problems are exposure to traumatic events, shift-work, and being male, the interview sample led us to wonder whether the intervention is meeting its intended audience.

Some of the participants explicitly said that this intervention would have been more useful to them in their previous role (e.g. as a front line service worker), but that they would not have been able to take part in it at that time because of the nature of their work.

This may well be a sampling issue, however, some of the interviewees said that the wider group reflected this makeup.

"So when I reflect on that now, most of the people that were on the course, their day job would've facilitated them going to a fixed appointment every Friday, as opposed to being a uniform on the core shift system."

Additionally, the majority of participants had previous exposure to many of the concepts in the intervention. Previous experience included the Blue Light Champion programme, Cognitive Behavioural Therapy, neurolinguistics programming and Trauma Risk Management. Some participants said that their keen interest in mental health allowed them to overcome the time barrier to participating, because they decided to prioritise it.

This previous experience of mental health intervention raised questions around audience again, as there appeared to be a self-selecting effect. Again, this may be a sampling issue as these people may be more inclined to be interviewed. This previous experience also made it difficult to separate the effect of the intervention itself from the effect of other interventions.

IDEAL FORMAT FOR DELIVERY

These recommendations flow from the qualitative interventions only. They should be triangulated with the quantitative findings.

Delivery

Twelve interviewees said the mixed intervention was the ideal format, providing the 'best of both worlds'. There was a strong sense that the different delivery modes complemented each other. All six participants who did the online-only intervention felt that the mixed intervention would have been more beneficial for them.

Length

Seven of the ten mixed-intervention participants were happy with the length of the intervention, and one even wished it was longer.

Four of the interviewees suggested that the intervention would be beneficial if offered as a 1 or ½ day training for all staff at their place of work, which would mean the training could reach everyone, not just those who already see the benefit of the intervention. It was unclear if they thought this would be better than what they had received, or just more accessible for more people. However, six people thought that one day would not be sufficient.

"If it was offered as a day course, yeah, you could break the sections up. But it might be a bit mentally exhausting, I think. Because by doing it weekly, you've got time to reflect on what you've spoke about or techniques you've learnt. Whereas if it's all in one go, it can overwhelm."

"Yeah but, again, that's not taking the time for mental health. That's like, 'Get it over in one day', but you can't reflect on what you've learnt in one day. I don't think that's right at all, really. I think you need the time. It's an area where you need to approach it slowly. It's not like, 'Right, let's do this in one day and cram everything in and take it away'. I don't think that would work."

Resources

Eight interviewees wanted the materials to be available after the intervention, either in the online format or as an app. Two of these eight said they had wanted to access the materials after the intervention but had been unable to.

Group size

Six of the ten people who received face-to-face sessions felt that the groups were too small, especially given that people missed sessions occasionally. The general consensus was that groups of 4-5 were too small, groups of 6-8 would be ideal, and more than 10 would be difficult. Participation levels was the key reason cited.

"it was a shame it couldn't have been a little bit bigger, in terms of the group. It can be slightly excruciating when there's only three of you in a room, or four of us, however many there was. It feels like there's a bit too much focus… maybe, on the individuals in the room when the group is so small."

One participant, however, felt that they would have benefitted more from a 1:1 session.

Audience

In terms of the ideal audience for the intervention, one participant said line managers, one said new recruits, and one said it should be open to all.

Time for checking-in

Two participants said they would forego the drawing activity in order to have more open discussion time at the end to share feelings and reflections. Another said that they wanted more time throughout the intervention to do this.

"I wouldn't do the balloons and I wouldn't do the sketchings at the end. I don't know, I'd probably have more of a free-for-all talking session, where people could perhaps open up about… say something that they did wanna talk about 'cause they felt comfortable in that environment, bringing it out in the open, maybe, and how it made them feel."

MIND STAFF

OVERALL EXPERIENCE

Overall, feedback from Mind staff was mixed. They enjoyed delivering the intervention and found the resources easy to use. However, they all discussed challenges and 'teething problems', which are explored in more detail below.

Three of the interviewees who were involved in delivery reflected on how easy the intervention was to pick up and work with.

"Overall, it was a good experience and I felt glad to be trained in and get the experience of working with a client group that I'd not worked with before. The course, because it was manualised [sic], was prescriptive and therefore it was easy to pick up the content and it was straightforward to deliver."

"I was actually quite pleased in the end, with the delivery of it, so much so that I was disappointed that we didn't get another opportunity. Because delivering something live is very different than training in something and we'd sort of felt our way into it and were ready then to do the next one up here."

However, the challenge of recruitment and 'teething issues' around setting up the intervention outweighed some of the interviewees' positive overall experience of delivering the intervention and led to frustration.

RESOURCES

Generally, the facilitators we interviewed found the resources useful and easy to use.

"the notes were very, very clear so that when I did come back to it, I actually found it very easy to teach it… […]… any facilitator could have really picked it up. So I would, support, say that that was very well done."

Five of the six facilitators commented that they would have preferred to receive the content for the intervention in one go, rather than in stages, however they recognised that this was a 'teething issue' for the first batch of courses. Four interviewees also noted that they received materials with too short notice. Some received materials or updates just days before delivering.

"No, no, it was just all very lastminute.com. And to change module four, it was less than a week before we were due to deliver it. And we're all really busy so I might've done my prep a week in advance."

One found it very helpful that the materials were posted to them, but another would have preferred sourcing some of the materials themselves (e.g. straws and balloons) because they could have had them earlier to practice and feel better prepared.

While some facilitators enjoyed how prescriptive the intervention was, making it easy to follow, one suggested that this prescriptiveness might make participants feel facilitators were 'just going through the motions'.

Facilitators in both locations had IT issues, for example videos not working because they did not have the right software. One said it would have been useful to know what IT requirements there would be for each week earlier so they could plan properly.

"Yeah, we had a problem with some films not working. I think they were using an Apple system, QuickTime or something. We get it the morning... it doesn't work. That kind of thing. So it's all a little bit... 'This video was meant to be about.' And people were getting sent things later. It'll work itself out; I know it will. I know there's teething problems with these kind of things. But if you've got a five minute video and then you play it... 'Ah, it's not working. What was this about again?' I haven't got anything I can read, do you know what I mean? So..."

SUPPORT

In describing the support received from Oxford, interviewees were generally positive. They said Oxford was helpful and very responsive, and that the relationship was good.

Three spoke positively about the supervisions. Two said they felt they were an opportunity to feed into the process and have their voices heard. One also found it useful to talk about the week ahead.

"In some ways it was useful to be able to give them feedback there and then. And I think there was a few points that X and I were able to, I hope we got across. [...]I suppose it was useful to be able to have that time to go, 'Right, so next week...?' and they, kind of, went through it again with us, about what it was that the following week was covering and things, so that was quite useful, to help cement what was coming next."

Two facilitators had reservations about the telephone supervision, which they felt was more for Oxford's benefit than for the facilitators'. One suggested that adding a face-to-face element might make it feel more supportive, e.g. via Skype.

"I had the sense that it was more for them to inform any changes or to get feedback on the course, rather than to be supportive to the practitioners. It felt way more that way round, that we were just giving them feedback about how it ran, which is... That's fine, but that should have been named, rather than labelling it supervision."

OXFORD TRAINING

Just four out of nine interviewees reflected positively on the training day, describing it as excellent, good or useful. The two who found it most useful said it was because it was experiential and helped them to think about how they would facilitate it.

"So an example is, when we did the Train the Trainer, I got the abstract thinker card and that's not me at all because I'm extremely solution-focussed and so I just had to sit there and think and say occasionally, 'Well, why me, what's the point, how did this happen?' And so what I found was that people started isolating themselves from me, so they were working together and I was getting isolated. And so that helped me as a trainer to realise how... emotionally it felt like that exercise went on for so long because it was really difficult for me to stay in that role, so I knew as a trainer that I didn't want to pick the more fragile people in the room to be the abstract thinkers. So I guess what I'm trying to say is doing the Train the Trainer stuff really helps you fully understand the exercise and the point of the exercise and it also helped to facilitate the group and choose the appropriate people for the roles."

The most frequently occurring criticism on the training day was that it felt rushed. Six interviewees said that there was too much content to cover in the amount of time available. Suggestions to improve the training included extending it to two days and sending the material in advance so that facilitators could come to grips with it before attending the session.

Three interviewees had difficulty remembering the content of the day – for example, one said they had never seen the online modules that participants were working through.

CONTENT

In terms of topics, all of the interviewees involved in facilitation felt that participants enjoyed the attention training most. One interviewee felt that the module about dwelling, catastrophizing and overthinking really resonated with participants. Two facilitators did not think module four worked.

Facilitators said that the online modules were useful and that they allowed people to participate more in the session.

Attention training was highlighted as the most popular and memorable activity by all six facilitators. Different facilitators highlighted different activities as more or less successful. Three facilitators thought if-then planning worked, but one did not. Two said the circles activity seemed to work for people. Concrete/abstract thinking was highlighted as popular by two facilitators and unpopular by another. Two liked the probability activity best. One said if-then planning was the favourite.

"...one of the exercises they were asked to do was to draw circles about how important or how much time they devoted to certain areas of their life, and I think that was a wake-up call for some of them and saying, 'Actually, I wanna put more time and effort into my family life, or into my friends, or into my hobbies, and make some time for me, because actually my work, although is really important, and is a massive part of who I am, looking at a holistic approach and a better work-life balance, that needs to be a little bit smaller, and I need to put some more time and effort into the other things.' So I think, little exercises like that were useful, just to highlight, to them, where they were at, currently, and whether or not that was where they wanted to be."

Five of the six facilitators commented that there were exercises they would not have used themselves. Three disliked the egg exercise, saying it was outdated and corporate. Two did not like the desert island activity, and one felt that the visualisation exercise would not have worked if there had been any men in their group. One found the sketching activity silly, but commented that the participants seemed to really enjoy it. One facilitator felt that the role-play activities were difficult for the participants to engage with. The main concern with these activities seemed to be that they were outside participants' comfort zones, therefore gave them an opportunity to think 'this isn't for me', and to disengage from the intervention.

"I think some of the exercises involved in the topics were a little bit odd, and felt a little bit haphazard. 'Discuss something... Right, you be the bad guy; you be the good guy; you be the person that's being negative in a conversation.' I think that kind of thing really threw people.

Linked to this, some of the facilitators said that the intervention should have more time set aside for checking in with how people are feeling. One felt that more of the information could have been in the online modules, allowing more time for sharing and peer-work in the sessions. One felt that there should have been fewer role-plays and more time to discuss their feelings and experiences.

CHALLENGES

RECRUITMENT

All nine interviewees raised recruitment of participants as a key challenge. Figure 1 shows a tally of barriers to recruitment given by interviewees.

Figure 1 Tally of barriers to recruitment raised by interviewees

Cultural barriers included stigma, hierarchy and unsupportive management. One interviewee suggested this influenced peoples' preference for online-only training.

"So the interesting thing is, a lot of people emailed me asking to be on the online only course, which surprised me, because I thought more people would go for the face-to-face. They might think it was more effective. But they were just saying, again, like I've been saying, that they didn't want to disclose to their manager, they couldn't get time off, and it's something they could do in their own time."

These challenges are likely to have been exacerbated by the evaluation, given lengthy recruitment process and no guarantee of which (if any) intervention participants would receive. However, the difficulty of getting time off, the entrenched culture of mental health stigma in the emergency services, and lead-in time are barriers that require further attention for this intervention in the future.

"But from a recruitment point of view, it was really quite difficult, I must say. So we had… For the course in [X] we had quite a short lead time (it was only about a month) and people within the services have told us they need a minimum of eight weeks so they can be released from duty…. It was quite difficult to rely on certain members of the emergency services, because you'd ask them to promote it internally, but then... because there's only so much you can do as an outsider."

ENGAGEMENT AND GROUP DYNAMICS

Interviewees in three of the four locations reported challenges with participation levels. For example, one interviewee said getting people to open up was like 'pulling teeth', and another talked about there being silences in the breaks when she left the room. At least two of the groups did not share contact details with each other, despite it being suggested a number of times. The interviewees attributed these difficulties to:

1. Group Size. Some suggested that a larger group would have helped participation, but others said the small group size (4-6) meant people felt more comfortable sharing.
2. Comfort zone. Some interviewees reflected that people in the emergency services are not used to, or comfortable with, sharing emotions. However, one interviewee said they thought

participants did not feel out of their comfort zone because of how the intervention was adapted.

Two facilitators reflected on an incident where someone came to one session and did not come back because of feeling uncomfortable doing the intervention with a colleague (this was confirmed by the participant).

"So it wasn't unusual for that night time one to have three or four people, so obviously that dynamic's very different from during the day with seven people and they were seven people that did show every single week. So the day time group was very dynamic, very lively, very difficult to facilitate at times because they were so talkative and the evening one was really different."

"I think they really valued the way in which the course was adapted, the way that the techniques were things that they could pick up and get familiar with. It didn't feel like it was too much out of their comfort zone. So thinking about a brief mindfulness practice, talking about that as attention training, or 'training the muscle in your mind' I think appealed to them in a slightly more task-oriented, in competition with themselves kind of thing."

AUDIENCE

As with participant interviewees, the facilitators and coordinators questioned whether the intervention was reaching the intended audience.

One gave the example of a new recruit who did not have any experience of stress in the service. The facilitator reported that this participant found it difficult to engage with a number of the exercises because they did not have the experience to draw from.

Two interviewees talked about participants whose mental health was probably at the point where it required further support than this intervention could give.

Two other interviewees talked about the intervention being inaccessible to operational staff, because of the time commitment required. There was a sense that many people had signed up for the intervention because they thought it would help others, rather than to help themselves, which raised questions about the purpose of the intervention. Some facilitators thought it would be useful if this were made clearer.

"...people who are finding the work they do, within any of the emergency services, whatever their role, really, really stressful, they don't have the time. I think there probably are people who are experiencing trauma or mental health or depression or anxiety and they may be getting other help elsewhere that is more significant to them. And I think there are people who... the stigma and cynicism, I think, slightly keeps people away. Like the attitude of either, 'Oh, I've heard all this before', which they may or may not have done, or the attitude of, 'This isn't for me'."

"It's definitely geared more operational staff and I think if they are going to roll it out, they need to try and make it more generic. Because the very short timescale that they gave us to advertise it, you're just not gonna get operational staff there. With the best will in the world, it's not gonna happen 'cause shifts get planned months in advance."

EVALUATION

Seven interviewees found aspects of the evaluation challenging.

As previously mentioned, three interviewees felt that the number of different intervention/control groups, and the possibility of non-treatment, stunted recruitment. Four more felt the difficult process of signing up was a barrier and caused confusion. Some of the Mind staff felt that these issues put them in a difficult position because they had not seen, and were not involved in, the recruitment process, yet they were fielding questions from frustrated potential participants. The potential for local relationships to be affected by the process was a concern.

Aside from recruitment, interviewees also felt that because of the evaluation, the intervention was very prescriptive. This affected their ability to facilitate well as they felt they had to stick to the letter of the intervention as they were being recorded.

"I also think, because of the uncertainty, again from an operational point of view, because of the uncertainty and having the three control groups, that prevented people from signing up. 'cause they didn't actually know what they were gonna be allocated to so they couldn't actually book their leave in advance. That was a challenge and I think also, all the forms that they had to complete. I don't think many people had anticipated that and X had more experience at this than me, it's almost like she got it in the neck quite a bit. And what upset myself, and probably also Jo to an extent: that doesn't look so good on us 'cause we're the face of the network. Even though we say it's University of Oxford who are running it, they're looking to us as their first port of call and it's almost like, 'Why is the timescale so short? Why do I have to fill in these forms? If you can't tell me which group I'm gonna be allocated to, I don't wanna commit to it'. So I think we had more people initially sign up but didn't complete all their forms than actually those that had attended."

ORGANISATION

Seven interviewees raised concerns around organisation and coordination. While they recognised that many of the issues are 'teething issues', some interviewees were concerned about the disorganisation reflecting badly on them. This led to a number of interviewees describing the experience as frustrating.

For example, receiving changes to the course content days before delivery made some facilitators feel unprepared. The changing timescales of the project made it difficult to give sessional trainers enough notice. One group had an issue where two unexpected participants arrived at the first session, which made them seem unprepared. One facilitator said they did not receive a list of participants. Interviewees who had been involved in the previous iteration of the intervention were frustrated that these issues had not been resolved.

TECHNOLOGY

Facilitators in two locations struggled with technology, mainly not having the right software to watch the videos. This was exacerbated by some local Minds not having training facilities so having to move around each week, and not knowing what IT they would need in advance.

One participant did not have access to a computer to do the online modules, which meant he had to come into the Mind office early each week to use the computer. He also did not have a phone, so using the app would have been difficult.

IMPACT OF INTERVENTION

Overall, all interviewee's relayed stories that suggested the intervention had had a positive impact on participants.

Six interviewees talked about changes in participants' behaviour resulting from the intervention – from incorporating attention training into a daily walk, to practising active listening with their children, to taking early retirement from the police force. Four interviewees said they thought participants were using attention training, and two reported active listening.

Three interviewees talked about participants gaining a greater understanding of their own mental health. This was also implicit in other interviews. Their examples demonstrated participants actively taking more care of their resilience, for example, one was going to sign up for a mindfulness course, one was going to redress her work-life balance, and another talked about setting up a crafts group to give more time to the things she loves.

Two interviewees talked about participants whose home lives improved over the course of the intervention, because of their use of tools learnt on the course at home.

"I think that the best thing for me, actually, was the attention training, because of all the feedback from everything, that is what people could get. I remember there was one guy saying, 'I haven't got time to do this, but it's actually three minutes a day.' And he'd said, 'I had to walk from A to B, and actually, I paid attention to my walking and it worked, and I'm going to do this.'"

"There was one woman who […] had an incredibly busy life with a demanding job, and four children, and initially participated in the group in this harried kind of busy and stressed, almost overwhelming way, in which she would almost flood the group a bit with her own immediate response to the different activities that we were doing, but in a way that wasn't very reflective. I think over the session […] her pace, and her level of participation was... there was less verbal taking up space, but what she was contributing was more thoughtful and reflective, and she described using one of the techniques about just bringing awareness to an everyday task. She […] described how she incorporated that into doing active listening with each of her children each day, and that had made such a huge difference on her family life […] seeing that that had made a real, tangible difference, not only in her state of mind and capacity to reflect, but also in her home life and her experience outside of work, that seemed a really valuable thing."

"from observing them, and from their feedback at the end of each session - I think they all took something away, from each of the sessions. And all of them said that they would give it a go, practicing some of the things during the week; and I think the peer support element of that helped."

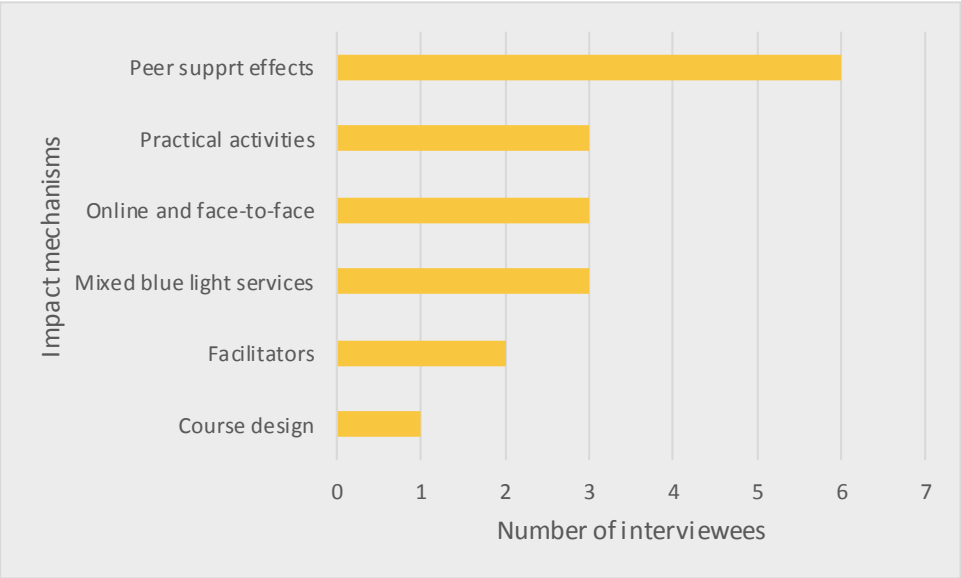
Two interviewees said they could not tell if the intervention had an impact on participants, and two talked about specific participants who they felt had not benefitted from the intervention.

Four interviewees also mentioned the positive effect the course had had on them personally.

MECHANISMS

Figure 2 shows a tally of interviewees' responses to a question about the key mechanisms through which they thought the intervention might impact participants.

Figure 2 Tally of impact mechanisms raised by interviewees



- **Peer support:** six interviewees felt that the peer support element of meeting other people and learning together would impact participants. However, two said that although they thought the intervention was designed to have a peer support element, they did not find it worked in their groups. They reported lots of silences, checking phones in breaks, and three interviewees said participants did not share contact details.
- **Practical activities:** three interviewees felt that practical activities that people could take away were really good, and that participants had reported liking the attention training most. However, as previously noted some had reservations about particular exercises.
- **Online and face-to-face:** three interviewees felt that the combination of online and face-to-face sessions was a key mechanism in creating impact. The combination was described as 'the best of both' and facilitators thought it cemented learning in a way that face-to-face only would not.
- **Mixed Blue Light services:** three discussed the positive impact of mixed emergency service workers on the course, although some of the courses were all or mainly police, which one facilitator thought changed the mood.
- **Facilitators:** two facilitators attributed the positive group dynamic to good facilitation.
- **Intervention design:** one facilitator thought the participants appreciated how the intervention had been adapted to be relevant to them.

RECOMMENDATIONS GOING FORWARD

Generally, interviewees were positive about the intervention itself. They felt the online and face-to-face combination worked well, the length was good, and the resources allowed them to run the intervention well.

The main challenges related to the organisation and evaluation, rather than the intervention itself. However, a number of suggestions were made that are outlined below.

Regarding recruitment, four interviewees specifically asked for a longer lead-in time, and this was implicit in a number of other interviews. Five interviewees felt that more information for them from Mind and Oxford would have been beneficial, for example, dates and information about the signing

up process. Four interviewees suggested that recruitment should be run by local Minds to make more use of their contacts and relationships and to give them more control over the process. One interviewee wanted more information about the participants ahead of the intervention, as this might have prepared them for the difficult emotions that would be discussed on the intervention.

Regarding the actual course content, four interviewees felt that more time for reflection and sharing would have been beneficial. Two facilitators suggested that if they had had access to the whole course in one manual it would have been easier. One interviewee said that their participants had all agreed that the topic from week 4 should have been in week 3 otherwise it ended on quite a serious note. One facilitator felt it ended quite abruptly and without closure, getting the participants to make a pledge saying how they will use the things they have learnt might help.

Finally, a number of interviewees said that the training contained too much material. They said it would have been better if delivered over two days, or if they had had access to the content ahead of time.

CONCLUSION

Generally, participants who received both types of intervention enjoyed them and learned something from them. All participants felt that the intervention had a positive impact on them, which interviews with the facilitators also confirmed. Participants felt that the inclusion of a face-to-face element in the mixed intervention was particularly valuable because of the peer support effects. In reality, the amount of actual peer support that took place was likely curbed by the small group sizes and absences, so this opinion was based on their expectations of the benefit of peer support, as much as it was based on their actual experiences of the intervention. Participants liked the mixed intervention and the majority felt they would not make any changes to it, or the changes they suggested were small (e.g. changing the egg exercise).

The overriding criticism from participants, facilitators and coordinators was around organisation and process. Many of these concerns seemed to relate to the evaluation rather than the intervention itself, for example, the lengthy and centralised recruitment process. However, some recommendations are important to bear in mind for future interventions, for example, longer lead-in times and more localised recruitment. Other recommendations to follow up on are reviewing some of the exercises, and resolving IT issues.

Finally, the interview sample itself raised concerns around the intervention's intended audience. The participants we interviewed tended to be women in support roles in the services, often office-based and already with a keen interest in mental health. For this group, the length, amount of time, and accessibility of the content seem to be spot-on. However, if this is not the intended audience for the intervention, it may be worth looking into why more of the intended audience could not take part. Our conversations suggest shift work, time, and stigma may all play large roles. The sample should be examined in comparison with the intervention population to determine whether these concerns are valid.