Mental Health in the Emergency Services
Our 2019 Survey Results – Fire Service

Introduction

Between 2015 and 2019, Mind delivered an ambitious and comprehensive programme of activity aimed at reducing stigma, promoting wellbeing and improving mental health support for those working or volunteering in ambulance, fire, police and search and rescue services. The Blue Light Programme was launched with LIBOR funding from the UK Government. Over four years we set about creating lasting change in this sector. During that time, thousands of staff and volunteers across 999 services actively challenged stigma, learned more about mental health and made positive changes in their approach to wellbeing.

To help us develop the Blue Light Programme, we conducted a scoping survey in 2015 of more than 3,600 emergency services personnel. We found a high prevalence of poor mental health among emergency services staff and volunteers, a clear need for targeted mental health support, and for emergency services organisations to step up on behalf of their staff and volunteers.

Four years later, between 30th November 2018 and 29th January 2019, we carried out another survey to see what had changed. As well as questions about mental health triggers, sources of support and perceptions of organisational support that were directly comparable to the 2015 survey, we also asked questions about involvement in the Blue Light Programme and perceptions of cultural and organisational change. The full survey text can be found in Appendix 1. The survey was administered online and there were 5,081 anonymous responses from emergency services staff and volunteers across England and Wales – over 1,400 more than in 2015.

This briefing will present a summary of the findings from the fire service data and compare them to the 2015 survey (where applicable) and data from the other emergency services (police, ambulance and search and rescue).

Headline Results

Mental Health at Work	• 60.2% of fire service staff and volunteers who took part in our 2019 survey had personal experience of mental health problems. • The proportion of fire service staff and volunteers describing their mental health as 'good' or 'very good' in our 2019 survey was 51.6%, compared to an average of 45% across all four emergency services (police, fire, ambulance and search and rescue). • The number of fire service staff and volunteers citing organisational factors as impacting negatively on their wellbeing has decreased

	and organisational upheaval is no longer the number one cause of poor mental wellbeing amongst fire service personnel. • Experience of traumatic or distressing events has moved from the sixth highest cause of poor mental health amongst fire service staff and volunteers in 2015 to number two in our 2019 survey.
Sources and Perceptions of Support	• 77.8 of staff and volunteers who took our 2019 survey were aware of the mental health support available to them through their organisation, compared to 55.8% in 2015. • The proportion of fire service staff and volunteers willing to seek support for their mental health from almost all sources has increased since 2015. Family members and GPs remain the most frequently used sources of support. • Only 30.4% of fire service personnel said they would seek support from their managers for a mental health problem. Whilst still relatively low, this is a marked increase from the 18.1% willing to seek support from their managers in our 2015 survey. • There has been a rise in the proportion of fire service staff and volunteers who think that their organisation supports employees who experience mental health problems well – 62.8% compared to 51.8% in 2015. • 75.1% of fire service personnel now feel that their organisation encourages staff to talk openly about mental health – compared to just 42.3% of those who responded in 2015.
Mental Health Training	• Fire service staff and volunteers were the most likely out of all the emergency services to have received training to support their own mental health or the mental health of their colleagues – 52% compared to 39.5% overall. • 60.5% of those in management positions had received mental health training, either from an internal or external source. • Fire service staff and volunteers were the least likely to receive induction training on how to support members of the public with mental health problems (15.7%) but the second most likely (after search and rescue) to receive induction training on how to support their own or their colleagues mental health (29%).

Managers & Mental Health	• 60.4% of fire service staff and volunteers agreed that people feel more able to talk with managers in their organisation about mental health than they did three years ago. • 85.1% of managers agreed that they felt more confident to support the mental health of staff and volunteers than they did just one year ago. This figure was even higher (88.7%) for those who had been involved in the Blue Light Programme.
Perceptions of Change	• 59.4% of fire service staff and volunteers said they felt confident that attitudes towards mental health in their organisation were changing for the better, and 55.9% felt confident that support for the mental health of staff and volunteers was also improving. • Staff and volunteers with involvement in the Blue Light Programme were more likely to respond positively to questions about their perception of support and attitudes towards mental health in their organisation. • However, those with personal experience of mental health problems were less positive, suggesting that there's still more work to do to ensure that staff and volunteers experiencing mental health problems get the support and respect they deserve.

Key Findings

Respondent Demographics

There were 5,081 responses to the survey from emergency services staff across England and Wales. This compares to 3,627 responses from personnel across England in our 2015 survey. Fire service staff and volunteers represented 20% of the total sample. This was the second lowest response rate across the four services but is broadly representative of the makeup of the emergency services workforce as a whole.

90.8% of fire service personnel responding to the survey were based in England. Response rates from fire service staff in Wales were the second lowest across all of the services – 9.2% compared to an average of 11.4% overall. However, this is also broadly representative of the workforce as a whole.

The vast majority (99.5%) of responses from fire service personnel came from staff employed in paid roles within the service. Less than 1% of responses came from those working in a voluntary capacity, the lowest across all of the services. This is reflective of

the more limited range of volunteering opportunities in the fire service compared to the other emergency services.

Over half (55.8%) of fire service staff and volunteers who responded to the survey indicated that they had line management responsibility. This was much higher than the average of 29.7% overall and the highest proportion of managers out of all the emergency services. The overrepresentation of managers in the survey should be borne in mind when interpreting the findings.

Unlike our 2015 survey, where 80.2% of fire service respondents were male, the gender split in our 2019 survey was roughly 67% male, and 30% female. According to workforce statistics published by the Home Office in 2018, only 15.9% of all fire and rescue service staff are women, making up 5.7% of the total number of firefighters. However, 75.5% of fire control staff are female. Although we did not ask survey respondents to disclose their role, the overrepresentation of females in our survey sample could be a result of the Blue Light Programme's targeted support for control room staff which may have increased responses in this area.

The majority of respondents from the fire service were between 35 and 54 years of age (76.4% of the total sample) with the greatest number of participants (44.1%) falling into the 45-54 age category.
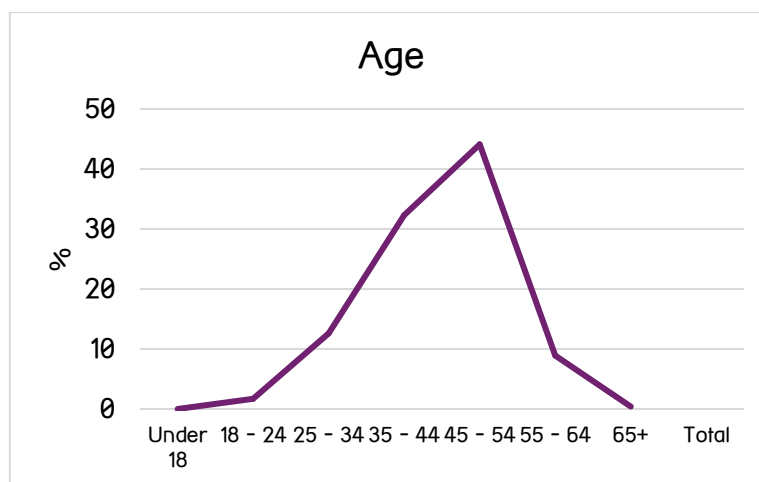
In terms of length of service, there was a roughly even split between those who had been in the fire service 11-20 years and those who had been in the service over 20 years – making up 73.7% of the total sample. There was a slight increase in the number of responses from those who had been in their roles less than five years – 14.6% compared to 10.5% in our 2015 survey. The increased response from staff and volunteers who had been in their roles for less than five years may be reflective of the Blue Light Programme's work with new recruits, including targeted messaging encouraging them to share their views in the survey.

The ethnic breakdown of survey respondents was broadly similar to the 2018 workforce data published by the Home Office. 94.5% of respondents were White, down slightly from 96.4% in our 2015 survey.

An average of 5.2% of survey respondents from the fire services stated they had a disability. Current disability statistics are not available for the fire service as a whole, but in general the response rate to our 2019 survey from those with a disability has been higher than average across all of the services.

Lived Experience

60.2% of fire service staff and volunteers who took part in our 2019 survey indicated that they had personal experience of mental health problems, compared to 53.4% in 2015. This was lower than the average of 67.5% reported across all services. The most commonly reported mental health problems experienced by fire service personnel were depression (39.3%), anxiety (39.1%) and PTSD (18.1%). The percentage of fire service staff reporting experience of PTSD was the second highest across all of the emergency services.

Whilst we know from our previous research that the prevalence of poor mental health in the emergency services is greater than the general population, the overrepresentation of people with lived experience of mental health problems in our survey sample is likely due to the way that the survey was promoted and the higher rates of engagement in the Blue Light Programme amongst those with an interest in or experience of poor mental health.

Involvement in the Blue Light Programme

In order to help us to understand the impact that the Blue Light Programme has had on the way staff and volunteers in the emergency services think and act about mental health, we asked survey respondents about their involvement in the Blue Light Programme.

46.5% of fire service personnel who completed the survey had previously had some involvement in the Blue Light Programme. This was the highest rate of involvement across all of the services but may be indicative of how the survey was promoted. Involvement in the programme was slightly higher amongst those in management roles (53.6%). The most common ways that staff and volunteers had engaged with the Blue Light Programme were through accessing information online (17.1%), through media coverage (14.9%) or being a Blue Light Champion (14.7%). The percentage of responses from Blue Light Champions (an employee or volunteer who takes action in the workplace to raise awareness of mental health problems and challenge the way people think and act about mental health) was the joint highest (with the police service) across all of the emergency services.

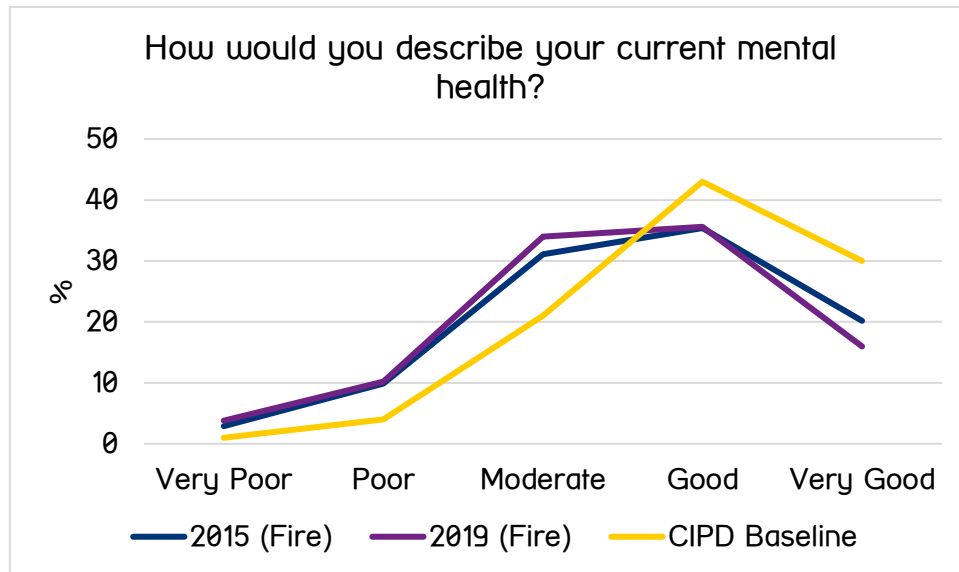## Mental Health at Work

In our 2015 and 2019 surveys we used question wording that was consistent with CIPD's 'Focus on Mental Health in the Workplace' survey to establish a picture of the current mental health of emergency services staff and volunteers. The CIPD survey was carried out in 2011, and again in 2016, in partnership with YouGov, and included a sample of 2,000 working age adults across the UK.

Our 2019 survey results show that poor mental health continues to be an issue across all of the services, with levels of mental health generally falling below the CIPD baseline. Whilst 30% of CIPD respondents rated their current mental health as 'very good', this was just 16% for fire service respondents.
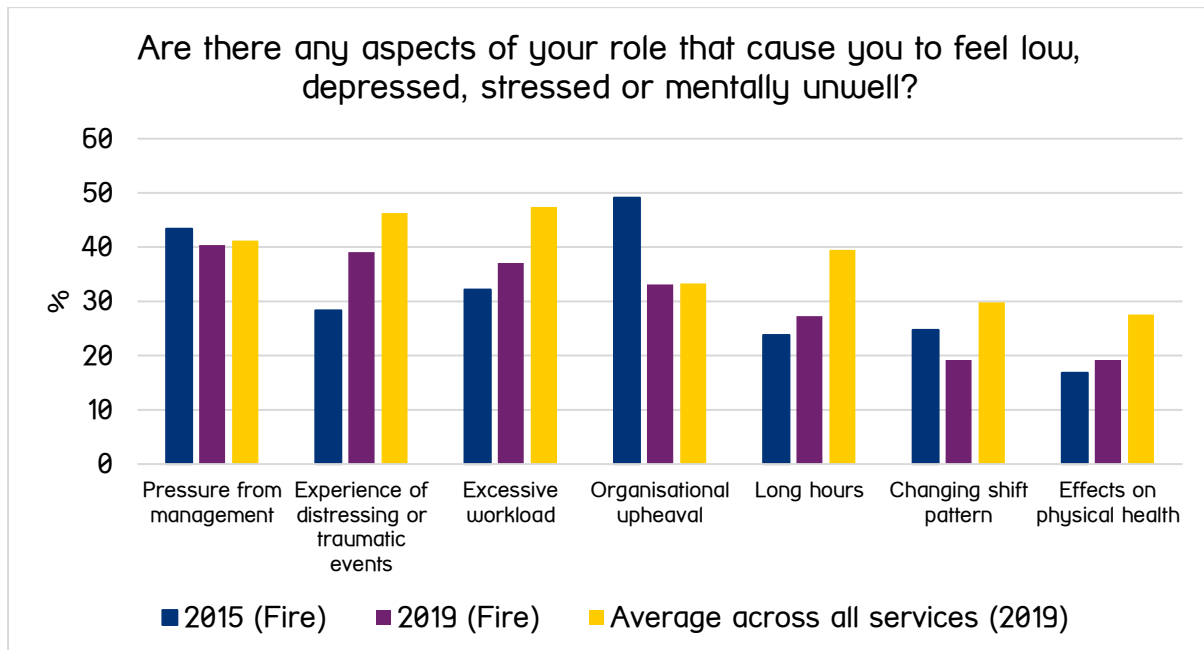
How would you describe your current mental health?

	Very Poor	Poor	Moderate	Good	Very Good
2015 (Fire)					
2019 (Fire)					
CIPD Baseline					

The proportion of fire service staff and volunteers describing their mental health as 'good' or 'very good' in our 2019 survey was 51.6%, compared to an average of 45% across all the four services. This is a slight decrease from 55.6% in our 2015 survey but is still higher than responses from police and ambulance service personnel.

Whilst reported levels of mental health have slightly decreased across all of the services, it is impossible to say whether these figures indicate that the prevalence of poor mental health is on the rise, or that people feel better able to identify when they are struggling and more able to speak out.

In our 2015 and 2019 surveys, we asked people what particular aspects of their role could cause them to feel low, depressed, stressed or mentally unwell:

Are there any aspects of your role that cause you to feel low, depressed, stressed or mentally unwell?

Chart showing percentage responses by category:

Category	2015 (Fire)	2019 (Fire)	Average across all services (2019)
Pressure from management	43	40	41
Experience of distressing or traumatic events	28	39	46
Excessive workload	32	37	47
Organisational upheaval	49	33	33
Long hours	24	27	39
Changing shift pattern	25	19	30
Effects on physical health	17	19	27

Legend: ■ 2015 (Fire) ■ 2019 (Fire) ■ Average across all services (2019)

Since 2015, there has been something of a shift in the factors most impacting on the mental health of fire service staff and volunteers. Organisational upheaval, the most frequently reported contributor to poor mental health amongst fire service personnel in 2015, has now moved to fourth place. Changing shift patterns and pressure from management were also slightly less likely to be regarded as impacting negatively on mental health and wellbeing. However, management pressure was still rated as the number one trigger of poor mental health by respondents to our 2019 survey. Other organisational factors, such as excessive workload and long hours, are now more likely to be cited as a stressor than they were in our 2015 survey.

Experience of traumatic or distressing events has moved from the sixth highest cause of poor mental health amongst fire service staff and volunteers in 2015 to number two in our 2019 survey. Again, this could reflect a greater awareness of trauma and willingness amongst staff to speak openly about its impact, or it could be reflective of organisational efforts to improve employee wellbeing. Fire service personnel were less likely than respondents from the police and ambulance service to cite experience of distressing or traumatic events as having a negative effect on their mental health.

Our survey showed that the longer people serve, the more likely they are to feel the negative impact of workload pressures. Those with 11 to 20 years of service were the most likely to feel the effects of a range of pressures, including organisational upheaval and physical health concerns – making them an important audience for mental health and wellbeing support.

As in our 2015 survey, many respondents' highlighted additional factors that trigger poor mental health within the free-text response field, and used this as an opportunity to expand upon specific organisational issues. Issues with management were the most frequently cited contributors towards poor mental health amongst fire service personnel. A number of respondents referred to the impact of workplace bullying (often by management), a lack of

promotion/development opportunities and limited management support for their mental health and wellbeing.

Sources & Perceptions of Support

Awareness of Support

Participants in both our 2015 and 2019 surveys were asked about their awareness of support provided by their organisation to improve the wellbeing and mental health of its personnel:

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?
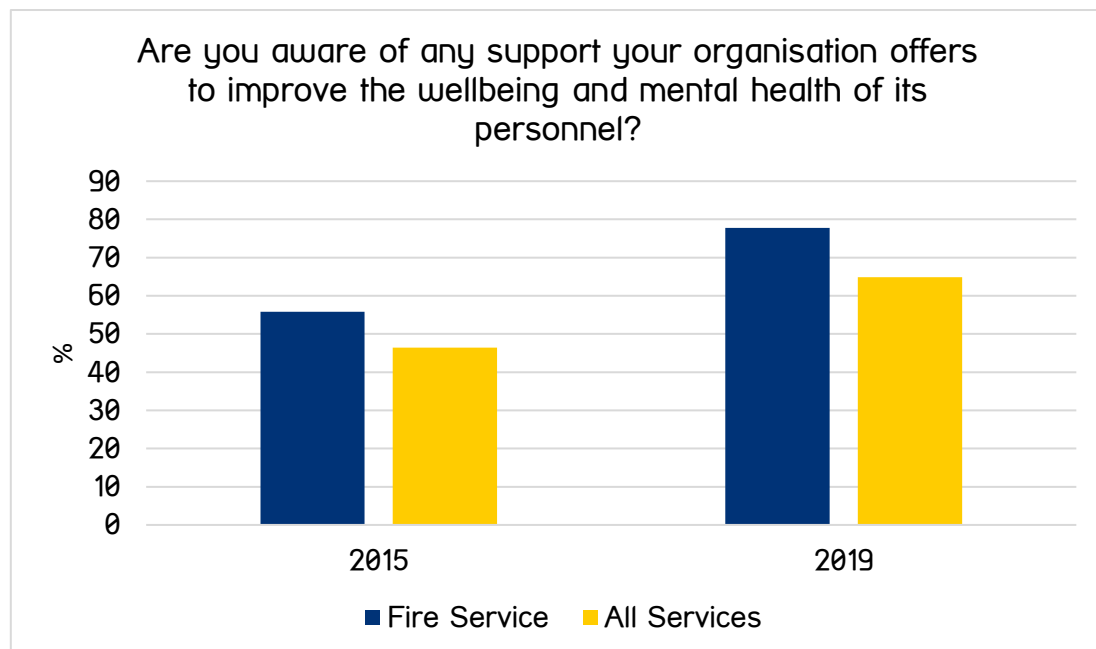
The proportion of fire service staff who were aware of the mental health support available to them rose from 55.8% in 2015 to 77.8% in 2019. This represents both the highest percentage of staff aware of the mental health support offered by their organisation across all the service and (along the with the ambulance service) the highest increase observed.

Sources of Support

Of those who were aware of available support, the most frequently cited sources of support amongst fire service staff were counselling and wellbeing services (provided through the fire service), the Employee Assistance Programme (EAP), critical incident debriefing and occupational health. A large number of responses also referenced the Blue Light Programme and some referred to peer support initiatives within their organisation. A number of the comments provided by respondents indicated that whilst awareness of available support of grown, the support provided internally within their organisations is not always perceived as adequate:

"There are mental health first aiders which are not advertised, or supported. Occupational Health who are overloaded and do not supply the best needs for every individual."
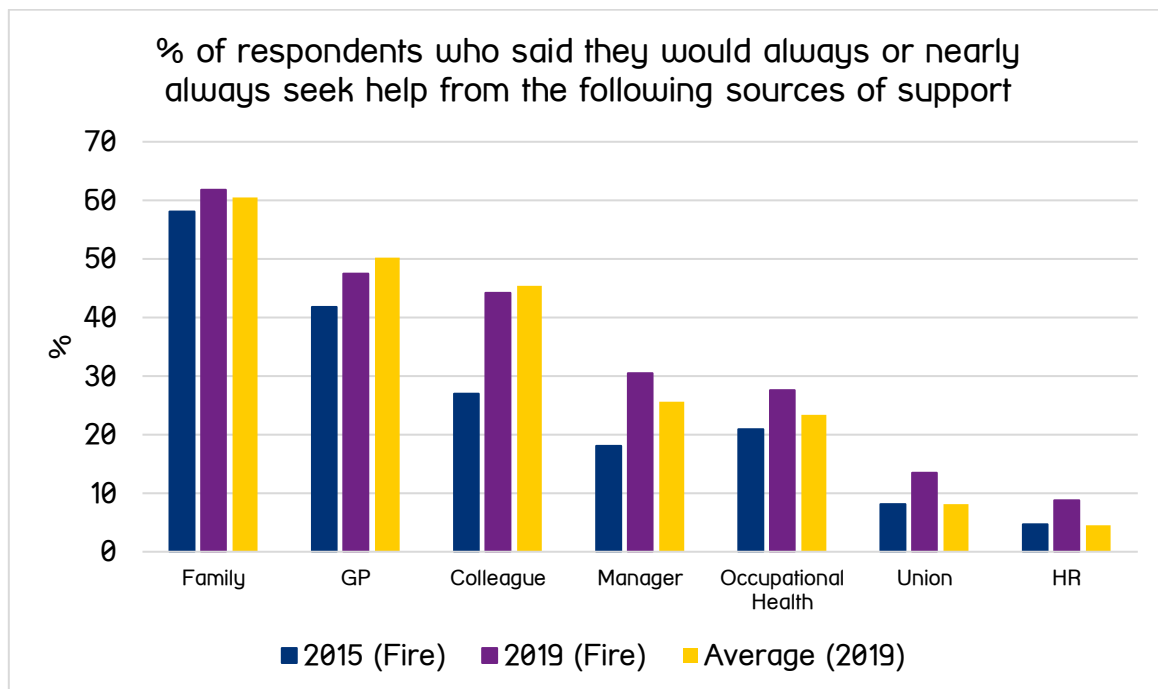
"We have initiatives (like supporting Blue Light Champions and a new Wellbeing team) but I think HR are largely untrusted and therefore many people don't access help when they need it."

However, fire service personnel were generally more positive in the free-text comments about the support available within their organisation than their counterparts in the police and ambulance services, and there were some examples where internal support for mental health and wellbeing seemed to be well received:

"Our organisation has an excellent wellbeing programme, with support available, and constant reminders of utilising them."

"My organisation offers a variety of both internal and external support regarding mental health, and last year gave all departments mental health awareness sessions."

The survey also asked respondents to rate the likelihood that they would seek support from a range of different sources if they began experiencing poor mental health:

% of respondents who said they would always or nearly always seek help from the following sources of support

Overall, the likelihood of staff willing to seek support for their mental health from all sources has increased since 2015. Family members and GPs remain the most frequently used sources of support for fire service respondents. The number of fire service personnel willing to seek support from a colleague, whilst still the second lowest across all the emergency services, has increased from 27% in 2015 to 44.2% in 2019.

As in our 2015 survey, a relatively high number of respondents said they would never seek support from HR (54.4%) or their Union (46.7%). However, the percentage of staff and volunteers who said would always or nearly always seek support from Occupational Health was the highest amongst all the emergency services, and fire service personnel were more likely to seek support from other organisational sources than their counterparts in the police and ambulance service.

Whilst these figures are encouraging, the percentage of fire service staff and volunteers willing to seek support from organisational sources is still lower than the number for whom an external source of support would be their first port of call. This indicates a general lack of willingness to access organisational support which has been a theme across the emergency services and is to some extent reflective of attitudes towards help-seeking behaviour within the workplace more broadly.

> "We do have allocated people, but to be honest I would not want to talk to them I would rather talk to an external body."

> "The service offers counseling and diffusion but this is from an officer which can feel awkward for those seeking help. This is why I looked elsewhere and went to a private therapist."
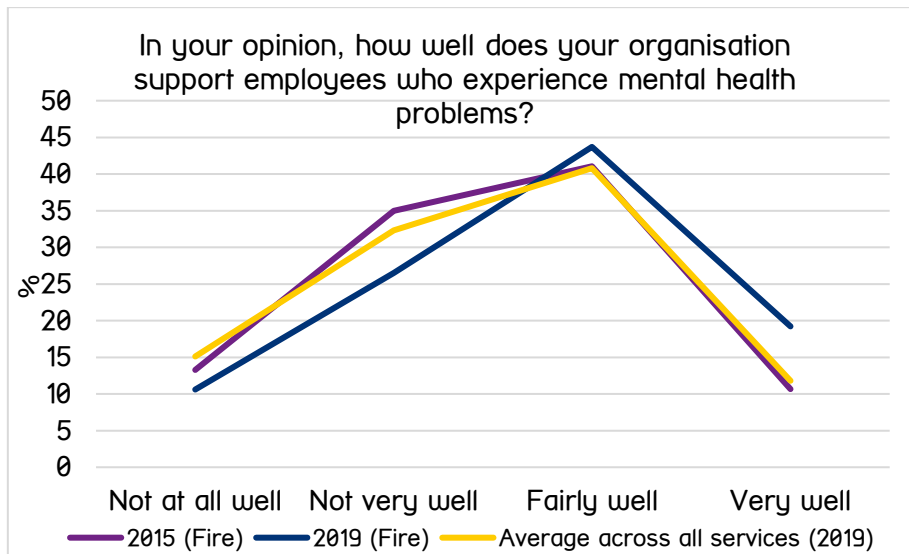
Whilst only 30.4% of fire service personnel said they would always or nearly always seek support from their managers, this is a big increase from just 18.1% in 2015. This was the biggest increase across all the emergency services, demonstrating that things are improving and staff are feeling more confident to disclose their poor mental health in the workplace. Fire service staff and volunteers were also the most likely out of all the emergency services to report a willingness to seek support from a manager

However, fire service staff and volunteers were less likely than both ambulance and search and rescue staff and volunteers to seek help from a colleague if they were experiencing a mental health problem. 44.1% of fire service personnel said they would always or nearly always seek help from a colleague in our 2019 survey. This represents an increase of nearly 12 percentage points since we asked the same question in 2015. Our research from across the Blue Light Programme indicates that peer support can be an important and beneficial source of support for emergency services staff and volunteers so it is important to encourage peer support initiatives and foster positive and supportive working relationships as much as possible to enable the benefits to be felt.
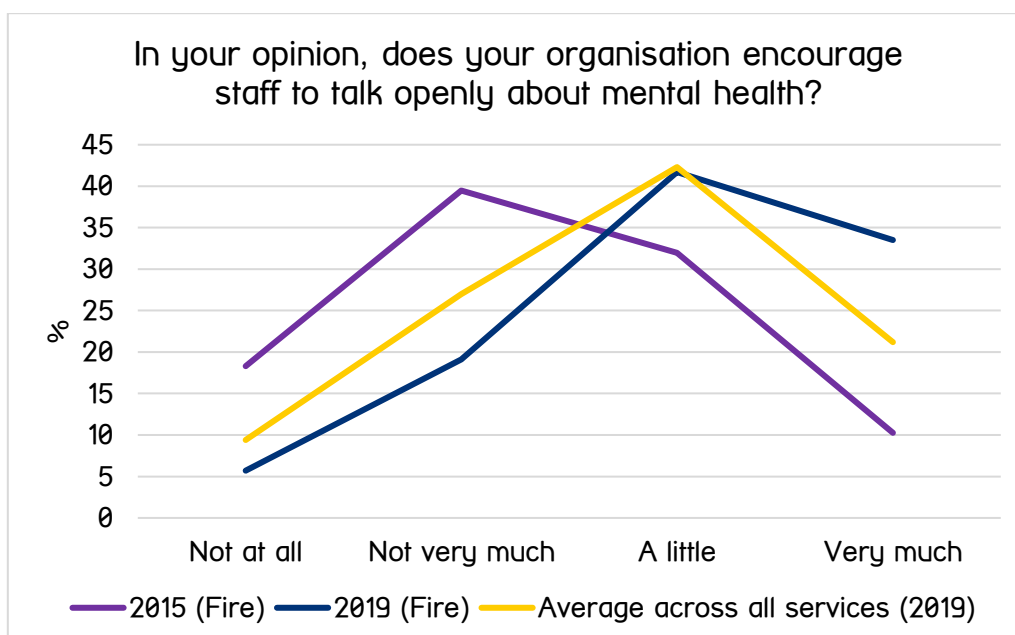
Perceptions of Support

When asked directly about how well they think their organisation supports employees who experience mental health problems, fire service staff and volunteers generally gave a more positive response than both ambulance and police personnel. 62.8% of fire service respondents felt that their organisation supports employees with mental health problems 'well' or 'very well'. As well as being higher than the average of 52.6% across the services as a whole, this is an increase of 11 percentage points compared to the response from fire service personnel to our 2015 survey.

In your opinion, how well does your organisation support employees who experience mental health problems?

2015 (Fire) ▬▬ 2019 (Fire) ▬▬ Average across all services (2019)

Fire service staff and volunteers who had some involvement in the Blue Light Programme were slightly more inclined to have a more positive opinion of the support their organisation provides, with 64.4% responding positively, compared to 60.9% of those who had no involvement. However, those with lived experience of mental health problems were less positive about the support offered by their organisation, with only 59.8% of those with lived experience working in the fire service responding positively, compared to 67.9% of those without. This trend was seen across the services, and suggests that there is more to be done to ensure that the reality of support for employees matches the perception of what is available.

Our survey also asked respondents whether they felt their organisation encourages staff to talk openly about mental health:

In your opinion, does your organisation encourage staff to talk openly about mental health?

2015 (Fire) ▬▬ 2019 (Fire) ▬▬ Average across all services (2019)

Again, the response from fire service staff and volunteers was more positive than that given by police and ambulance personnel, and the percentage of respondents answering 'a little' or 'very much' was higher than the average overall. The number of fire service personnel responding positively rose from 42.3% in 2015 to 75.1% in our 2019 survey – an increase of 33 percentage points.
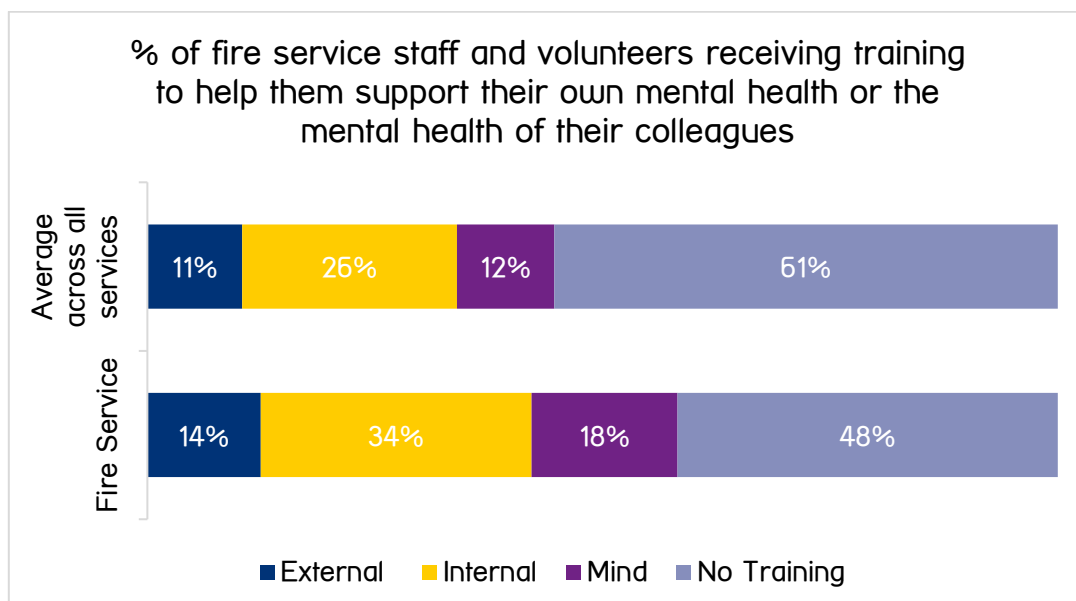
As was the case for all of the emergency services, those who had been involved in the Blue Light Programme were more likely to provide a positive response to this question, with 79.2% saying their organisation encouraged staff to talk openly about mental health, compared to 71.6% of those who had no involvement.

Mental Health Training

Our research and evaluation over the last four years of the Blue Light Programme has demonstrated that there is a high demand for mental health training amongst emergency services staff, volunteers and line managers but demands on resources mean that personnel can't always be released to attend training. Our work with new recruits has shown that providing mental health training at the start of staff's careers can help build their understanding of ways to build resilience and 95% of managers who took part in our managing mental health in the emergency services training said they felt more confident to support a colleague experiencing a mental health problem as a result.

In our 2019 survey we wanted to understand what training emergency services staff and volunteers are currently receiving to help them manage their own mental health and how this compares to the training they receive to support the mental health of members of the public they come into contact with.

We asked respondents whether they had received any training from their organisation to help them support their own mental health and/or the mental health of their colleagues, and if so, who this training was delivered by:

% of fire service staff and volunteers receiving training to help them support their own mental health or the mental health of their colleagues

	External	Internal	Mind	No Training
Average across all services	11%	25%	12%	61%
Fire Service	14%	34%	18%	48%

Over half (52%) of fire service staff and volunteers who responded to our 2019 survey reported that they had received training to help them support their own mental health or the mental health of their colleagues, compared to 39.5% across the emergency services as a whole. This figure increased to 60.5% for respondents holding a line management position. Both of these findings represent the largest proportion of staff and volunteers receiving to support their mental health and wellbeing across the four emergency services.

Of those who did receive training, 34.2% had received this from an internal source, 18.4% from Mind, and 14.3% from another external provider. Training was mandatory for 45.3% of attendees – the highest out of all the emergency services.

Our survey also asked respondents whether they had received any training about mental health as part of their initial induction to their role or service. Fire service staff and volunteers were the least likely to receive induction training on how to support members of the public with mental health problems (15.7%) but the second most likely (after search and rescue staff and volunteers) to receive induction training on how to support their own or their colleagues mental health (29%).

This was in contrast to police and ambulance staff, who were much more likely to receive training to help them support members of the public.

Managers & Mental Health

Supervisors have an important role to play in supporting staff wellbeing and the Blue Light Programme has encouraged services to invest in making sure supporting staff wellbeing can be an integral part of a manager's day to day role.

We asked our 2019 survey respondents a number of questions relating to their perception of how things in their organisation have changed over the last three years, including how able people in their organisation feel able to talk with managers about mental health:

Compared to three years ago, people feel more able to talk with managers about mental health at my organisation: % of respondents agreeing or strongly agreeing
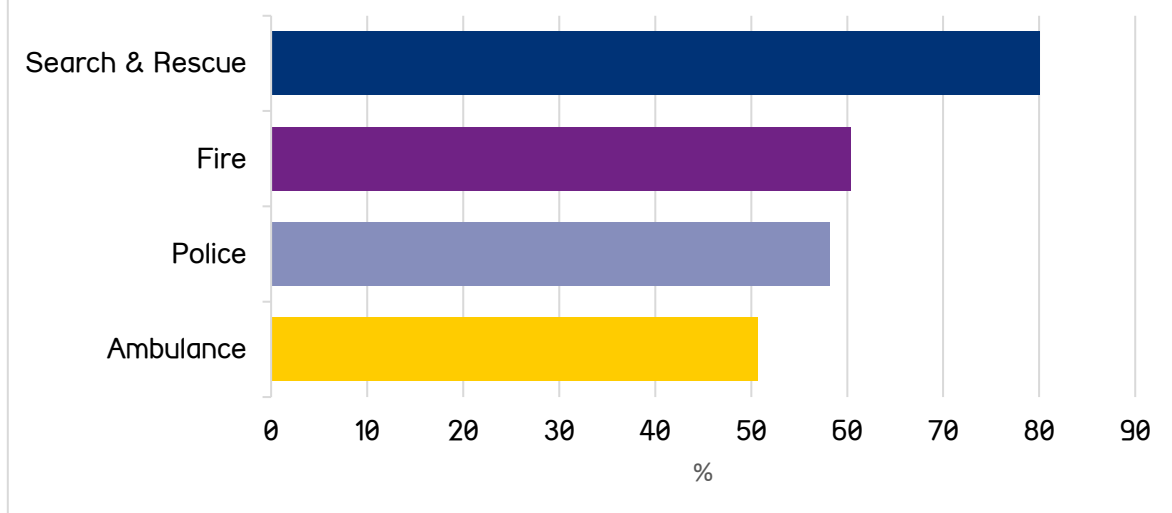
Fire service staff and volunteers were more positive than both police and ambulance service personnel about how the ability to talk to managers in their organisation has improved over the last three years. 60.4% agreed or strongly agreed that people feel more able to talk with managers about their mental health, compared to an average of 58.6% across the emergency services overall. A slightly higher percentage of personnel (63.6%) who had been involved in the Blue Light Programme were in agreement that there had been some improvement.

Whist it's promising that over 60% of fire service staff and volunteers feel that it's easier to talk to managers about mental health than it used to be, a greater percentage (72.6%) said they felt more able to talk to their colleagues than they did three years ago. This suggests that there is still a greater level of stigma attached to disclosing a mental health problem to a line manager within the fire service, potentially because of fears it may impact detrimentally upon career progression.

Our survey also asked line managers whether there had been any change to how confident they felt supporting a member of staff who was experiencing poor mental health at work. The vast majority (85.1%) of managers in the fire service agreed that they felt more confident to support the mental health of staff than they did just one year ago. This was even higher (88.7%) for those who had been involved in the Blue Light Programme.

Perceptions of Change

As well as understanding how support and attitudes towards mental health in the emergency services have changed over the last four years since the start of the Blue Light Programme, we also wanted to use our 2019 survey to explore staff and volunteers perceptions of how their organisation's approach to mental health has, and continues to evolve.

In our 2019 survey, we wanted to understand staff and volunteers perceptions of how attitudes and support for mental health have and are continuing to change in their organisations. We asked respondents to rate their confidence that attitudes and support for the mental health of staff and volunteers is changing for the better in their organisation.

Overall, 59.4% of people who took our 2019 survey said they felt confident attitudes towards mental health at their organisation were changing for the better and 55.9% felt confident that mental health support was also improving. Respondents from the fire service were again more likely than those from the police and ambulance services to feel confident in both areas, with 72.7% feeling confident that attitudes were changing and 70.4% feeling positive that support was improving:

% of respondents who feel 'confident' or 'very confident' that support for mental health of staff and volunteers is changing for the better
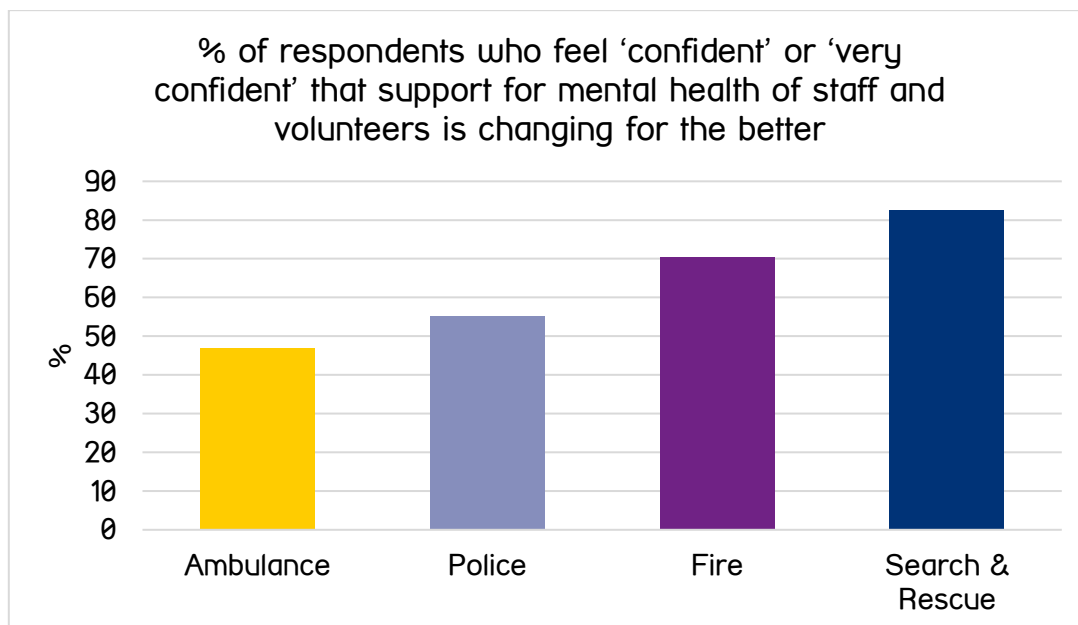
This increased slightly to 76.5% (attitudes) and 74.6% (support) for those involved in the Blue Light Programme, but those with lived experience of mental health problems were less positive (68.4% and 65.9% respectively), suggesting that there's still more work to do to ensure that staff and volunteers experiencing mental health problems in the ambulance service get the support and respect they deserve.

New recruits (in role less than a year) were the most positive about the changes occurring in their organisations, whilst those who had served 11 to 20 years were least likely to express confidence that things are getting better.

Conclusion

Our 2019 survey demonstrated that, compared to 2015, staff and volunteers across the emergency services are now far more likely to say their organisation encourages them to talk about mental health and feel more able to seek support for a mental health problem from a range of sources, including their colleagues and line managers. Overall, perceptions

are more positive among those who have had some involvement with the Blue Light Programme, compared to those who haven't, but people with lived experience of mental health problems tend to rate the support provided by their organisation lower than those without.

Across almost all elements of the survey, responses were more positive amongst fire service personnel than those working for the police and ambulance services. Only search and rescue staff and volunteers answered consistently more positively overall; reflecting the primarily volunteer led nature of the search and rescue service which can act as a protective mechanism against some of the pressures that trigger poor mental health amongst those working in the other emergency services. Whilst there have been marked improvments across the board there is still scope for fire service organisations to assess and reprioritise their approach to the mental health and wellbeing of their workforce, particularly when it comes to improving the quality and accessibility of internal sources of support. Our survey demonstrated that the workplace factors that contribute to staff and volunteers feeling mentally unwell or stress have changed little since 2015. Pressure from management remains high on the list, however more people are now likely to cite trauma as a source of pressure than they did in 2015. As awareness of and willingness to talk about and seek support for mental health problems grows, it is important to keep pace with demand to ensure that all those who require support are able to access it.

The overall findings from our 2019 survey are presented in and were used to inform our Wellbeing and mental health support in the emergency services' learning and recommendations report which was published in March 2019 and is available to download on our website. This report sets out what we learned from our four years working with emergency services through the Blue Light Programme and makes a number of recommendations for how emergency services, professional bodies and other organisations can work together to ensure that progress in this area continues and mental health continues to remain on the agenda across the emergency services.

Appendix One

Mental health in the emergency services survey

Introduction

We are Mind, the mental health charity. Since 2015, we've been delivering the Blue Light Programme to provide mental health support for emergency services staff and volunteers from ambulance, fire, police and search and rescue services across England. In April 2017 we launched the programme in Wales too.

Understanding the mental health experiences of 999 teams is incredibly valuable. It helps us and others to shape what we say and how we deliver support.

We want to understand the current experiences of staff and volunteers within ambulance, fire, police and search rescue services, across England and Wales. It doesn't matter if you haven't accessed support or information from the Blue Light Programme before.

This survey is for everyone within the emergency services: you do not need to have a mental health problem to complete it. We would be extremely grateful for your input.

The headline survey findings will be published in a report and shared publically through our website and other channels including social media from March 2019. All answers will be treated in confidence and will remain anonymous.

For further details about the Blue Light Programme please visit mind.org.uk/bluelight. If you have any queries please email bluelight@mind.org.uk.

Section 1 – Your Role

In this section we want to understand a little more about you and the type of work you do.

Q1

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

Q2

Tick	I am an employee
Tick	I am a volunteer

Q3

Do you have a management role?	
Tick	Yes
Tick	No

Q4

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

Q5

Where do you work/ volunteer?	
Tick	South West England
Tick	South East England
Tick	London
Tick	East England
Tick	East Midlands
Tick	West Midlands
Tick	Yorkshire and the Humber
Tick	North East England
Tick	North West England
Tick	South Wales / De Cymru
Tick	North Wales / Gogledd Cymru
Tick	Gwent
Tick	Dyfed Powys

Section 2 – Your Experience

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

Q6

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

Q7

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

Q8

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

Q9

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

Section 3 – Your Organisation

In this section we are interested in the ways in which your organisation supports your mental health and your perceptions of how this may have changed over the last few years.

Q10

	Are you involved with or have previously had any involvement with the Blue Light Programme? Please tick all that apply
Tick	Yes – I am a Blue Light Champion
Tick	Yes – I have been involved in signing the Blue Light Time to Change Pledge
Tick	Yes – I have used the Blue Light Infoline
Tick	Yes – I have attended Blue Light Programme training
Tick	Yes – I have accessed information or resources (leaflets etc.) online through the Blue Light Programme webpage
Tick	Yes – I have accessed printed materials (booklets etc.) through my organisation or Blue Light Champions within my organisation?
Tick	Yes – I have taken part in research for the Blue Light Programme.
Tick	Yes – I have visited the Blue Light Programme webpage or Twitter account
Tick	Yes – through my local Mind
Tick	Yes – I receive the Blue Light Programme newsletter
Tick	Yes – I have seen media coverage about the programme or heard about it at an event
Tick	Yes – Other [If yes – free text explanation is required]
Tick	No

Q11

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

Q12

	Have you received any training from your organisation to help you support your own and/or your colleagues mental health? Please tick all that apply
Tick	Yes – internally
Tick	Yes – from Mind
Tick	Yes – from another external organisation
Tick	No

Q13

Only display if 'yes. Internally', 'yes – from Mind' or 'yes – from another external organisation' are selected in Q12. **Was attendance at this training mandatory or voluntary?**	
Tick	Mandatory
Tick	Voluntary
Tick	Both

Q14

Only display if 'yes. Internally', 'yes – from Mind' or 'yes – from another external organisation' are selected in Q12. **When was this training offered to you?** **If you have attended more than one training session, please tick all that apply**	
Tick	Less than a year ago
Tick	1 – 2 years ago
Tick	2- 3 years ago
Tick	More than 3 years ago
Tick	Don't know/Can't remember

Q15

Did you receive any training on mental health as part of the initial induction to your role or service? **Tick all that apply**	
Tick	Yes – to help me support members of the public with mental health problems
Tick	Yes – to help me support my own mental health and/or the mental health of colleagues.
Tick	Both
Tick	Don't know/Can't remember

Q16

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

Q17

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

Q18

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' Compared to THIS TIME LAST YEAR...?						
People feel more able to talk with colleagues about mental health at my organisation	1	2	3	4	5	Don't know/Can't say
People feel more able to talk with managers about mental health at my organisation	1	2	3	4	5	Don't know/Can't say
Someone is less likely to be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5	Don't know/Can't say
I would feel more able to seek support if I were experiencing a mental health problem.	1	2	3	4	5	Don't know/Can't say
I feel more confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5	Don't know/Can't say
I know more about what to do if a colleague tells me about their mental health problem	1	2	3	4	5	Don't know/Can't say
I feel more confident that, in my capacity as a manager, I would be able to effectively support a member of my staff who was experiencing poor mental health at work	1	2	3	4	5	Don't know/Can't say

Q19

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' Compared to THREE YEARS AGO...?						
People feel more able to talk with colleagues about mental health at my organisation	1	2	3	4	5	Don't know/Can't say
People feel more able to talk with managers about mental health at my organisation	1	2	3	4	5	Don't know/Can't say
Someone is less likely to be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5	Don't know/Can't say
I would feel more able to seek support if I were experiencing a mental health problem.	1	2	3	4	5	Don't know/Can't say
I feel more confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5	Don't know/Can't say

I know more about what to do if a colleague tells me about their mental health problem	1	2	3	4	5	Don't know/Can't say
I feel more confident that, in my capacity as a manager, I would be able to effectively support a member of my staff who was experiencing poor mental health at work	1	2	3	4	5	Don't know/Can't say

Q20

How confident are you that attitudes towards mental health in your organisation are changing for the better?	
Tick	Very confident
Tick	Quite confident
Tick	Not very confident
Tick	Not at all confident
Tick	Don't know/Can't say

Q21

How confident are you that support for the mental health of staff and volunteers in your organisation is changing for the better?	
Tick	Very confident
Tick	Quite confident
Tick	Not very confident
Tick	Not at all confident
Tick	Don't know/Can't say

Section 4 – Demographic Monitoring

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

Q22

How old are you?	
	Under 18
	18-24
	25-34
	35-44
	45-54
	55-64
	65+

Q23

What is your gender?	
	Male
	Female
	Another [If yes – free text explanation is required]

Q24

Have you ever identified as transgender, now or in the past?	
	Yes
	No

Q25

How would you describe your sexuality?	
	Bisexual
	Gay
	Heterosexual/ Straight
	Lesbian
	Another

Q26

What is your religion?	
	No religion
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Buddhist
	Hindu
	Jewish
	Muslim
	Sikh
	Another [If yes – free text explanation is required]

Q27

How would you describe your ethnicity?

Asian or Asian British	☐ Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Another Asian background	Mixed	☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Another mixed background
Black or Black British	☐ African ☐ Caribbean ☐ Another Black background	White	☐ White British ☐ White Irish ☐ Eastern European ☐ Another white background
Other ethnic group	☐ Arab ☐ Gypsy or Traveller ☐ Another background [If yes – free text explanation is required]		

Q28

	Would you say you have a long-term health condition or disability?
	Physical disability (including sensory impairment)
	Learning disability (including developmental disorders)
	Another experience of disability [If yes – free text explanation is required]

How we will process the information you provide:

We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our Privacy Policy. For more information contact research@mind.org.uk