



Mental Health in the Emergency Services

Our 2019 Survey Results – Police 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 3,500 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 police service data and compare them to the 2015 survey (where applicable) and data from the other emergency services (ambulance, fire and search and rescue).

Headline Results

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| <p>Mental Health at Work</p> | <ul style="list-style-type: none"> • 70.4% of police personnel who took part in our 2019 survey had personal experience of mental health problems. • Police service staff and volunteers were the second least likely out of all the emergency services (police, fire, ambulance and search and rescue) to rate their mental health as ‘good’ or ‘very good’ – 42.4% compared to an average of 45%. |
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| | <ul style="list-style-type: none"> • The number of police staff and volunteers citing organisational upheaval, changing shift patterns and pressure from management as impacting negatively on their wellbeing has decreased. However, more police personnel are feeling the effects of excessive workload and long hours on their mental health. • Experience of distressing or traumatic events has moved from the sixth highest cause of poor mental health amongst police staff and volunteers in 2015 to number two in our 2019 survey. |
| Sources and Perceptions of Support | <ul style="list-style-type: none"> • 57.7% of police service staff and volunteers who took our 2019 survey were aware of the mental health support available to them through their organisation, compared to 41.9% in 2015. • The proportion of police staff and volunteers willing to seek support for their mental health from almost all sources has increased since 2015. Family and GPs remain the most frequently used sources of support. • Only 24.7% of police personnel said they would seek support from their managers for a mental health problem. Whilst still low, this is a marked increase from the 14.1% willing to seek support from their managers in our 2015 survey. • There has been a rise in the proportion of police staff and volunteers who think that their organisation supports employees who experience mental health problems well – 46.7% to 32.4% in 2015. • 59% of police staff and volunteers now feel that their organisation encourages staff to talk openly about mental health – compared to just 24.9% of those who responded in 2015. |
| Mental Health Training | <ul style="list-style-type: none"> • 38% of police service staff and volunteers reported that they had received training to help them support their own mental health or the mental health of their colleagues. This increased to 51.9% for respondents holding a line management position. • 64.6% of police personnel received induction training to help them support members of the public with mental health problems, but only 21% received any input on how to support their own or colleagues' mental health – the lowest across all the emergency services. |





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| Managers & Mental Health | <ul style="list-style-type: none"> • 58.2% of police 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. • 87.2% of managers agreed that they felt more confident to support the mental health of staff than they did just one year ago. This figure was even higher (94.5%) for those who had been involved in the Blue Light Programme. |
| Perceptions of Change | <ul style="list-style-type: none"> • 57.7% of ambulance service staff said they felt confident that attitudes towards mental health in their organisation were changing for the better, and 55% 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 3,527 responses from personnel across England in our 2015 survey. Police service staff and volunteers represented 41.4% of the total sample of respondents to our 2019 survey – the highest response rate across the four services. 82.6% of police personnel responding to the survey were based in England. Response rates from police staff and volunteers in Wales were the highest across all of the services – 17.4% compared to an average of 11.4% overall.

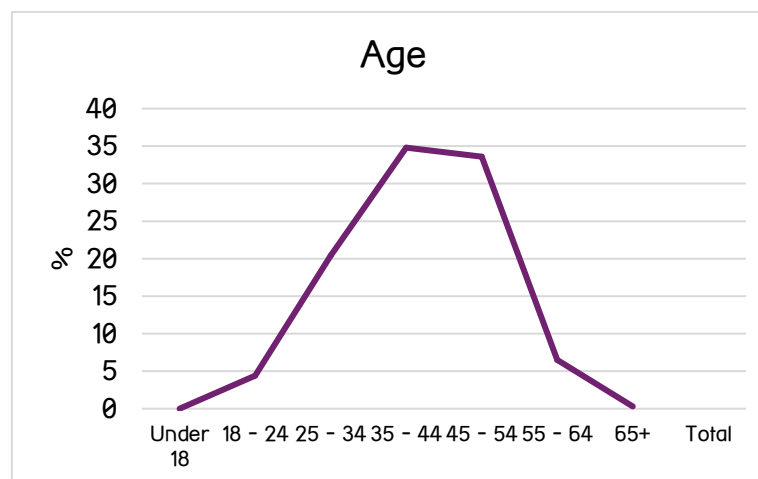
The vast majority (98%) of responses from police personnel came from staff employed in paid roles within the service. Only 2% of responses came from those working in a voluntary capacity. This was the second lowest response from volunteer staff across all the services and lower than the estimated 10% of the total police workforce comprised of volunteers.



24.3% of police service staff who responded to the survey indicated that they had line management responsibility. This was the second lowest out of all the emergency services.

Unlike our 2015 survey, where 57.3% of police service respondents were male, the gender split in our 2019 survey was roughly 50/50. This means that females are slightly overrepresented in the survey data compared to the proportion that make up the police service overall (approximately 40% according to Home Office data from 2018).

The majority of respondents from the police service were between 35 and 54 years of age (68.4% of the total sample), with a roughly even spread across the 35-44 and 45-54 age brackets:




In terms of length of service, the greatest number of responses (42.7%) came from staff who had been in the police service between 11-20 years. This was similar to the response rate to our 2015 survey, however there were a greater number of responses to our 2019 survey from staff who had been in their roles for less than five years (22.7% compared to 10.8% in 2015). The increased response from staff in the earlier stages of service 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. 95.2% of respondents were White, down slightly from 96.7% in our 2015 survey. An average 5% of respondents from the police service stated that they had a disability. This is higher than the 2.3% of the total workforce who declared a disability in a 2013 survey by the College of Policing and the highest reported rate of disability of all the emergency services staff and volunteers we surveyed.

Lived Experience

70.4% of police service staff who took part in our 2019 survey indicated that they had personal experience of mental health problems, compared to 60.7% in 2015. This was the second highest reported rate across all the services and slightly higher than the average





of 67.5%. The most commonly reported mental health problems experienced by police personnel were anxiety (53.6%), depression (51.3%) and PTSD (16.9%).

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

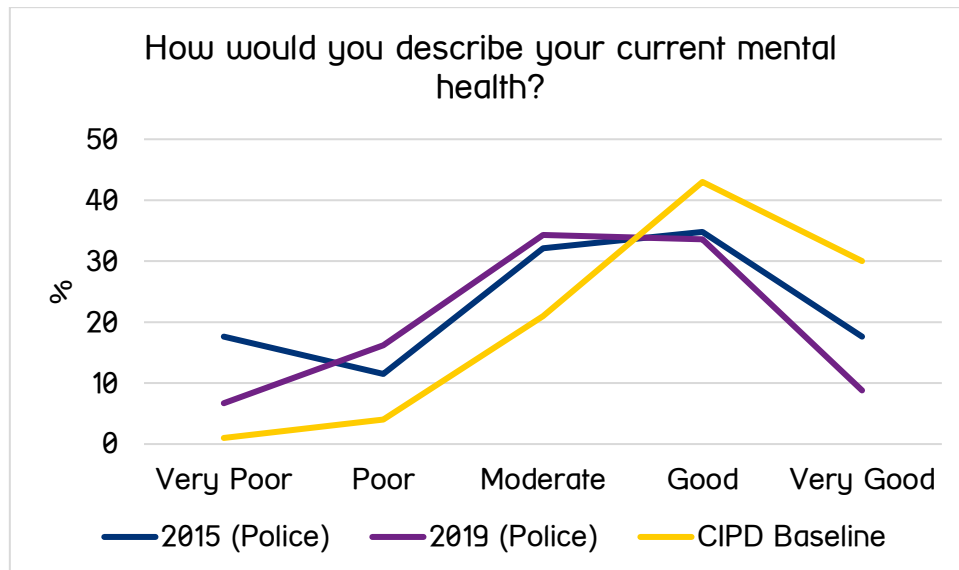
In order to help us to understand the impact that the Blue Light Programme has had on the way staff and volunteers in the emergency services think and act about mental health, we asked survey respondents about their involvement in the Blue Light Programme.

41% of police service personnel who completed the survey had previously had some involvement in the Blue Light Programme. Involvement in the programme was greater amongst those in management roles (56.5%). The most common ways that staff had engaged with the Blue Light Programme were through accessing information online (14.9%), being a Blue Light Champion (14.7%) and through the website or Twitter account (13%). 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 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.

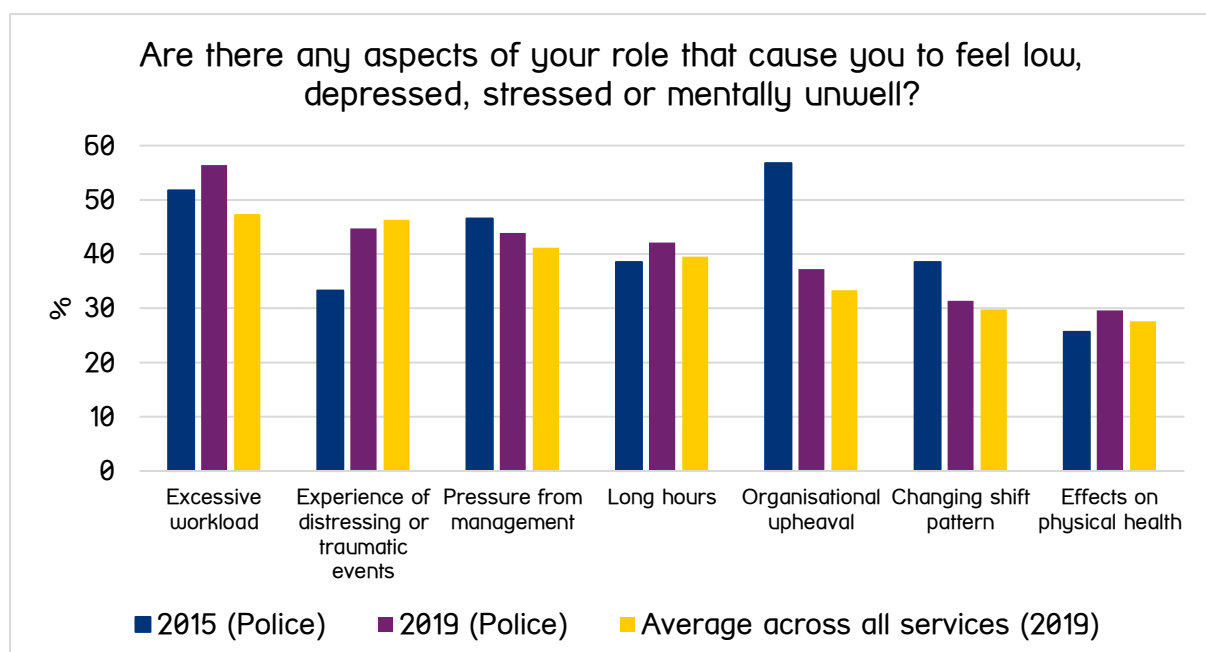
Our 2019 survey results show that poor mental health continues to be an issue across all of the services, with levels of mental health generally falling below the CIPD baseline. Whilst 30% of CIPD respondents rated their current mental health as 'very good', this was just 8.8% for police service respondents.




Police service staff and volunteers reported the second lowest level of mental health across all the emergency services. 42.4% said their mental health is 'good' or 'very good' compared to an average of 45% across all the four services.

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:





Since 2015, there has been something of a shift in the factors most impacting on the mental health of police staff and volunteers. Organisational upheaval, the most frequent reported contributor to poor mental health amongst police personnel in 2015, has now moved to fifth place. Changing shift patterns and pressure from management were also slightly less likely to be regarded as impacting negatively on mental health and wellbeing by respondents to our 2019 survey. However, 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. Respondents from the police service were more likely to feel the effects of excessive workload on their mental health than those in the other emergency services, perhaps indicative of ongoing cuts to the police workforce placing an increased strain on resources.

Experience of traumatic or distressing events has moved from the sixth highest cause of poor mental health amongst police 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. Police service personnel were the second most likely out of all the emergency services to cite trauma 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.

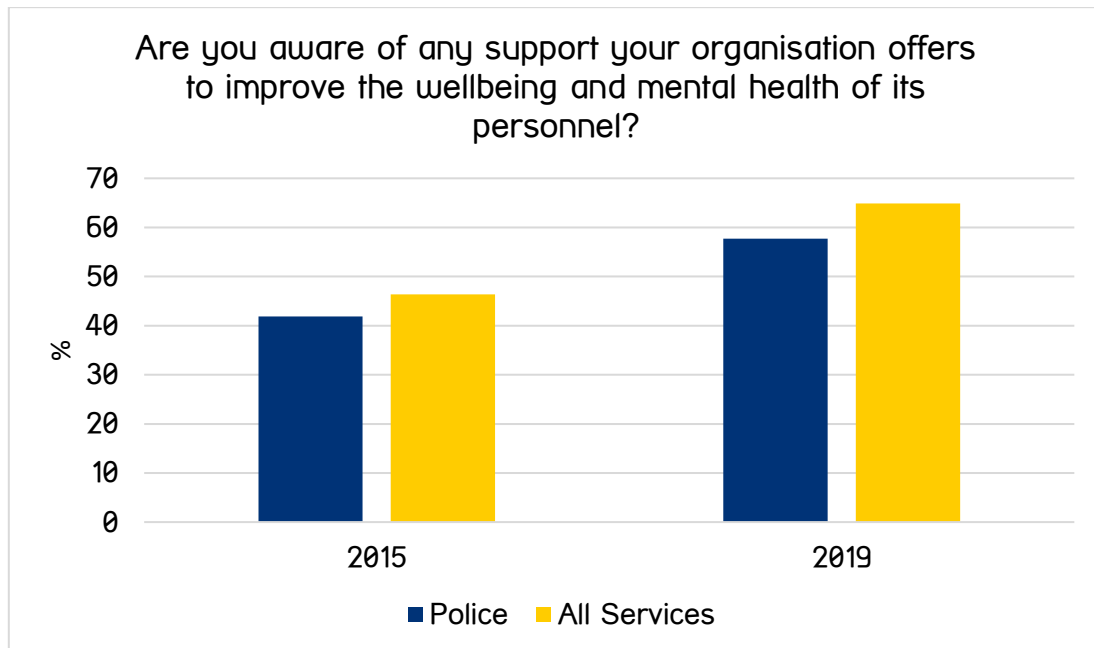
As in our 2015 survey, many respondents' highlighted additional factors that trigger poor mental health within the free-text response field, and used this as an opportunity to expand upon specific organisational issues. Lack of management support, poor leadership and bullying in the workplace were frequently cited as issues, and a number of respondents referred to the impact of lone working and limited opportunities for informal peer support with colleagues.

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:





The proportion of police service staff who were aware of the mental health support available to them rose from 41.9% in 2015 to 57.7% in 2019. Whilst this is a positive shift, police personnel were the least likely out of all of the emergency services to be aware of the support available to them.

Sources of Support

Of those who were aware of available support, the most frequently cited sources of support amongst police staff were the Employee Assistance Programme (EAP), through which employees can access six sessions of counselling, Trauma Risk Management (TRiM) – a peer delivered system of risk assessment and ongoing support, 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:

“Very little, always reactive and not proactive in terms of building resilience. Occupational Health services too slow due to excessive workload”

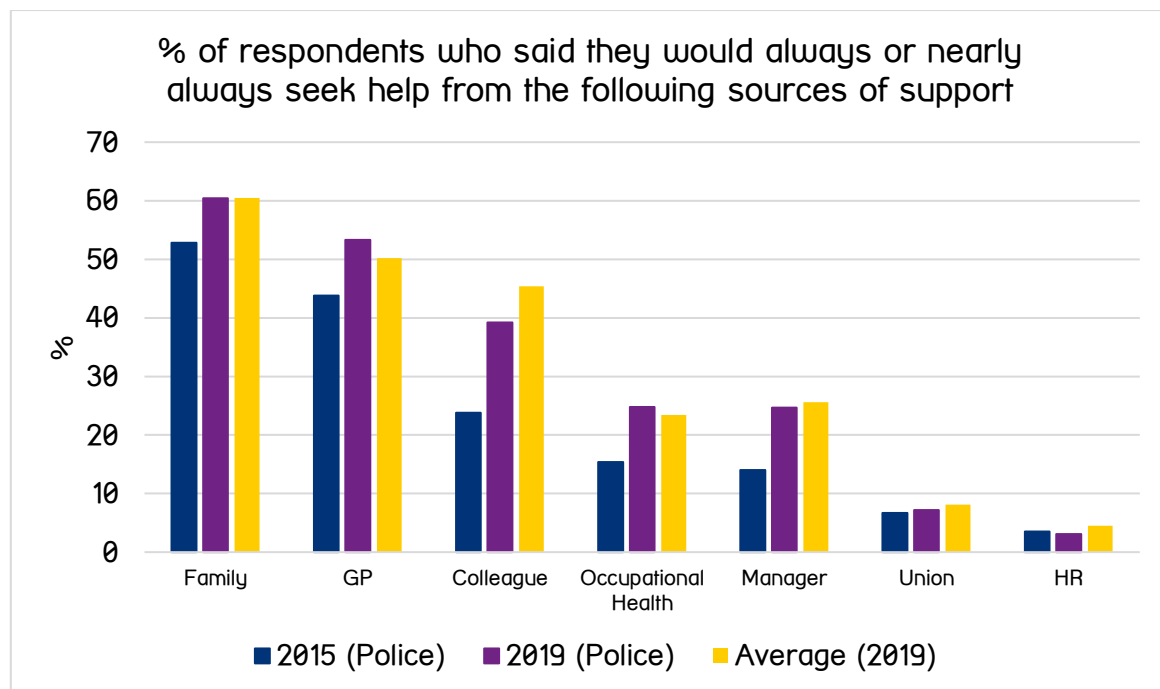
“Occupational health take up to 3 months to reply to you, there's a waiting list of over 3 months. The therapy is poor and not trauma focused. CBT is not robust enough for the PTSD I suffer”

Some staff also made reference to their own or colleagues’ negative experiences of accessing mental health support within their organisation and suggested that this would put them off using these services in future.



“I feel occupational health are not on the ball with officer’s mental health! My friend who used them experienced a negative time therefore I have little faith in services for mental health and would go to family and friends over them.”

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:



Overall, the likelihood of staff 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 for police service respondents, but the number of police personnel willing to seek support from a colleague, whilst still lower than the other emergency services, has increased from 23.8% in 2015 to 44.2% in 2019.

As in our 2015 survey, a high number of respondents said they would never seek support from HR (66.8%) or their Union (56.9%). HR was the only area where a decrease in the number of police personnel willing to seek help was observed. However, the number of respondents stating that that they would always or nearly always seek help from Occupational Health increased from 15.4% in 2015 to 24.8% in 2019. Whilst, overall, the number of police staff and volunteers willing to seek support from organisational sources has increased since 2015, the relatively low response rates compared to other sources 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.

“I don’t want it on my record, so I’d probably not seek help (from occupational health) and try and manage it myself”

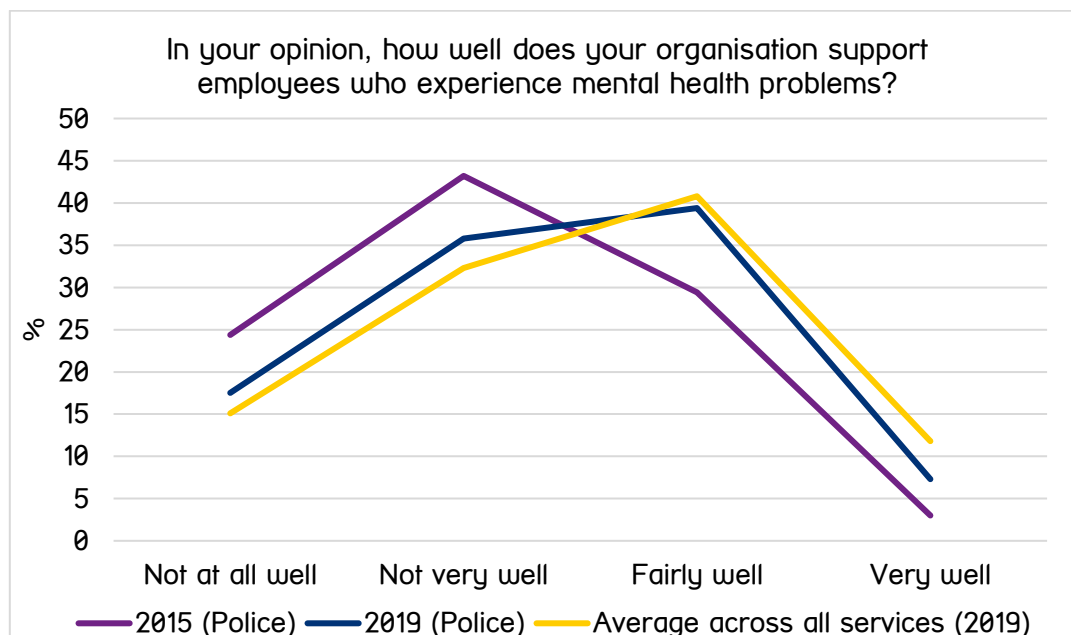


Whilst only 24.7% of police personnel said they would always or nearly always seek support from their managers, this is an increase from 14.1% in 2015, which appears to suggest that things are improving and staff are feeling more confident to disclose their poor mental health in the workplace. However, police personnel were the second least likely to seek support from their managers out of all the emergency services, and the only service where respondents indicated that they would be more likely to seek support from occupational health than a manager.

Police service staff and volunteers were also less likely than other emergency services to seek help from a colleague if they were experiencing a mental health problem - 39.3% compared to 45.4% overall. Whilst this is a big increase from our 2019 survey it indicates that there is still a degree of stigma associated with disclosing a mental health problem within the police service. 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, police service personnel were slightly more negative than staff and volunteers in the fire and search and rescue services, but a little more positive than those in the ambulance service.

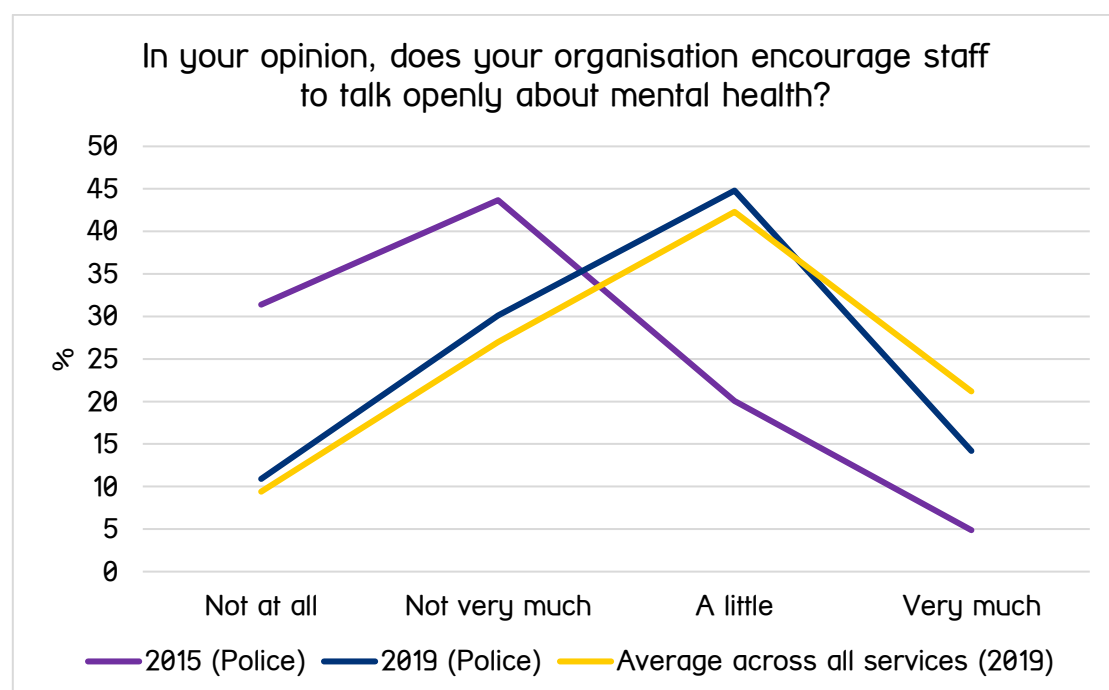


However, since 2015 there has been a big rise in the proportion of police personnel who think that their organisation supports employees with mental health problems 'fairly well' or 'very well' - 46.7% in 2019 compared to 32.4% of respondents to our initial scoping survey.



Police service staff and volunteers who had some involvement in the Blue Light Programme were more inclined to have a more positive opinion of the support their organisation provides, with 53.3% responding positively, compared to 41.7% 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 43.2% of those with lived experience working in the police service responding positively, compared to 55.6% 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:



Again, whilst police service staff responded slightly more negatively than the average across the emergency services overall, the number of personnel responding 'a little' or 'very much' rose from 24.9% in 2015 to 59% in our 2019 survey – an increase of 34 percentage points.

As was the case when rating the quality of organisational support, those who had been involved in the Blue Light Programme were more likely to provide a positive response to this question, with 66.9% saying their organisation encouraged staff to talk openly about mental health, compared to 52.6% of those who had no involvement.

Mental Health Training

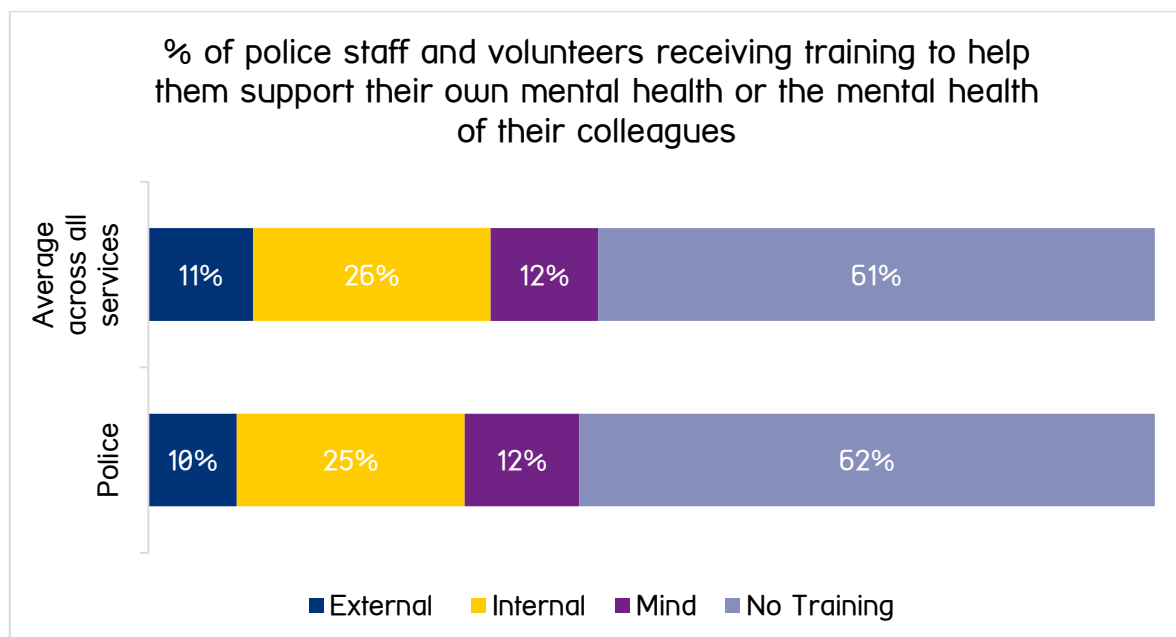
Our research and evaluation over the last four years of the Blue Light Programme has demonstrated that there is a high demand for mental health training amongst emergency



services staff, volunteers and line managers. However, 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:



38% of police service staff and volunteers reported that they had received training to help them support their own mental health or the mental health of their colleagues. This was roughly in line with the average across the emergency services as a whole. This figure increased to 51.9% for respondents holding a line management position.

Of those who did receive training, 24.7% had received this from an internal source, 12.4% from Mind, and 9.6% from another external provider. Training was mandatory for only 39.1%.

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. Police service staff were the second most likely (after the ambulance service) to receive induction training to help them

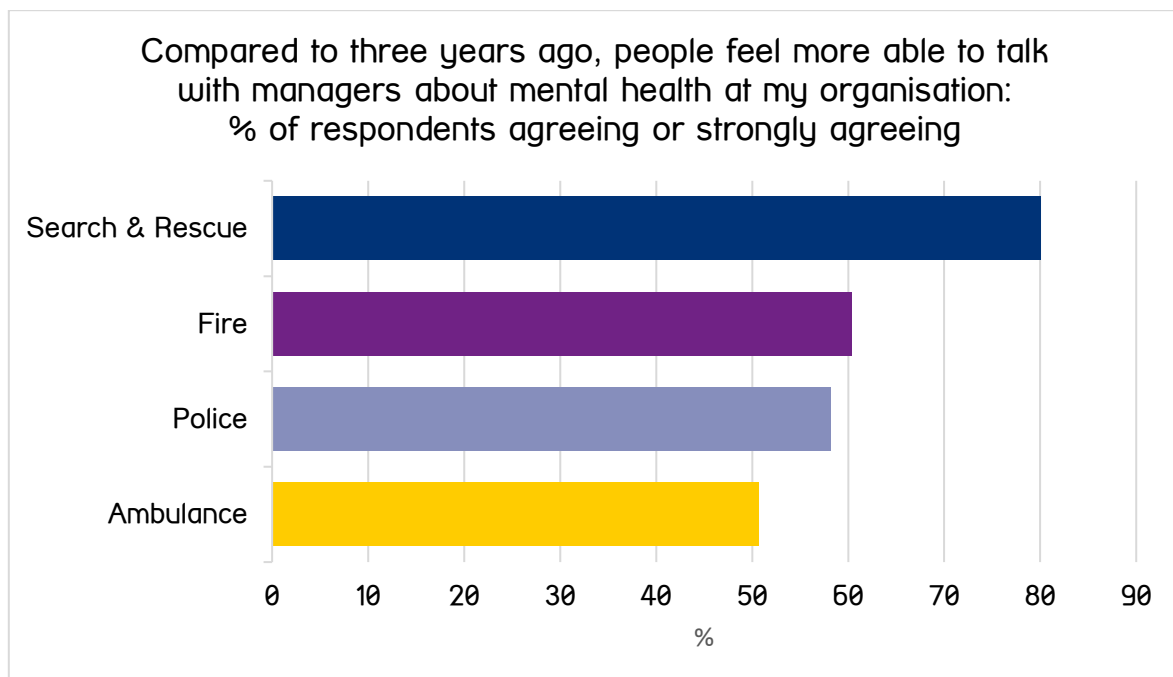


support members of the public with mental health problems (64.6%) but the least likely to receive training to help them support their own or their colleagues mental health (21%).

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 if/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:



58.2% of police personnel agreed or strongly agreed that people feel more able to talk with managers about their mental health compared to three years ago. Whilst this is positive, police staff and volunteers were the second least likely of the emergency services (after the ambulance service) to report that their ability to talk to managers in their organisation has improved over the last three years. A slightly higher percentage of police personnel (62.6%) who had been involved in the Blue Light Programme were in agreement that there had been some improvement.

Whilst it's promising that over half of police staff and volunteers feel that it's easier to talk to managers about mental health than it used to be, a greater percentage (67.5%) 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 police service, potentially because of fears it may impact detrimentally upon career progression. However, the number of police personnel who



reported feeling more able to talk to their colleagues than they did three years ago was also the lowest out of all the emergency services, indicating that there is still some work to be done to address stigma more broadly within the police service.

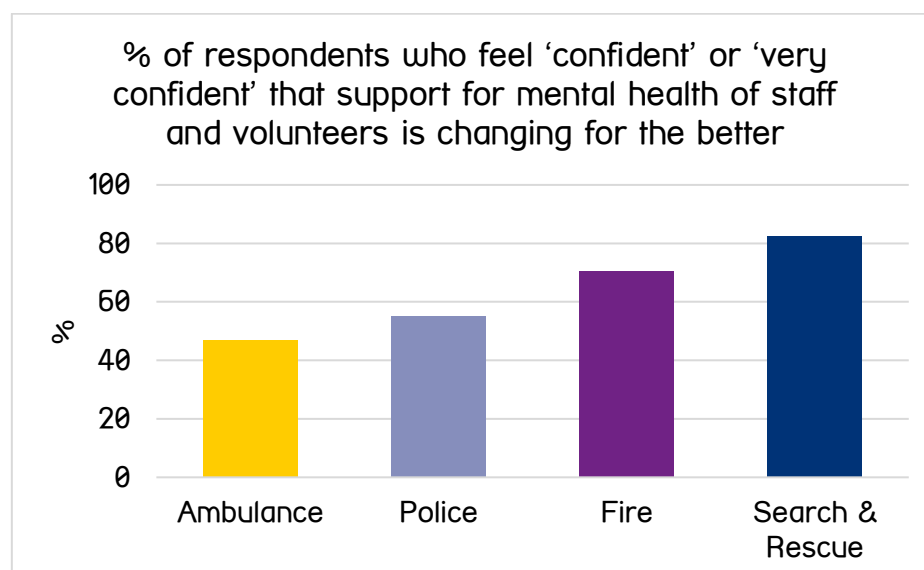
Our survey also asked line managers whether there had been any change to how confident they felt supporting a member of staff who was experiencing poor mental health at work. The vast majority (87.2%) of managers in the police service agreed that they felt more confident to support the mental health of staff than they did just one year ago. This was even higher (94.5%) 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.

Overall, 59.4% of people who took our 2019 survey said they felt confident that attitudes towards mental health in their organisation were changing for the better, and 55.9% felt confident that mental health support was also improving. Responses from the police service were broadly in line with the average, with 57.7% feeling confident that attitudes were changing and 55% feeling positive that support was improving. However, respondents from the police service were second least likely (after the ambulance service) to feel confident in both areas.





Confidence in both areas increased to 65% (attitudes) and 62% (support) for those involved in the Blue Light Programme, but those with lived experience of mental health problems were less positive (54% and 51% respectively), suggesting that there's still more work to do to ensure that staff and volunteers experiencing mental health problems in the police 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. The Blue Light Programme has invested significantly in targeted support, training and messaging for new recruits which may have contributed to this finding.

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, suggesting that there is still work to be done to improve the practical delivery of mental health and wellbeing support for those who need it.

There have been marked improvements across the board since our 2015 survey. Responses from police personnel were roughly in line with the average findings, but were generally more negative than those from the fire and search and rescue services across almost all elements of the survey. This suggests that there is still scope for police service organisations to assess and reprioritise their approach to the mental health and wellbeing of their workforce. Our survey demonstrated that the workplace factors that contribute to staff and volunteers feeling mentally unwell or stress have changed little since 2015. Excessive workload continues to top 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? | |
|--------------------------|--|
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Another [If yes – free text explanation is required] |

Q24

| Have you ever identified as transgender, now or in the past? | |
|--|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Q25

| How would you describe your sexuality? | |
|--|------------------------|
| <input type="checkbox"/> | Bisexual |
| <input type="checkbox"/> | Gay |
| <input type="checkbox"/> | Heterosexual/ Straight |
| <input type="checkbox"/> | Lesbian |
| <input type="checkbox"/> | Another |

Q26

| What is your religion? | |
|--------------------------|---|
| <input type="checkbox"/> | No religion |
| <input type="checkbox"/> | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |
| <input type="checkbox"/> | Buddhist |
| <input type="checkbox"/> | Hindu |
| <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | Muslim |
| <input type="checkbox"/> | Sikh |
| <input type="checkbox"/> | Another [If yes – free text explanation is required] |

Q27

| How would you describe your ethnicity? |
|--|
|--|





| | | | |
|------------------------|--|-------|---|
| Asian or Asian British | <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Another Asian background | Mixed | <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Another mixed background |
| Black or Black British | <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Another Black background | White | <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Another white background |
| Other ethnic group | <input type="checkbox"/> Arab <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> 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

