



# Mental Health in the Emergency Services

## Our 2019 Survey Results – Search & Rescue

### 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 30<sup>th</sup> November 2018 and 29<sup>th</sup> 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 search and rescue service data and compare them to the 2015 survey (where applicable) and data from the other emergency services (police, fire and ambulance).

### Headline Results

<p><b>Mental Health at Work</b></p>	<ul style="list-style-type: none"> <li>• Just under half (49.5%) of search and rescue staff and volunteers who took part in our 2019 survey had personal experience of mental health problems.</li> <li>• Unlike those who responded to our survey from the other emergency services, 86% of respondents from the search and rescue service were carrying out their roles in a voluntary capacity.</li> <li>• Current mental health amongst search and rescue personnel is broadly consistent with the results of CIPD's 'Focus on Mental</li> </ul>
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	<p>Health in the Workplace' survey. The proportion of search and rescue staff and volunteers describing their mental health as 'good' or 'very good' was 68.9%, compared to an average of 45% across all four emergency services (fire, police, ambulance and search and rescue)</p> <ul style="list-style-type: none"> <li>• Our survey findings show that organisational factors appear to affect search and rescue personnel less than those in other emergency services, probably in large part due to the voluntary nature of their roles.</li> <li>• Experience of distressing or traumatic events remains the number one cause of poor mental wellbeing amongst search and rescue and there has been a slight increase in the number of respondents citing this as a trigger since our 2015 survey.</li> </ul>
Sources and Perceptions of Support	<ul style="list-style-type: none"> <li>• 67.7% of staff and volunteers who took our 2019 survey were aware of the mental health support available to them through their organisation, compared to 55.5% in 2015.</li> <li>• The proportion of search and rescue staff and volunteers willing to seek support for their mental health from all sources has increased since 2015. Family and colleagues remain the most frequently used sources of support.</li> <li>• 29.1% of search and rescue personnel said they would seek support from their managers for a mental health problem. Search and rescue staff and volunteers were more likely than both police and ambulance personnel to report a willingness to seek support from a manager.</li> <li>• 81.3% of search and rescue staff and volunteers felt their organisation supports employees with mental health problems 'well' or 'very well'. This was much higher than the average of 52.6% across all four emergency services.</li> <li>• 81.8% of search and rescue staff and volunteers now feel that their organisation encourages staff to talk openly about mental health – compared to 64.6% of those who responded in 2015.</li> </ul>
Mental Health Training	<ul style="list-style-type: none"> <li>• Almost half (47.2%) of search and rescue staff reported that they had received training to help them support their own mental or the mental health of their colleagues.</li> </ul>





	<ul style="list-style-type: none"> <li>• 58% of those in management positions had received mental health training, either from an internal or external source.</li> <li>• Search and rescue staff and volunteers were more likely to receive induction training on how to support their own or their colleagues mental health (61.8%) than they were to receive induction training to help them support members of the public with mental health problems (46%).</li> </ul>
Managers & Mental Health	<ul style="list-style-type: none"> <li>• 80% of search and rescue staff and volunteers agreed or strongly agreed that people feel more able to talk with managers about mental health in their organisation compared to three years ago, compared to an average of 58.6% across the emergency services overall.</li> <li>• 88.9% of managers agreed that they felt more confident to support the mental health of staff and volunteers than they did just one year ago.</li> </ul>
Perceptions of Change	<ul style="list-style-type: none"> <li>• 84% of search and rescue staff and volunteers said they felt confident that attitudes towards mental health in their organisation were changing for the better, and 82.5% felt confident that support for the mental health of staff and volunteers was also improving.</li> <li>• 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.</li> <li>• 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.</li> </ul>

## 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. Search and rescue staff and volunteers represented 10.9% of the total sample.



Whilst this is lowest response rate across the four services, it represents a significant increase from our 2015 survey, where only 3.9% of respondents were search and rescue personnel. For this reason, any comparison within this report to data from the 2015 survey should be treated with caution due to the small sample size (143 respondents) in the original scoping survey.

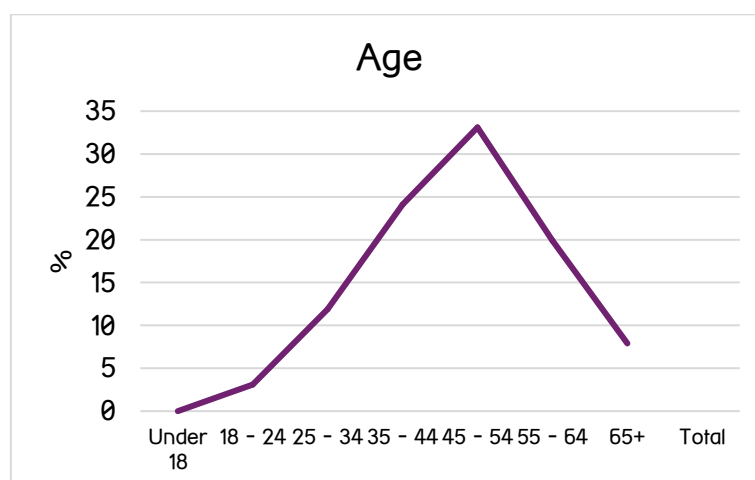
89.4% of search and rescue personnel responding to the survey were based in England. Response rates from search and rescue staff and volunteers in Wales were the second highest across all of the services at 10.6% and close the overall average of 11.4%, representing a good geographical spread.

The vast majority (86%) of responses from search and rescue personnel came from those carrying out volunteer roles within the service. This was in contrast to the three other services, where on average 96.8% of survey respondents were employed in paid roles. This broadly reflects the make-up of the search and rescue service. However, this difference in workforce composition is important to bear in mind when comparing the survey findings to those of the other emergency services.

36.2% of search and rescue staff and volunteers who responded to the survey indicated that they had line management responsibility. This was the second highest out of all of the emergency services.

In both our 2015 and 2019 surveys, just under 80% of search and rescue respondents were male. This is broadly representative of the overall workforce composition.

The majority of respondents from the search and rescue service were over 35 years of age (85% of the total sample). The greatest number of responses (33.1%) came from those in the 45-54 age bracket, and there was the largest response rate across all of the services from those over 65 years of age (7.9%). This is reflective of the greater number of volunteer roles in the search and rescue services which can often be undertaken by retirees.



In terms of length of service, the greatest number of responses (42.5%) came from staff and volunteers who had been in the search and rescue service one to five years. This was a slight increase from those who completed our 2015 survey. The number of respondents who had been in their roles for less than a year also increased, from 3.5% to 6.3%. 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.

97% of search and rescue respondents were white, down slightly from 100% in our 2015 survey. An average 4.4% of survey respondents from the search and rescue services stated they had a disability, the lowest across all of the emergency services staff surveyed.

### Lived Experience

49.5% of search and rescue staff and volunteers who took part in our 2019 survey indicated that they had personal experience of mental health problems, compared to 34.2% in 2015. This was lower than the average of 67.5% reported across all services. The most commonly reported mental health problems experienced by search and rescue personnel were depression (32%), anxiety (27.3%) and PTSD (12.3%). It should be noted that whilst the most commonly reported mental health problems were the same across all four emergency services, rates of all three were lower amongst search and rescue staff and volunteers – particularly in the case of PTSD.

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.

39.2% of search and rescue 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 (56.3%). The most common ways that staff and volunteers had engaged with the Blue Light Programme were through accessing printed information (22.5%), accessing information online (13.1%) or through media coverage (12.7%) 3.6% of respondents were 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.

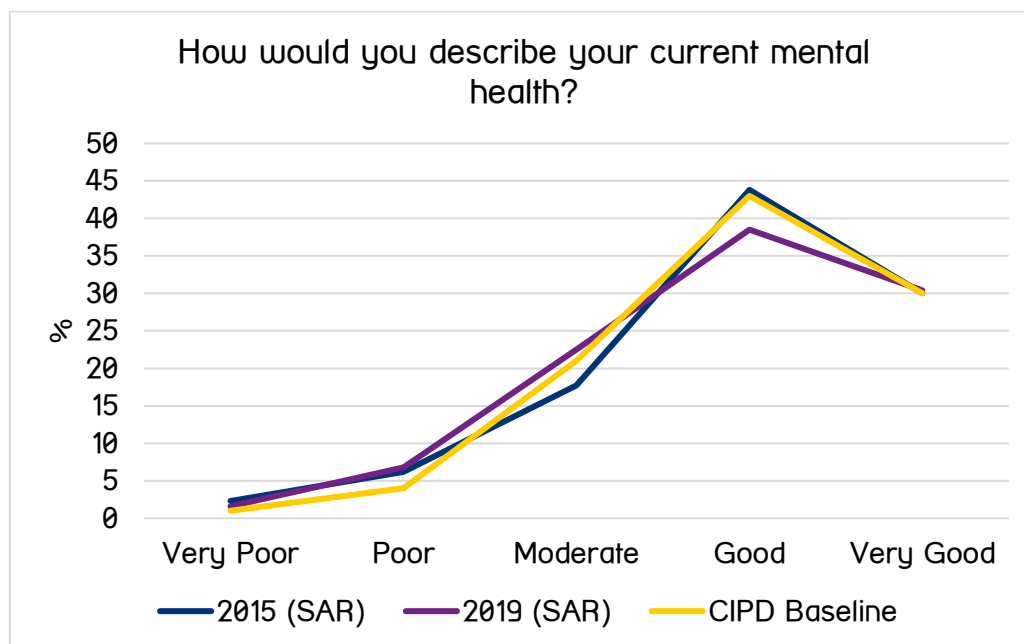
### Mental Health at Work

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, whilst poor mental health continues to be an issue across most of the rest of the rest of the emergency services, current mental health amongst search and rescue personnel is broadly consistent with the CIPD survey results (plotted in yellow below).



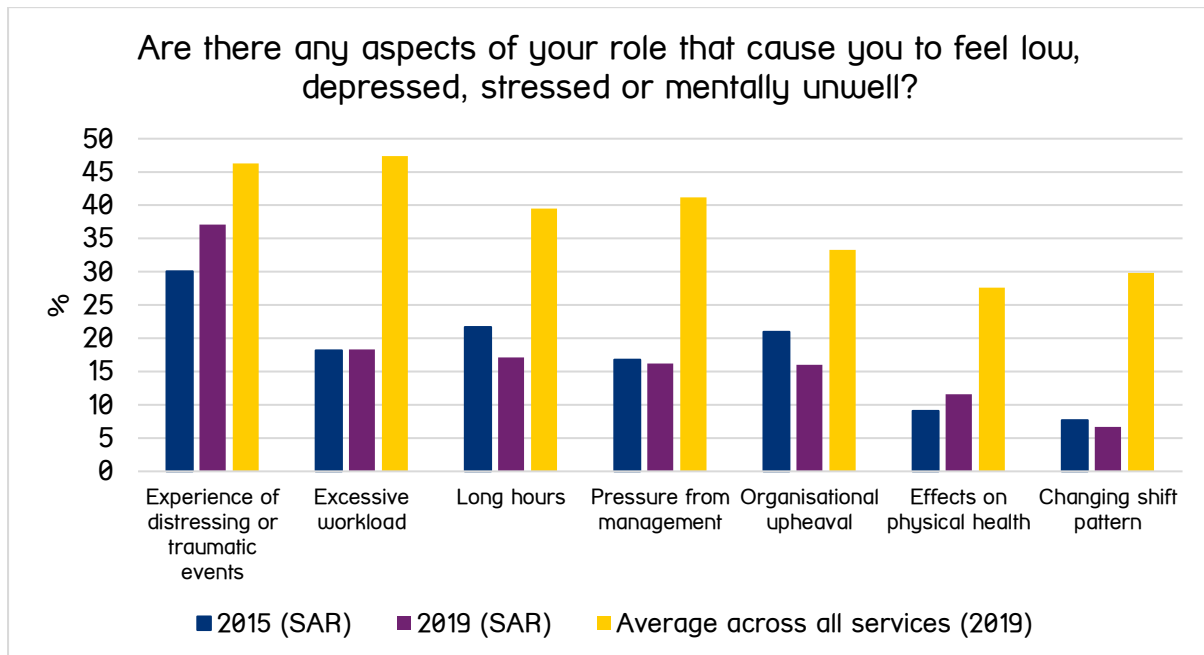
The proportion of search and rescue staff and volunteers describing their mental health as 'good' or 'very good' in our 2019 survey was 68.9%, compared to an average of 45% across all the four services. This is a slight decrease from 73.9% in our 2015 survey.

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:







As with many of the questions within the survey, responses from search and rescue personnel were much more positive than those from the other emergency services. Some triggers, such as changing shift patterns and effects on physical health are arguably less relevant for a reactive, volunteer-led service and, therefore, were attributed a lesser degree of importance by search and rescue staff and volunteers.

Overall, the number of search and rescue staff and volunteers citing organisational factors as impacting negatively on their mental health has decreased. However, there has been a slight increase in the number of personnel citing experience of traumatic or distressing events and effects on physical health as triggers of poor mental health. This shift 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.

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. Whilst for those working in the other emergency services this was often used as an opportunity to expand upon specific issues within their organisation, for search and rescue personnel it was generally a space to reflect on external stressors. Respondents frequently talked of the pressures they experience in their paid roles as being the biggest source of stress and highlighted the part their role within search and rescue plays as a relief from the day-to-day strains of their paid employment. Aside from organisational stresses, some respondents also talked of the

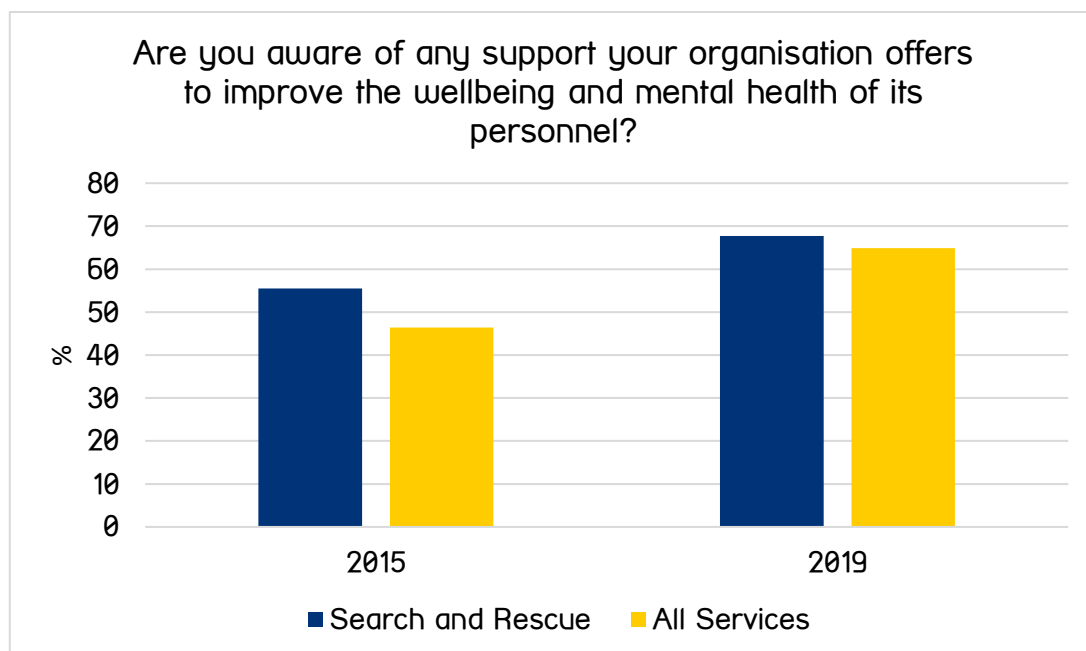


pressure of balancing their search and rescue role with family commitments as an additional source of stress.

## 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 search and rescue staff who were aware of the mental health support available to them rose from 55.5% in 2015 to 67.7% in 2019. This was slightly higher than the average across all services but was less of an increase than observed overall, something that is perhaps indicative of a greater level of baseline awareness.

### Sources of Support

Of those who were aware of available support, the most frequently cited sources of support amongst search and rescue staff were Trauma Risk Management (TRiM) – a peer delivered system of risk assessment and ongoing support, the Employee Assistance Programme, and in-house welfare support. Some staff and volunteers also referenced the Blue Light Programme and peer support initiatives within their organisation, as well as having access to support systems within other emergency services.

“4 x TRiM trained team members can provide support and signpost to further help. Ambulance service support systems are also available.”



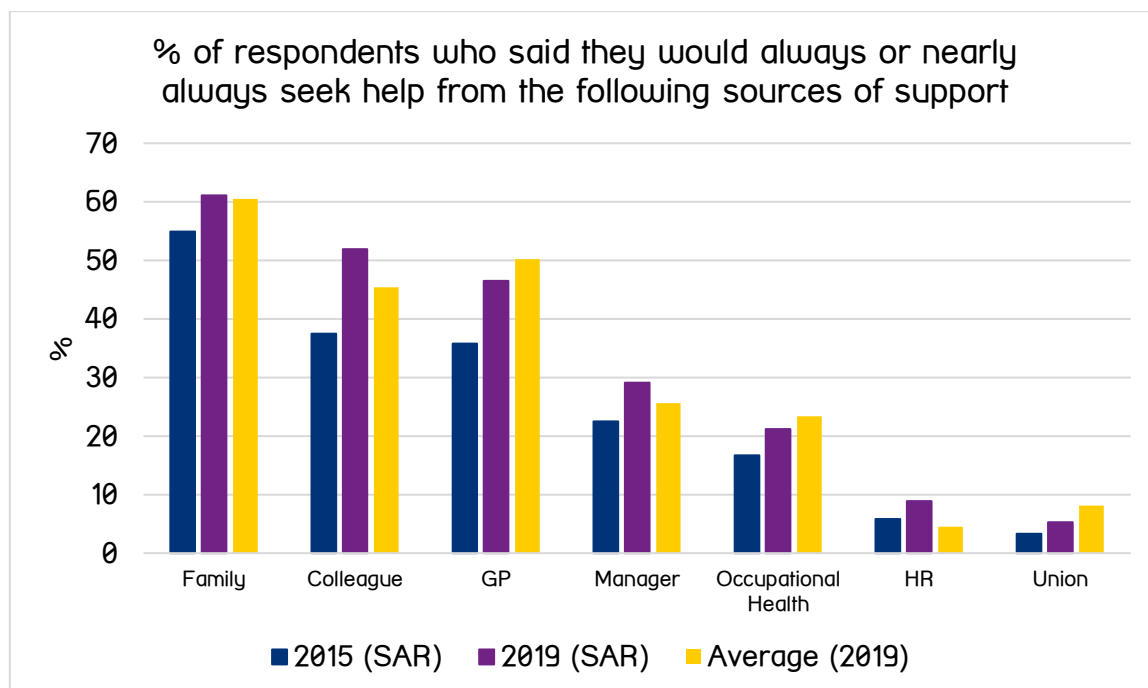


### “Police offer their mental health facilities to Search & Rescue units”

Search and rescue personnel were generally more positive in the free-text comments about the support available within their organisation than their counterparts in other emergency services, who often perceived internal support as inadequate or tokenistic.

“TRIM is available to us. Mental health is always on the agenda, mentioned in debrief if a difficult call out, and personnel who may be affected or who seem not OK are gently and effectively followed up and supported.”


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 continue to be the most frequently used source of support for search and rescue personnel. However, the number of staff and volunteers who said they would seek support from their colleagues has increased from 37.5% in 2015 to 51.9% in 2019. The percentage of search and rescue personnel willing to seek support from their GP has also increased, from 35.8% in 2015 to 46.5% in 2019, although the overall figure is less than the average across all of the emergency services.

As in our 2015 survey, a relatively high number of respondents said they would never seek support from HR (56.9%), their Union (70.1%) or Occupational Health (38.2%). The number of search and rescue service respondents who would never seek support from Occupational Health or their Union was the highest amongst all the emergency services; however, search and rescue personnel were more willing to access support through HR than their counterparts in other emergency services.



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Whilst these figures are slightly higher than those observed in 2015, this still 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'm not sure I want to raise a concern to my manager to make an appointment with another manager to discuss my problems who will decide if I need to see anybody else.”

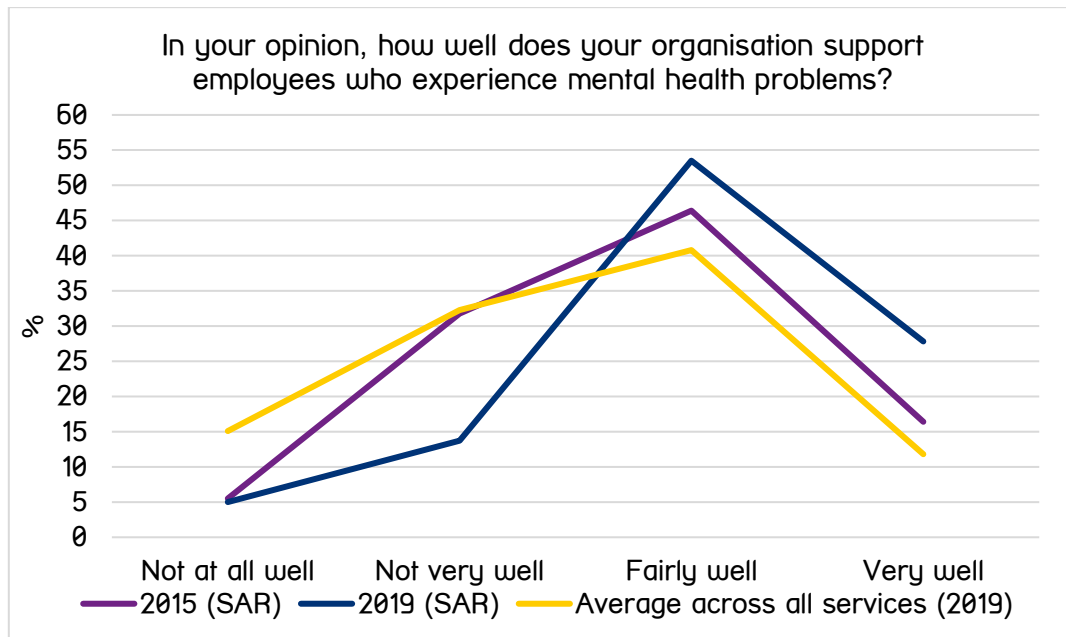
Whilst only 29.1% of search and rescue personnel said they would always or nearly always seek support from their managers, this is an increase from 22.5% in 2015. This demonstrates that things are improving and staff are feeling more confident to disclose their poor mental health in the workplace. Search and rescue staff and volunteers were more likely than both police and ambulance personnel to report a willingness to seek support from a manager. As the majority of responses to the survey came from those in volunteer roles within the search and rescue services, this finding may be as a result of their being less fear around the career implications of disclosing a mental health problem at work than in the other emergency services.

Search and rescue staff and volunteers were also the second most likely to seek help from a colleague if they were experiencing a mental health problem (51.9% compared to 45.4% overall), perhaps for a similar reason to that described above. This highlights the importance of encouraging peer support initiatives and fostering positive and supportive working relationships within all the emergency services.

### Perceptions of Support

When asked directly about how well they think their organisation supports employees who experience mental health problems, search and rescue staff and volunteers again gave the most positive response out of all the emergency services. 81.3% of search and rescue staff and volunteers felt that their organisation supports employees with mental health problems ‘well’ or ‘very well’. As well as being substantially higher than the average of 52.6% across the services, this is an increase of 18.5 percentage points compared to the response from search and rescue personnel to our 2015 survey.



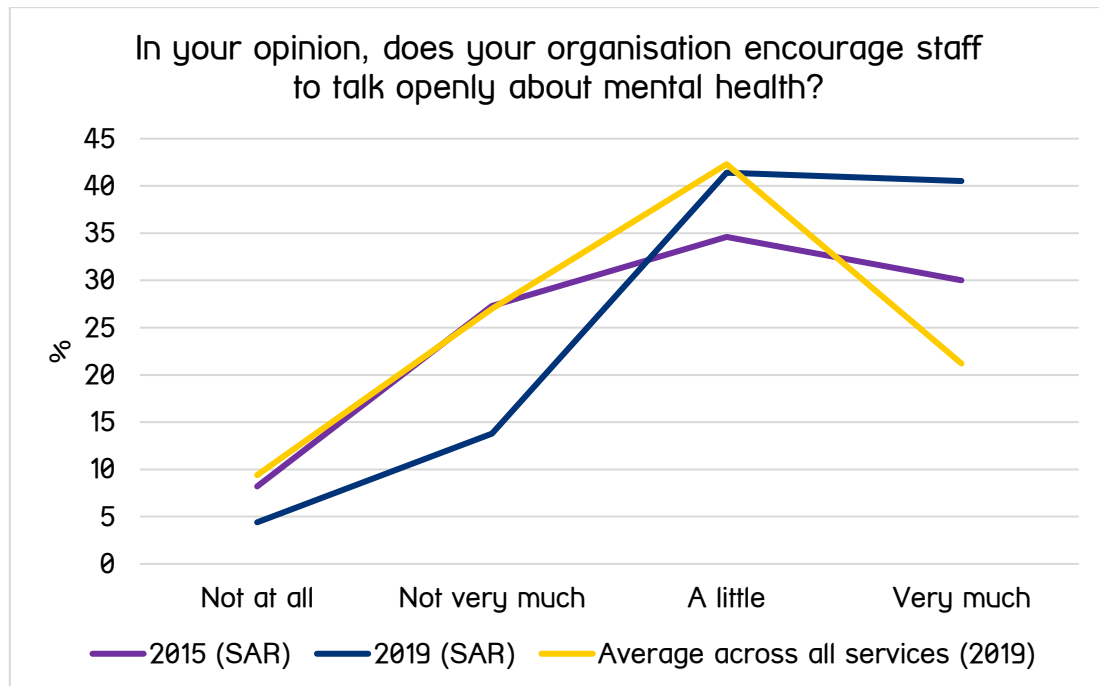


Unlike staff and volunteers from the other emergency services, search and rescue personnel who had some involvement in the Blue Light Programme were actually less likely to have a positive opinion of the support provided by their organisation, with 78.9% responding positively, compared to 82.4% of those who had no involvement. Across the other emergency services, those with involvement in the Blue Light Programme generally responded more positively to this question, with an average difference of 8 percentage points. As previously referred to, the sample of search and rescue personnel who completed the survey was relatively low compared to the other emergency services so these findings should be treated with caution and are not generalisable. However, this finding may be as a result of the Blue Light Programme being less embedded in the search and rescue services, meaning that those who come into contact with it may be more likely to be those actively seeking support from outside of their organisation.

Whilst, overall, search and rescue staff and volunteers were positive about the support offered by their organisation, those with lived experience of mental health problems were less likely to say that their organisation supports employees who experience mental health problems 'well' or 'very well' than those without. 74.6% of those with lived experience responded positively to this question, compared to 87.6% of those with no personal experience. 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, the response from search and rescue staff was the highest of all the emergency services. Even so, the number of personnel responding ‘a little’ or ‘very much’ rose from 64.6% in 2015 to 81.8% in our 2019 survey – an increase of 17 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 88.5% saying their organisation encouraged staff to talk openly about mental health, compared to 77% of those who had no involvement.

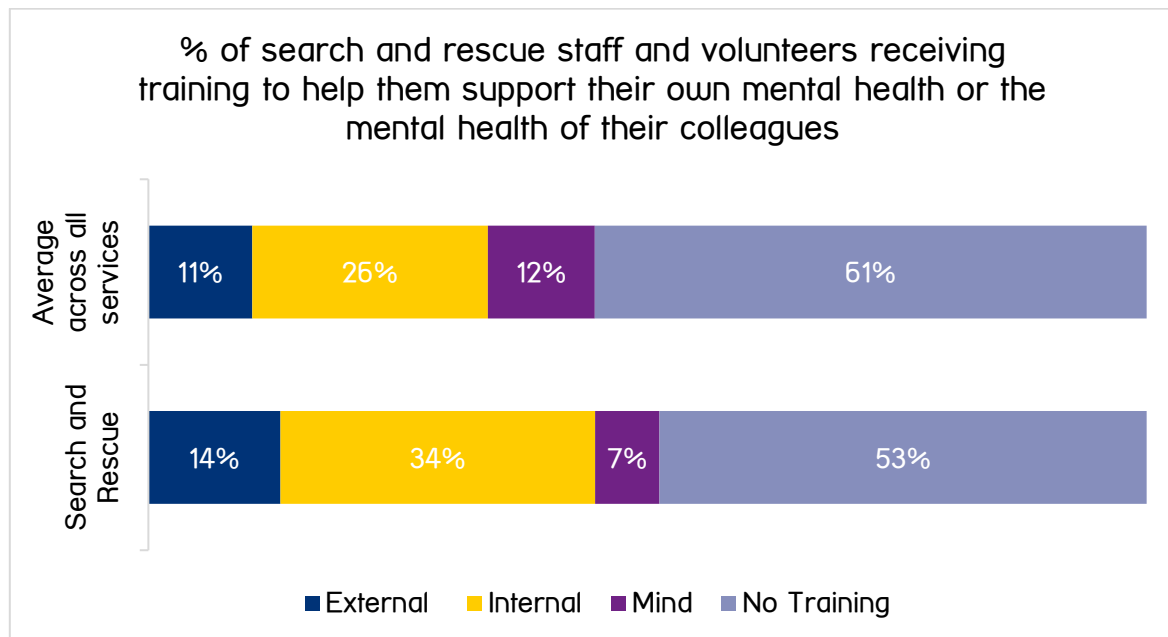
## Mental Health Training

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. Furthermore, 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:



Almost half (47.2%) of search and rescue staff 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 58% for respondents holding a line management position.

Of those who did receive training, 34.1% had received this from an internal source, 7% from Mind, and 14.3% from another external provider. Training was mandatory for only 14.2% of attendees, the lowest of all the emergency services – reflecting the voluntary make-up of the search and rescue services more generally.

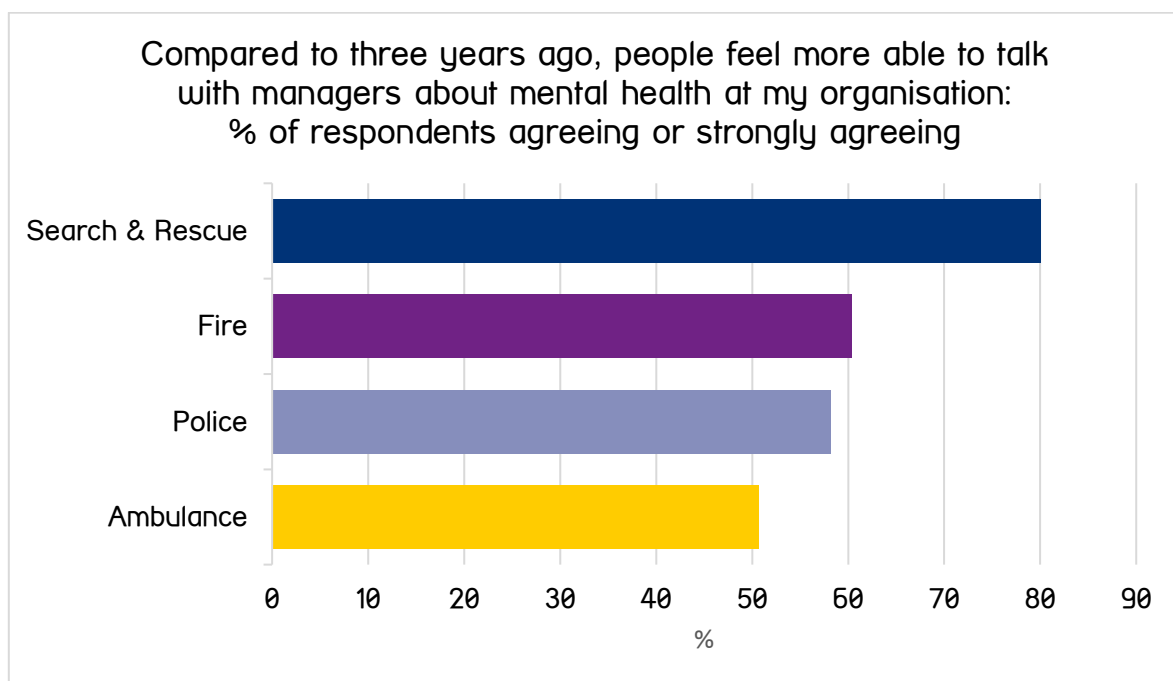
Our survey also asked respondents whether they had received any training about mental health as part of their initial induction to their role or service. Search and rescue staff and volunteers were more likely to receive induction training on how to support their own or their colleagues mental health (61.8%) than they were to receive induction training to help them support members of the public with mental health problems (45%). 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 – perhaps reflecting the greater level of public interaction required in these services. Search and rescue personnel were the most likely out of all the emergency services to be given input on managing their own mental health and wellbeing during their induction.



## 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:



Search and rescue staff and volunteers were the most positive about how the ability to talk to managers in their organisation has improved over the last three years - 80% agreed or strongly agreed that people feel more able to talk with managers about their mental health, compared to an average of 58.5% across the emergency services overall. A slightly higher percentage of personnel (83%) who had been involved in the Blue Light Programme were in agreement that there had been some improvement.

Unlike the other emergency services, where staff and volunteers generally responded more positively about changes to their ability to talk to their colleagues than their managers, the rate of search and rescue personnel who said they found it easier to talk to their managers and colleagues about mental health than they did three years ago was broadly similar (80% and 83.3% respectively). This indicates that staff and volunteers in the search and rescue services are much more willing to speak to their managers about mental health compared to their counterparts in other services. As previously referred to, this may be due to the predominantly voluntary nature of the search and rescue service reducing some of the fear around the perceived career implications of disclosing a mental health problem at work.





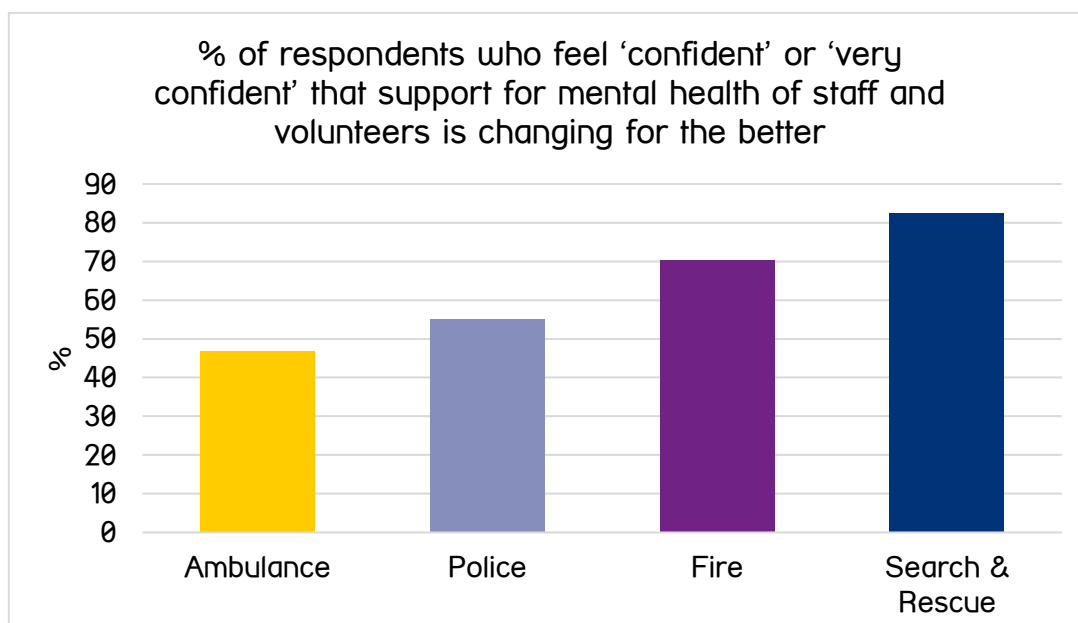
Our survey also asked line managers whether there had been any change to how confident they felt supporting a member of staff who was experiencing poor mental health at work. The vast majority (88.9%) of managers in the search and rescue services agreed that they felt more confident to support the mental health of staff than they did just one year ago.

## 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 search and rescue services were the most likely to feel confident in both areas, with 84% feeling confident that attitudes were changing and 82.5% feeling positive that support was improving:



This increased slightly to 84.5% (attitudes) and 83.2% (support) for those involved in the Blue Light Programme, but those with lived experience of mental health problems were less positive (76.8% and 75.6% respectively), suggesting that there's still more work to do to ensure that staff and volunteers experiencing mental health problems in the search and rescue service get the support and respect they deserve.



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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 search and rescue personnel than those working for the police, fire and ambulance services. Our research and evaluation throughout the Blue Light Programme has taught us about the different environment that search and rescue staff and volunteers operate in, and for many, volunteering for a search and rescue team can be a positive influence on their mental health. However, there are still a number of challenges associated with working or volunteering for a search and rescue team, and our survey demonstrated that search and rescue personnel's awareness of the impact of experiencing distressing or traumatic events has grown since we first surveyed emergency services staff and volunteers 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. Our 2019 survey findings suggest that search and rescue organisations seem to be making the mental health and wellbeing of their staff and volunteers a priority, providing induction training to help manage wellbeing and offering mental health support both internally and through partner organisations.

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](http://mind.org.uk/bluelight). If you have any queries please email [bluelight@mind.org.uk](mailto: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

<b>Are you involved with or have previously had any involvement with the Blue Light Programme?</b> <b>Please tick all that apply</b>	
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 <b>[If yes – free text explanation is required]</b>
Tick	No

### Q11

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

### Q12

<b>Have you received any training from your organisation to help you support your own and/or your colleagues mental health?</b> <b>Please tick all that apply</b>	
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](mailto:research@mind.org.uk)

