Blue Light Personnel Information Needs Scoping Research

Final Report
2nd February 2014

Richard Donaldson
Justin Irwin
Becky Williams

www.fivewaysnp.com

Contents

1. Executive Summary

It is clear there is a tremendous need to improve the mental health of emergency service personnel – exposure to traumatic incidents, challenging working environments and pressure to deliver whilst resources are being cut all contribute to high levels of stress, depression, PTSD and anxiety.

Mental health issues are stigmatised across these services and there is an expectation to appear strong and not let your colleagues down. This is compounded by a fear of losing your livelihood if you were to admit to problems or take time off sick.

Provision of mental health support is patchy and focussed on crisis point interventions rather than prevention or maintenance. Most personnel would use their GP and possibly Occupational Health services (although, as they are provided by employers, these are not always perceived as independent). Charities and other organisations do provide other support – and all would welcome the Mind initiative.

According to our research it is evident that providing information alone - without challenging the stigma that would prevent people accessing it - would not be effective. Therefore the success of this service is dependent on the success of the other strands of Mind's Blue Light Programme that challenge this stigma and work with employers. From our research we conclude that an effective mental health information service would need to:

- Tackle stigma from the top down
- Proactively train personnel so they can spot the danger signs
- Normalise mental health
- Be confidential and independent of the employer
- Be easy to access discreetly
- Be provided by someone who truly understands the job
- Deliver practical support in a timely fashion
- Be aware of, and linked to, existing support services

A key challenge in these requirements is the finding that, for the service to be credible, it needs to be delivered by someone who understands what it is like to be in a specific Blue Light service (e.g. there is a feeling that only someone who has been an ambulance worker would understand the mental health issues of an ambulance worker). This presents a significant operational challenge to Mind's existing service – but it is one that could be overcome by effective partnerships and tailored promotion that recognises and understands the differences between the services. Our recommendations for the development of Mind's information service are as follows:

- Proactively train management and personnel in mental health and wellbeing
- Use a normative approach to reduce the stigma attached to accessing support
- Increase accessibility in terms of opening times and channels
- Work closely with partners to ensure the service is credible and trusted
- Position the service as a way to "keep well for work"
- Promote the information service differently for each emergency service, using a variety of communication channels

2. Introduction

The Blue Light Programme is an exciting opportunity to improve the mental health of those who work in the emergency services. One of the four strategies for achieving this aim is to provide targeted information and support to 18,800 Blue Light personnel, enabling them to understand and proactively manage their mental health, and access further help.

This information and support is to be delivered through a bespoke mental health information service based on Mind's existing and proven model of information service delivery, featuring an information line (accessed by phone, text and email) and the promotion and distribution of information materials amongst Blue Light personnel.

Fiveways, in partnership with Skyrocket Research, was commissioned to undertake qualitative research amongst Blue Light personnel and stakeholders in order to gather insight on how best to develop and deliver an information service to meet the mental health needs of emergency service personnel. This report captures the key findings and provides recommendations for the development of the information service.

3. Research objectives

Following discussions with the team at Mind, the following overall research objectives were agreed:

- To clarify how the audience defines mental health and mental ill health
- To understand the audience's personal experiences in relation to mental health
- To evaluate what information and support exist currently
- To provide guidance on developing Mind's information service to meet the needs of Blue Light personnel
- To identify different needs across services and audiences

4. Research methodology and sample

The primary research was undertaken using in-depth telephone interviews. Following discussions with Mind and some desk research into the subject, discussion guides (see appendix) were developed and approved.

Those involved in the personnel interviews were given £15 to thank them for their participation. These calls typically lasted between 20-30 minutes, whereas calls to stakeholders typically lasted between 30-40 minutes.

4.1. Personnel sample

A target of 13 personnel interviews was agreed, this was exceeded with a total of 16 interviews being completed.

- Eight of the interviews were with "warm" contacts. These were people who had previously completed a survey on this subject for Mind and indicated they would be willing to become a

"mental health champion" within their workplace. They had also responded positively to an email from Mind asking them to be involved in this research.[1]

- Six interviews were with "cold" contacts working within the Blue Light Services, mainly recruited from introductions from others involved in the research ("snowballed").[2]
- Two interviews with partners of personnel were included in the sample to ensure the perspective of that important group was included.

In advance of the calling a sample grid was approved to ensure a wide range of participants split across the services, job role, gender, age (above or below 30) and region. Recruitment successfully achieved this cross-cutting sample as can be seen in the table below.

	Service /Group	Recruited		Role	Gender	Age	Region
1	Police	Warm	Mind survey	Management/supervisor	M	Younger	Midlands
2	Police	Warm	Mind survey	Frontline staff	F	Younger	South
3	Police	Cold	Fiveways contact	Frontline staff	M	Older	South
4	Ambulance	Warm	Mind survey	Management/supervisor	F	Older	North
5	Ambulance	Warm	Mind survey	Frontline staff	F	Younger	South
6	Ambulance	Cold	Snowballed from warm contact	Frontline staff	F	Older	South
7	Ambulance	Cold	Snowballed from warm contact	Frontline staff	M	Younger	South
8	Fire	Warm	Mind survey	Management/supervisor	M	Older	South
9	Fire	Warm	Mind survey	Frontline staff	M	Younger	South
10	Fire	Cold	Snowballed from stakeholder	Management/supervisor	M	Older	North
11	Fire	Cold	Snowballed from stakeholder	Management/supervisor	M	Older	Midlands
12	Search & Rescue	Warm	Mind survey	Management/supervisor	M	Older	Midlands
13	Search & Rescue	Warm	Mind survey	Volunteer	F	Older	North
14	Search & Rescue	Cold	Snowballed from warm contact	Volunteer	M	Older	North
15	Spouses/partners	Cold	Snowballed from warm contact	(Police)	F	Younger	Midlands
16	Spouses/partners	Cold	Snowballed from cold contact	(Fire)	F	Older	North

4.2. Stakeholder sample

A target of seven stakeholder interviews was agreed, this was exceeded with eight interviews completed.

Stakeholder organisations were selected and prioritised by Mind, who introduced them to Fiveways by email. The following organisations were involved in the stakeholder research:

[1] In total 28 people responded to this email indicating they would be willing to be interviewed over the phone. Those not contacted (18) or who did not respond to follow up from Fiveways (2) were subsequently emailed by Mind to thank them for their interest and with a link to a survey where they could share their views.

[2] One warm contact publicised the research in their workplace and generated a total of 19 cold contacts. Those not contacted (16) or who we were unable to contact having booked a call (1) were subsequently emailed by Fiveways to thank them for their interest and introduce them to Mind's Blue Light Programme. They were also sent a link to a survey where they could share their views.

	Service	Organisation	Previous involvement with Programme
1	Police	The Black Police Association	Cold
2	Ambulance	The Ambulance Service Charity	Warm
3	Ambulance	GMB	Recently engaged
4	Ambulance	Unison	Warm
5	Fire	The Fire Services Charity	Recently engaged
6	Search & Rescue	Mountain and Cave Rescue Benevolent Fund	Warm
7	Search & Rescue	British Cave Rescue Council	Cold
8	Search & Rescue	Mountain Rescue England and Wales	Cold

Following the research all the stakeholders indicated that they would be interested in being involved in and updated on the Programme as it develops. One stakeholder, as a result of the call, agreed to circulate the survey for the anti-stigma strand of the overall Programme and six others will be approached to circulate a follow-up online survey to personnel.

5. Key Findings: Mental health issues and available support

5.1. The audience's definition and experience of mental health

Both the personnel and stakeholder research revealed that "mental health" is often only considered when it has become a problem and an individual is experiencing symptoms. Typically personnel will only admit there is a problem when it has become so difficult they need to take leave. As a result, the phrase "mental health" carries negative connotations.

Roughly half of the personnel sample had personal experience of mental health problems (including all four ambulance workers), whilst others had recognised the symptoms in their colleagues. Some anonymised pen portraits of the personnel participants are included in the Appendix.

5.1.1. Prevalent mental health issues

It is clear that the majority of the perceived need is trauma based. Most participants discussed the effect of witnessing violent and traumatic incidents, particularly involving children. Both personnel and stakeholders recounted occasions where they had witnessed death, abuse or neglect, or colleagues being assaulted.

PTSD and coping with the psychological aftermath of these incidents were often cited across all services as a common mental health issue. These feelings can either have an immediate detrimental effect on people's mental health - often resulting in time off sick - or accumulate over many years only to be triggered at a later date.

These incidents can also prompt personnel (especially in the Ambulance Service and Search & Rescue) to question their actions and be troubled by feelings of guilt ("I didn't do enough").

Depression was also mentioned. Whereas some individuals may already be pre-disposed to depression, others may become depressed as a result of the nature of the work (witnessing incidents that can lead to a despair in humanity).

In addition to these experiences, the stress created by the organisational and working environment (such as changes in staffing levels, unsociable shift patterns, cuts to resources and employment terms and conditions, or bullying and discrimination in the workplace) was mentioned by several participants.

One ambulance personnel participant, for example, described how the pressure of time and targets prevented them from doing the best job.

> *"The brutal new rota system is pushing staff to the limit" – Personnel (Ambulance)*

> *"We know the symptoms and signs, and we all suffer with it, people are walking around undiagnosed" – Personnel (Ambulance)*

> *"Workers are doing increasingly demanding jobs at the same time that they have less and less control over how those jobs are done – this is very stressful" - Stakeholder*

Amongst personnel, "stress" is very much seen as an ever-present part of the job. It is also a widely understood and acceptable term for describing when someone reaches breaking point and goes off sick on "stress leave".

Compounding the above issues is anxiety over losing income or even your job. This manifests itself in people not wanting to take time off in order to recover, treat or prevent mental health issues for fear of losing their job. Even when off sick with physical injuries personnel can be put on lower levels of pay for long periods creating financial problems and the stress associated with them.

> *"The last thing you need when trying to support someone worried about their mental health is for them to think 'I can't afford to be sick'" – Stakeholder*

Many of the above sources of stress can also apply to support and call centre staff.

Although mental health issues are not a direct threat to their employment (even if they might negatively impact on their working life) Search & Rescue volunteers are under an additional pressure, feeling that if they are unable to attend emergency situations there is no-one else available to cover for them and people's lives may be at stake.

5.1.2. The impact of mental health issues

For personnel the impact of mental health problems can be significant. Participants mentioned symptoms such as loss of sleep, loss of appetite, suicidal thoughts and being constantly angry as well as "treatments" such as medication, alcohol dependency and taking prolonged time off work.

> *"There is a suicide watch list – has no-one told you about that?" – Personnel (Ambulance)*

This also undoubtedly puts strain on relationships, one partner described themselves as *"walking on eggshells"*.

The impact on home life and relationships is also felt by Search & Rescue volunteers as being "on-call" 24/7 (as opposed to being on a shift in one of the paid services – Police, Fire or Ambulance) can be very disruptive.

"My wife and I have sat down to eat in a restaurant, I've got the call and I've gone. I've left her with a full trolley half way round the supermarket. I spoke to one volunteer and he said Search & Rescue had become dirty words in his house" – Stakeholder (Search & Rescue)

5.2. The mental health support that currently exists

In general, and especially for personnel in one of the paid services, help tends to be sought only once the problem has become insurmountable with many seeking to be 'signed off' by their GP as a first step. Occupational Health is also a main channel to access support. However, provision is not consistent across, or within, the four services.

5.2.1. Mental health information and support within each service

The following table summarises what we have learnt about mental health information and support in each of the services. This is not meant to be a comprehensive list, rather a reflection of the services that were recalled by participants. As highlighted above, personnel were more likely to mention NHS and Occupational Health Services, with stakeholders being more aware of other forms of support.

Service	Mental health information and support
Police	• Each force would organise this support differently • Occupational Health Services (with access to counsellors) – not specifically trained in mental health, often refer to NHS • Flint House Rehabilitation Centre • Information on an intranet • Staff support associations (BPA, women, gay, faith, LGBT) • Information at training, induction and conferences • Debriefs – although these tend to focus on operational issues
Fire	• *"There are 48 different Fire and Rescue services, all run slightly differently – they each contract their Occupational Health differently, and have different quality of provision and have different Occupational Health physicians who are more or less on song or not" – Stakeholder* • Watch de-briefs *"the watch will deal with it – they don't want outside interference" – Personnel (Spouse/Partner)* • A development programme to build young Firefighters' resilience • Firefighters' Charity provides rehabilitation centres with embedded psychological services and has community based social care services. • The charity is training staff in EMDR (Eye Movement Desensitisation and Reprocessing)

Service	Mental health information and support
Ambulance	• As above, support is inconsistently spread within the service • Post incident debriefs – "hot" (within 48hrs) and "cold" (after 3 weeks) – used TRiM[3] (Trauma Risk Management) methodology borrowed from the military - but only considered good for major incidents, day to day experiences would not be covered • There is some evidence that critical incident debriefing can compound rather than ameliorate PTSD[4] • Training • No rehabilitation - *"Ambulance workers are much less well provided for in relation to the charitable support available to Police and Firefighters" – Stakeholder* • Most NHS employers have an employment package including a confidential counselling helpline – *"you call up, get referred and employer pays for sessions (certain number in a year) but one worker I know was only offered three sessions. So there is a support route but it may not be robust enough" – Stakeholder* • Trade Union reps and support • London LINC[5] (Listening, Informal, Non-judgemental, Confidential) a peer-run 24 hour listening service • The TASC Telephone "Lifeline", a recently launched 0800 number providing access to timely, confidential and personal support and advice on a range of topics including: Rehabilitation, Bereavement Counselling, Debt Advice, Mental Health Services and Grants.
Search & Rescue	• Have the lowest level of formal support • Some teams have arrangements with police services to use their support schemes (Occupational Health) – this is described as *"very patchy"* with some arrangements set up long ago and not often used so when they need to be used now *"people ask 'why do you want to use this, you're not police'?" – Stakeholder* • There is also a rehabilitation tie up with the Firefighters charity • Debriefs • Team doctors • *"Team leaders keep an eye on member's welfare after a traumatic incident – looking for mood and behaviour changes. Members know support is around at team level." – Stakeholder*

[3] For an overview of the TRiM approach see http://www.kcl.ac.uk/kcmhr/publications/assetfiles/screening/Greenberg2008-trim.pdf

[4] Levels of mental health problems among UK emergency ambulance workers (Emergency Medicine, 2004) http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1726283/pdf/v021p00235.pdf

[5]. LINC workers are not trained counsellors, and do not aim to 'solve' all situations. They are there to listen, support and if necessary advise on other relevant sources of help. Anything of concern may be raised, whether work related or to do with your life outside of the LAS. See http://www.lasunison.com/linc/

Outside of work, where good family support is in place, warning signs may be noticed earlier and help sought, but this is less likely to happen when individuals live alone. There is currently very little in place for significant others (partners, parents) of Blue Light Personnel to seek advice if they are seeing changes that are worrying.

5.2.2. Barriers to using support

The biggest barrier to seeking and using support is the stigma that surrounds mental health problems. In a Blue Light context this is exacerbated by a self-sufficient, macho culture (not wanting to appear "weak" or "letting the team down"), hierarchical "command and control" ways of working and, as noted earlier for those in paid roles, fear of employment repercussions. This was reflected in feedback from personnel:

> *"There certainly is a fairly macho culture, you don't want to let your colleagues down" – Personnel (Police)*
>
> *"I didn't want to tell my manager, if I complained that could work against you" – Personnel (Fire)*
>
> *"We're not allowed to be incapable, it's such a pressure" – Personnel (Ambulance)*
>
> *"It's a sexist, alpha male environment" – Personnel (Search & Rescue)*
>
> *"The long term sick get sacked" – Personnel (Ambulance)*

Many stakeholder participants highlighted the cultural change required within organisations to address this stigma.

> *"If you are seen as a troublemaker you will suffer a detriment, the perception is if I make a complaint this is not going to go well… Mental health is not an easy thing to seek help for. If you apply to join and you had been on anti-depressants in the previous two years they won't accept you." – Stakeholder (Police)*
>
> *"The moment they say they have mental health issues they are immediately signed off sick and taken off front line duties as you have to be 100% fit to be on the front line" – Stakeholder (Ambulance)*
>
> *"People don't want to do anything that will impinge on their employment. The expectation is that you will get on with it – some say that is good because you become more immune to it" – Stakeholder (Ambulance)*
>
> *"Personnel are sensitive to anything that sets them aside as challenging their working environment and to what their employer knows about them – they are conscious of cuts and not being seen to be fit" – Stakeholder (Fire)*
>
> *"People don't take up the support, they feel that if everyone else is coping so should I be – they don't want to admit anything is wrong"- Stakeholder (Search & Rescue)*

It was also felt that the stigma surrounding mental health was more at play with older people (maybe due to more entrenched views). Younger personnel also felt the pressure to not let the

team down and prove themselves to be capable but were possibly more willing to talk about their experiences. Senior staff are especially likely to experience these barriers.

> *"Chiefs rarely access support and are under great stress – they could not be seen to be seeking support" – Stakeholder (Fire*)

One stakeholder revealed that the culture may already be changing feeling that mental health was being increasingly discussed in the workplace and recalling a piece of focus group research when a group of personnel chose an image of an emergency service worker with their head in their hands as best representing how they feel.

Other barriers mentioned to a lesser extent were lack of awareness of the support on offer, or the fact there was no support provided in the first place.

Search & Rescue volunteers face a different barrier due to their voluntary role. As they interact with the service much less frequently it is harder for team leaders or peers to spot warning signs and suggest support – it is often the case that rather than confront the issue, someone will simply stop volunteering with the team unaware of the reasons why.

5.2.3. Benefits of seeking support

It was sometimes difficult for participants to think of positive reasons why they would access support. However "keeping fit and keeping well so you can help others" and "being able to stay in your job" were considered to be persuasive reasons why people might overcome the barriers above and seek support.

An early prevention message might be considered beneficial by Firefighters as "prevention and protection" is a theme that runs through all their work and is well understood. Courses at the Fire Service College cover "personal protection and prevention" to build resilience.

5.2.4. Response to Mind's current Information Service

Awareness of Mind amongst personnel was variable, with some not knowing much about the charity and its services. The idea of investment in a mental health information service for Blue Light personnel is very much welcomed across the board.

Mind's current information service was considered positively and the kind of content currently included in the website and on the helpline (such as describing symptoms, common treatments and options for getting support) was thought to be applicable and in line with needs.

The helpline channel was especially welcomed (particularly the opportunity to be signposted to providers of specialist support) and a couple of personnel reflected that if they had known about it previously they would have used it.

Stakeholders welcomed the legal helpline, feeling this would be beneficial to paid personnel and volunteers alike.

The current Mind provision therefore will provide a solid backbone to a mental health information service for Blue Light Personnel. However additional elements are needed to ensure it is effectively used. These issues are developed in the next section.

6. Key Findings: An effective mental health information service for Blue Light personnel

Mind's new service needs to meet two main objectives:

- To help personnel maintain good mental health and wellbeing day to day
- To help personnel in an mental health crisis

Participants were asked for their views on what an effective mental health information service would be like to meet these objectives. These actions and aspects fall into three categories

- Activities accompanying the service to de-stigmatise mental health within organisations
- A service designed to reduce barriers to use
- A service that delivers practical support in a timely fashion

6.1. Activities to de-stigmatise mental health within organisations

Considering it is the biggest barrier to accessing support, the stigma surrounding mental health needs to be tackled. The successful delivery of the other strands of the Blue Light Programme will be vital for the engagement with the information service.

> *"You can provide information for people, but whether or not they will use it is another thing" – Personnel (Ambulance)*

6.1.1. Tackle stigma from the "top down"

Many personnel would like Mind to be directly involved in changing attitudes to mental health within their organisations, via training and education. Some felt that a "top down" approach, targeting management would be essential to enhancing understanding and empathy, and breaking down barriers to accessing information and services.

> *"Train them in how to treat staff" – Personnel (Ambulance)*
>
> *"Management training to notice if there is a problem and how to support you" – Personnel (Police)*

6.1.2. Train personnel so they can spot the danger signs

Whereas personnel may be slow to recognise the mental health problems they have themselves, they are often able to spot others who may be struggling. Therefore, in addition to providing information, there is a need to proactively train personnel so that they are aware of the warning signs and symptoms in themselves and others, and when to seek help. However, without stigma reduction this may encourage or justify finger-pointing.

> *"The trouble with just a phone line is you rely on individuals recognising their own symptoms and coming forward" – Personnel (Search & Rescue)*
>
> *"It would be good to know how to recognise symptoms and how to help your mate" – Stakeholder (Ambulance)*

6.1.3. Normalise mental health

In addition to current content, personnel would welcome information to help them dispel myths and normalise mental health (*"is what I am dealing with normal?").* The ability to access case studies or real examples of how other Blue Light personnel, especially those in managerial or supervisory roles, have coped and dealt with their issues would also be valued.

Aligning mental health with physical health – for example having mental health MOTs alongside physical health checks - would also help to normalise mental health issues.

6.2. A service designed to reduce barriers to access

Personnel and stakeholders felt that the information service needed to have the following characteristics and qualities in order that people could overcome external and internal barriers to use and feel confident contacting it.

6.2.1. A service that is confidential and independent of my employer

Personnel are very sensitive to their employers knowing they may be experiencing mental health problems and fear repercussions as employers get stricter on issues such as managing absence whilst looking to cut costs. In addition, stress can also be caused directly by over-assertive and bullying management styles. Therefore the service must be confidential and delivered by an organisation not linked to the employer.

For Search & Rescue it was also considered a benefit if the service could be accessed directly, bypassing the team leader in case volunteers did not want to "lose face".

6.2.2. A service I can access easily and discreetly

The wide range of personnel and job roles requires a wide range of access options.

Many participants welcomed the idea of a helpline and the opportunity to talk to a human being about how they were feeling – ideally it would be available 24/7 to match the hours of the services themselves and allow for different shift patterns. However, a 9-5 service would still be appreciated, especially if it has an out of hours option to leave a message for someone to call you back.

Web-based access is also important as it enables personnel to access support on their own without anyone knowing.

> *"Although some staff don't use computers at work many use apps so it needs to be accessed through a smart phone – this can be done privately in their down time" – Stakeholder (Ambulance)*

6.2.3. A service provided by someone who truly understands my job

Amongst paid service personnel there was a strong view that in order to be trusted and relevant the helpline service should be provided by someone with direct lived experience of their job and the specific pressures they are under.

> *"The helpline should be run by ex-police officers – someone who knows" – Personnel (Police)*

"The person they are talking to needs to know what it is like to be a Fire Fighter – so they are not starting from first base" – Stakeholder (Fire)

"They don't want to be part of a generic lifeline for the emergency services. They need someone on the end of the phone who understands what it is like to be an Ambulance person under stress. If they don't they will put down the phone and walk away and think 'they didn't understand what I meant'" – Stakeholder (Ambulance)

However, this view is not shared by the volunteer Search & Rescue organisations.

"You don't need someone to understand Search & Rescue, you need someone who understands what is being presented, irrelevant of where the trauma comes from, who has empathy and can help you deal with the anxiety of the event" – Stakeholder (Search & Rescue)

This insight speaks to the very strong identity of the three main services – there is a common feeling that only someone who has done their job with be able to understand them and the pressures they work under. Even someone from a different service would not be considered to have the required knowledge. Clearly this is a key issue for Mind's service – operationally it would be very difficult to deliver against this need, however it could be partially met through effective partnerships and promotion (covered below) and creating opportunities for peer support by training champions or union reps to support colleagues (along the lines of the LINC service above).

6.3. A service that delivers practical support in a timely fashion

6.3.1. A service that signposts me quickly to direct support and follows me up

Personnel would value a "fast-track" service so they can access the support they need quickly (although this was not to be so fast that personnel would feel they haven't been appropriately "listened to" or supported emotionally before being signposted).

The types of support required would include counselling, talking therapies, CBT and approaches to dealing with trauma.

Offering a follow up contact to see how callers are progressing would be welcomed.

6.3.2. A service that is aware of, and links to, existing support services

Although not consistently delivered, some support services are already trying to address mental health issues amongst Blue Light personnel. Stakeholders especially considered it important that Mind's service understood what was provided and set up clear referral pathways to and from these initiatives.

7. Key Findings: Positioning and promoting a service for Blue Light personnel

Participants indicated that the Mind service's positioning should be positive and seek to change perceptions of what it means to experience a mental health issue (i.e. It is not a weakness to experience a mental health problem, and it is a strength to face up the problem and try to resolve it). A focus on "mental fitness" and "looking out for each other" was also thought to be useful.

This positioning requires careful consideration and testing. Too much direct focus on mental health runs the risk of being off-putting due to the stigma and barriers to accessing support highlighted above.

It may be effective to position and promote the information service differently for each emergency service, and even for roles within them (call handling staff, senior staff etc.).

> *"They need to see it has got a fireman on the poster – then it must be about them – if it looks like it belongs to them then you are half way there" – Stakeholder (Fire)*

Given the strong identity of each Blue Light service, promoting the mental health information service through trusted organisations was seen as vital by stakeholders. These are also important referral routes into the service.

> *"Our experience says that the most effective support and most successful route to getting help is that they come to us first and we pass it through because we have the expertise." – Stakeholder (Ambulance)*

Other methods thought to be effective by participants included staff training sessions, verbal announcements and briefings from senior management, posters to make it visible in stations, intranet pages, training Union Reps to make others aware, Facebook groups, credit card sized reminder materials, "trade" magazine articles and the websites and materials of trusted organisations (such as Unions and Service Charities).

8. Key Findings: The differences between the emergency services

Whereas "on the ground" there are similarities between the four emergency services, it is clear that there are some significant differences in culture, available support and ways of working that may need to be reflected in how the information service is designed, promoted and delivered. In addition, the services perceive themselves to be very different with individuals strongly identifying with their service rather than an overarching "Blue Light" identity. Some of these differences are captured in the table below:

> *"People can be very parochial – Police and Ambulance get on very well, Police and Fire don't, and Ambulance and Fire don't either" – Stakeholder (Ambulance)*

Service	Work patterns	Context/Challenges
Police	- Time with colleagues at station - Call outs very varied, some very mundane	- High levels of stigma - Management not always supportive - Low morale due to cuts
Fire	- Changing shift patterns mean that watch teams are being split up - Often station based	- Stigma being reduced slightly - Very sensitive to employer knowing they may be struggling

Service	Work patterns	Context/Challenges
Ambulance	- Shifts long and demanding - On the road - No "down time" at the station with others to talk to - More lone working and isolation - Frequent traumatic situations - Fewer debriefs due to cuts	- Good awareness of mental health issues (especially trauma) - Management who have never experienced the job - More support available but fear of job repercussions prevalent
Search & Rescue	- Very sporadic interactions but often highly traumatic - As volunteers this is only one part of their life, not their career - Sometimes first on scene	- Volunteer can leave if struggling - Lowest level of formal support (no employer obligations)

It is also important to note that the situation will also differ between teams and forces within each service.

9. Conclusions and recommendations

Across the board there is a great demand for a mental health information service specifically designed for Blue Light personnel – there is little doubt that such a service will be welcomed and would benefit many people.

Mind's current offer and channels broadly suit the needs of this audience, however in order for the service to be used the following additional activities should be undertaken:

- Proactively train both management and personnel in mental health and wellbeing

With such strong barriers to access, Mind should not rely on personnel to use the service when they need it. Aspects of the service (e.g. spotting symptoms and knowing where to access support) should be proactively taken into the workplace.

Training sessions would be a useful way of delivering this – research amongst Fire Fighters has found that individuals who attended either of two mental health training and promotion courses ("Looking After Wellbeing at Work" or "Mental Health First Aid"), reported a statistically significant improvement in attitude to mental health problems and increased ability and confidence to help someone experiencing problems than those who were given an information leaflet and a one hour question and answer session.[6]

Training should also be provided to those in management positions so that they are aware of the prevalence and impact of poor mental health, to enhance understanding and empathy in their teams and able to ensure their staff have access to the right support.

[6] 'Promoting Well-being and Reducing Stigma about Mental Health in the Fire Service', published in the Journal of Mental Health.

- Use a normative approach to reduce the stigma attached to accessing support

It is important that personnel are aware that not only is it normal to experience mental health problems at work, it is also normal to seek help for them. Developing normative messages, based on results from surveys, describing the majority healthy behaviours of personnel (e.g. "8 out of 10 Ambulance workers would seek help to protect their mental health and stay fit for work") would help to achieve this – as would an alignment of mental health support with physical health support, and the promotion of case studies and testimonials from personnel who have taken action to maintain their wellbeing after experiencing problems.

- Increase accessibility in terms of opening times and channels

Most personnel want the option to speak with a fellow human being via a helpline. There is a desire for this service to be available 24/7 but a realisation that this may not be possible. However extended opening times will make it easier for those working shifts to access the helpline. Providing information and support via a smart phone app would also be welcomed as it allows people to access the service discreetly at any time.

- Work with partners to ensure the service is credible and trusted

Whereas Mind is trusted to be confidential, independent and expert in mental health, it lacks the credibility of an organisation that would understand the pressures of working in a Blue Light service. Ideally personnel in the paid emergency services would like to access mental health services provided by those who have actual experience of the job (just as ex-Blue Light Service staff).

If this is not possible for Mind, clear and effective partnerships need to be built with the other charitable organisations that support Blue Light personnel, both in terms of signposting to Mind's service (as they may be the most appropriate first port of call for personnel) and receiving referrals from Mind's service (as they have some support services in place).

- Position the service as a way to "keep well for work"

The main benefit sought by personnel is being fit and able to do their job and help others – this needs to come across strongly in the service's positioning. It is vital that this and other options for positioning, names for the service, and the appropriate tone of voice is pre-tested with personnel.

- Promote the information service differently for each emergency service, using a variety of communication channels

It is likely that the most effective promotion will be tailored to particular services as opposed to a collective "Blue Light" approach, tapping into the strong sense of identity in each emergency service. This opens up the opportunity to develop highly relevant, bespoke messages and materials for each emergency service increasing the information service's relevance. As above, messages and materials will need to be pre-tested with personnel.

A persistent, multi-media communications plan including both public and private channels is needed to repeatedly bring the service to people's attention.

Appendix 1: Participant pen portraits

Identifying details have been adapted to ensure anonymity.

Female, 29, PCSO (Police), 6yrs in role
Felt bullied and isolated by her team when she moved regions. *"It's ok if you're in a good team, but if you're in a bad team…"* She ended up feeling very depressed but was too scared to approach her manager *"I didn't want to be a burden"*. Eventually she went to her own GP who signed her off sick.

Male, 21, Support group officer (Fire Service), 1yr in role
Felt very bored and unfulfilled by all the desk work he was being assigned, due to cuts in backroom staff, in the end he didn't want to come into work. Having mentioned this to his manager and been told to *"get on with his job"* he eventually visited the Occupational Therapist. He was only aware she existed as she had introduced herself at a social event. He feels better having voiced his frustrations and being heard but is still frustrated by his job.

Female, 47, Emergency ambulance crew, 13yrs in role
Under pressure and feeling *"pushed to the limit"* with the new rota system where she is on the road sometimes for 12 hours without a break. Has been experiencing sleep disturbance and poor appetite since attending two incidents one involving neglect and terminal illness, and another involving the death of a child *"it saddened me and stayed with me".* She is aware of the LINC service and 24 hours counselling. She has not sought help due to fears of losing her job.

Female, 52, volunteer with Mountain Rescue for 15 years
Currently off work with depression following a series of incidents, one involving the fatality of a mother leaving two children stranded in the countryside and two suicides. Since then she has also experienced two personal bereavements which tipped her into a depression. She visited her GP and has been signed off work and prescribed anti-depressants.

Appendix 2: Personnel Discussion Guide - Telephone depth interviews

Introduction:

Good morning/afternoon/evening, its Becky Williams calling from Fiveways, on behalf of Mind. I understand you've very kindly agreed to take part in a short telephone interview? Thanks very much for giving up your time, it will only take 20 minutes. The findings from the research will help Mind to develop better information and services for blue light personnel.

Reassure on confidentiality and anonymity – mention MRS code of conduct if necessary.

0:00

Background:

Service employed in:

Role:

Time in Role:

Briefly explore what it's like to do their job (desk based, front line etc.)

- The best parts of the job
- The most difficult parts of the job

Which aspects of the job impact their emotional wellbeing the most (if needed probe with words such as 'cause you stress', 'make you anxious', 'get you down and depressed')

- Spontaneous responses
- Then probe if necessary: management, targets, cuts, dealing with traumatic situations, shift work etc.

0:05

Personal experience of emotional/mental health issues:

Has their emotional wellbeing/ or that of a colleague, ever been negatively impacted by work

- Ask them to explain the event/situation in their own words
- What was the trigger, how did this develop, what was the outcome
- How did this impact them at work PLUS home life/family/partners/relationships?

Did they get help? Where, who from, was it useful?

- How did they know where to find help?
- How did you access the info/services?
- Were there any info/services you actively avoided?
- Why?

Triggers/barriers to getting help - Why

0:10

Response to Mind's current information/services

Stimulus 1:

Moderator read out description of current Mind offer:

Mind produces a wide range of information products that describe common mental health problems, their symptoms and options for getting support with them. Available via Mind's website and in hard copies, the information includes detailed material on diagnoses and common treatments as well as individuals with lived experience describing how mental health problems have affected them. Mind also runs an information phone line which signposts callers to providers of

specialist support, and a legal phone line that helps callers understand the law relating to mental health conditions.

Spontaneous response

Likes/dislikes

Likelihood to access – why/why not

Motivations/barriers to access a service like this

What would need to change?

0:13

Clarification of what a service / info for Blue Light personnel should look like in order to meet their needs?

Spontaneous suggestions overall

Then probe detail:

<u>Information specifically</u>

What content is desired?

Spontaneous desires

Why?

Then probe:

- Stress
- Depression
- Anxiety
- Sleep
- Post-Traumatic Stress Disorder (PTSD)
- Impartial information on side-effects of medications (e.g. Impact on someone working irregular shifts? Driving?)
- Legal advice
- How to cope in a crisis
- What to do after a traumatic event

Prioritise and rank in order of pertinence and importance

Which channels work best?

Spontaneous desires

Why?

Then probe: internal website/intranet, websites, email newsletters, SMS sent out, leaflets in canteen/pin boards, social media – signposts on own newsfeed, on employer pages, video on YouTube, PDF on intranet?

<u>Service provision specifically</u>

Content/types of services desired?

Spontaneous desires

Why?

Then probe: traumatic event debriefing, counselling and psychotherapy, group work, workshops on how to cope with traumatic material, relaxation techniques, meditation, mindfulness, peer support, regular debriefing – to normalise.

Which delivery channels would you trust most: Who should the service/info come from?

Spontaneous desires

Why?

Then probe responses to: HR, Mind, GP, external providers, occupational health, EAPs, self-help – online/books etc.

Accessibility and Promotion: How should you be told about these services?

Spontaneous desires

Then probe responses to: internal email, social media, SMS, posters, staff magazine/newsletters, specialist websites/forums, union/federation newsletters or publications, other media consumed by emergency services personnel

0:20

Record gender.

Record additional demographics where appropriate – (optional)

(Age, ethnicity, family status)

Thanks and close – explain incentive payment.

For warmer staff/volunteer leads: explain that Mind will be in touch in the next few months with more information about championing mental health in the workplace.

Appendix 3: Stakeholder discussion guide - Telephone depth interviews

This guide will be used to structure conversations with stakeholders who have offered to speak in more depth about the information needs of Blue Light personnel. Interviews will have been arranged by email.

It is not a fixed script and it can be altered depending on the findings from previous calls, and to fit the situation and expertise of the participant.

Thank you for talking with me. My name is [caller] I work for a company called Fiveways and am calling on behalf of Mind, the mental health charity.

Just to recap, Mind is leading a new government funded programme to support the mental health of staff and volunteers working in Police, Ambulance, Fire & Rescue, and Search & Rescue services. A key part of the programme is to develop a **mental health information helpline and resources** specifically for emergency service personnel.

Mind is keen to get the feedback from organisations in the emergency services to understand how best to develop the programme to meet the mental health needs of staff and volunteers, and it will be great to have your perspective working in [organisation].

I have a few questions to run through with you. Our conversation should take about 20 minutes. Rest assured that it is **confidential and anonymous**. So I can focus on our discussion and write up my notes later I would like to record our conversation - is that okay?

1. Please can you tell me a little bit about your role within [organisation]?
2. Mind's project aims to meet the mental health needs of emergency personnel – what do you feel are the main issues that affect the mental health of people working [emergency service]?

Definition to use if asked "what do you mean by mental health?"

We all have mental health, just as we all have physical health, and how we feel can vary from mental wellbeing to severe mental distress. When times are tough we may struggle to cope – we may feel angry, or upset, or find it difficult to concentrate and engage with those around us. In many cases this will pass as the period of stress comes to an end. However, when someone has these experiences for a long time and it limits their ability to live life to the full, we refer to it as a mental health problem.

3. Is mental health discussed in the workplace? At what times? By whom?

4. What information or services are in place to support people's mental health (or wellbeing) at [organisation]?
    - Who provides it?
    - When is it available?
    - What topics does it cover?
    - How is it promoted?
    - How is it accessed (channels)?
    - Has the level of provision changed recently?
5. What has take up of that support been like?
    - How is the support generally received?
    - What do you feel works well and what less well?
    - What do you feel is missing?
6. If you were thinking of providing information to [organisation's staff and volunteers] so they can keep well and avoid developing mental health problems, what would that information or service need to be like?
    - Who would it need to come from?
    - When would it need to be available?
    - What topics should it cover?
    - How should it be promoted?
    - How would it be accessed (channels)?
7. Mind produces a wide range of information products that describe common mental health problems, their symptoms and options for getting support with them. Available via Mind's website and in hard copies, the information includes detailed material on diagnoses and common treatments as well as individuals with lived experience describing how mental health problems have affected them. Mind also runs an information phone line which signposts callers to providers of specialist support, and a legal phone line that helps callers understand the law relating to mental health conditions.
    - Does that sound like something that would work for your staff and volunteers?
    - What is good/less good about it?
    - Do you feel staff and volunteers would access this service? Why/why not?
    - What would motivate them to use it?
    - What would stop them using it?
        - Have you found these barriers with existing services?
    - What would need to be different in order for them use a mental health information service?
8. What other advice would you have for Mind when developing this service?
9. Is there anyone else you feel we should be speaking to - to get their advice?
10. Would you like to be kept informed about how this project is developing?

Thanks and close