Blue Light Scoping Survey

January 2015

Introduction

Mind's aim is for everyone with a mental health problem to get both support and respect. We recognise that effectively managing workplace wellbeing is critical to achieving this. Emergency services ('Blue Light') personnel operate in one of the most challenging workplace environments but currently receive limited mental health support.

With £4 million Libor funding, administered by the Cabinet Office, Mind has developed an ambitious programme to improve the mental health of emergency services personnel in England. This eighteen-month programme focuses on five areas: tackling stigma; embedding workplace wellbeing; increasing resilience; providing targeted information and support; and encouraging peer support. More information about the programme can be found here: http://www.mind.org.uk/news-campaigns/campaigns/bluelight/

Between 5th December 2014 and 12th January 2015, Mind ran an online survey to better understand experiences of mental health problems within the emergency services. The survey was promoted via a wide range of channels – including employers, unions, professional organisations, and sector bodies. Questions covered a range of topics including, mental health triggers; coping strategies; sources of support; information needs; experiences of stigma; and organisational support. The full survey text can be found in Appendix 1.

There were 3,627 responses to this survey from emergency services personnel in England – representing approximately 1.5% of the country's total Blue Light workforce.

Headline Results

From the large sample of 3,627 responses, our analysis has revealed a number of striking results. This paper presents an extended analysis of these findings. Some of the headlines include:

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Mental Health at Work	• Emergency services personnel experience more mental health problems but they are less likely than the general workforce to take time off work as a result • Emergency services personnel are twice as likely to identify problems at work as the main cause of their mental health problems – compared to the general workforce population • 87.57% of personnel said they had experienced stress and poor mental health whilst working for Blue Light services • Search & rescue personnel report much better levels of mental health and mental health support than the other Blue Light services. Some respondents said that their voluntary role improved their mental health because it provided purpose and comradeship. • Emergency services personnel work hard to prevent their mental health problems affecting their performance, but this comes at a large personal cost (including relationship breakdown and effects on physical health) • Excessive workload (56%), pressure from management (55%), organisational upheaval (52%), and long hours (45%) were all considered bigger triggers of poor mental health than exposure to traumatic incidents (42%)
Stigma	• 71% of emergency services personnel think that their organisation does not encourage them to talk about mental health – this is much more negative than the general workforce population (45%) • 44% thought colleagues would be treated differently (in a negative way) if they disclosed a mental health problem at work. This answer was the same if respondents had personal experience of mental health problems or not • 79% thought colleagues would be more comfortable talking about physical health than mental health

Sources of Support	• The majority of emergency services personnel (53.25%) are not aware of the mental health support their organisation offers • Of those who are aware, 48% think the quality of this support is poor or very poor • Personnel are reliant on friends and family for support – there is a big aversion to seeking support from HR, managers, and occupational health • 79% of respondents said they would 'never' seek help from HR if they experienced a mental health problem. Only 15% said that they would feel happy talking to their manager about their mental health. More research is required to understand this finding. • Respondents are just as likely to seek help from a colleague as from a GP • Ambulance personnel are much more likely to seek support from their colleagues than police respondents • Emergency services personnel use a mix of coping strategies – talking to friends and family is the most common (64%). However, isolation (58%) and drink/illegal drugs (28%) are worryingly popular
Information Needs	• There is high demand for more information about mental health. Between 70% and 80% of respondents rated a range of information topics as 'useful' or 'very useful'. • The most popular topic is how to support a colleague who is experiencing mental health problems – ambulance personnel are currently least confident to provide support to colleagues • Almost 1,000 participants (979 by 16th January) have volunteered to be champions in their own workforce. 74% of these champions have personal experience of mental health problems

Respondent Demographics

There were 3,627 responses to this survey from emergency services personnel in England. This represents approximately 1.5% of the country's total Blue Light workforce. It is important to note that respondents were self-selecting and no sampling or weighting method has been applied.

Whilst we received a strong response from across the four services and key demographics, the results of the survey cannot be seen as strictly representative of the whole workforce. For example, survey respondents reported a very high rate of lived experience of mental health problems (55.11%) and mental health service use (27.43%).

The police service employs around 60% of all emergency services personnel working in England. Whilst we received a large number of responses from police officers and support staff (1,194 responses), this only represented 32.92% of total participants.

Total Respondents (Base 3,627)
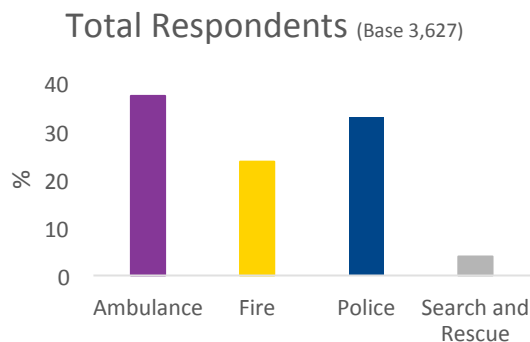
We received a particularly strong response from personnel working for the ambulance service (1,352 responses – 37.28% of the total). The participation of the fire service was also strong (857 responses – 23.63% of the total).

There was a smaller response from search & rescue personnel, with only 143 participants (3.94%). We have had difficulties engaging search & rescue services throughout our scoping research. This is largely because they are volunteer-based and there are fewer overarching infrastructure and membership bodies. The survey suggests that search & rescue volunteers have lower mental health needs than the other Blue Light services. This may be a cause or consequence of the relatively low response rates (i.e. lower need and therefore lower response, or lower response and therefore unrepresentative sample).

Some search & rescue volunteers spoke about the positive impact of the role on their mental health. For example, "Being involved in a search & rescue team gives me a focus and improves my mood." and "Coming to work has helped me, even on the days when I didn't particularly want to get out of bed! It focuses the mind on other things."

Respondents who selected 'Other' (81 responses – 2.23%) either wanted to specify their specific role within one of the four Blue Light services (e.g. "RAF Mountain Rescue Service") or their multiple roles across the services (e.g. "I am a serving police officer, I also volunteer as an ambulance emergency responder and a member of lowland search and rescue.")

The survey was open to all emergency services personnel in England – regardless of their employment status. This included former members of the emergency services (4.14% of respondents). Many of these former personnel were still volunteering. Volunteers are a crucial part of the Blue Light workforce (e.g. volunteer paramedics, special police constables, retained fire fighters etc). England's search & rescue services are almost entirely provided by volunteers. This is reflected in the role status of these respondents (78% volunteers).

Employment Status (Base 3,627)

- I am/was an employee
- I am/was a volunteer
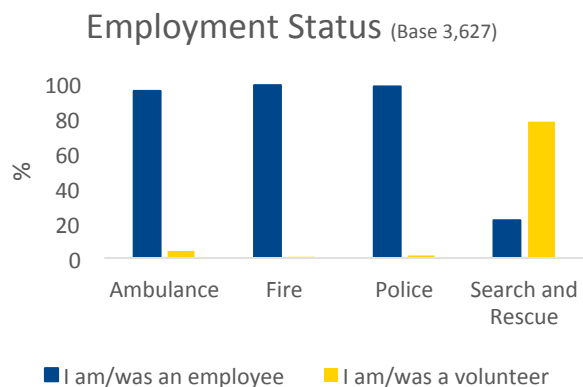
The majority of survey publicity was distributed through professional associations (e.g. ACPO), charities (e.g. Ambulance Services Charity), and Unions (e.g. UNISON). This meant that we did not have many responses from volunteers in the ambulance, police, and fire services. Despite the large role of volunteer retained fire fighters, we only received five responses from this group.

Management Role (Base 3,627)
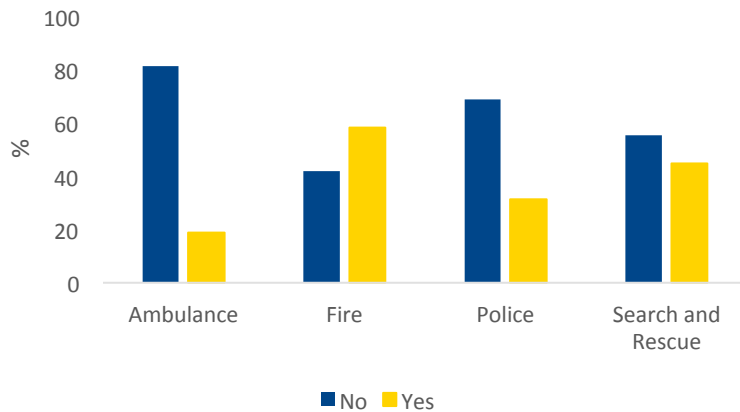
Survey respondents included a good mix of seniority and roles. The proportion of managers who responded from the ambulance and police service is broadly representative of the workforce composition. However, managers were disproportionately represented in responses from the fire service and search and rescue. Again, this reflects the types of organisations who helped us to distribute the survey (including a number of leadership organisations).

We also asked respondents about their frequency of contact with the public in order to assess the balance between operational, strategic, and support roles. On average, managers from all four services reported more frequent contact with the public than non-managerial staff. This suggests that these staff have more operational management responsibilities than senior strategic roles.

Frequency of Public Contact (Base 3,627)
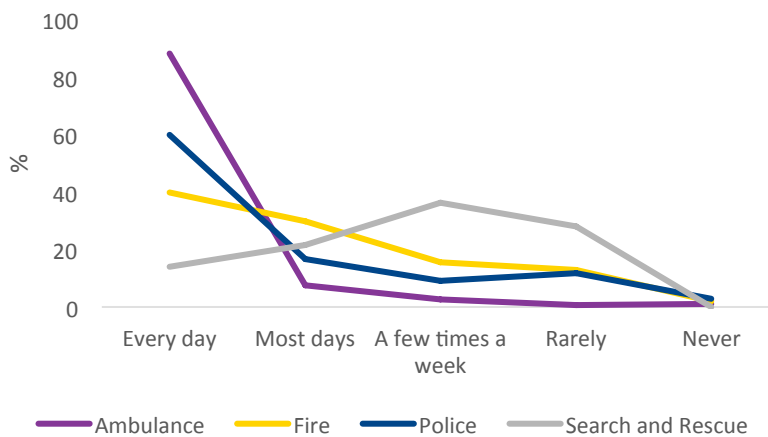
We have compared the responses of these managers to other staff and, where there is a significant disparity, this is highlighted in the survey analysis. For example, managers often operate as 'single crew' and lack the peer support of their colleagues – particularly important for debriefing after a traumatic incident. Managers in all four services were more critical of the effect of management pressure and targets on their mental health.

Ambulance personnel's level of public contact is particularly important for understanding their mental health triggers because they are more frequently exposed to traumatic incidents and the high volume of jobs gives them little time to rest or debrief with their colleagues.

We received a mix of survey respondents from all regions of England. Respondents from the fire service were the most clustered, with the majority operating in the South East and the North West of England. Unsurprisingly, we had the highest concentrations of search & rescue responses from regions with large coastal and rural areas (e.g. South West and Yorkshire and the Humber).

## Operating Region (Base 3,627)
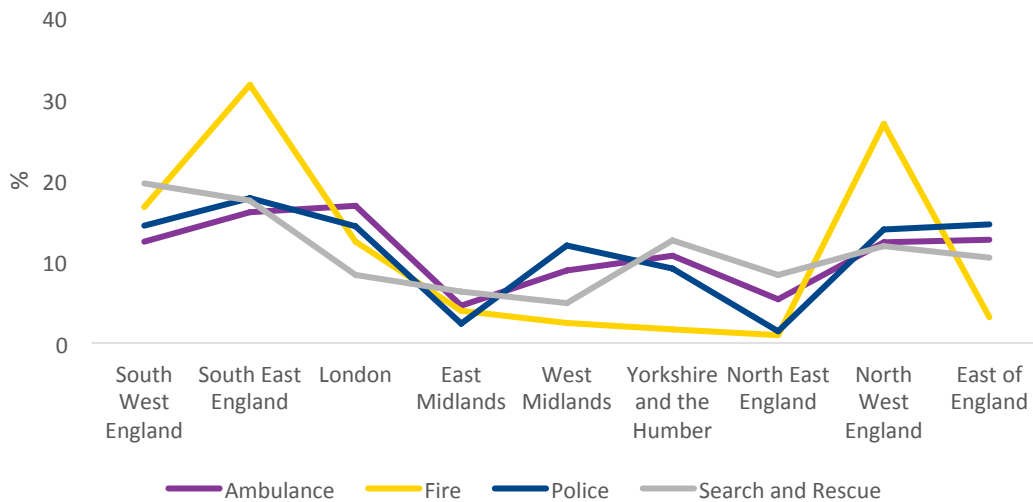
Whilst there are differences in the mental health needs of the four Blue Light services, there are also regional differences in the demand for and availability of mental health support within each service.

There are eleven different NHS ambulance organisations in England, in addition to over 200 private and volunteer providers. There are also 39 police forces in England and over fifty fire and rescue services. Despite the differences in operating contexts and support provision, there is striking consistency in survey responses across the regions. Where questions revealed significant differences between the regions, these are highlighted in the survey analysis.

The majority of survey respondents are male but the representation of women is higher than the composition of the Blue Light services. According to the Home Office, 27% of police officers are women (disproportionately in lower ranks). In this survey, 42.4% of respondents from the police service were women. This over-representation of women holds for the other service too – with the exception of search & rescue where there is no available data about the gender composition of the service to provide a benchmark.

Gender (Base 3,132)
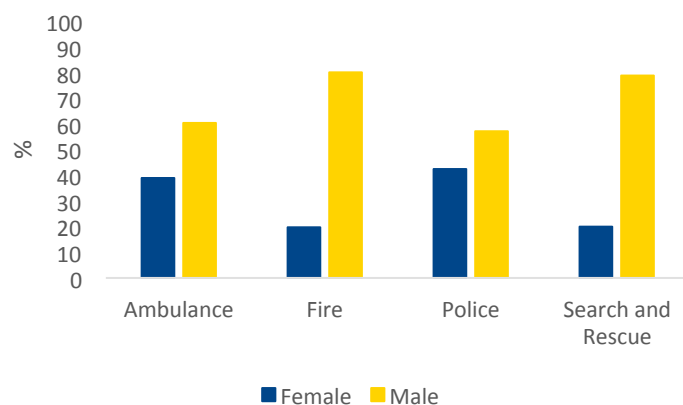
It is important to note that whilst gender data is presented here as a binary, fifteen respondents disclosed that their gender identity is not the same as they were assigned at birth.

Survey respondents tended to be older than the demographic profile of their service. This is particularly true for the fire service, whose respondents were disproportionately aged 45-54. This reflects the over-representation of managers (with long service histories) from the fire service too.

Age (Base 3,131)

Length of Service (Base 3,627)
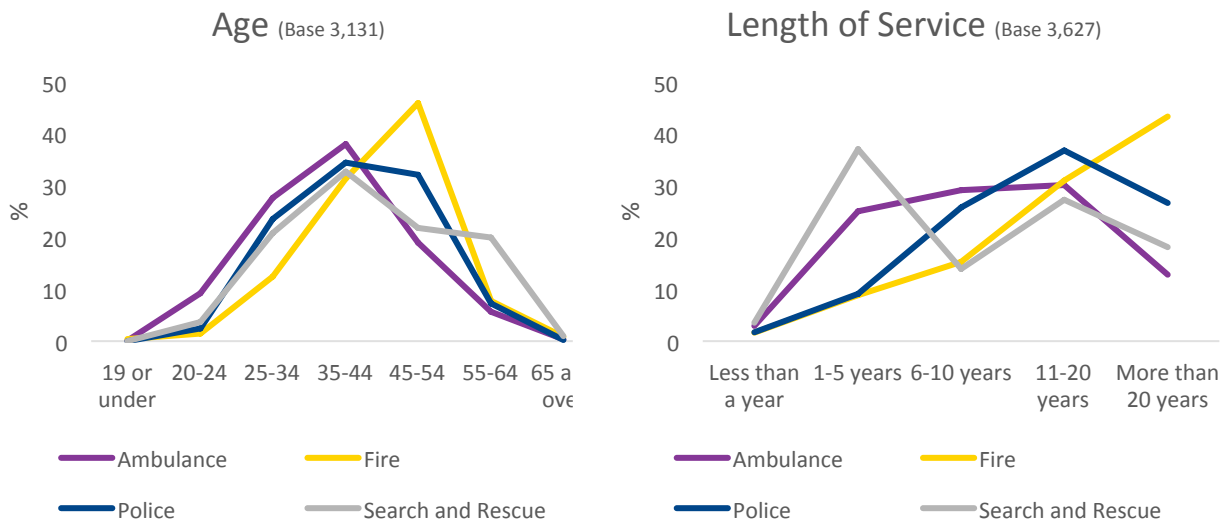
Emergency services personnel's long periods of service are important for two key reasons. Firstly, length of service increases the importance of their profession/vocation to their personal identity. This can create self-stigmatising notions about what a 'real' professional looks like and these are often explicitly defined against 'weakness'. For example, one respondent with a long service history said, "Ignore it [poor mental health] & crack on or go mad - comes with the territory". Secondly, the extended exposure to stress and trauma can have profound effects on mental health.

Ethnicity (Base 3,122)

Sexuality (Base 3,098)
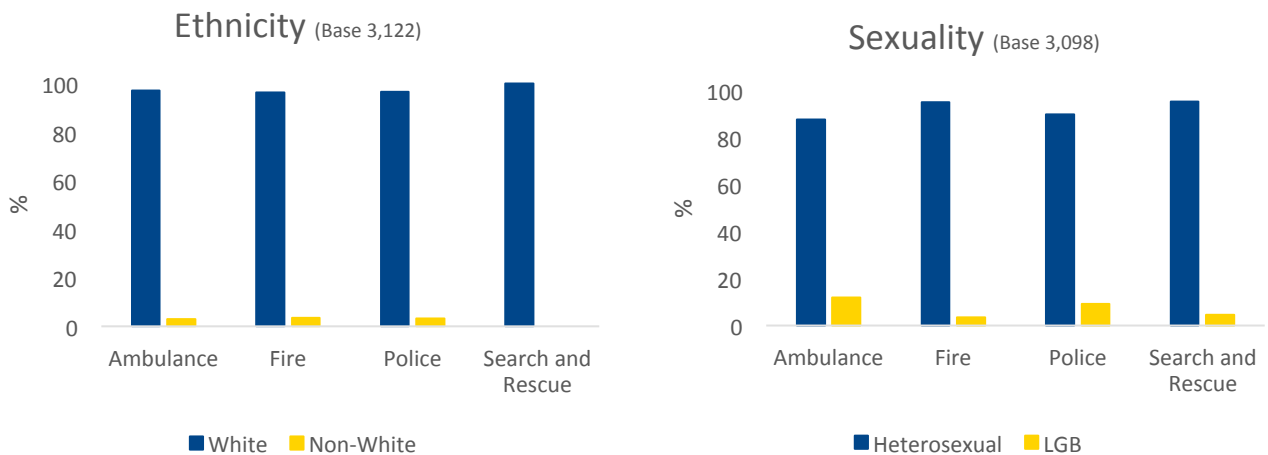
Whilst the survey respondents were overwhelmingly white, this lack of diversity is a mirror of the emergency services nationally. In 2012, 5% of police officers were from a Black and Minority Ethnic community (BME). There are no national figures available for the other services. Less than 3% of our survey respondents were from a BME community and 100% of search & rescue participants were white. The number of BME responses is even lower among managers. We recognise that there is a higher prevalence of mental health issues amongst BME communities in the UK and there is no reason to believe that this is different for BME emergency services personnel. To fill this evidence gap, targeted research is recommended with BME personnel to understand their experiences and support needs.

Disability (Base 3,127)
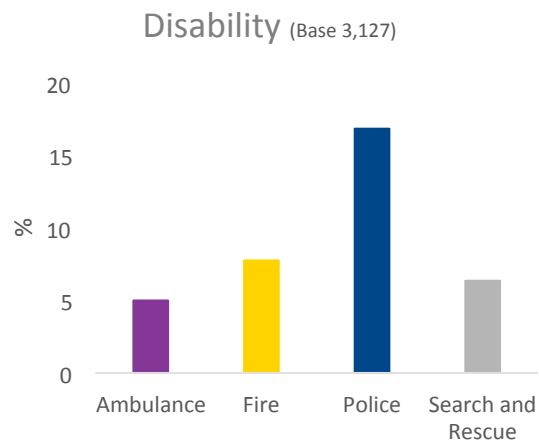
We had a relatively high number of respondents from all services who disclosed a disability. There is limited national data about rates of disability within the emergency services and so it is difficult to judge whether these rates are typical.

The particularly high rate of disability within respondents from the police service (16.87%) can be partly attributed to the Disabled Police Association's promotion of the survey. We know from our previous research that there is higher prevalence of mental health problems among people with a disability. This may have implications for the representativeness of our sample.

This survey was promoted widely through professional associations, Unions, and on social media. However, no incentive was offered for participation and the research topic was explicitly described in all publicity material and at the beginning of the survey. Therefore, it is very likely that self-selecting respondents were more engaged with mental health issues than the general Blue Light workforce. In order to test the level of existing engagement, we asked all respondents if they had ever heard of Mind. Surprisingly, only 82% of respondents said that they had. This is similar to our prompted recognition rate with the general public (monitored quarterly for the last four years). The recognition rate amongst search & rescue personnel was much lower, at 62%.
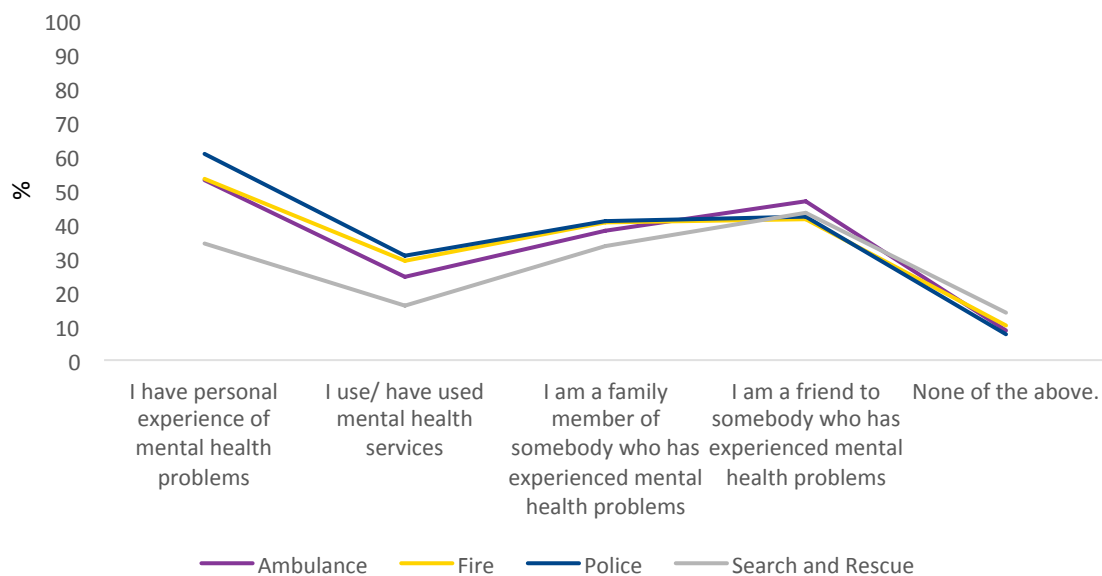
Mental Health at Work

As part of the Blue Light Programme, Mind will provide tailored workplace training materials to support both employers and employees to manage mental health at work. This will include content that is applicable to all staff, which can be accessed in a webinar format. We will also deliver a programme of bespoke face-to-face training for managers/ shift leaders.

To ensure that this activity is most relevant and effective, we want to understand current experiences of mental health in the workforce. In order to provide comparability with a general population benchmark, we used question wording that is consistent with CIPD's 'Focus on Mental Health in the Workplace' survey. The CIPD survey was carried out in partnership with YouGov in 2011, surveying a sample of 2,000 working age adults across the UK. It asked a range of questions about mental health in the workplace and its findings are used as a general population benchmark for the comparable questions.

Importantly, the YouGov survey included an equal sample of men and women. On average, male respondents gave more positive answers about their mental health. Given the higher representation of men in our sample, the differences between Blue Light respondents to our survey and the general population may be even higher than the CIPD benchmark suggests.

### Lived Experience of Mental Health Problems (Base 3,098)

On average, survey respondents reported a very high rate of lived experience (55.11%) and mental health service use (27.43%). However, search & rescue personnel reported the lowest level of lived experience (34.27%) – only slightly higher than the general population average. This response pattern that is a similar to all other questions in this survey. Search & rescue personnel's exposure to mental health problems (e.g. through family and friends) is broadly consistent with the other services but their level of personal need is lower.

The reported mental health service usage among ambulance (24.56%), fire (29.17%), and police personnel (30.82%) is well above the level of the general population. This reflects a greater level of need amongst emergency services personnel, but it also represents the self-selecting sample of this survey.

Our question about lived experience was not time limited and responses could have included historical service use. We also included a question about current mental health and the results

were much more negative than the general population benchmark. In the CIPD survey of 2,000 working age adults (plotted in red below), only 4% of respondents rated their current mental health as 'poor' or 'very poor'. Respondents from the search & rescue service gave very similar responses to this benchmark (plotted in grey below). They gave slightly more 'poor' responses and slightly fewer 'very good responses'. However, given the size of the sample, these differences are not statistically significant.

How would you describe your current mental health? (Base 3,451)
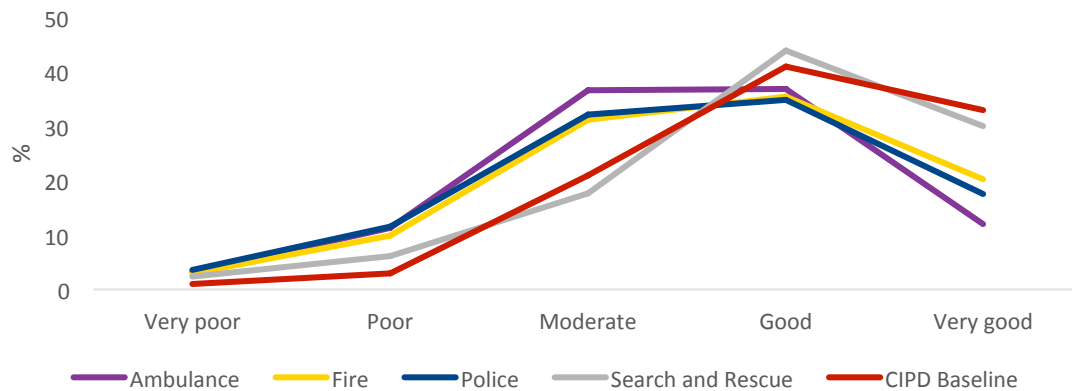
In stark contrast, the reported mental health of ambulance, fire, and police personnel was much worse than the general population. Between 12.77% and 15.14% of these respondents rated their current mental health as 'poor' or 'very poor'. Whilst 33% of CIPD respondents rated their current mental health as 'very good', this was as low as 12.05% for ambulance respondents.

As with the CIPD survey, Blue Light respondents who said that their current mental health is 'moderate', 'poor', or 'very poor' were asked to identify the cause. Only 15% of CIPD respondents said the primary cause was problems at work. This rose to 40.71% amongst the ambulance service and 37.78% amongst the police. However, it is important not to consider emergency services personnel in a professional bubble – around 50% of all Blue Light respondents said that their mental health was affected by a combination of problems at work and in their personal life.

Do you think your moderate or poor mental health is the result of... (Base 1,531)
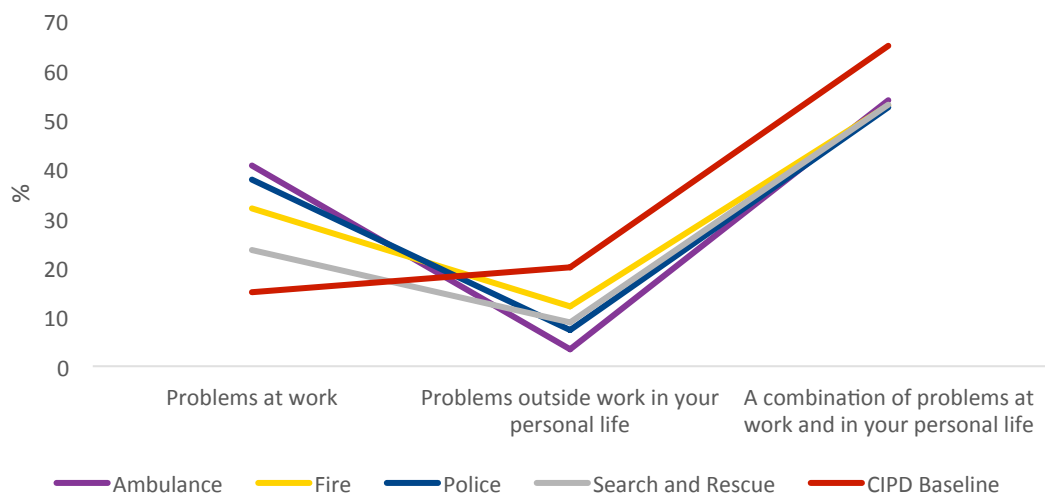
We wanted to understand the broader picture of stress, low mood, and poor mental health in the workplace. Whilst ambulance, fire, and police responses were consistent, the responses from search & rescue personnel were very different. They identified much lower levels of stress and poor mental health in their role.

Have you ever experienced stress, low mood, or poor mental health in employment? (Base 3,451)
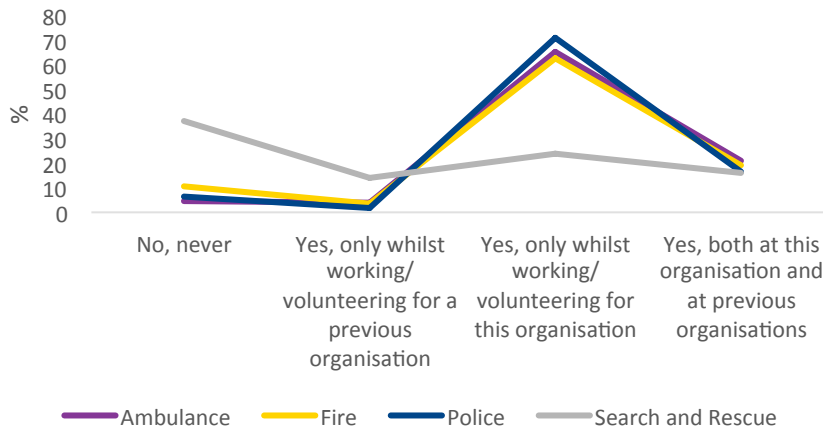

Most of the same workplace risk factors apply to all Blue Light Services (e.g. long hours, unpredictable shifts, high intensity workload, exposure to traumatic incidents, etc). The more positive results for search & rescue could be attributed to the less frequent workload of a volunteer role (with a lower call out rate than other emergency service volunteers).

A standard measure of a healthy workplace is sickness absence. As with the CIPD survey, we asked Blue Light respondents if they had ever taken time off work as a result of stress, low mood, or poor mental health. Given the much higher rates of declared mental health problems amongst our sample, we expected a high rate of sickness absence. However, we were very surprised by the results.

In the CIPD survey, 57% of respondents said that they had taken time off work due to stress, low mood, or poor mental health. However, the majority of emergency services personnel, across all four services, said that they had never done so. 45.12% of ambulance, 44.38% of police, 34.89% of fire, and only 12.18% of search & rescue personnel said that they had taken time off for these reasons.

Have you ever taken time off work as a result of stress, low mood, or poor mental health? (Base 3,451)
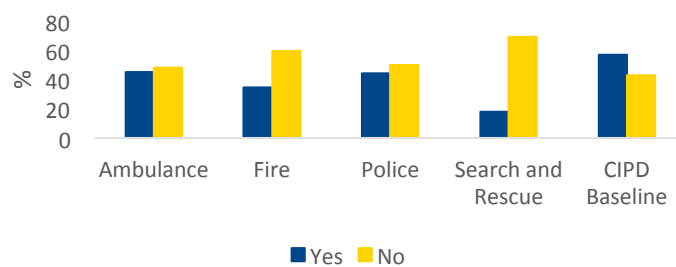

The low absence rate is in contrast to the 87.57% of respondents who declared that they had experienced stress, low mood, and poor mental health whilst working for Blue Light organisations. This suggests that there are some significant limitations on sickness absence as an indicator for measuring mental health in the Blue Light services. This is a very useful lesson for the subsequent evaluation of the Blue Light Programme.

We also asked respondents to identify the aspects of their role that had the biggest impact on their mental health. Given the frequent exposure to trauma and significant physical risks of many roles within the Blue Light services, we expected to see these as the largest triggers of poor mental health. We were surprised by the respondents' different priorities and the contrasting answers between the four services.

Are there any particular aspects of your role that can cause you to feel low, depressed, stressed, or mentally unwell? Please tick all that apply. (Base 3,451)

Legend: Ambulance — Fire — Police — Search and Rescue
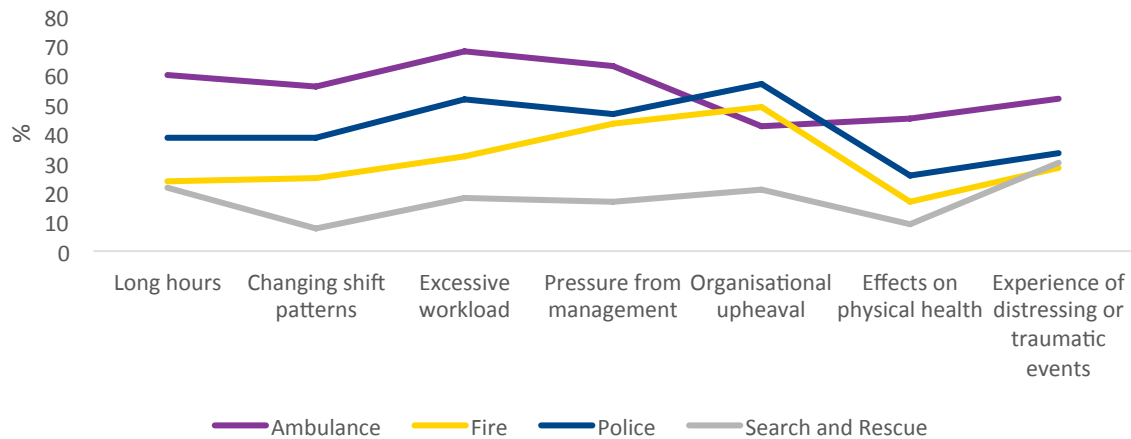
As with the rest of the survey, search & rescue personnel gave much more positive results than the other services. Some triggers, such as changing shift patterns, have less relevance for a reactive and volunteer service. These were attributed very low importance as a consequence.

Ambulance personnel gave the most strongly negative results. Whilst they assigned high importance to experience of trauma, they rated organisational factors even more strongly. Excessive workload, pressure from management, long hours, and changing shift patterns were identified as triggers more often than trauma. These systemic organisational factors were also frequently cited as triggers in respondents' free text comments. For example, "*Less people to do more work. Potential privatisation. Badly treated by management.*" and "*Animosity between control & ambulance crews, never finishing on time, a 14hr day is not unusual.*"

Organisational upheaval was the most commonly cited trigger for police respondents. Free text comments about cuts and job insecurity were very common. For example, "*Uncertainty of government cuts and whether I am going to continue doing the job I have always wanted to do.*" There were also concerns expressed about the wider organisational culture. For example, "*Organisational culture is one of discipline and grievance rather than health and well being.*"

Given the industrial action being taken within the fire service at the time of this survey, it is unsurprising that organisational upheaval was the most commonly cited trigger of poor mental health among fire service respondents. Pressure from management was also rated very highly. Managers from the fire service were disproportionately represented in survey respondents and they cited management pressure more often than non-managerial staff within their service. Interestingly, physical health was least often cited as a trigger, despite the significant physical risks taken by the fire service personnel.

Experience of traumatic events was the only trigger given significant weighting by search & rescue personnel. This suggests that, whilst they are exposed to trauma less often, it can have a significant effect on their mental health. Experience of trauma was cited a similar number of time by respondents from the fire service and police. However, this was relatively low when compared with other triggers.

Respondents who identifed exposure to traumatic events as a trigger of poor mental health
(Base 1,418)
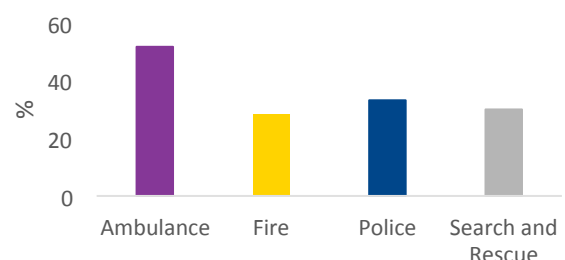
Respondents from the ambulance service are most frequently exposed to traumatic incidents and cited trauma as a trigger more than other services. This was even more commonly cited by managers. The issue of being single crewed was often described as an additional hardship. For example, *"Working alone for long periods of time. Not getting urgent back up when dealing with very unwell patients"* and *"Working alone; left out of the team."*

How often are you exposed to potentially distressing or traumatic situations? (Base 3,627)
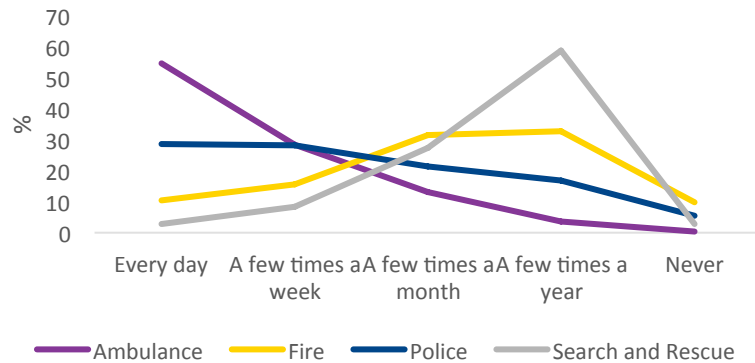
We are interested in the effect of the workplace on employee mental health but also the effect of poor mental health on employee performance. This is a critical consideration for the Blue Light services because of the very high demand and the potential severe consequences if a mistake is made. However, emergency services personnel reported that their performance was less affected by mental health problems than the CIPD survey of the general working age population. However, respondents also told us that whilst they could maintain standards at work, this often had severe personal consequences.

In which ways, if any, does poor mental health affect your performance? Please tick all that apply (Base 3,476)
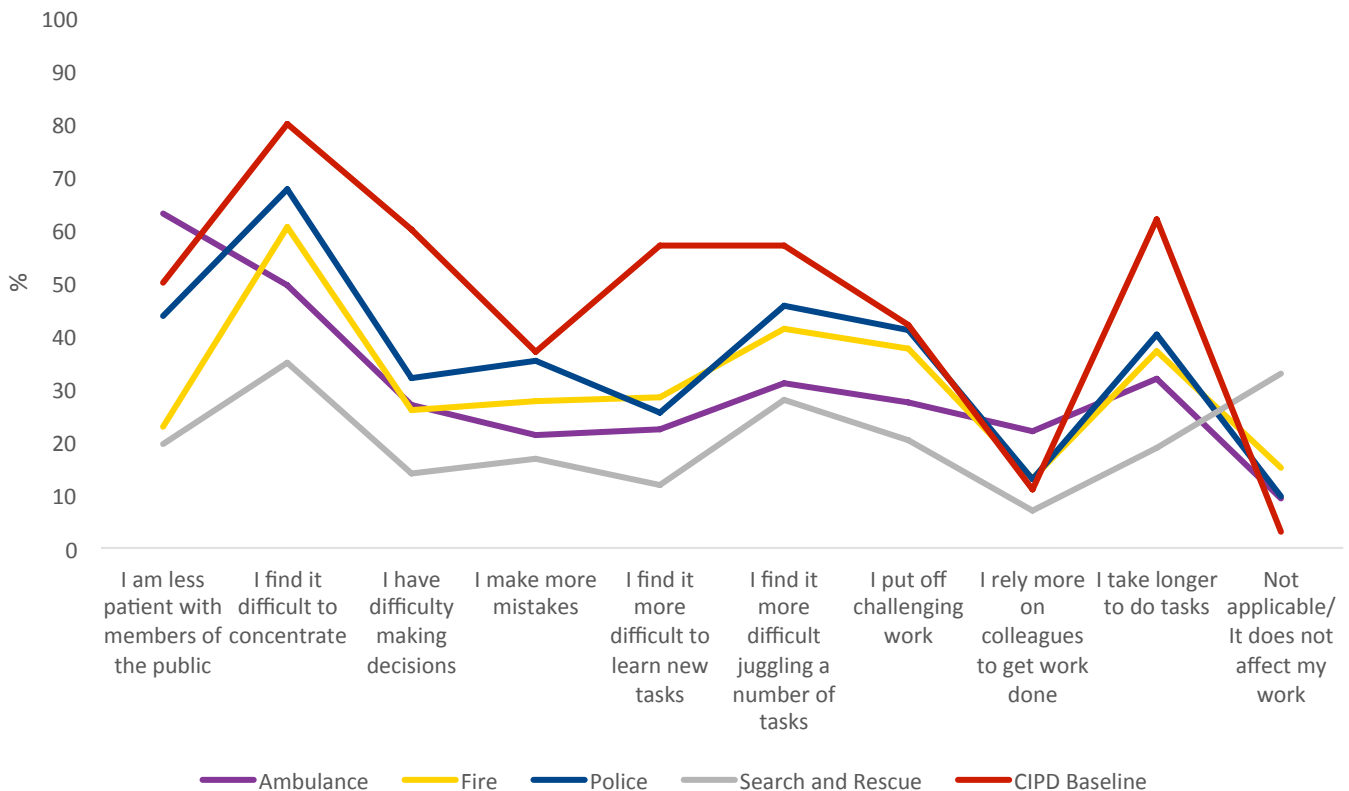
The cost of 'professionalism'

A regular theme from across the four Blue Light services was the personal cost of 'remaining professional' whilst experiencing mental health problems. Typical comments include:

- *"I was still able to perform, but only because I made myself, I often used to find a place alone between tasks and simply burst into tears, before picking myself up and going again!"*

- *"I try to remain "professional" but that means my daughter and my private life suffer for it. Can't win!"*

- *"It doesn't affect my working with patients, but it does have effect on my relationship with control, due to them having to meet strict targets they will regularly send us from one bad job to another without a thought of our welfare."*

- *"The aftermath tends to affect my personal health and life, I am able to maintain a professional façade"*

- *"I've become an expert at hiding my anxiety whilst at work."*

- *"You just save it up for when you get home"*

Stigma

Tackling stigma and discrimination is a key area for addressing the mental health needs of emergency services personnel. We know from our research for the Time to Change campaign that the workplace is the second most common area (after family and friends) where mental health stigma is encountered. Particularly for emergency services personnel, concern about fitness to work can prevent people seeking support for a mental health problem. Emergency services personnel's disproportionate interaction with people in mental health crisis could also impact on their perception of the issue. It can lead to misconceptions, stigma, and self-stigma that can stop people reaching out for help.

We also recognise that emergency services personnel do not live in a professional vacuum. Outside of their roles, these personnel are members of families, friendship groups, sports teams, religious organisations etc. Time to Change research shows that stigma is most often experienced from family and friends. Therefore, we are also interested in the home and social support networks of emergency services personnel.

Using the CIPD survey (2011) of the general working age population as a benchmark, we asked emergency services personnel whether their organisation encourages staff to talk openly about mental health.

In your opinion, does your organisation encourage staff to talk openly about mental health? (Base 3,168)
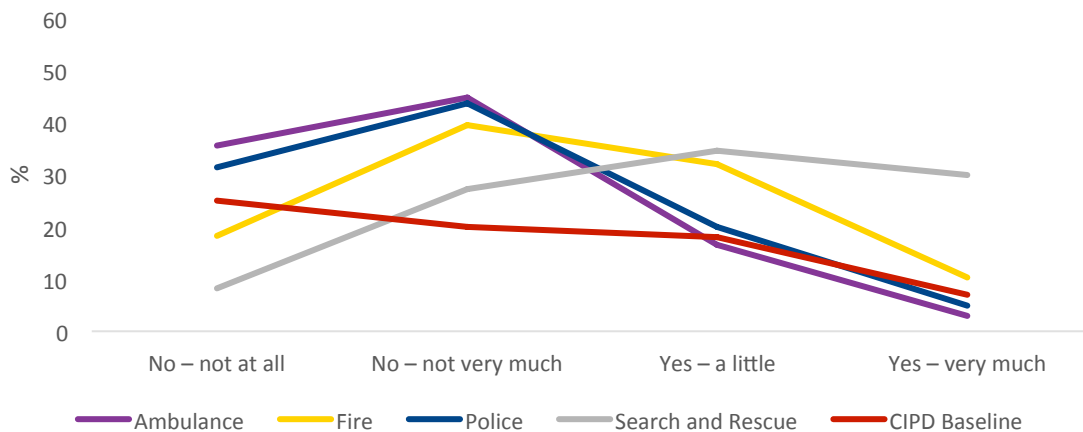
Search & rescue performed much better than the CIPD baseline. Respondents were very positive about their organisation's work to encourage open conversations and this requires more scoping research to understand how they have been so successful. This may provide learning to inform the development of the anti-stigma and workplace wellbeing programme strands.

On average, respondents from the fire service were ambivalent towards their organisations' work on mental health stigma. However, the ambulance and police services provided far more negative responses. 80.45% of ambulance and 75.07% of police personnel gave negative responses about their organisation's efforts. This was almost twice as negative as the CIPD baseline and suggests that it will take significant work to establish the credibility of the organisational Time to Change pledges.

Our survey went beyond the original CIPD research design to explore other indications of mental health stigma. We found that respondents from the ambulance service felt very negatively about talking to managers about mental health but were more positive about talking with colleagues.

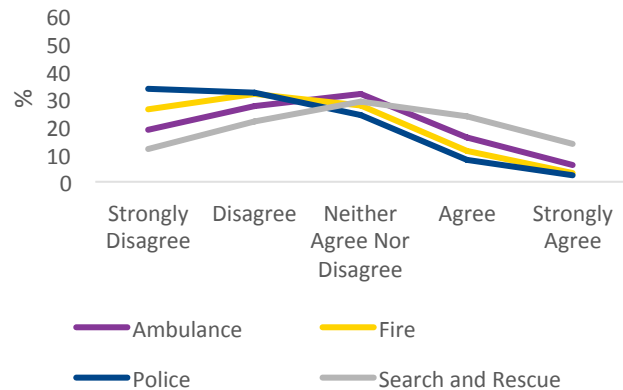However, respondents from the police service gave equally negatives responses about their ability to discuss mental health with managers and colleagues.

People feel able to talk to managers about mental health (Base 3,168)
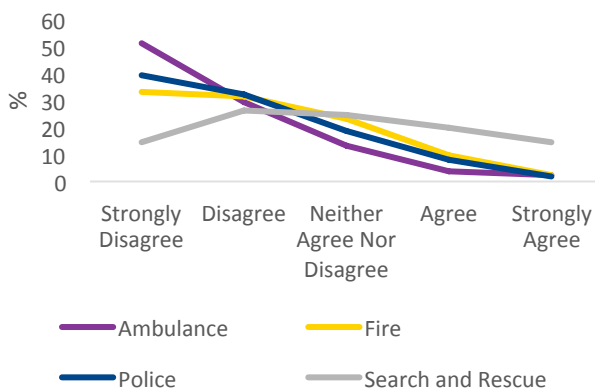
People feel able to talk to colleagues about mental health (Base 3,168)

Respondents from the fire service were more positive than those from the police and ambulance service who felt very uncomfortable talking to managers about mental health. Consistent with their positive responses to other questions, personnel from search & rescue were positive in their responses.

People feel more comfortable talking about physical health than mental health (Base 3,168)
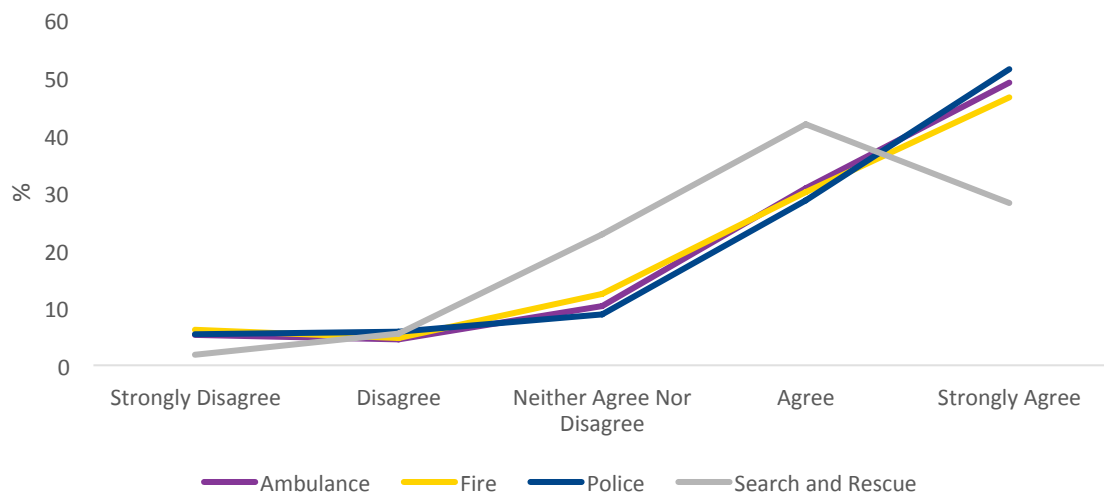
Despite their different opinions on ability to talk openly with colleagues and managers, respondents from all services were united in their view that it was much easier to talk about physical health than mental health at work.

Given that many emergency services personnel have physically demanding roles, it is unsurprising that physical health is a standard topic of conversation. Many respondents, particularly from the police and fire services, identified regular exercise as an important coping mechanism for managing their mental health problems.

Someone would be treated differently (in a negative way) if they disclosed a mental health problem (Base 3,168)

Ambulance — Fire — Police — Search and Rescue
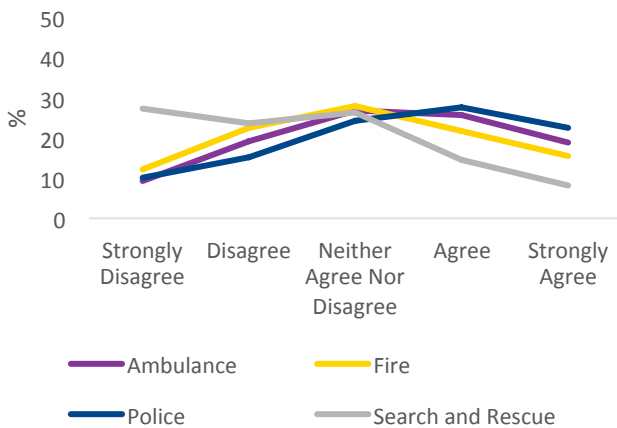
Someone would be treated differently (in a negative way) if they disclosed a mental health problem (Base 3,168)

1 = Strongly Disagree 5 = Strongly Agree

Personal Experience — No Experience

We also asked an explicit question about stigma in their workplace. Respondents from the police and ambulance services gave very similar answers. Over half of participants from the police service believed that someone experiencing a mental health problem would encounter stigma if this was disclosed (52.01%). This figure was 44.64% for ambulance personnel. In contrast, only 22.73% of search & rescue personnel believed that stigma would be experienced.

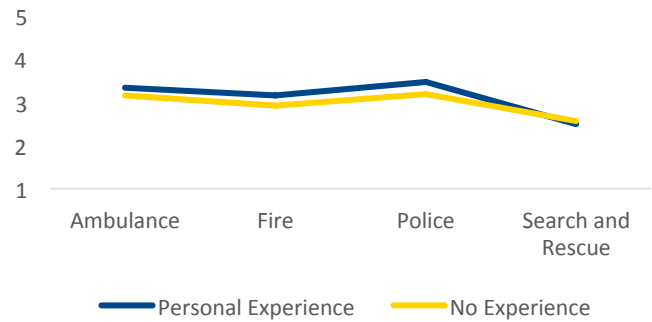Some respondents said that whilst their colleagues would try to be supportive, their lack of knowledge or experience could cause issues. For example, *"I generally don't tell people because there is not much anyone can do about OCD. Most people don't really understand it and make really unhelpful comments and remarks such as 'just try not to check' or 'just stop doing it'. This compounds the problem."*

We suspected that personnel with personal experience of mental health problems might have a different view about stigma in their service. However, we found no statistically significant difference in perception between those with and without personal experience.

Sources of Support

We are interested in the current coping strategies used by emergency services personnel. This will help to inform the design of the programme's resilience intervention and information materials. Talking to friends and family was the most popular coping mechanism for all services. Isolation was also a worryingly common response. Interestingly, respondents from the police service were more likely to seek medical help than other respondents.

The rate of drink and drug use is under-represented because many respondents used the free text box to specify that they drink heavily but do not use illegal drugs. Including these free text responses, drink and drug use would be a more popular coping mechanism than talking to someone at work. This finding is consistent with another organisation's large survey of emergency services personnel (unpublished).

What do you do to cope when you're feeeling low, depressed, stressed, or mentally unwell? Please tick all that apply. (Base 3,451)

Legend: Ambulance — Fire — Police — Search and Rescue
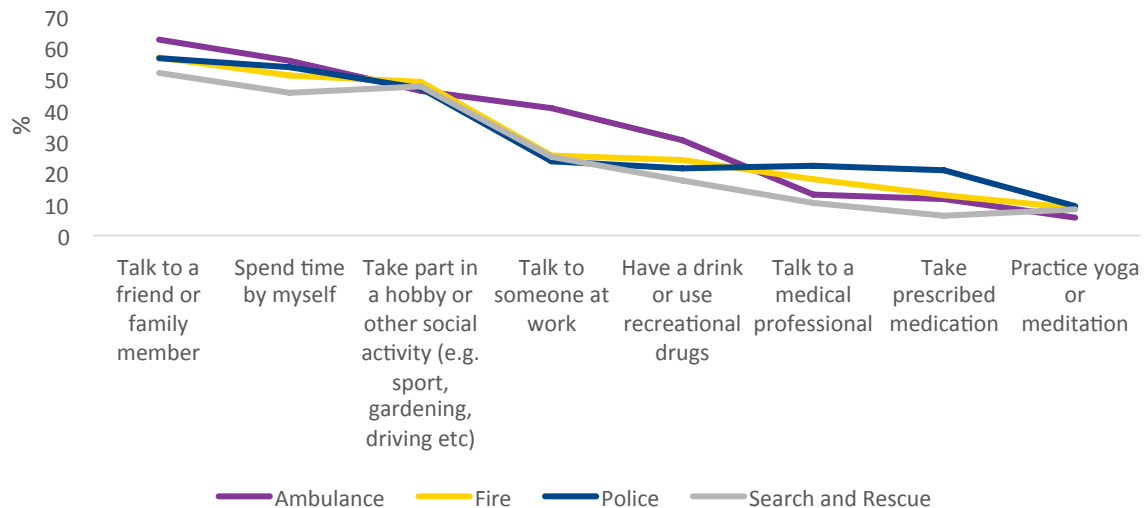
Respondents also provided free text descriptions of their coping methods. Peer support, exercise, drinking, and over work were frequent themes. The following are typical comments:

- *"We self counciled each other. If we had a bad job we could go back to depot. Have a cup of tea reflect. Use black humor and move on. We are pressured bullied to go straight on to another job now, even if we have run out of a specific bit equipment"*

- *"It is now becoming harder to talk to anyone at work due to workload and rota changes."*

- *"Exercise helps sort my head out"*

- *"I did turn to drink but it almost cost me my job and family so I do not do anything, I could not go to any social functions just incase I had a drink so that had a knock on affect"*

- *"Stay busy to the point of exhaustion"*

- *"Work - as much overtime as I can get. Keep as busy as possible so as not to allow time for my mind to wander and remember things. (Keep pandoras box shut)"*

There is quite a low awareness rate of mental health support amongst emergency services personnel. Counter-intuitively, volunteers in the search & rescue service had higher awareness of their organisation's support.

The fire service also had a higher awareness of organisational support than other services. This might reflect the overrepresentation of managers amongst respondents. Non-managerial respondents from the fire service had similar levels of awareness to their police and ambulance colleagues.

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel? (Base 3,168)
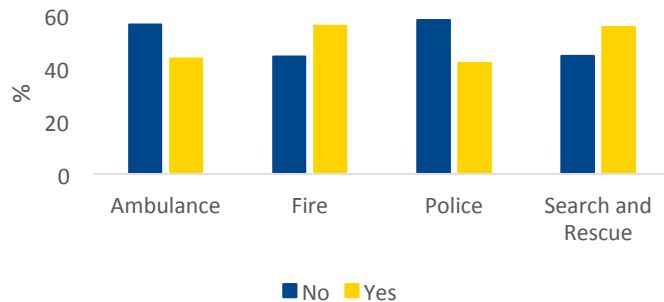
When asked to specify the support available from their organisation, respondents cited three main options: employee assistance programmes (usually provided by telephone), counselling, and TRiM (Trauma Risk Management Protocol).

In your opinion, how well does your organisation support employees who experience mental health problems? (Base 3,168)
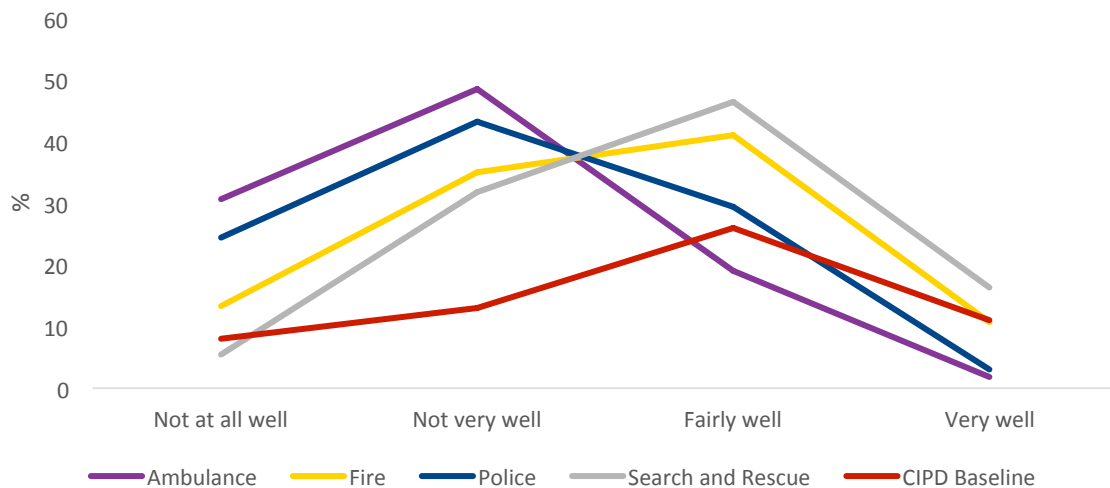
In the 2011 CIPD survey of working age adults, only 21% of respondents were negative about the quality of their organisation's mental health support. Direct comparison with this baseline is limited because the CIPD included a 'Don't Know' option (almost 50% of responses). However, the strength of responses from emergency services personnel is revealing.

79.15% of ambulance personnel gave a negative rating of their organisation's support. This was echoed by 67.57% from the police service and 48.29% from the fire service. Respondents from the search & rescue service, as with all other questions, more positive. 62.73% of search & rescue respondents gave a positive rating of their organisation's support.

Regional Rating of Mental Health Support
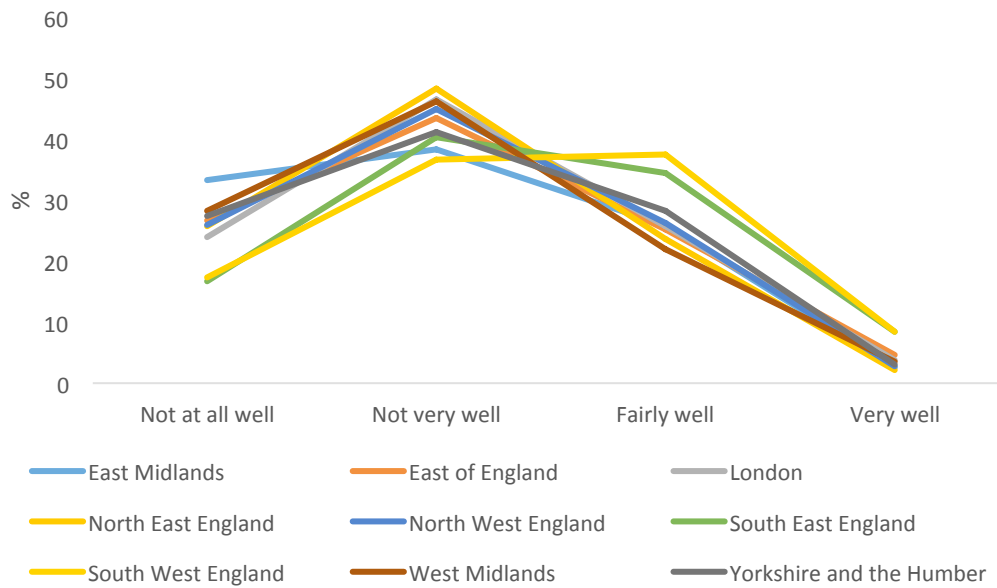
We are aware of large differences in support provision across and within Blue Light services. To test the impact of this varied provision, we analysed respondent ratings of the quality of organisational support by region. The pattern of responses was very consistent across the regions (particularly because the sample of – more positive - search & rescue personnel was small). The only regions with more than 50% positive ratings were the South East and South West. However, the cross-regional differences are not large and there are many variables that could affect this. Further scoping research is required to validate our findings and understand their drivers.

If you began experiencing poor mental health, how likely are you to seek help from the following sources of support?... (Base 3,334)

1 = Never 5 = Always
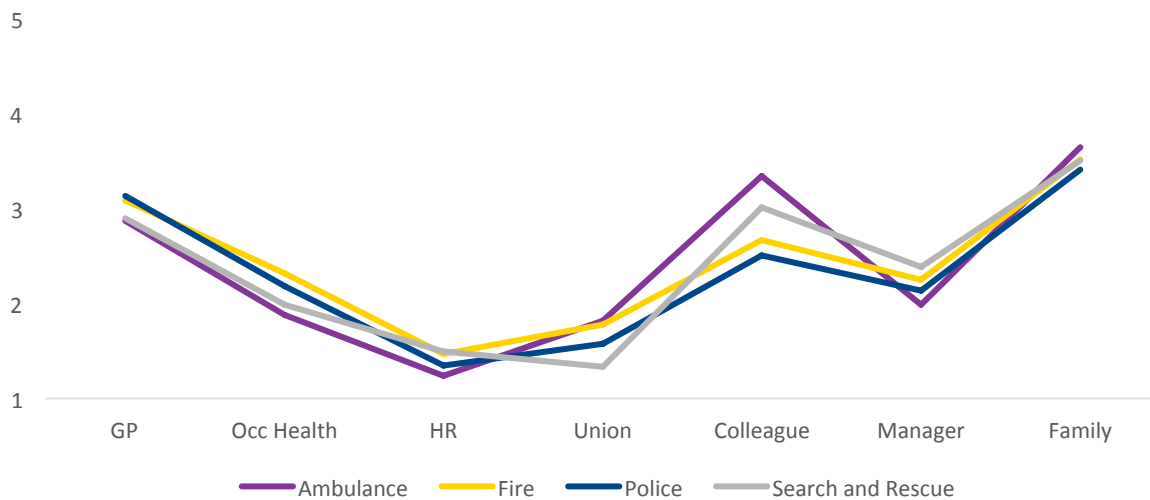
We asked respondents to rate the likelihood that they would seek support from a range of different sources. This information is particularly useful for informing the development of our information service and clinical intervention. It is encouraging to see the relatively high rating of support from family and colleagues (particularly in the case of ambulance personnel).

However, we were most struck by the surprisingly negative results – including a very high proportion of respondents who said that they would never seek help from HR, Occupational Health, or their Union. The distrust of organisational support was strongest from ambulance personnel who were least likely to seek support from Occupational Health, HR, and their managers.

Respondents gave overwhelmingly negative responses to the prospect of seeking help from HR. This was consistent across all four services. The scepticism about HR support may stem from the considerable amounts of organisational change that has occurred within the Blue Light services in recent years.

HR (Base 3,334)
1 = Never 5 = Always

In the free text comments, a number of respondents also expressed frustration at the bureaucracy and ineffectiveness of HR and Occupational Health.

For example, *"I have tried raising this with Occupational Health; Human Resources were supposed to make contact with me as they said they were concerned about my wellbeing – over a year later I am still waiting for that contact!!"*

Colleague (Base 3,334)
1 = Never 5 = Always

Family (Base 3,334)
1 = Never 5 = Always
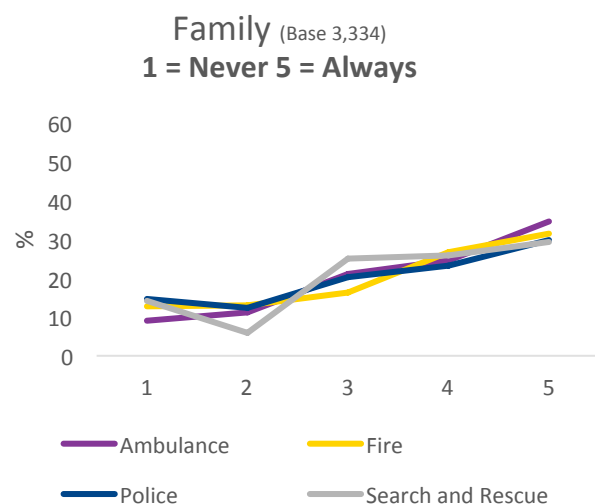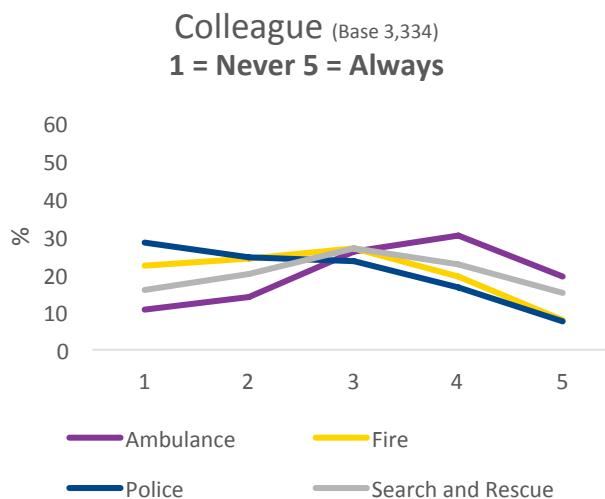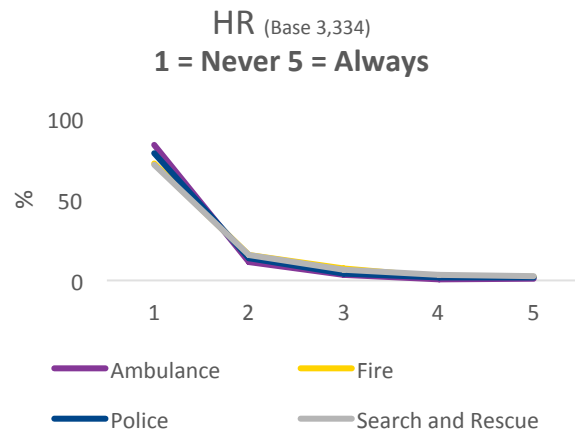
The responses of police and ambulance personnel were relatively similar throughout the survey. Whilst the police and ambulance personnel share a mutual distrust of HR and managers, their view of colleagues is strikingly different. 52.76% of respondents from the police said they would rarely or never seek support from colleagues. This contrasts with only 24.58% of ambulance personnel giving a negative response about colleagues. All services agreed on the importance of family support – citing it as the most likely place to seek help. However, in the case of ambulance personnel, colleagues ranked a close second.

Information Needs

Empowering, high quality information about mental health is central to enabling effective self-management, choice, and access to further help and support. A key component of the Blue Light Programme will be the provision of targeted advice and support for emergency services personnel and their social support networks. In order to design the most effective information products and services, it is important to understand the types of information required.

Information Topics (Base 3,168)
1 = Not at all useful 5 = Not at all useful

Legend: Ambulance | Fire | Police | Search and Rescue
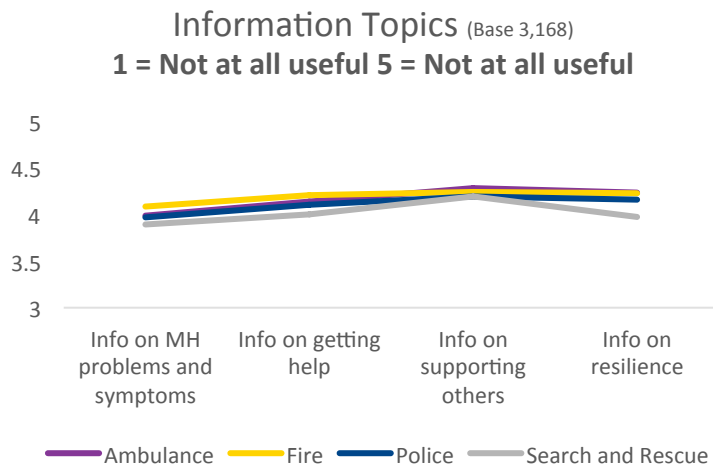
We asked respondents to rate the usefulness of different information topics. There was strong consensus across all four services about the usefulness of these different information topics. There was also no difference between respondents with lived experience and those without.

It is important to note that the graph on the left has a magnified scale (only showing responses between 3 and 5 on a 5 point Likert scale).

Further scoping work is required to understand the relative importance of these information products – particularly more specific topics (e.g. depression, anxiety, dealing with trauma, sleep, medication etc.) We also require more information about preferred methods of accessing this info.

I feel confident that I can spot the signs that a colleague may be experiencing a mental health problem (Base 3,168)

Legend: Ambulance | Fire | Police | Search and Rescue

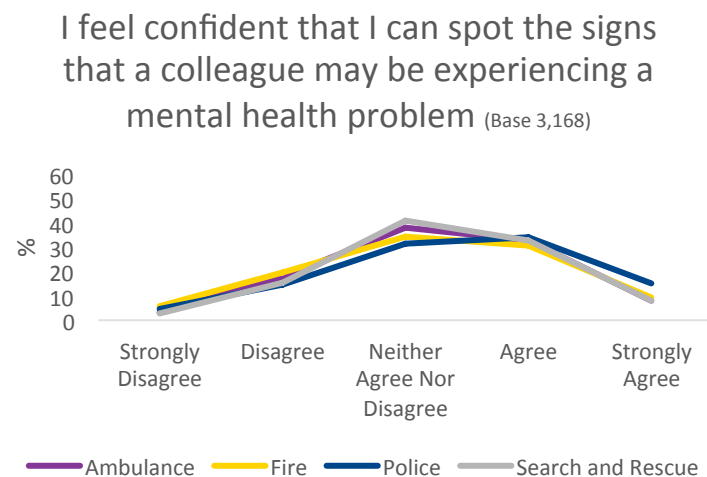In addition to an explicit question about mental health information, we ask respondents to rate their confidence about certain mental health topics. We found that respondents are only moderately confident about spotting the signs of a colleague's mental health problem. This corresponds with our finding that information on supporting others is very popular.

Interestingly, there was very little difference in confidence between respondents with personal experience of mental health problems and those without.

We also asked respondents whether they would know what to do if a colleague disclosed a mental health problem (see graph on following page). Interestingly, respondents from the ambulance service were the least confident about what to do in that situation. This is in spite of their greater levels of medical training and their high rating of colleagues as a useful source of support. This implies that ambulance staff are most willing to offer support to colleagues but require more information and support to increase their confidence.

I know what to do if a colleague tells me about their mental health problem (Base 3,168)

% of service that volunteered to champion mental health in their workplace (Base 927)
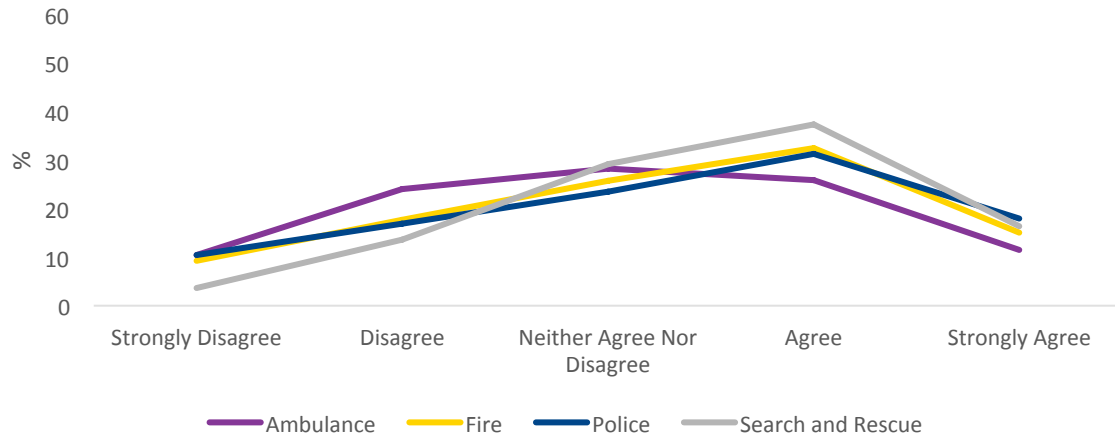
Given our previous research demonstrating the power of peer advocacy for changing attitudes towards mental health, we asked all respondents whether they would be interested in championing mental health in the workplace. When the survey closed on 12th January 2015, the number of volunteers to become Champions was 927. This has subsequently increased to over 1,000.

73.68% of volunteers to become Champions (as at 12th January 2015) have personal experience of mental health problems. The volunteers are broadly representative of our sample's gender, age, and ethnicity.

Unsurprisingly, given the more positive attitudes towards mental health within their service, the percentage of search & rescue respondents who volunteered as Champions was lower than other emergency services personnel.

Appendix 1: Survey Text

Introduction

We are Mind, the mental health charity. We are developing a large new programme to support the mental health of 'blue light' personnel – staff and volunteers at all levels within the Ambulance, Fire, Police, and Search & Rescue services in England.

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. One in four people will experience a mental health problem in any year. Common mental health problems include depression, anxiety, and Obsessive-Compulsive Disorder (OCD). These make up the majority of problems people experience and their symptoms can range from the comparatively mild to very severe.

If you work or volunteer for the emergency services in England, we want to hear your views and experiences of mental health in the workplace. Your answers will help us to develop the best services and deliver them in the most effective way.

This survey should take around 15 minutes to complete. Your responses will remain confidential and your information will not be used for any other purpose.

Section 1 – Your Role

In this section we want to understand a little more about you and the type of work you do. This information will help us tailor our services to the wide range of roles across the emergency services.

Q1 [required]

Tick	I am a current member of the emergency services
Tick	I am a former member of the emergency services
Tick	I am not a member of the emergency services [If yes – free text explanation is required]

Q2 [required]

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 & rescue service
Tick	Other [If yes – free text explanation is required]

Q3 [required]

Tick	I am an employee
Tick	I am a volunteer

Q4 [required]

Do you have a management role?	
Tick	Yes
Tick	No

Q5 [required]

How much contact do you have with the public?	
Tick	Every day
Tick	Most days
Tick	A few times a week
Tick	Rarely
Tick	Never

Q6 [required]

How often are you exposed to potentially distressing or traumatic situations?	
Tick	Every day
Tick	A few times a week
Tick	A few times a month
Tick	A few times a year
Tick	Never

Q7 [required]

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

Q8 [required]

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

Section 2 – Your Experience

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.

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

Q9 [required]

Have you experienced stress, low mood, or poor mental health while in employment?

Tick	Yes, only whilst working/ volunteering for this organisation
Tick	Yes, only whilst working/ volunteering for a previous organisation
Tick	Yes, both at this organisation and at previous organisations
Tick	No, never

Q10 [required]

Have you ever taken time off from work as a result of stress, low mood, or poor mental health?	
Tick	Yes
Tick	No
Tick	Don't know/ Cannot remember

Q11 [required]

How often do you go into work when experiencing poor mental health (e.g. stress, anxiety, depression etc)?	
Tick	Always
Tick	Sometimes
Tick	Rarely
Tick	Never
Tick	Don't know/ Cannot remember

Q12 [required]

In which ways, if any, does poor mental health affect your performance? Please tick all that apply	
Tick	I am less patient with members of the public
Tick	I find it difficult to concentrate
Tick	I have difficulty making decisions
Tick	I make more mistakes
Tick	I find it more difficult to learn new tasks
Tick	I find it more difficult juggling a number of tasks
Tick	I put off challenging work
Tick	I rely more on colleagues to get work done
Tick	I take longer to do tasks
Tick	I am more likely to get into conflict with colleagues
Tick	I am more likely to take risks
Tick	Other [If yes – free text explanation is required]
Tick	Not applicable/ It does not affect my work

Q13 [required]

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

Q14 [required]

Only display if 'moderate', 'poor', or 'very poor' are selected in Q14

Do you think that your moderate or poor mental health is the result of...?	
Tick	Problems at work
Tick	Problems outside work in personal life
Tick	A combination of problems at work and in your personal life
Tick	Don't know

Q15 [required]

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]

Q16 [required]

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]					

Q17 [required]

What do you do to cope when you're feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Talk to someone at work
Tick	Talk to a friend or family member
Tick	Take part in a hobby or other social activity (e.g. sport, gardening, driving etc)
Tick	Practice yoga or meditation
Tick	Spend time by myself
Tick	Talk to a medical professional
Tick	Take prescribed medication
Tick	Have a drink or use recreational drugs
Tick	Other [If yes – free text explanation is required]

Section 3 – Your Organisation

You are now half way through the survey. We also want to find out about your organisation and what it can do to support your mental health.

This section includes questions about support that is currently available but it also asks about additional help or improvements that could be made.

Q18 [required]

Have you ever heard of Mind?	
Tick	Yes
Tick	No

Q19 [required]

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

Q20 [required]

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

Q21 [required]

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

Q22 [required]

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree'					
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5
I feel confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5
I know what to do if a colleague tells me about their mental health problem	1	2	3	4	5

Q23 [required]

How useful would you find the following information topics? 1 is 'not at all useful' and 5 is 'very useful'					
Information about different types of mental health problems and their symptoms	1	2	3	4	5
Information about how to get help for a mental health problem	1	2	3	4	5
Information about how to support a colleague or friend with a mental health problem	1	2	3	4	5
Information about how to improve your mental wellbeing, making you less likely to develop a mental health problem	1	2	3	4	5
Other **[If yes – free text explanation is required]**	1	2	3	4	5

Q24 [required]

Would you like to help champion mental health in your workplace? If you provide your email, we will keep you informed about opportunities to get more involved.	
Tick	Yes **[If yes – email is required]**
Tick	No

Section 4 – Diversity

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.

Q25

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 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	None of the above.

Q26

What is your gender?	
Tick	Male
Tick	Female
Tick	Transgender

Q27

Is your gender identity the same as when you were born?	
Tick	Yes
Tick	No

Q28

What is your age?	
Tick	19 or under
Tick	20-24
Tick	25-34

Tick	35-44
Tick	45-54
Tick	55-64
Tick	65 and over

Q29

Which ethnic group do you identify with?	
Tick	White British
Tick	White Irish
Tick	White – any other White background
Tick	White and Black African
Tick	White and Asian
Tick	White and Black Caribbean
Tick	Any other mixed background
Tick	Indian
Tick	Pakistani
Tick	Bangladeshi
Tick	Any other Asian background
Tick	Caribbean
Tick	African
Tick	Any other Black background
Tick	Chinese
Tick	Gypsy/ Traveller
Tick	Other [If yes – free text explanation is required]

Q30

How would you describe your sexuality?	
Tick	Bisexual
Tick	Heterosexual
Tick	Gay
Tick	Lesbian
Tick	Other [If yes – free text explanation is required]

Q31

Do you consider yourself to be disabled? (A disabled person is defined as a person with a physical, sensory, or mental impairment that has a substantial long term effect on his or her ability to carry out normal day-to-day activities?)	
Tick	Yes
Tick	No