Blue Light Programme
Strand 1 Evaluation (Part 1)
March 2015

Contents

1. Executive summary

This report focuses on emergency services (Blue Light) personnel and provides a baseline measure to compare the effectiveness of the programme developed by Mind to improve the mental health of personnel. Blue Light personnel include staff and volunteers in the four emergency services: Police, Ambulance, Fire and Search & Rescue. A key finding from this baseline survey is that Blue Light personnel are less likely to hold negative attitudes towards mental health issues than those held by the General Population[1] in 2012. For example, 86% of Blue Light personnel agreed that 'Mental health problems are illnesses like any other'. They are also nearly unanimous (92%) that 'increased spending on mental health services is not a waste of money'.

All Blue Light personnel who completed the Baseline survey were shown two vignettes comprising a short paragraph on a case study about Tom and Laura (fictional characters working in the emergency services and experiencing mental health problems). The full paragraphs are contained in Section 4: Case study and Section 10: Appendix - Questionnaire. Blue Light personnel differ from the General Population in how they think people with mental health problems should be assisted. Most Blue Light personnel agree that Tom in the scenario should get professional help (95%) and that Tom would benefit from supportive colleagues. However, Blue Light personnel are less likely to agree that people with mental health problems should be treated within the community.

Blue Light personnel are less certain about whether Tom's condition affects his ability as a colleague. Two fifths of respondents say they are not sure how Tom will behave because of his problem and 10% feel he should not be allowed to work in their organisation, 12% say he could be dangerous to others. Fewer agree with the statement that 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services' (55% v 68% in the General Population - 2012). Similarly, Blue Light personnel are slightly more likely to say they would not want to live next door to someone who has mental health problems. Perhaps these differences are best explained by the disproportionate exposure to people in mental health crisis experienced by Blue Light personnel.

There are few differences between the different services, although if there are differences it is that Police tend to be more negative in their attitudes than other services. For example, Police are less likely to agree that 'People with mental health problems are far less of a danger than most people agree' (47% v 63% Ambulance, 74% Fire and 72% Search & Rescue). Search & Rescue personnel tend to hold more positive attitudes across the majority of the statements, potentially because they are

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[1] Department of Health. Attitudes to Mental Health Problems survey, 2012.

the least 'professionalised' service (i.e. have the most volunteers) and may experience fewer work-related traumatic incidents.

Generally speaking, there are few differences between males and females and the different age groups. Attitudes tend to be more closely linked with experience with mental health issues, either themselves or through family members/friends. Commitment to colleagues and friends with mental health problems was particularly strong amongst Blue Light personnel.

While the majority of the Blue Light personnel have positive attitudes relating to the vignettes, this does not necessarily translate if it was them in the same situation. 24% and 17% would not tell other people if they had the same problem as portrayed in the vignettes.

Blue Light personnel are generally less comfortable talking about mental health to their employer, Doctor or family/friends than the General Population (2012). Nearly forty percent say they wouldn't be comfortable talking to friends and family and three quarters said they would not be comfortable talking to an employer. Only 57% say they are 'very likely/quite likely' to consult a Doctor. This is significantly lower than the General Population who in 2012 82% said that they would be 'very likely' or 'quite likely' to consult a GP about a mental health problem.

The majority of Blue Light personnel (90%) have heard of Mind, with just over a quarter (27%) having heard of Time to Change.

In reading these results we need to be mindful of the way in which the research was conducted. Sampling was based on a 'convenience sample' so respondents are not necessarily fully representative of all Blue Light services or comparative to the General Population (2012). Respondents were recruited through existing charities and employer organisations. This study does, however, provide a useful baseline to measure the effectiveness of the programme and results are broadly in line with those from the Scoping survey, conducted amongst Blue Light personnel in December 2014/January 2015.

2. Introduction

Mind has developed a programme to improve the mental health of emergency services (Blue Light) personnel: Police, Ambulance, Fire and Search & Rescue. This is funded by £4 million Libor funding administered by the Cabinet Office.

This 18 month programme has the following objectives.

Blue Light personnel will be:

- More aware of their own/ colleagues' mental health
- More resilient / better able to manage
- Empowered with more information and support.

And Blue Light employers will be:

- More aware of the importance of employee mental health
- Better equipped to support staff
- Leading work to address stigma and discrimination.

The purpose of this stage of the programme is to build a robust baseline to compare the effectiveness of the programme. Two key points to note:

- Comparisons have been made with historical data back to 1994, although it should be noted that this historical data is based on the General Population rather than those who work in Blue Light services.
- Respondents were asked to use a five point rating agree/disagree scale. For some statements we have reversed the scale, e.g. "Increased spending on mental health services is a waste of money" so that it now is shown as a positive response. These statements are marked with an * on the table or graph.

The Baseline survey included statements on a range of attitudes towards mental health, these originated from The Attitudes to Mental Health Problems questionnaire developed by the Department of Health (2012). It included 26 items based on the 40-item CAMI[2] scale, the mental health knowledge scale, and an added item on employment-related attitudes. The questions covered a wide range of issues, from attitudes towards people with mental health problems, to opinions on services provided for people with mental health problems.

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[2] Community Attitudes toward the Mentally Ill

Respondents were asked to give their opinion on each attitude statement, using a 5-point scale from 'Agree strongly' to 'Disagree strongly'.

The 26 attitude statements are grouped into four categories for analysis purposes:

- Fear and exclusion of people with mental health problems
- Understanding and tolerance of mental health problems
- Integrating people with mental health problems into the community
- Causes of mental health problems and the need for special services.

The wording of the two vignettes (case studies) about Tom and Laura that were shown to all Blue Light respondents in the Baseline survey are detailed below:

- Tom is a colleague working in the emergency services. Over the past six months he has become increasingly withdrawn, and refuses to eat lunch or socialise with his colleagues. His wife has noticed that he walks around the house at night, unable to sleep, and will sometimes start crying unexpectedly.

- Laura is a frontline member of staff who recently responded to a particularly difficult and traumatic incident. She was the first responder on the scene where a young child had died and she spent time with the parents. Laura has been deeply affected by the incident and, although she was in work for the next few days, she has since called in sick and has been off work for a week.

After reading these paragraphs, respondents answered a series of agree/disagree statements about each.

3. Respondent background

There were 671 responses to this survey from emergency services personnel in England. Of these, 97% said they are a current member of the emergency services, with the remainder being former members. It is important to note that respondents were self-selecting and no sampling or weighting method has been applied. This is evident from the fact that the survey is over represented by London personnel with 45% of the Blue Light personnel working in London and a further 17% based in the South East.

The Police service employs around 60% of all emergency services personnel working in England and it is encouraging that this is reflected in this survey. The other services of Fire, Ambulance and Search & Rescue were equally represented at 14% each.

Survey respondents included a good mix of seniority personnel. The majority of respondents (67%) are workers, which suggests a better representation of front-line personnel than seen in the Scoping survey conducted in late 2014/early 2015. This is also confirmed by the fact that 51% say they have daily contact with the public. The majority, 85% are employed with 15% saying they are volunteers. The volunteers primarily comprised Search & Rescue personnel, as has been the case in previous research.

There is a good spread of length of membership across all emergency services. With nearly a quarter (23%) saying they have been working in the area for five years or less and 24% having worked for more than 20 years. In terms of ethnicity, respondents in this Baseline survey were broadly similar to the Blue Light population, with 4% coming from non-white backgrounds.

Respondents were recruited through existing charities and employer organisations in this baseline study. Mind worked with Blue Light organisations and bodies representing Blue Light personnel, which emailed the survey link and introductory text to their contacts.   The following three figures show demographic and work breakdowns of Blue Light personnel interviewed. The margin of error associated at the overall (all respondents) level is +/-4%, the margin of error becomes greater when looking at sub-samples.

Figure 1: Status and location where work, 2015
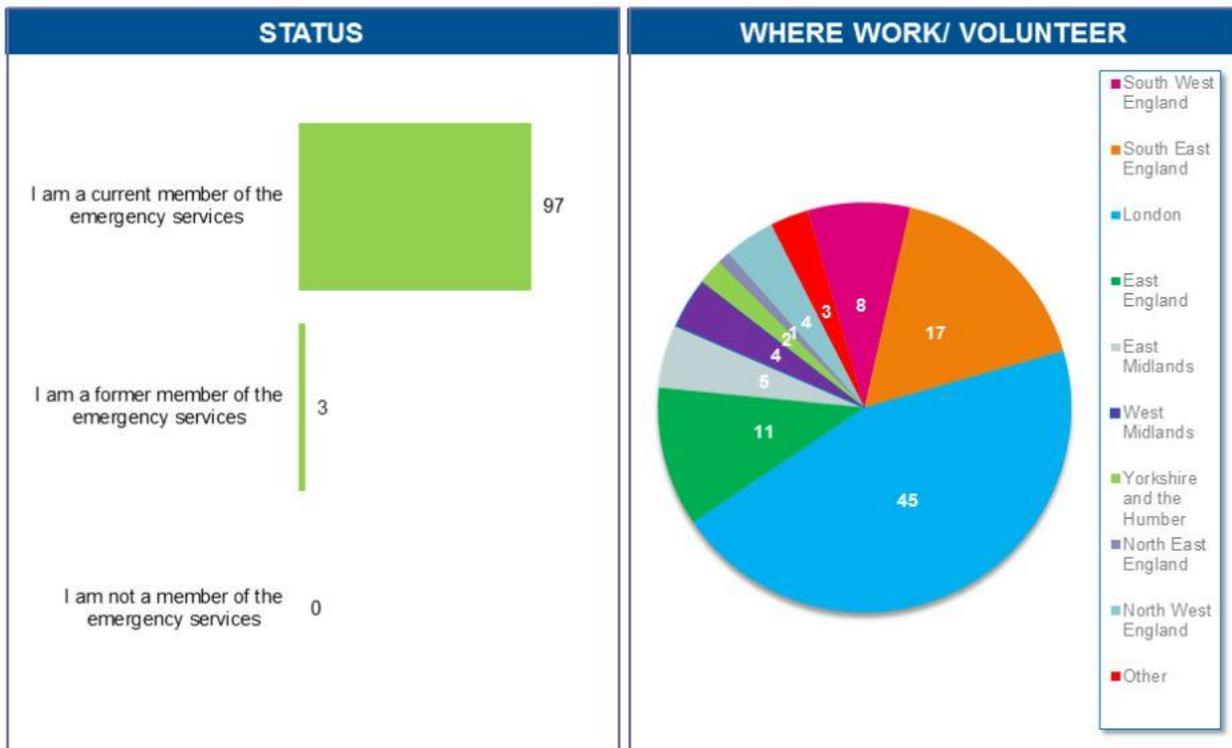
Figure 2: Amount of contact with public and length of membership with emergency services, 2015

AMOUNT OF CONTACT WITH PUBLIC

Every day	51
Most days	18
A few times a week	16
Rarely	12
Never	3

Base: (All respondents)

LENGTH OF MEMBERSHIP WITH EMERGENCY SERVICES

Less than a year	4
1-5 years	19
6-10 years	27
11-20 years	26
More than 20 years	24

Base: (All respondents)

Figure 3: Membership and role within emergency services, 2015

WHICH BLUE LIGHT SERVICE MEMBER OF

I am a member of the police force	58
I am a member of the fire service	14
I am a member of the ambulance service	14
I am a member of the search and rescue service	14

MANAGEMENT ROLE

% that have a management role

Yes	No
33	67

ROLE STATUS

- I am an employee — 85%
- I am a volunteer — 15%
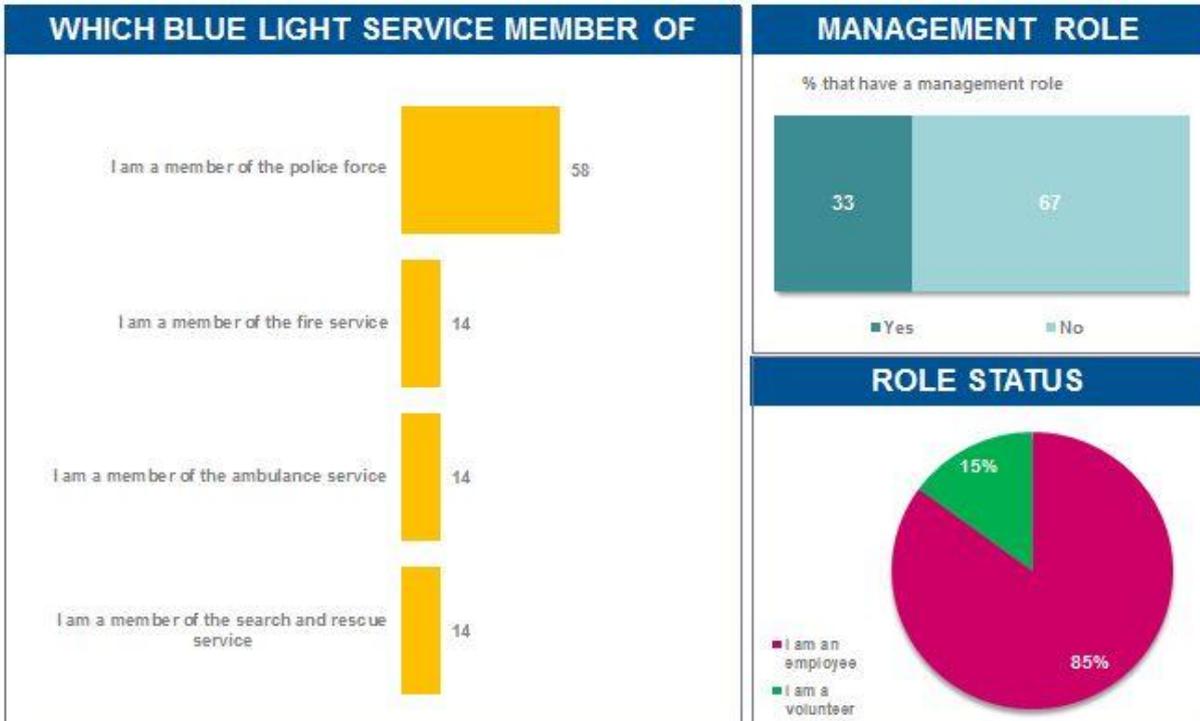
4. Case study

The Blue Light respondents were shown two case studies (vignettes) to explore the extent of Blue Light personnel's knowledge of, and attitudes towards, mental health problems. The vignettes comprised a paragraph on Tom & Laura as follows:

- Tom is a colleague working in the emergency services. Over the past six months he has become increasingly withdrawn, and refuses to eat lunch or socialise with his colleagues. His wife has noticed that he walks around the house at night, unable to sleep, and will sometimes start crying unexpectedly.

- Laura is a frontline member of staff who recently responded to a particularly difficult and traumatic incident. She was the first responder on the scene where a young child had died and she spent time with the parents. Laura has been deeply affected by the incident and, although she was in work for the next few days, she has since called in sick and has been off work for a week.

The case study section included a range of statements based on The Attitudes to Mental Health Problems (2012). Respondents were asked to give their opinion on each attitude statement, using a 5-point scale from 'Agree strongly' to 'Disagree strongly'. Where the scales are reversed these are marked with an * on the graph.

A comparison (Stakeholder % agreeing) has been added from a Birmingham / West Midlands stakeholder study conducted amongst parents, siblings of young people and mental health professionals via an online survey conducted in 2012. This is not a Mind comparison group, but serves as a useful comparison. The base size for the stakeholder comparison survey is 1,207 respondents.

Overall, there are strong positive attitudes towards these statements. Most Blue Light personnel agree that Tom should get professional help (95%) and that Tom would benefit from supportive colleagues: 'It is [not] best to avoid Tom' (94%). See Figures 4 and 5 for detailed breakdowns.

Blue Light personnel are less certain about whether Tom's condition affects his ability as a colleague. Two fifths of respondents say they are not sure how Tom will behave because of his problem and 10% feel he should not be allowed to work in their organisation, 12% say he could be dangerous to others.

While the majority of the Blue Light personnel have positive attitudes towards Tom, this does not necessarily translate to if it was them in this situation. A sizeable minority (24%) would not tell other people if they had the same problem as Tom.

Generally, agreement with the statements is closely linked with experience with mental health issues, either themselves or family member/friend. Blue Light personnel who have heard of the TTC campaign are slightly more positive towards Tom's situation. Women and older personnel, Ambulance personnel tend to be most sympathetic of the services.

Figure 4: Blue Light personnel' Perceptions of Mental Health – Vignette 1: Tom, Blue Light personnel 2015, Stakeholder comparison 2012
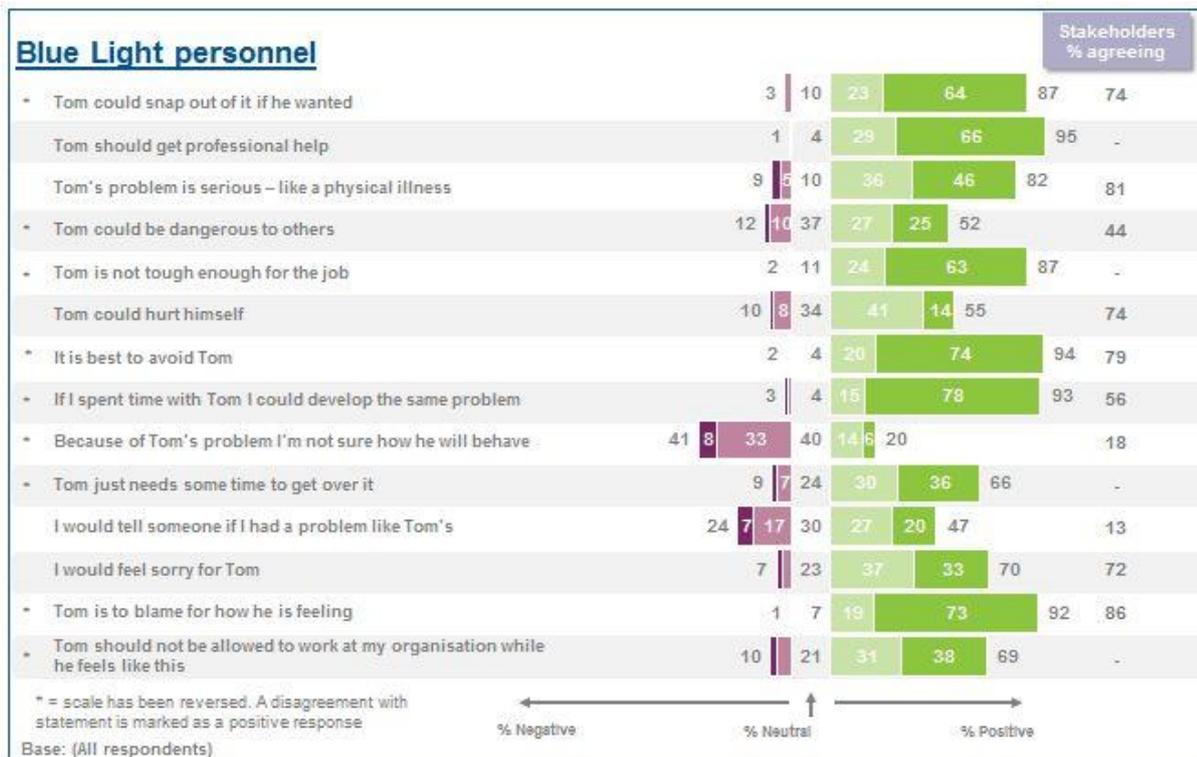
Figure 5: Blue Light personnel' Perceptions of Mental Health – Vignette 1: Tom - % positive, 2015

	BLUE LIGHT SERVICES				MENTAL HEALTH PROBLEMS EXPERIENCE			WHETHER HEARD OF TTC CAMPAIGN	
	Ambulance	Police	Fire	Search & Rescue	Personal experience	Through family/ friends	No experience	Yes	No
	%	%	%	%	%	%	%	%	%
Tom could snap out of it if he wanted	98	84	90	90	91	90	76	86	88
Tom should get professional help	99	94	96	94	96	96	92	95	95
Tom's problem is serious – like a physical illness	91	78	86	81	84	84	73	85	80
Tom could be dangerous to others	54	50	48	57	55	53	45	58	49
Tom is not tough enough for the job	86	86	93	85	90	89	80	90	86
Tom could hurt himself	59	51	59	67	57	56	53	54	56
It is best to avoid Tom	96	93	93	96	94	96	93	96	93
If I spent time with Tom I could develop the same problem	96	92	96	90	94	94	89	94	92
Because of Tom's problem I'm not sure how he will behave	29	19	17	13	20	18	21	26	17
Tom just needs some time to get over it	70	67	67	63	70	69	53	69	66
I would tell someone if I had a problem like Tom's	49	43	46	54	47	47	39	48	45
I would feel sorry for Tom	65	70	76	71	70	71	64	64	72
Tom is to blame for how he is feeling	97	91	92	93	94	95	84	95	92
Tom should not be allowed to work at my organisation while he feels like this	66	71	74	56	74	72	53	71	68
Base (unweighted)	(94)	(387)	(92)	(96)	(385)	(502)	(89)	(184)	(487)

Colour coding has been used in some of the tables in this report, if the difference from the Total (All respondents) is +/-5% or greater, the cells are coloured green or red to indicate a more positive (if green) or more negative (if red) to the Total base.

The Blue Light personnel gave similar responses to the second case study about Laura, See Figures 6 and 7. Again, the majority were positive, with similar level of agreement towards the statements e.g. 'Tom/Laura should get professional help' is 95% v 93% and 'Tom/Laura are [not] to blame for how he/she is feeling' is 92% v 96%. Where there are differences they may be related to the non-specific nature of Tom's condition, i.e. he will be more likely to get over it with time (66% v 54%). Also, some gender stereotypes are apparent, e.g. they are less likely to say that 'Laura could [not] be dangerous to others' (76% v Tom 52%) and that 'Laura could hurt herself' (26% v 55%]. Again, we see that respondents who have experienced mental health problems are more likely to be more positive across these statements.

It is noted for a number of statements about Tom and Laura, that a sizeable proportion of Blue Light personnel were unable to agree or disagree with them, instead the middle ground of 'unsure' was selected. This will have impacted on (and reduced) the proportion providing positive responses to the statements.

Figure 6: Blue Light personnel' Perceptions of Mental Health – Vignette 2: Laura, Blue Light personnel 2015, Stakeholder comparison 2012.
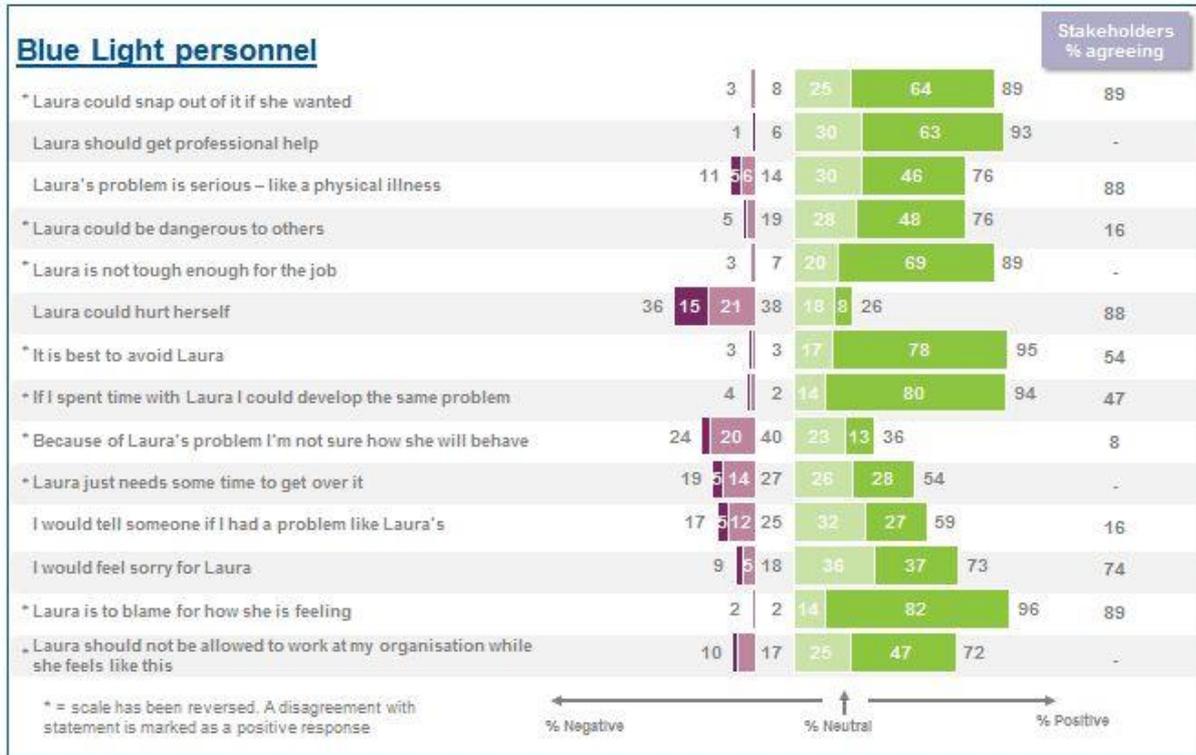
Figure 7: Blue Light personnel' Perceptions of Mental Health – Vignette 2: Laura - % positive, 2015

	BLUE LIGHT SERVICES				MENTAL HEALTH PROBLEMS EXPERIENCE			WHETHER HEARD OF TTC CAMPAIGN	
	Ambulance	Police	Fire	Search & Rescue	Personal experience	Through family/ friends	No experience	Yes	No
	%	%	%	%	%	%	%	%	%
Laura could snap out of it if she wanted	95	88	89	89	91	91	82	90	89
Laura should get professional help	97	91	97	93	94	94	91	94	92
Laura's problem is serious – like a physical illness	85	70	86	79	78	78	62	78	74
Laura could be dangerous to others	80	76	72	77	78	79	66	81	74
Laura is not tough enough for the job	88	92	87	85	91	91	83	92	89
Laura could hurt herself	36	20	32	35	27	25	22	27	26
It is best to avoid Laura	96	94	96	96	95	96	92	95	94
If I spent time with Laura I could develop the same problem	97	95	93	94	96	96	91	95	94
Because of Laura's problem I'm not sure how she will behave	43	39	24	30	38	38	30	41	34
Laura just needs some time to get over it	55	52	58	53	56	55	45	54	53
I would tell someone if I had a problem like Laura's	66	56	53	68	59	58	62	60	58
I would feel sorry for Laura	67	74	76	73	72	75	69	73	73
Laura is to blame for how she is feeling	95	96	95	96	96	96	97	93	97
Laura should not be allowed to work at my organisation while she feels like this	66	77	73	58	78	74	58	78	70
Base (unweighted)	(94)	(387)	(92)	(96)	(385)	(502)	(89)	(184)	(487)

5. Attitudes to mental health problems

5.1 Grouping the statements

The survey included 26 statements on a range of attitudes from The Attitudes to Mental Health Problems questionnaire, and an added item on employment-related attitudes. The questions covered a wide range of issues, from attitudes towards people with mental health problems, to opinions on services provided for people with mental health problems. Respondents were asked to give their opinion on each attitude statement, using a 5-point scale from 'Agree strongly' to 'Disagree strongly'.

The 26 attitude statements are grouped into four categories for analysis purposes:

- Fear and exclusion of people with mental health problems
- Understanding and tolerance of mental health problems
- Integrating people with mental health problems into the community
- Causes of mental health problems and the need for special services.

5.2 Fear and exclusion of people with mental health problems

Introduction

This section explores fear and exclusion of people with mental health problems. These statements have all been included in the General Population survey since 1994 and this study specifically with Blue Light personnel benchmarks against that. The statements covered in this section are:

- 'Locating mental health facilities in a residential area downgrades the neighbourhood'
- 'It is frightening to think of people with mental problems living in residential neighbourhoods'
- 'I would not want to live next door to someone who has mental health problems'
- 'A woman would be foolish to marry a man who has suffered from mental health problems, even though he seems fully recovered'
- 'Anyone with a history of mental problems should be excluded from taking public office'
- 'People with mental health problems should not be given any responsibility'
- 'People with mental health problems are a burden on society'
- 'As soon as a person shows signs of mental disturbance, they should be hospitalized'

The statements in this section all portray less favourable or 'negative' attitudes towards people with mental health problems. Analysis in this section focuses on the percentage of respondents agreeing with each of these statements (that is, displaying a negative attitude).

Trends with General Population

Figures 8a and 8b shows the levels of agreement by Blue Light personnel in 2015 compared with levels of agreement with the General Population from 1994 to 2012.

Overall, levels of agreement amongst Blue Light personnel with these negative statements about people with mental health problems were low, ranging from 4% to 13%. The highest levels of agreement were with the statements 'Locating mental health facilities in a residential area downgrades the neighbourhood' and 'I would not want to live next door to someone who has mental health problems' (both 13%).

In comparison with the General Population, negative attitudes are slightly less prevalent amongst Blue Light personnel. The General Population scores for these statements ranged from 7% to 18% in 2012. The only exception was the statement 'I would not want to live next door to someone who has mental health problems' to which Blue Light personnel are more likely to agree (13%) with than the General Population (9%).

Figure 8a: Fear and exclusion of people with mental health problems, Blue Light personnel 2015 compared to General Population 1994-2012

	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011 (Feb)	2011 (Dec)	2012	2015
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Locating mental health facilities in a residential area downgrades the neighbourhood	22	24	24	29	26	24	21	20	21	18	17	18	18	13
It is frightening to think of people with mental health problems living in residential neighbourhoods	15	19	19	26	19	20	17	16	15	13	12	13	13	6
I would not want to live next door to someone who has mental health problems	8	12	10	11	9	13	11	12	11	9	11	10	9	13
A woman would be foolish to marry a man who has suffered from mental health problems, even though he seems fully recovered	12	15	14	13	14	13	13	12	14	12	13	11	10	4
Anyone with a history of mental problems should be excluded from taking public office	29	32	28	33	24	25	21	21	22	20	21	18	18	6
People with mental health problems should not be given any responsibility	17	21	16	18	14	16	14	15	13	12	13	11	10	4
People with mental health problems are a burden on society	10	11	10	9	7	10	7	7	7	8	6	7	7	6
As soon as a person shows signs of mental disturbance, they should be hospitalized	19	23	21	23	20	22	19	18	20	20	21	19	16	4
Base (unweighted)	(1682)	(1554)	(5071)	(4900)	(1707)	(1632)	(1729)	(1703)	(1751)	(1745)	(1741)	(1717)	(1727)	(671)

Figure 8b: Trend Chart: Blue Light personnel 2015 compared to General Population 1994-2012

Data points	Factors
1	Locating mental health facilities in a residential area downgrades the neighbourhood
2	It is frightening to think of people with mental health problems living in residential neighbourhoods
3	I would not want to live next door to someone who has mental health problems
4	A woman would be foolish to marry a man who has suffered from mental health problems, even though he seems fully recovered
5	Anyone with a history of mental health problems should be excluded from taking public office
6	People with mental health problems should not be given any responsibility
7	People with mental health problems are a burden on society
8	As soon as a person shows signs of mental disturbance, they should be hospitalized
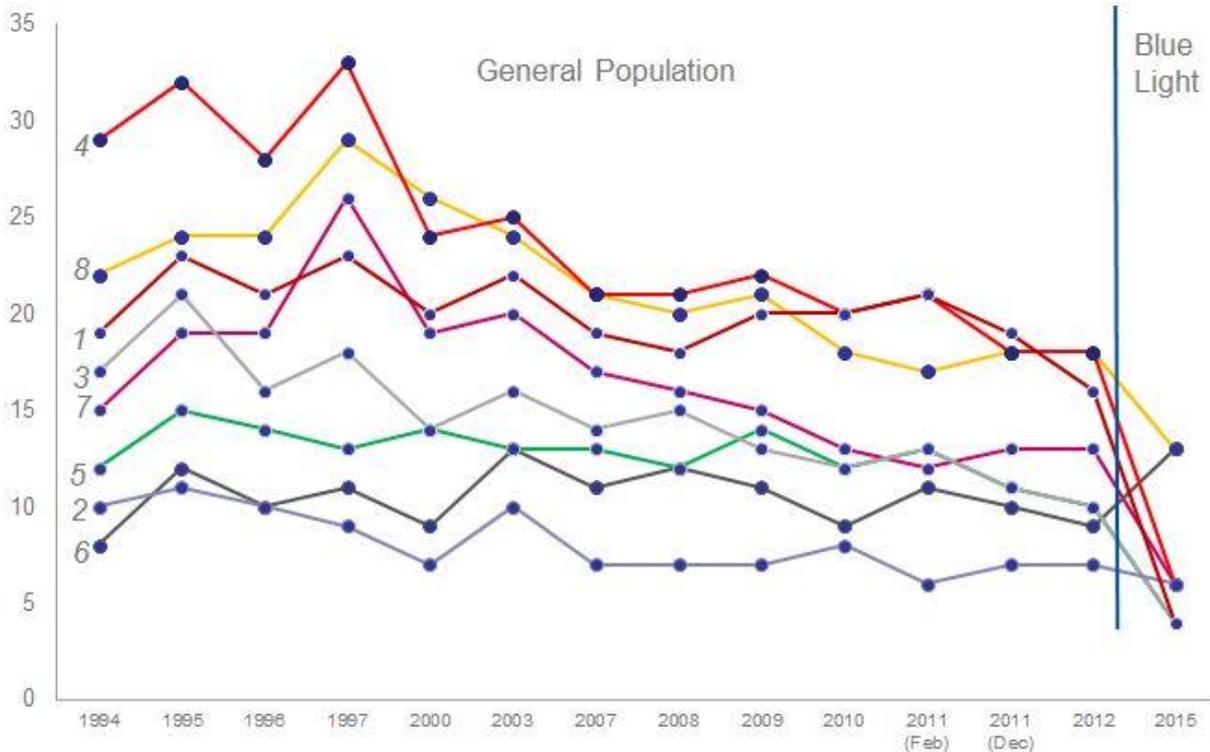
Differences by gender, age and service

Looking at three age groups 16-34, 35-54 and 55+, there are few differences by age group in levels of agreement with these statements (Figure 9). There are also few differences between males and females. Figure 9 shows these breakdowns.

One area in which the youngest group had less positive attitudes was that they were more likely than those aged 35-54 and 55+ to agree that 'I would not want to live next door to someone who has mental health problems'. The older age group (55+), as we found in the General Population study (2012), are more likely to agree that 'anyone with a history of mental health problem should be excluded from taking public office', and that 'people with mental health problems should not be given any responsibility'.

There are few attitudinal differences across the Blue Light services. Where there are slightly more negative attitudes, as highlighted above, these are more likely to be held by Police than the other services, for example Police are more likely to agree with 'I would not want to live next to someone who has mental health problem' (18%), this reduces to 3% for Search & Rescue personnel.

Figure 9: Fear and exclusion of people with mental health problems by gender, age and service 2015

	Total	GENDER		AGE			BLUE LIGHT SERVICES			
		Male	Female	<35	35-54	55+	Ambulance	Police	Fire	Search & Rescue
	%	%	%	%	%	%	%	%	%	%
Locating mental health facilities in a residential area downgrades the neighbourhood	13	14	10	19	10	15	13	16	5	9
It is frightening to think of people with mental health problems living in residential neighbourhoods	6	7	4	8	6	4	4	7	7	2
I would not want to live next door to someone who has mental health problems	13	13	13	18	12	8	9	18	9	3
A woman would be foolish to marry a man who has suffered from mental health problems, even though he seems fully recovered	4	3	5	2	5	5	5	5	2	0
Anyone with a history of mental health problems should be excluded from taking public office	6	6	5	6	5	8	9	6	1	4
People with mental health problems should not be given any responsibility	4	4	4	4	4	5	6	4	2	3
People with mental health problems are a burden on society	6	7	4	4	7	6	5	7	3	4
As soon as a person shows signs of mental disturbance, they should be hospitalized	4	4	4	7	3	4	4	5	1	4
Base (unweighted)	(671)	(389)	(270)	(171)	(412)	(79)	(94)	(387)	(92)	(96)

5.3 Understanding and tolerance of mental health problems

Introduction

This section explores understanding and tolerance of mental health problems of Blue Light personnel against the General Population. These statements have been included in the General Population survey since 1994.

Analysis in this section focuses on the understanding/tolerance dimension of each statement. For some statements this is the percentage agreeing, for others it is the percentage disagreeing. This is indicated for each statement in the list below.

The statements included are:

- 'We have a responsibility to provide the best possible care for people with mental health problems' (% agreeing)
- 'Virtually anyone can develop mental health problems' (% agreeing)
- 'Increased spending on mental health services is a waste of money' (% disagreeing)
- 'People with mental health problems don't deserve our sympathy' (% disagreeing)
- 'We need to adopt a far more tolerant attitude toward people with mental health problems in our society' (% agreeing)
- 'People with mental health problems have for too long been the subject of ridicule' (% agreeing)
- 'As far as possible, mental health services should be provided through community based facilities' (% agreeing)

Trends with General Population

Levels of understanding and tolerance of mental health problems were generally high. The percentage of Blue Light personnel with understanding attitudes on these statements ranged from 56% for 'As far as possible, mental health services should be provided through community based facilities' to 95% for 'People with mental health problems don't deserve our sympathy' (% disagreeing) and 'Virtually anyone can develop mental health problems'. (Refer to Figures 10a and 10b).

Blue Light personnel hold similar attitudes towards these statements in comparison to the General Population (2012). Agreement levels for both groups is high in terms of personal empathy e.g. 'Virtually anyone can develop mental health problems' and 'People with mental health problems don't deserve our sympathy'. However, where they differ is in how people with mental health problems should be assisted. Blue Light personnel are more likely to disagree that 'Increased spending on mental health services is a waste of money' but they are less likely to agree that 'Mental health services should be provided through community based facilities' (Figure 10a and 10b).

Blue Light personnel show more tolerance about some aspects of mental health than the General Population, but interestingly, not of other aspects. Since 1994 the

proportion of the General Population expressing more tolerant opinions on several of these statements has decreased slightly, for example agreement that 'increased spending on mental health services is a waste of money' and 'people with mental health problems don't deserve our sympathy' increased, whereas Blue Light personnel opinion is much higher at 92% and 95%. However, when asked specifically about tolerance: 'We need to adopt a far more tolerant attitude toward people with mental health problems in our society' the percentage of Blue Light personnel agreeing is 80%, lower than the General Population (2012) agreeing which has dropped from 92% to 88% over the same period. This finding may indicate that Blue Light personnel already feel that they are tolerant to mental health problems.

Figure 10a: Understanding and tolerance of people with mental health problems, Blue Light personnel 2015 compared to General Population 1994-2012

	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011 (Feb)	2011 (Dec)	2012	2015
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
We have a responsibility to provide the best possible care for people with mental health problems	95	94	95	95	95	88	90	89	92	93	91	91	94	91
Virtually anyone can develop mental health problems	91	89	91	93	92	88	89	89	91	93	91	92	91	95
Increased spending on mental health services is a waste of money (% disagreeing)	89	89	91	91	90	84	84	83	83	87	82	86	85	92
People with mental health problems don't deserve our sympathy (% disagreeing)	92	90	91	91	90	85	87	85	86	86	88	89	88	95
We need to adopt a far more tolerant attitude toward people with mental health problems in our society	92	91	89	90	90	83	84	83	85	87	86	86	88	80
People with mental health problems have for too long been the subject of ridicule	82	81	83	86	85	78	72	75	76	78	77	76	78	78
As far as possible, mental health services should be provided through community based facilities	75	76	72	72	76	73	74	72	79	79	74	77	78	56
Base (unweighted)	(1682)	(1554)	(5071)	(4900)	(1707)	(1632)	(1729)	(1703)	(1751)	(1745)	(1741)	(1717)	(1727)	(671)

Figure 10b: Trend Chart: Blue Light personnel 2015 compared to General Population 1994-2012

Data points	Factors
1	We have a responsibility to provide the best possible care for people with mental health problems
2	Virtually anyone can develop mental health problems
3	Increased spending on mental health services is a waste of money (% disagreeing)
4	People with mental health problems don't deserve our sympathy (% disagreeing)
5	We need to adopt a far more tolerant attitude toward people with mental health problems in our society
6	People with mental health problems have for too long been the subject of ridicule
7	As far as possible, mental health services should be provided through community based facilities
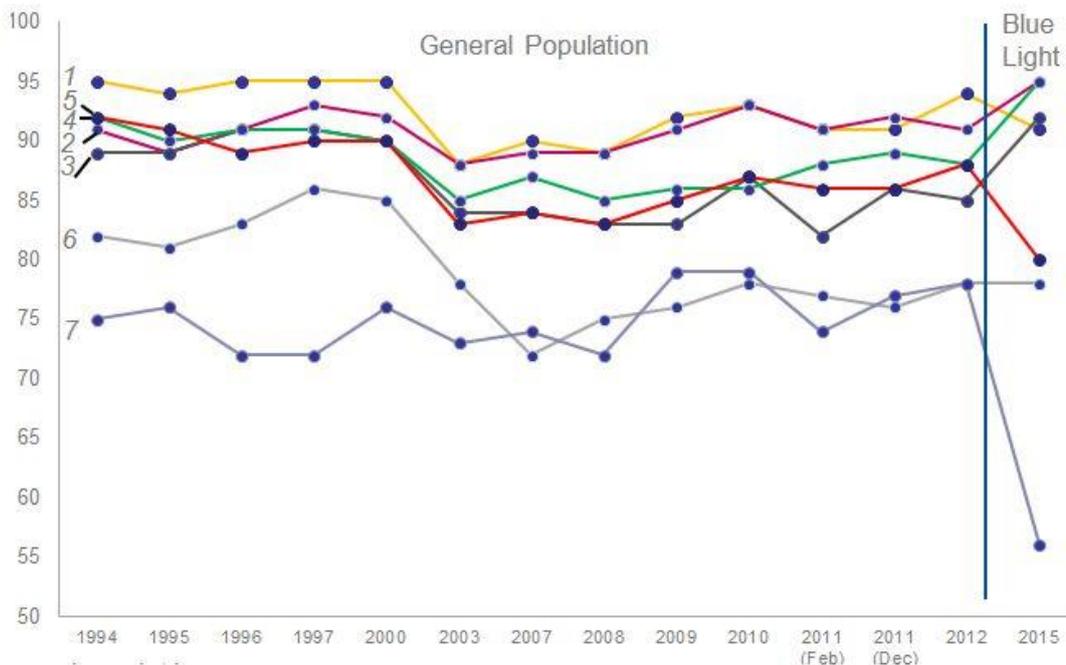
Differences by gender, age and service

There were differences by age and gender for several of the statements in this section (Figure 11).

In general, the youngest age group of Blue Light personnel (aged 16-34) were less likely than those aged 35-54 and 55+ to express understanding or have tolerant attitudes on these statements. Those aged 55+ were most likely to hold tolerant opinions on these statements. This mirrors the trends seen in the General Population (2012) in previous studies. In general, Police show slightly less understanding and tolerance across most of the statements. For example, 'We have a responsibility to provide the best possible care for people with mental health problems', just 87% of Police agree compared to 97% Ambulance, 96% Fire and 99% Search & Rescue. Similarly, fewer Police agree with the statement 'We need to adopt a far more tolerant attitude toward people with mental health problems in our society'.

Figure 11: Understanding and tolerance of mental health problems by gender, age and service 2015

		GENDER		AGE			BLUE LIGHT SERVICES			
	Total	Male	Female	<35	35-54	55+	Ambulance	Police	Fire	Search & Rescue
	%	%	%	%	%	%	%	%	%	%
We have a responsibility to provide the best possible care for people with mental health problems	91	92	90	86	93	92	97	87	96	99
Virtually anyone can develop mental health problems	95	96	96	96	95	96	96	95	96	99
Increased spending on mental health services is a waste of money (% disagreeing)	92	93	90	91	92	96	95	90	93	95
People with mental health problems don't deserve our sympathy (% disagreeing)	95	94	96	96	95	95	94	96	93	97
We need to adopt a far more tolerant attitude toward people with mental health problems in our society	80	82	79	74	83	86	88	73	87	96
People with mental health problems have for too long been the subject of ridicule	78	78	78	73	79	82	88	72	86	85
As far as possible, mental health services should be provided through community based facilities	56	58	53	57	54	67	67	49	61	66
Base (unweighted)	(671)	(389)	(270)	(171)	(412)	(79)	(94)	(387)	(92)	(96)

5.4 Integrating people with mental health problems into the community

Introduction

This section explores the theme of integrating people with mental health problems into the community. Analysis of these statements is based on the proportions of respondents agreeing with each.

The statements included are:

- 'People with mental health problems are far less of a danger than most people suppose'
- 'Less emphasis should be placed on protecting the public from people with mental health problems'
- 'The best therapy for many people with mental health problems is to be part of a normal community'
- 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services'
- 'People with mental health problems should have the same rights to a job as anyone else'
- 'Most women who were once patients in a mental hospital can be trusted as babysitters'
- 'Mental health problems are illnesses like any other'
- 'No-one has the right to exclude people with mental health problems from their neighbourhood'
- 'Mental hospitals are an outdated means of treating people with mental health problems'.

Trends with General Population

Figures 12a and 12b shows the proportions of Blue Light personnel agreeing with these statements in 2015, compared to the General Population trends since 1994.

Opinions on integrating people with mental health problems into the community were mixed. Levels of agreement with several of the statements in this section were high, for example 86% of Blue Light personnel agreed that 'mental health problems are illnesses like any other' and 79% agreed that 'No-one has the right to exclude people with mental health problems from their neighbourhood'. However, Blue Light personnel are less likely to agree that 'Mental hospitals are an outdated means of treating people with mental health problems' (30% agree) and 'Less emphasis should be placed on protecting the public from people with mental health problems' (22% agree).

Blue Light personnel hold different opinions on integrating people with mental health problems into the community when compared to the General Population results from 2012. For example, while they are more likely to agree that 'Mental health problems are illnesses like any other' (86% v 76% in General Population) and that 'Most women who were once patients in a mental hospital can be trusted as babysitters' (32% v 25%). Blue Light personnel tend to have different views on both the potential risks to the community of people with mental health problems. Just 56% agree with the statement that 'People with mental health problems are far less of a danger than most people suppose' (versus 63% in the General Population survey in 2012) and 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services' (55% v 68%) and 'Less emphasis should be placed on protecting the public from people with mental health problems' (22% v 34%).

As seen with earlier statements, Blue Light personnel differ in their views on possible solutions. Far fewer agree that 'The best therapy for many people with mental health problems is to be part of a normal community' (62% v 81%). Significantly, amongst the General Population this attitude has improved over the period of research, from 76% in 1994 to 81% in 2012. This confirms that Blue Light personnel hold very different views on this to the General Population.

Figure 12a: Integrating people with mental health problems into the community, Blue Light personnel 2015 compared to General Population 1994-2012

	1994 %	1995 %	1996 %	1997 %	2000 %	2003 %	2007 %	2008 %	2009 %	2010 %	2011 (Feb) %	2011 (Dec) %	2012 %	2015 %
People with mental health problems are far less of a danger than most people suppose	62	62	59	60	64	59	58	57	61	59	62	59	63	56
Less emphasis should be placed on protecting the public from people with mental health problems	32	38	28	32	34	31	30	29	33	34	36	34	34	22
The best therapy for many people with mental health problems is to be part of a normal community	76	77	73	71	74	72	73	70	78	80	79	78	81	62
Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	62	62	60	56	61	56	57	59	62	66	64	64	68	55
People with mental health problems should have the same rights to a job as anyone else	n/a	n/a	n/a	n/a	n/a	66	68	66	73	75	72	75	77	75
Most women who were once patients in a mental hospital can be trusted as babysitters	21	20	19	17	19	21	22	23	23	26	25	23	25	32
Mental health problems are illnesses like any other	71	70	72	76	76	74	72	74	77	78	77	78	76	86
No-one has the right to exclude people with mental health problems from their neighbourhood	76	69	73	72	71	72	75	74	73	84	81	82	83	79
Mental hospitals are an outdated means of treating people with mental health problems	42	37	33	35	40	38	33	31	37	33	34	34	34	30
Base (unweighted)	(1682)	(1554)	(5071)	(4900)	(1707)	(1632)	(1729)	(1703)	(1751)	(1745)	(1741)	(1717)	(1727)	(671)

Figure 12b: Trend Chart: Blue Light personnel 2015 compared to General Population 1994-2012

Data points	Factors
1	People with mental health problems are far less of a danger than most people suppose
2	Less emphasis should be placed on protecting the public from people with mental health problems
3	The best therapy for many people with mental health problems is to be part of a normal community
4	Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services
5	People with mental health problems should have the same rights to a job as anyone else
6	Most women who were once patients in a mental hospital can be trusted as babysitters
7	Mental health problems are illnesses like any other
8	No-one has the right to exclude people with mental health problems from their neighbourhood
9	Mental hospitals are an outdated means of treating people with mental health problems
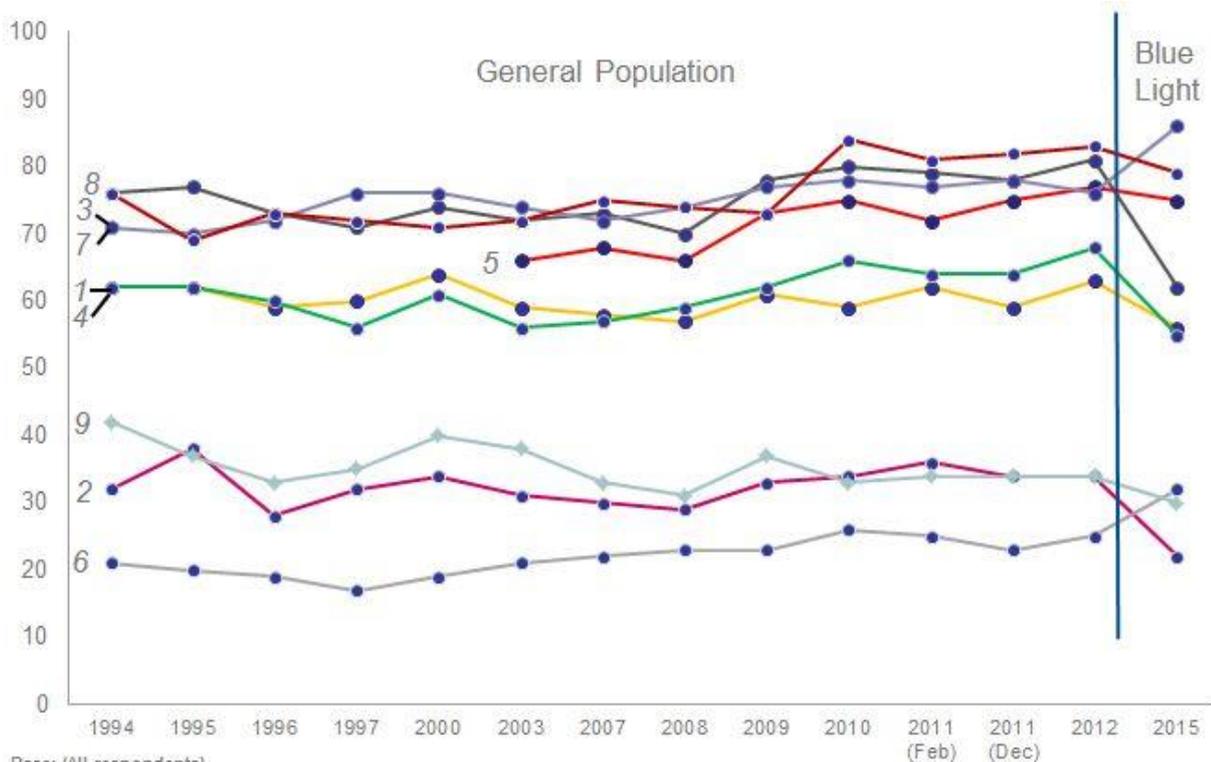
Differences by gender, age and service

Figure 13 shows the comparison between attitudes by age, sex group and Blue Light Service.

On some aspects the youngest age group (16-34) held less positive attitudes than the older groups, being less likely than the 35-54 and 55+ groups to agree that 'People with mental health problems are far less of a danger than most people suppose' and 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services'. This is similar to that seen in the General Population research (2012).

Respondents aged 55+ were more likely than both the younger groups to agree that 'people with mental health problems are less of a danger', and that 'mental health problems are illnesses like any other', and that 'the best therapy for many people with mental health problems is to be part of a normal community'.

In contrast with the General Population (2012), female Blue Light personnel are no more likely to express more positive attitudes than males (Figure 13). Women were slightly (though not statistically significantly) more likely than men to agree that 'people with mental health problems should have the same rights to a job as anyone else' but less likely to say that 'people with mental health problems are less of a danger than most people suppose'.

Again we see that Police hold less positive attitudes when compared with other Blue Light personnel[3]. In particular, they are less likely to agree that 'People with mental health problems are far less of a danger than most people suppose (47% v 63% Ambulance, 74% Fire and 72% Search & Rescue) and the 'Best therapy for many people with mental health problems is to be part of a normal community', when just 53% agree compared to 62% of the total. Search & Rescue personnel tend to hold more positive attitudes across all statements.

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[3] Note that more Police responded to the survey than personnel from other emergency services. It is therefore possible that we reached deeper into the Police service, with responses from a wider range of Police officers who may be less engaged with mental health issues; this could have influenced the overall results from Police, lowering averages in comparison to other services.

Figure 13: Integrating people with mental health problems into the community by gender, age and service 2015

	Total	GENDER		AGE			BLUE LIGHT SERVICES			
		Male	Female	<35	35-54	55+	Ambulance	Police	Fire	Search & Rescue
	%	%	%	%	%	%	%	%	%	%
People with mental health problems are far less of a danger than most people suppose	56	60	51	41	61	65	63	47	74	72
Less emphasis should be placed on protecting the public from people with mental health problems	22	20	25	25	19	30	28	15	21	43
The best therapy for many people with mental health problems is to be part of a normal community	62	64	59	56	61	80	70	53	74	75
Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	55	56	53	50	55	65	61	47	63	72
People with mental health problems should have the same rights to a job as anyone else	75	74	77	76	75	73	79	73	79	78
Most women who were once patients in a mental hospital can be trusted as babysitters	32	32	32	28	33	37	34	29	41	30
Mental health problems are illnesses like any other	86	85	87	82	87	89	90	82	92	93
No-one has the right to exclude people with mental health problems from their neighbourhood	79	78	81	81	78	80	81	75	83	90
Mental hospitals are an outdated means of treating people with mental health problems	30	30	29	29	29	32	39	25	32	39
Base (unweighted)	(671)	(389)	(270)	(171)	(412)	(79)	(94)	(387)	(92)	(96)

5.5 Causes of mental health problems and the need for special services

Introduction

This section reports on statements about the causes of mental health problems and the need for special services. Analysis is based on the level of agreement with these statements specifically for Blue Light personnel and then against the General Population.

The statements reported here are:

- 'There are sufficient existing services for people with mental health problems'
- 'One of the main causes of mental health problems is a lack of self-discipline and will-power'
- 'There is something about people with mental health problems that makes it easy to tell them from normal people'.

Trends with General Population

Figures 14a and 14b shows levels of agreement with these statements among Blue Light personnel (2015 data), and in comparison with the General Population since 1994.

The percentage agreeing across all statements is low among Blue Light personnel, with just 4% agreeing that 'One of the main causes of mental health problems is a lack of self-discipline and will power' and 6% that 'There are sufficient existing services for people with mental health problems'.

Figure 14a: Causes of mental health problems and the need for special services, Blue Light personnel 2015 compared to General Population 1994-2012

	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011 (Feb)	2011 (Dec)	2012	2015
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
There are sufficient existing services for people with mental health problems	11	11	9	8	12	20	19	20	24	23	24	24	23	6
One of the main causes of mental health problems is a lack of self-discipline and will-power	15	14	14	14	14	16	14	14	18	15	16	16	14	4
There is something about people with mental health problems that makes it easy to tell them from normal people	29	30	26	21	20	21	21	17	21	19	22	18	18	7
Base (unweighted)	(1682)	(1554)	(5071)	(4900)	(1707)	(1632)	(1729)	(1703)	(1751)	(1745)	(1741)	(1717)	(1727)	(671)

Agreement with these statements among Blue Light personnel is far lower than that seen amongst the General Population (2012). For example, among the General Population agreement that 'there are sufficient existing services for people with mental health problems' has increased from 11% in 1994 to 23% in 2012, but is just 6% among Blue Light personnel. Over the same period, the percentage of the General Population agreeing that 'There is something about people with mental health problems that makes it easy to tell them from normal people' has decreased from 29% to 18%, but is far lower among Blue Light personnel at 7%. Given the nature of Blue Light work, these results are unsurprising and it is encouraging to see the positive perception in this area amongst Blue Light workers.

Figure 14b: Trend Chart: Blue Light personnel 2015 compared to General Population 1994-2012

Data points	Factors
1	There are sufficient existing services for people with mental health problems
2	One of the main causes of mental health problems is a lack of self-discipline and will-power
3	There is something about people with mental health problems that makes it easy to tell them from normal people
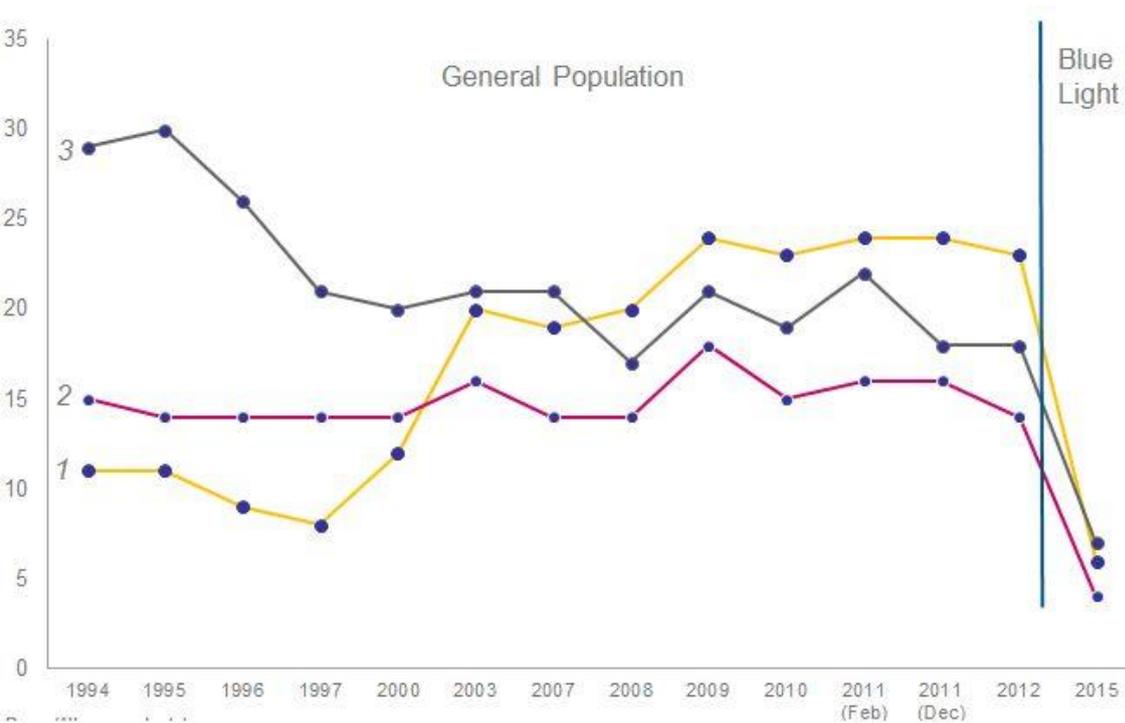
Differences by gender, age, and service, 2015

Differences in agreement by age, gender and service are shown in Figure 15.

The youngest age group (<35) were more likely than the older groups to agree that 'there are sufficient existing services for people with mental health problems', and to agree that 'it is possible to tell people with mental health problems apart from normal people'.

Looking at the results by service, there was a difference in that Ambulance personnel are slightly more likely to say 'there are sufficient existing services for people with mental health problems' whereas Police are more likely to say 'it is possible to tell people with mental health problems apart'.

Figure 15: Causes of mental health problems and the need for special services by gender, age and service, 2015

		GENDER		AGE			BLUE LIGHT SERVICES			
	Total	Male	Female	<35	35-54	55+	Ambulance	Police	Fire	Search & Rescue
	%	%	%	%	%	%	%	%	%	%
There are sufficient existing services for people with mental health problems	6	5	7	8	4	6	9	5	2	7
One of the main causes of mental health problems is a lack of self-discipline and will-power	4	5	3	5	4	5	5	3	7	4
There is something about people with mental health problems that makes it easy to tell them from normal people	7	9	6	12	6	5	6	10	2	3
Base (unweighted)	(671)	(389)	(270)	(171)	(412)	(79)	(94)	(387)	(92)	(96)

6. Mental health-related knowledge

6.1 Introduction

Mental health-related knowledge was measured by the Mental Health Knowledge Scale (2012). Part A comprised six items covering stigma-related mental health knowledge areas (help-seeking, recognition, support, employment, treatment and recovery) and Part B comprised six items covering the identification of various types of mental health problem. These questions were first asked in the DH survey in 2009.

## 6.2 Stigma-related mental health knowledge

Figure 16 shows levels of agreement with the MAKS Part A statements, covering stigma-related mental health knowledge. A comparison is made with the General Population[2] from 2009-2012, 2015 data is Blue Light personnel from the Baseline survey.

There was mixed agreement that mental health problems can be treated. On one hand, 87% of Blue Light personnel agree that psychotherapy can be effective treatment for people with mental health problems, but on the other only 66% believe that 'Medication can be an effective treatment for people with mental health problems'. This is in contrast with the General Population in 2012, when eight of ten felt that either psychotherapy or medication can be effective.

However, Blue Light personnel seem less sure about accessing appropriate professional healthcare. Just 15% of Blue Light personnel agree that 'Most people with mental health problems go to a healthcare professional to get help' and 43% saying they could give advice about getting professional help. A much higher proportion of the General Population (2012) agree with both of these statements (48% and 62% respectively).

Blue Light personnel hold similar views as the General Population (2012) for these statements 'Most people with mental health problems want to have paid employment', (76% v 71%) and 'People with severe mental health problems can fully recover', (65% agreed compared to 61%).

Figure 16: MAKS Part A – stigma-related mental health knowledge (2015: Blue Light personnel; 2009-2012: General Population)
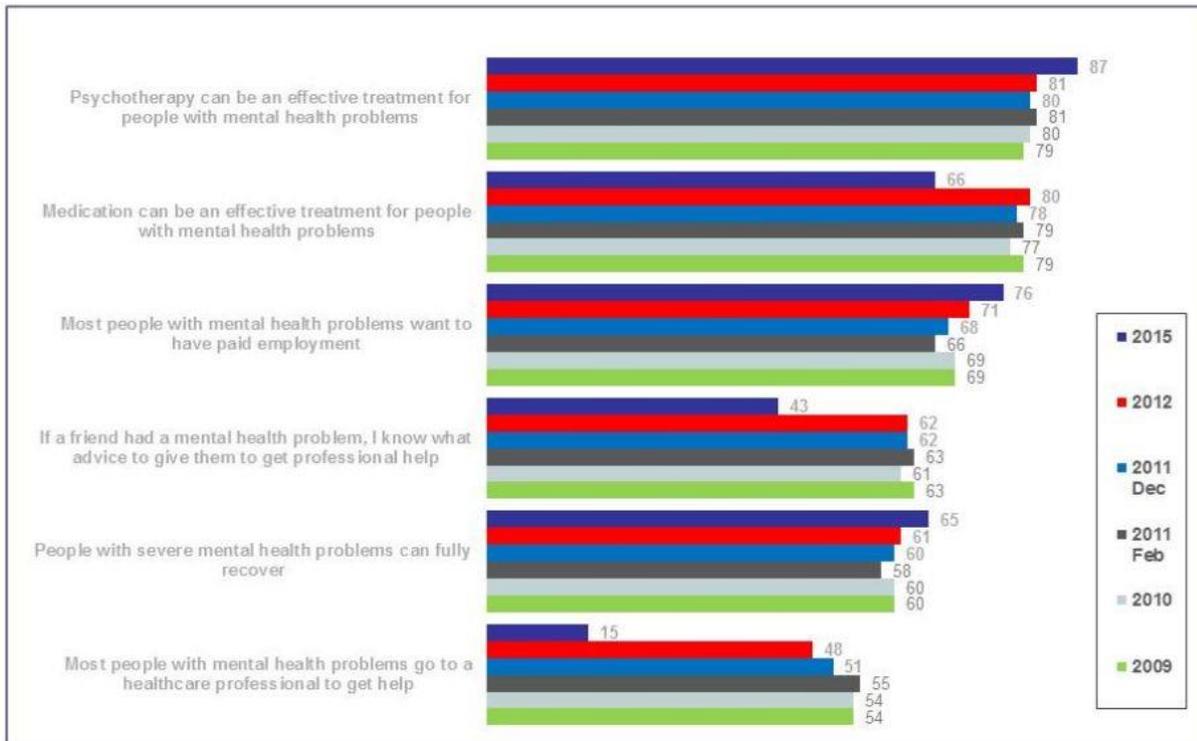
A sizeable proportion of Blue Light personnel were unable to agree or disagree with these statements, instead they chose the 'Neither Agree nor Disagree' option. The percentage of personnel providing this response to each of the statements is shown below:

- If a friend had a mental health problem, I know what advice to give them (31%)
- Most people with mental health problems go to a healthcare professional to get help (31%)
- Medication can be an effective treatment for people with mental health problems (29%)
- People with severe mental health problems can fully recover (27%)
- Most people with mental health problems want to have paid employment (21%)
- Psychotherapy (e.g. talking therapy or counselling) can be an effective treatment for people with mental health problems (11%)

7. Personal experience of mental health problems

7.1 Reported and intended behaviour

Respondents were asked about their experiences of people who have mental health problems, that is, 'people who have been seen by healthcare staff for a mental health problem'. Respondents were asked whether they currently, or ever had:

- Lived with someone with a mental health problem;
- Worked with someone with a mental health problem;
- Had a neighbour with a mental health problem; or
- Had a close friend with a mental health problem.

They were then asked to agree or disagree (on a 5-point scale) with the following statement: 'In the future, I would be willing to...'

- ... live with someone with a mental health problem
- ... work with someone with a mental health problem
- ... live nearby to someone with a mental health problem
- ... continue a relationship with a friend who developed a mental health problem.

These questions form the Reported and Intended Behaviour Scale (RIBS)[4].

Figure 17 shows the reported behaviour in 2015 from Blue Light personnel.

A significant number report having either a close friend or colleague who has/has had a mental health problem 69% and 66% respectively. Slightly fewer say that they themselves or a family member have/have had a mental health problem at 43% and 49% respectively.

These numbers are higher than previously reported against the General Population; this may in part be due to the convenience sampling method, which may have attracted greater response from those already engaged with the issues. In the last General Population study in 2012, 39% of respondents said they currently or ever had a close friend with a mental health problem. 29% reported that they currently or ever have worked with someone with a mental health problem, 22% that they had lived with someone with a mental health problem.

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[4] Evans-Lacko S, Rose D, Little K, Flach C, Rhydderch D, Henderson C et al 'Development and psychometric properties of the reported and intended behaviour scale (RIBS): a stigma-related behaviour measure', Epidemiol Psychiatr Sci 2011: 20, 263-71.

Figure 17: Reported behaviour, 2015
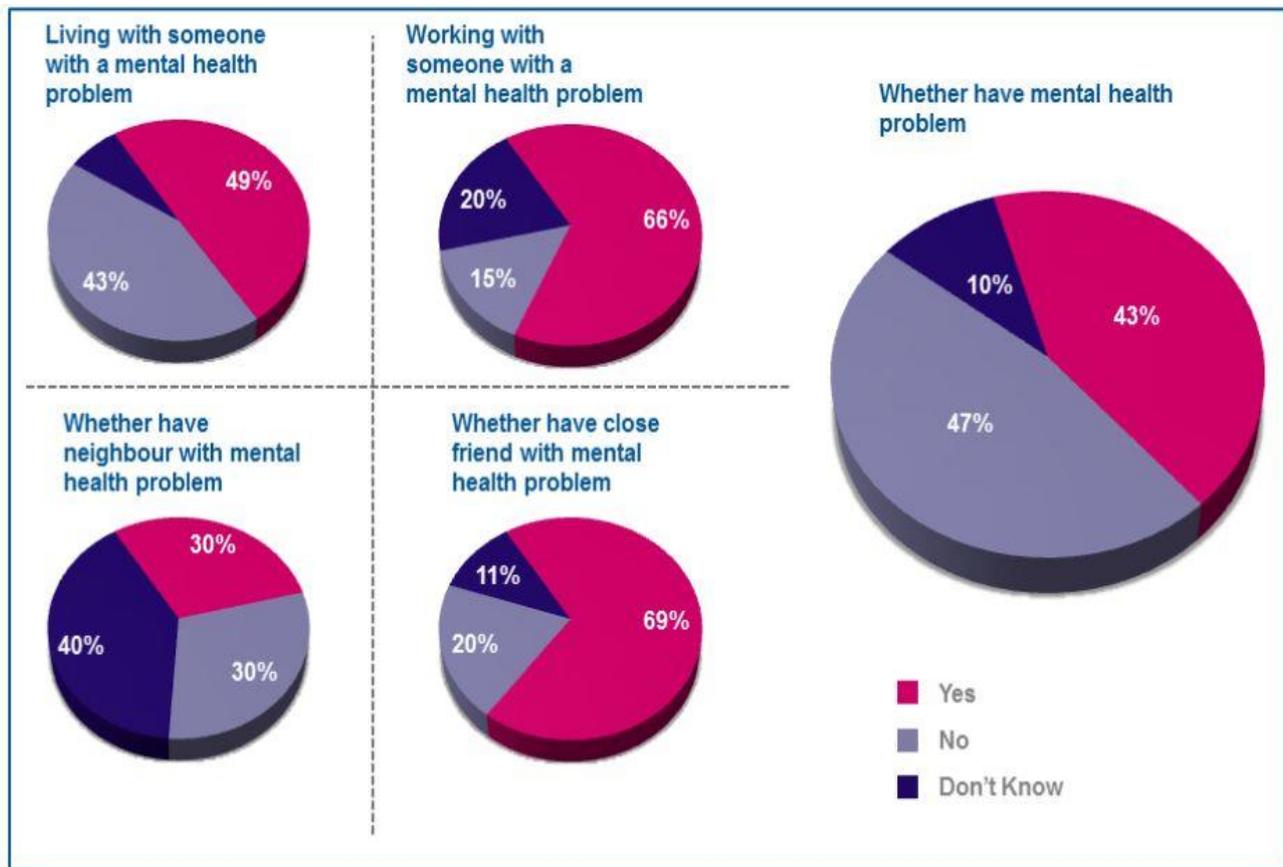
Figure 18 shows the results and comparison against General Population trends since 2009 for Intended Behaviour.

90% of Blue Light respondents agreed that they would be willing in future to continue a relationship with a friend who developed a mental health problem. 82% would be willing to work with someone with a problem and 77% would be willing to continue to live nearby to someone with a mental health problem. Future willingness to live with someone with a mental health problem was lower at 60%.

In comparison with the most recent General Population results (2012), commitment to colleagues with mental health problems was slightly stronger amongst Blue Light personnel (82% v 75%). Future willingness to continue a friendship with someone with a mental health problem was also slightly higher amongst this group (90% v 86% in General Population - 2012). Otherwise results in intended behaviour are fairly comparable.

Figure 18: Intended behaviour, Blue Light personnel: 2015 compared to General Population: 2009-2012
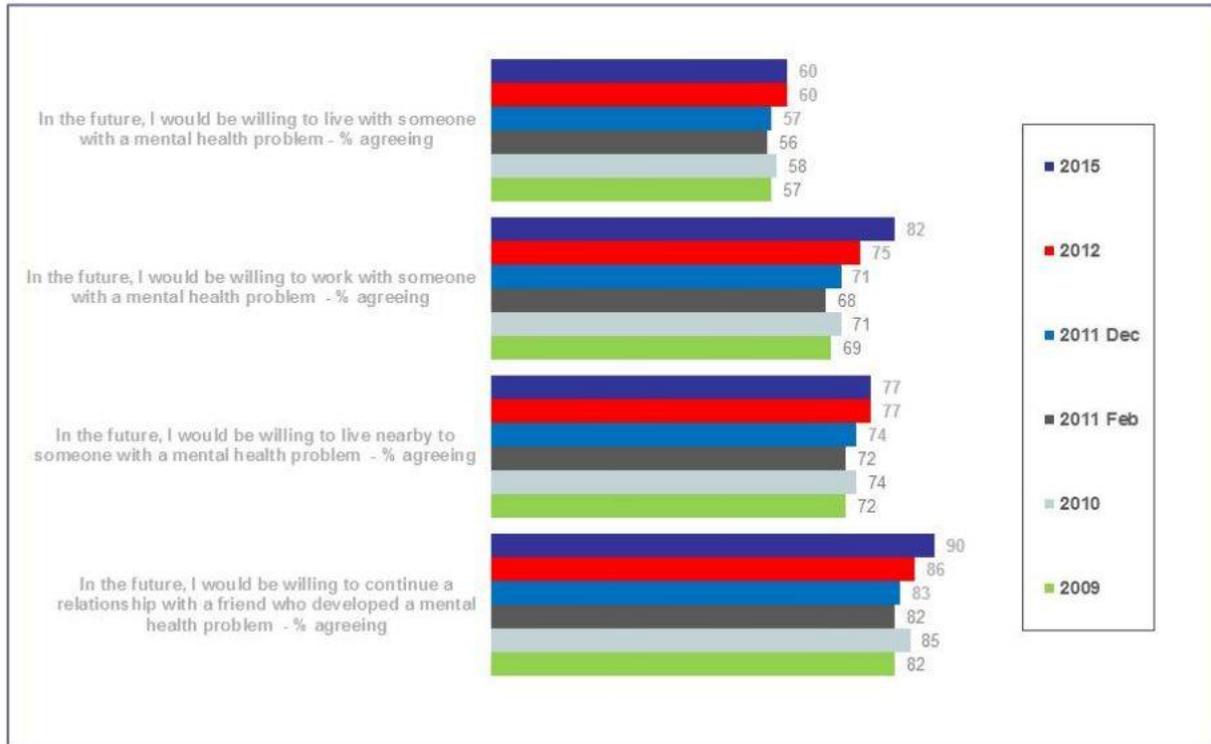
7.2 Friends and family who have had mental health problems

Respondents were asked who, if anyone, close to them has had some kind of mental health problem. Results are shown in Figure 19. Only 13% of Blue Light personnel had no experience of mental health problems. As mentioned previously, as convenience sampling was used on this Baseline study, the final sample achieved is self-selecting and those taking part are more likely to have experienced mental health problems themselves or have a friend / family member who has. The results, therefore, may be higher than a completely representative sample. That said, as the survey sponsor was only revealed to respondents at the end of the questionnaire, we are confident that the impact of the sampling did not unduly skew the findings.
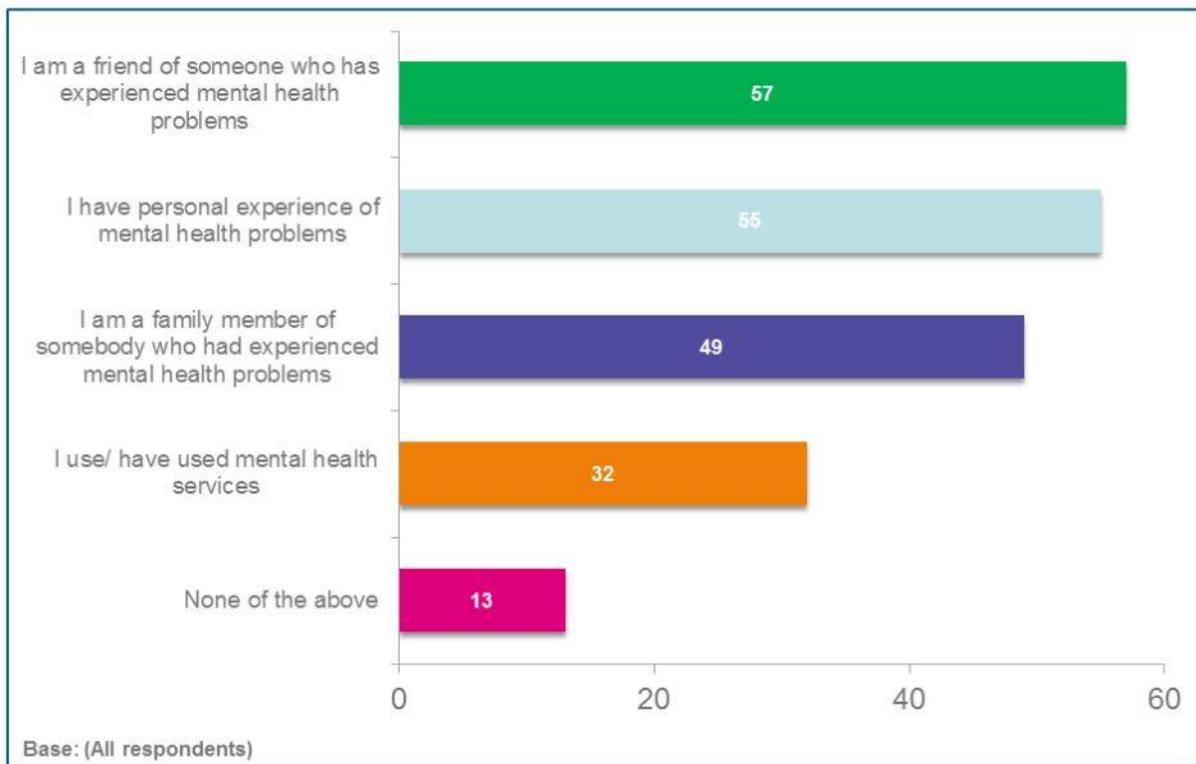

**Figure 19: Experience of mental health problems**

7.3 Proportion of people who might have a mental health problem

Respondents were asked what proportion of people in the UK they think might have a mental health problem at some point in their lives, and were given a list of options to choose from, ranging from 1 in 3 to 1 in 1000.

The most common response was 1 in 4, with just over a third choosing this option. An equal number believe it is more prevalent at 1 in 3, as believe it is less prevalent (1 in 10).

Results are shown below in Figure 20.

Figure 20: Proportion of people who might have a mental health problem, 2015
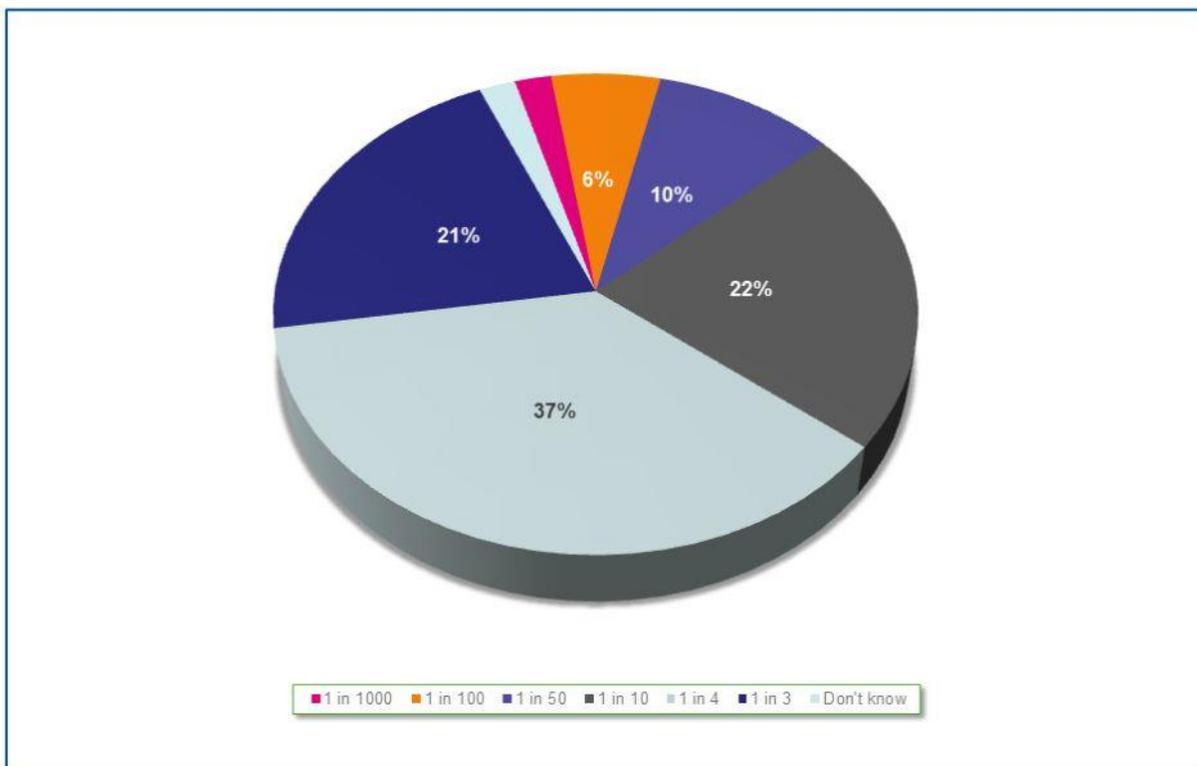
7.4 Consulting a GP about a mental health problem

Blue Light personnel were asked how likely they would be to go to their GP for help, if they felt that they had a mental health problem. Results for 2015 are shown in Figure 21 with comparisons against General Population figures (2009-2012).

Only about a third of Blue Light personnel said that they would be 'very likely' to consult a GP about a mental health problem. A further 26% would be 'quite likely' to do so. This is significantly lower than the General Population who in 2012 51% said that they would be 'very likely' to consult a GP about a mental health problem and a further 31% in 2012 would be 'quite likely' to do so.

Figure 21: Likelihood to consult a GP about a mental health problem, Blue Light personnel 2015 compared to General Population 2009-2012
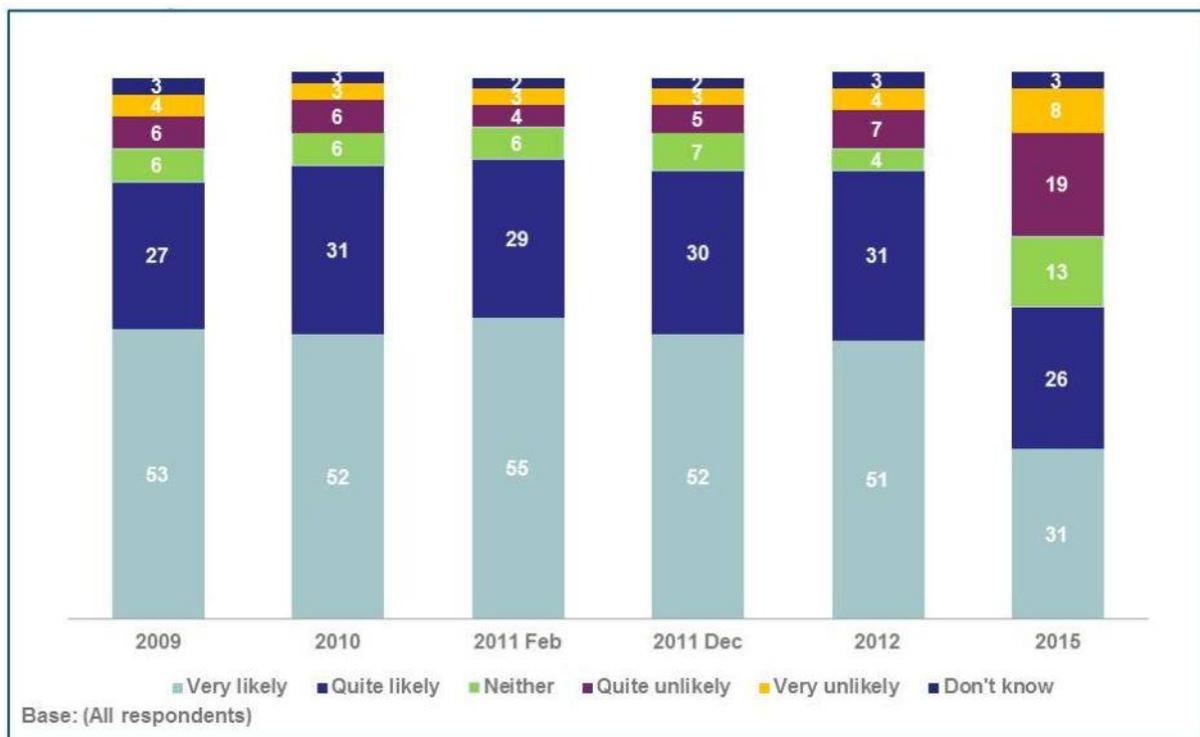
7.5 Talking to friends, family and employers about mental health

Respondents were asked in general how comfortable they would feel talking to a friend or family member about their mental health, for example, telling them they had a mental health diagnosis and how it affects them. Results are shown in Figure 22.

Half of Blue Light personnel would be comfortable with this, with 21% of respondents saying they would be 'very comfortable'; a significant number (39%) said they would feel uncomfortable. In comparison with the General Population, fewer Blue Light personnel would be comfortable talking about mental health. In 2012 the General Population responses to these questions were 64% comfortable, although a seven point scale was used (in the General Population study) rather than a five point scale in the Blue Light Baseline study.

Blue Light respondents were then asked how comfortable they would feel talking to a current or prospective employer about their mental health, for example telling them they have a mental health diagnosis and how it affects them. Responses are shown in Figure 22; percentages are calculated excluding those respondents who said this was not applicable to them.

Respondents were far less likely to say they would be comfortable talking to an employer than to friends and family, 74% said they wouldn't be comfortable talking to an employer, compared with 39% who wouldn't be comfortable talking to friends and family.

Again, comfort talking to their employer is less common among Blue Light personnel (18% v 35% amongst the General Population - 2012). N.B. A seven point scale was used in the General Population survey vs a five point scale in the Blue Light Baseline.

This finding is slightly contradictory when compared to the findings from the vignettes (case studies on Tom and Laura – section four), where around half said that they would tell someone if I had a problem like Tom's (47%) or Laura's (59%). This could indicate that while some Blue Light personnel say they would talk about their mental health when thinking about a hypothetical situation, when encountering a personal situation they may be more reticent.

Figure 22: Talking to a friend, family member or employer about mental health, Blue Light personnel 2015

Base: (All respondents)
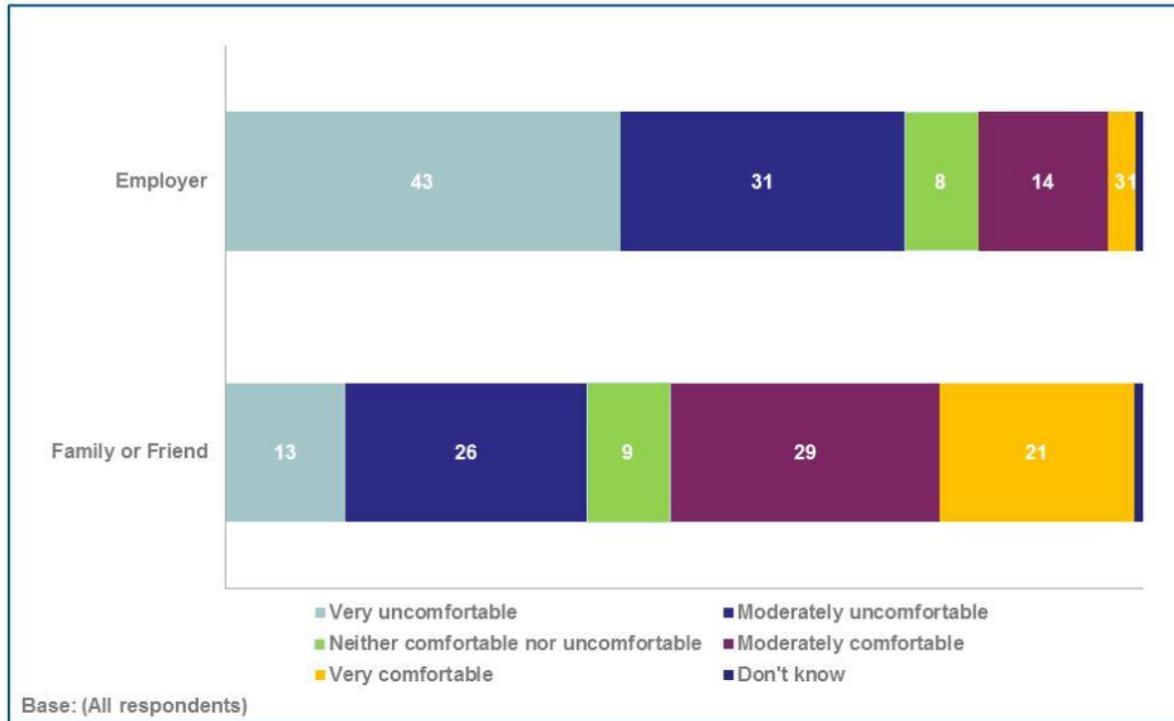
7.6 Mental health problems and working in the emergency services

Blue Light personnel were asked whether people working in the emergency services are more or less likely to experience a mental health problem. The majority of respondents (80%) think they are more likely to experience health problems. In future surveys on this subject, it would be useful to ask the 'Why?', for example, what the triggers are.

Figure 23: Likelihood of experiencing a mental health problem (working in emergency services), Blue Light personnel 2015
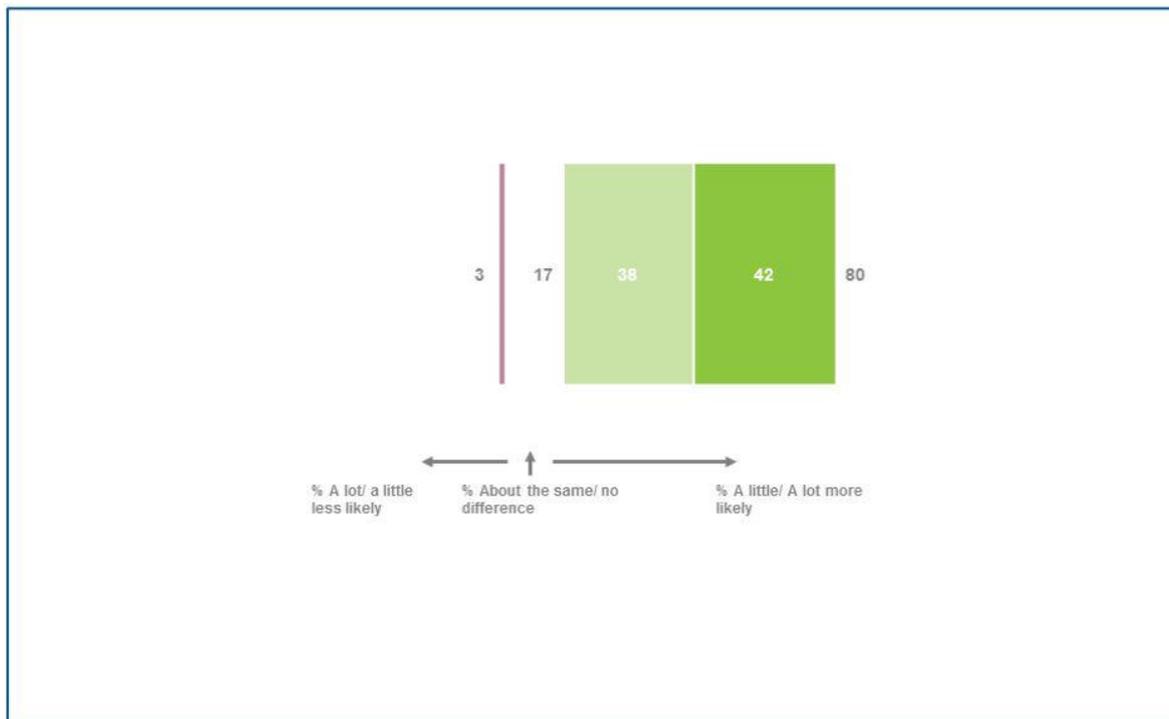
8. Mental health-related stigma and campaign awareness

8.1 Mental health-related stigma

Overall, 96% of Blue Light personnel said that people with mental health problem experience stigma and discrimination, compared to 89% of the General Population in 2012. Around half (54%) said that they experience 'a lot of stigma and discrimination', and a further 42% that they experience 'a little'.

Blue Light personnel were asked whether mental health-related stigma and discrimination had changed in the past year. Around 9% said that it had changed and increased, and 26% said it had changed but decreased. The majority said that it had not changed or they weren't sure (Figure 23). The 39% who believe there was no change compares to 48% of the General Population surveyed in 2012.

Results for both areas are shown in Figures 24 and 25.

Figure 24: Whether people with mental health problem experience stigma and discrimination, Blue Light personnel 2015 compared to General Population 2010-2012
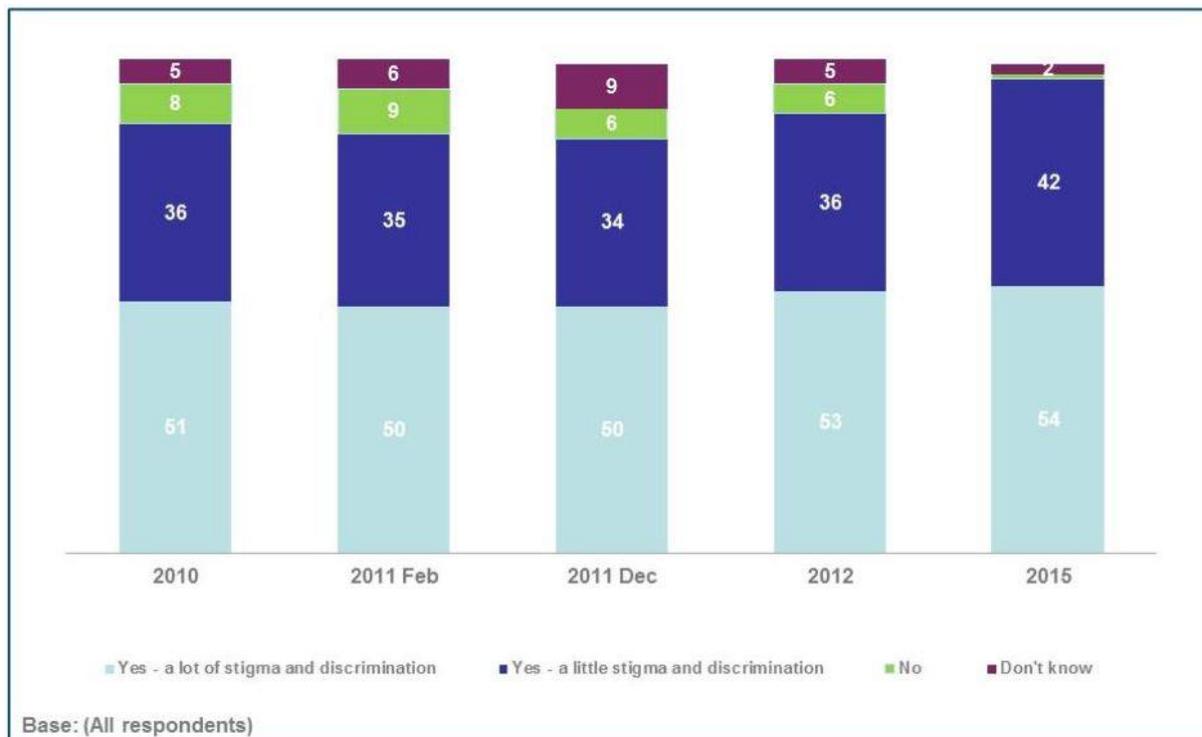
Figure 25: Whether mental health-related stigma and discrimination has changed in the past year, Blue Light personnel 2015 compared to General Population 2010-2012
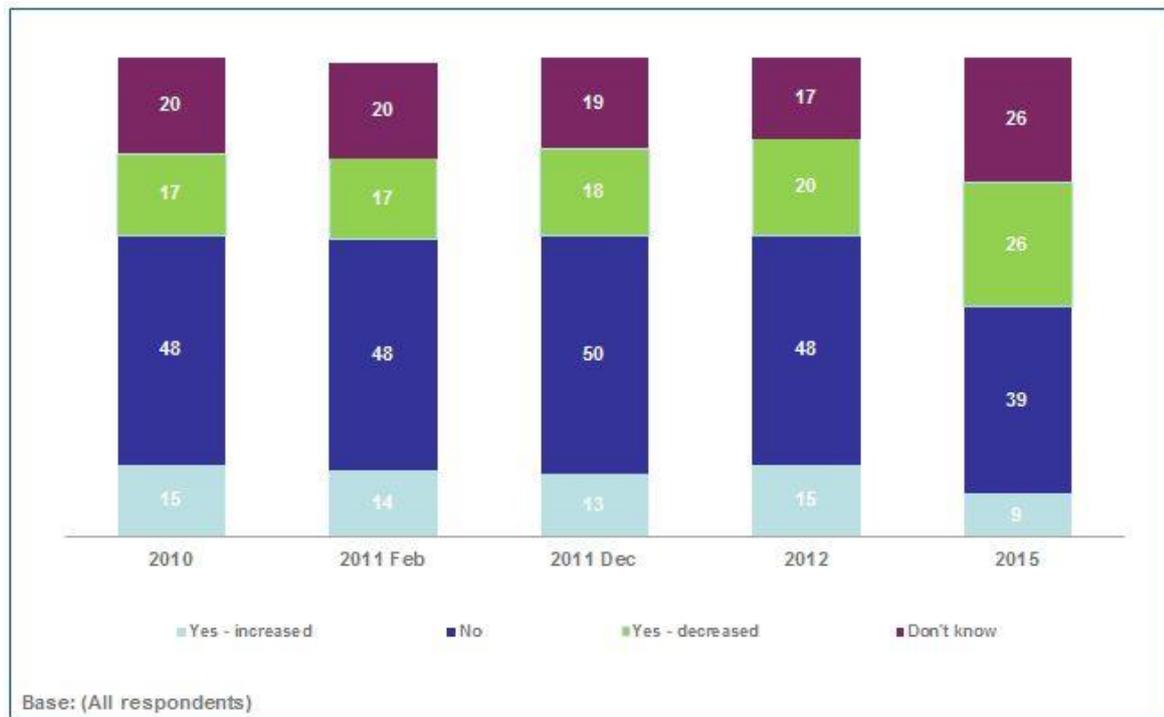
8.2 Awareness of Time to Change

Blue Light personnel were asked whether they had ever heard of the Time to Change campaign. The majority (73%) said they had not heard of it. Awareness is higher among Ambulance Blue Light personnel (34%) and lowest among Search & Rescue personnel (19%).

Figure 26: Awareness of Time to Change, 2015

WHETHER HEARD OF TIME TO CHANGE

27%

73%

■ Yes   ■ No

	Ambulance	Fire	Police	Search & Rescue
	%	%	%	%
Yes	34	26	28	19
No	66	74	72	81

Base: (All respondents)
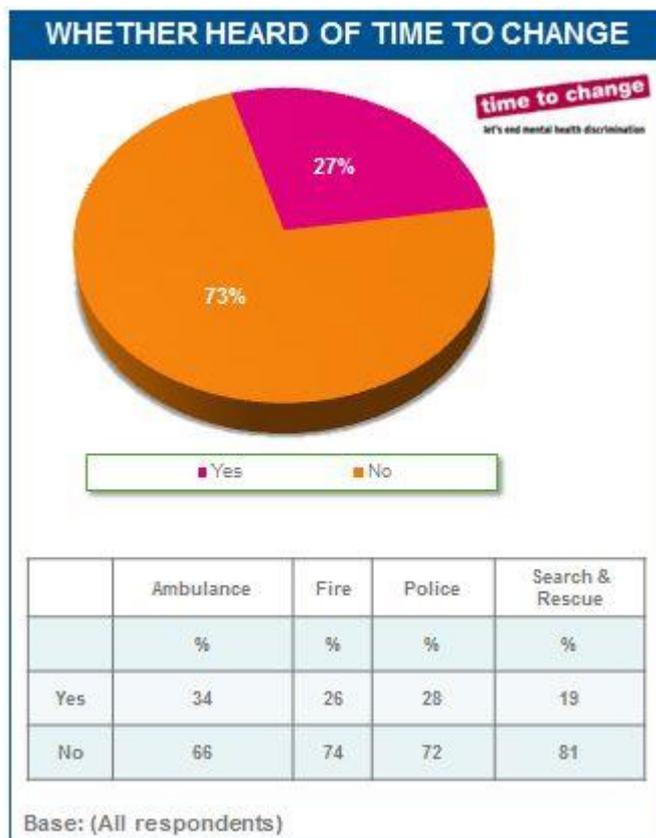
8.3 Awareness of Mind

Blue Light personnel were asked whether they had ever heard of Mind, the mental health charity. Encouragingly, 90% said they have. Awareness is highest among Fire personnel (97%) and Ambulance personnel (94%). The level of awareness of Mind in the original Blue Light scoping survey was comparable to this Blue Light baseline, as follows: Police (89%); Ambulance (87%); Fire (84%) and Search & Rescue (81%).

Awareness of Mind in the Baseline survey is slightly higher than the Scoping survey, although this is due to the way that sampling was conducted (convenience sampling creating a self-selecting audience).

Figure 27: Awareness of Mind, 2015

WHETHER HEARD OF MIND

■ Yes ■ No

	Ambulance	Fire	Police	Search & Rescue
	%	%	%	%
Yes	94	97	88	86
No	6	3	12	14

Base: (All respondents)
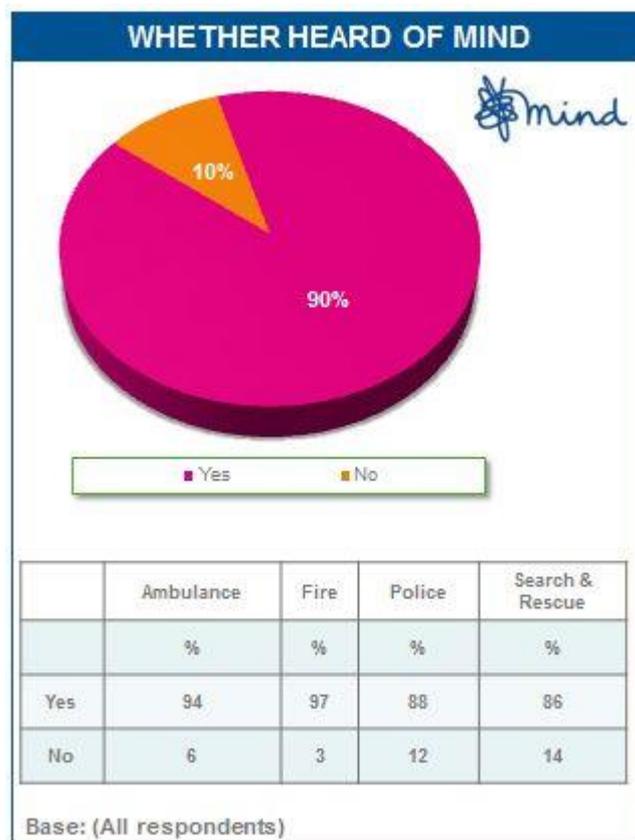
Mind has run regular tracking of spontaneous and prompted public awareness of Mind. These measures have consistently tracked at between 6-8% spontaneous awareness and 65-67% prompted awareness.

9. Appendix – Survey methodology

9.1 Survey Methodology

Interviews were carried out using online interviewing and the questionnaire lasted five to 10 minutes. Fieldwork took place in January and February 2015.

An e-mail with a link to an open survey was sent out by groups that MIND has built up relationships with. The main responses came from the Met Police, The Ambulance Services Charity, Mountain Rescue England and Wales, and from a re-direct from the scoping survey that Mind undertook (that survey had closed, so respondents only completed the baseline survey). The data sets collected have not been weighted at all.

The survey was administered by Future Thinking (previously known as SPA Future Thinking) and respondents' responses are completely confidential and not attributed to them. In total 671 respondents participated in the survey.

Respondents were incentivised with a chance to enter a prize draw to win a £50 Love to Shop voucher.

A copy of the survey questionnaire is included in Section 10.

10. Appendix - Questionnaire

Dear [Colleague],

Please take 5-10 minutes to complete a survey about your wellbeing at work.

The survey is being carried out by a charity and your answers will be used to design services to help people working in the emergency services. To avoid influencing your answers, you will be told the name of the charity at the end of the questionnaire.

Everyone who completes the survey will have the chance to enter a prize draw to win a £50 Love to Shop voucher. You can opt out of this is you prefer. The survey is being administered by SPA Future Thinking, an independent market research company that follows the Market Research Society code of conduct and fully complies with the Data Protection Act. As such, your answers will be completely confidential, and your responses will not be attributed to you – results will be reported as averages only.

Thank you in advance for taking part in the survey.

[Name of umbrella organisation]

Q1 Please let us know a little about yourself. [required]

On first page: Thanks for clicking through to this survey. It should take no more than about 10 minutes to complete. Your answers will be completely confidential, and we will tell you the name of the charity that is carrying out the survey at the end of the questionnaire.

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 **CLOSE SURVEY**

Q2 Please let us know which blue light service you are or were a member of. [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 What is your role status? [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 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

Q7 [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
Tick	Other

Q8 [required]

This survey is about mental wellbeing in the workplace. Your answers are completely confidential and will never be linked with you, so please feel free to answer fully and openly.
LIST RANDOMISED

Please tell us how much you agree or disagree with the following opinions. Where 1 is Strongly Disagree and 5 is Strongly Agree					
One of the main causes of mental health problems is a lack of self-discipline and will-power	1	2	3	4	5
There is something about people with mental health problems that makes it easy to tell them from normal people	1	2	3	4	5
As soon as a person shows signs of mental health problems, they should be hospitalized	1	2	3	4	5
Mental health problems are illnesses like any other	1	2	3	4	5
Less emphasis should be placed on protecting the public from people with mental health problems	1	2	3	4	5
Mental hospitals are an outdated means of treating people with mental health problems	1	2	3	4	5
Virtually anyone can develop mental health problems	1	2	3	4	5
People with mental health problems have for too long been the subject of ridicule	1	2	3	4	5
We need to adopt a far more tolerant attitude toward people with mental health problems in our society	1	2	3	4	5
We have a responsibility to provide the best possible care for people with mental health problems	1	2	3	4	5
People with mental health problems don't deserve our sympathy	1	2	3	4	5
People with mental health problems are a burden on society	1	2	3	4	5
Increased spending on mental health services is a waste of money	1	2	3	4	5
There are sufficient existing services for people with mental health problems	1	2	3	4	5
People with mental health problems should not be given any responsibility	1	2	3	4	5
A woman would be foolish to marry a man who has suffered from mental health problems, even though he seems fully recovered	1	2	3	4	5
I would not want to live next door to someone who has mental health problems	1	2	3	4	5
Anyone with a history of mental health problems should be excluded from taking public office	1	2	3	4	5
No-one has the right to exclude people with mental health problems from their neighbourhood	1	2	3	4	5
People with mental health problems are far less of a danger than most people suppose	1	2	3	4	5
Most women who were once patients in a mental hospital can be trusted as babysitters	1	2	3	4	5
The best therapy for many people with mental health problems is to be part of a normal community	1	2	3	4	5
As far as possible, mental health services should be provided through community based facilities	1	2	3	4	5
Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	1	2	3	4	5
It is frightening to think of people with mental health problems living in residential neighbourhoods	1	2	3	4	5
Locating mental health facilities in a residential area downgrades the neighbourhood	1	2	3	4	5
People with mental health problems should have the same rights to a job as anyone else	1	2	3	4	5

Q9 [required]

Please read the following paragraph, and then answer the questions below.

LIST RANDOMISED

Tom is a colleague working in the emergency services. Over the past six months he has become increasingly withdrawn, and refuses to eat lunch or socialise with his colleagues. His wife has noticed that he walks around the house at night, unable to sleep, and will sometimes start crying unexpectedly. **How much do you agree or disagree with the following statements about Tom?** Where 1 is Strongly Disagree and 5 is Strongly Agree					
Tom could snap out of it if he wanted	1	2	3	4	5
Tom should get professional help	1	2	3	4	5
Tom's problem is serious – like a physical illness	1	2	3	4	5
Tom could be dangerous to others	1	2	3	4	5
Tom is not tough enough for the job	1	2	3	4	5
Tom could hurt himself	1	2	3	4	5
It is best to avoid Tom	1	2	3	4	5
If I spent time with Tom I could develop the same problem	1	2	3	4	5
Because of Tom's problem I'm not sure how he will behave	1	2	3	4	5
Tom just needs some time to get over it	1	2	3	4	5
I would tell someone if I had a problem like Tom's	1	2	3	4	5
I would feel sorry for Tom	1	2	3	4	5
Tom is to blame for how he is feeling	1	2	3	4	5
Tom should not be allowed to work at my organisation while he feels like this	1	2	3	4	5

Q10 [required]

Now please read this paragraph and answer the questions below.

LIST IN SAME ORDER AS PREVIOUS QUESTION

Laura is a frontline member of staff who recently responded to a particularly difficult and traumatic incident. She was the first responder on the scene where a young child had died and she spent time with the parents. Laura has been deeply affected by the incident and, although she was in work for the next few days, she has since called in sick and has been off work for a week. **How much do you agree or disagree with the following statements about Laura?** Where 1 is Strongly Disagree and 5 is Strongly Agree					
Laura could snap out of it if she wanted	1	2	3	4	5
Laura should seek professional help	1	2	3	4	5
Laura's problem is serious – like a physical illness	1	2	3	4	5
Laura could be dangerous to others	1	2	3	4	5
Laura is not tough enough for the job	1	2	3	4	5
Laura could hurt herself	1	2	3	4	5
It is best to avoid Laura	1	2	3	4	5
If I spent time with Laura I could develop the same problem	1	2	3	4	5
Because of Laura's problem I'm not sure how she will behave	1	2	3	4	5
Laura just needs some time to get over it	1	2	3	4	5
I would tell someone if I had a problem like Laura's	1	2	3	4	5
I would feel sorry for Laura	1	2	3	4	5
Laura is to blame for how she is feeling	1	2	3	4	5

Laura should not be allowed to work at my organisation while she feels like this	1	2	3	4	5

Q11 [required]

Are you currently <u>living with</u>, or have you ever lived with, someone with a mental health problem?	
Tick	Yes
Tick	No
Tick	Don't Know

Q12 [required]

Are you currently <u>working</u>, or have you ever worked, with someone with a mental health problem?	
Tick	Yes
Tick	No
Tick	Don't Know

Q13 [required]

Do you currently have, or have you ever had, <u>a neighbour</u> with a mental health problem?	
Tick	Yes
Tick	No
Tick	Don't Know

Q14 [required]

Do you currently have, or have you ever had, <u>a close friend</u> with a mental health problem?	
Tick	Yes
Tick	No
Tick	Don't Know

Q15 [required]

Do <u>you</u> currently have, or have you ever had, a mental health problem?	
Tick	Yes
Tick	No
Tick	Don't Know

Q16 [required]

The following statements ask about any future relationships you may experience with people with mental health problems. Please tell me how much you agree or disagree with each one. Where 1 is Strongly Disagree and 5 is Strongly Agree					
In the future, I would be willing to live with someone with a mental health problem	1	2	3	4	5
In the future, I would be willing to work with someone with a mental health problem	1	2	3	4	5
In the future, I would be willing to live nearby to someone with a mental health problem	1	2	3	4	5
In the future, I would be willing to continue a relationship with a friend who developed a mental health problem	1	2	3	4	5

Q17 [required]

Please tell us how much you agree or disagree with the following statements. Where 1 is Strongly Disagree and 5 is Strongly Agree					
Most people with mental health problems want to have paid employment	1	2	3	4	5
If a friend had a mental health problem, I know what advice to give them	1	2	3	4	5
Medication can be an effective treatment for people with mental health problems	1	2	3	4	5
Psychotherapy (e.g. talking therapy or counselling) can be an effective treatment for people with mental health problems	1	2	3	4	5
People with severe mental health problems can fully recover	1	2	3	4	5
Most people with mental health problems go to a healthcare professional to get help	1	2	3	4	5

18 [required]

What proportion of people in the UK do you think might have a mental health problem at some point in their lives?	
Tick	1 in 1000
Tick	1 in 100
Tick	1 in 50
Tick	1 in 10
Tick	1 in 4
Tick	1 in 3
Tick	Don't Know

Q19 [required]

Do you think that people working in the emergency services are more or less likely to experience a mental health problem?	
Tick	A lot less likely
Tick	A little less likely
Tick	About the same/no difference
Tick	A little more likely
Tick	A lot more likely
Tick	Don't Know

Q20 [required]

	If you felt that you had a mental health problem, how likely would you be to go to your GP for help?
Tick	Very unlikely
Tick	Quite unlikely
Tick	Neither likely nor unlikely
Tick	Quite likely
Tick	Very likely
Tick	Don't Know

Q21 [required]

	In general, how comfortable would you feel talking to a friend or family member about your mental health? For example, telling them you have a mental health diagnosis and how it affects you
Tick	Very uncomfortable
Tick	Moderately uncomfortable
Tick	Neither comfortable nor uncomfortable
Tick	Moderately comfortable
Tick	Very comfortable
Tick	Don't Know

Q22 [required]

	In general, how comfortable would you feel talking to a current or prospective employer about your mental health? For example, telling them you have a mental health diagnosis and how it affects you
Tick	Very uncomfortable
Tick	Moderately uncomfortable
Tick	Neither comfortable nor uncomfortable
Tick	Moderately comfortable
Tick	Very comfortable
Tick	Don't Know

Q23 [required]

	Do you think that people with mental health problem experience stigma and discrimination nowadays, because of their mental health problems?
Tick	No
Tick	Yes – a little stigma and discrimination
Tick	Yes – a lot of stigma and discrimination
Tick	Don't know

Q24 [required]

	Do you think mental health-related stigma and discrimination has changed in the past year?
Tick	Yes – increased
Tick	Yes – decreased
Tick	No
Tick	Don't know

Q25 [required]

	Have you ever heard of Mind, the mental health charity?
Tick	Yes
Tick	No

Q26 [required]

	Have you ever heard of the Time to Change campaign?
Tick	Yes
Tick	No

Q27 [required]

	Would you be happy to be contacted about further research for this project? If you provide your email, we may be in touch with further questions. Your information will remain confidential and will not be used for any other purpose.
Tick	Yes **[If yes – email is required]**
Tick	No

Q28

	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.

Q29

Finally a couple of questions about you to help us classify your answers

	What is your gender?
Tick	Male
Tick	Female
Tick	Transgender
Tick	Prefer not to say

Q30

	Is your gender identity the same as when you were born?
Tick	Yes
Tick	No
Tick	Prefer not to say

Q31

	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
Tick	Prefer not to say

Q32

	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]**
Tick	Prefer not to say

Q33

	How would you describe your sexuality?
Tick	Bisexual
Tick	Heterosexual
Tick	Gay
Tick	Lesbian
Tick	Other **[If yes – free text explanation is required]**
Tick	Prefer not to say

Q34

	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
Tick	Prefer not to say

If you would like to enter the prize draw please enter your email below.

SPACE FOR EMAIL ADDRESS AND OPT OUT BOX

Thank you for completing the survey, which was delivered on behalf of Mind, the mental health charity.

We will look at all responses to the questionnaire and use them to help develop services to improve the mental health of people working in the emergency services.

For more information, please see the Mind website. We understand that talking about mental health issues can be triggering. If you would like advice or support about your mental health, please call the Mind InfoLine on 0300 123 3393 (9am-6pm, Monday to Friday)

[Re-direct to Mind website.]