Blue Light Programme
Strand 1 (Part 2)
March 2016

Contents

1. Introduction and Methodology 5

2. Research considerations 12

3. Executive summary 14

4. Respondent background 17

Employers Evaluation

5. Prior to signing the Blue Light Pledge

- Mental health of the workforce prior to signing 23
- Support offered by the organisation prior to signing 23

6. Signing of the Blue Light Pledge

- Who had the initial idea for signing the Pledge 25
- Reasons for signing the Pledge 25
- Planned activities 27
- Desired outcomes 28
- Anticipated barriers and enablers 30
- Support provided by Mind prior to signing 31
- Confidence to deliver against the action plans 32

7. Post Pledge: One year on

- Progress against the action plans one year on 33
- Awareness of the Blue Light Pledge 36
- Awareness of organisational support offered to staff one year on 38
- Workplace attitudes towards mental health one year on 40
- Societal attitudes towards mental health one year on 44

Mental health knowledge scale (MAKS) 47
Mental health of the workforce one year on 48
The causes of poor mental health 50
8. Impact of the Blue Light Programme
Impact of the Blue Light Programme on the organisation 54
Experience of the Blue Light Programme for pledge leads 56
Rating of the support provided by Mind 58
A final word from pledge leads 60

Champions Evaluation

9. Champions baseline findings
Workplace attitudes - Champions baseline perceptions 62
Mental health of the workforce - Champions baseline perceptions 64
Support offered by the organisation - Champions baseline perceptions 65
Champions own mental health - baseline 68
Champions perceived self-efficacy - baseline 71
Becoming a Blue Light Champion 72
10. Champions post-survey findings
Workplace attitudes one year on - Champions post-survey perceptions 74
Support offered by the organisation one year on - Champions post-survey perceptions 75
11. Impact of the Blue Light Programme
Impact of the Blue Light Programme on the organisation 78
Experience of undertaking the champion role 80
Post rationalised reasoning for becoming a blue light champion 83
Best and worst aspects of the champion role 84

Champions mental health one year on - self-reported	89
Self-efficacy of the champions one year on	90
Empowerment of the champions one year on	91
Social capital of the champions one year on	94
Reported impact on the champions by friends & family	97
Rating of support provided by Mind to undertake the champion role	99
Rating of support provided by the organisation	101
A final word from champions	102

Appendix

Questionnaires

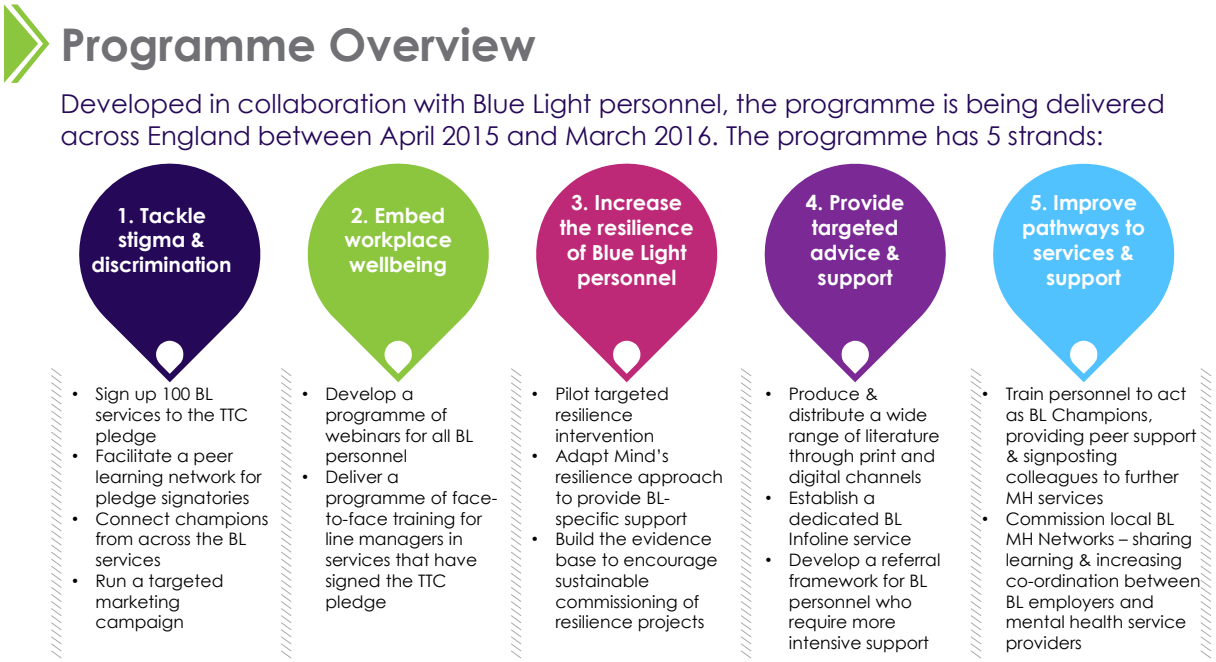
- Pledge leads pre-survey
- Pledge leads post-survey
- Champions pre-survey
- Champions post-survey
- Employees pre-survey
- Employees post-survey
- Pledge associations survey
- Friends and family survey

1. Introduction and Methodology

Introduction

One in four people will experience mental health problems in any given year. Emergency service staff have been identified as being more at risk of developing mental health problems, but less likely to seek help and support. Demographic factors, work patterns and organisational instability all contribute to this vulnerability.

With £4 million Libor Funding, administered by the Cabinet Office, Mind has developed an ambitious programme to improve the mental health of the 220,000 emergency services (blue light) personnel in this country. Starting in February 2015 and building on the success of the Time to Change (TTC) campaign, the 'Blue Light Programme' was rolled out across England, with five key aims as highlighted in the chart below:



One of the key objectives of the programme was to build an evidence base for Mind's anti-stigma and resilience interventions. Future Thinking was commissioned by Mind to undertake the evaluation of the Strand 1 work, with the other strands being evaluated by other agencies. This document reports on the findings from the Strand 1 evaluation one year on, examining progress of the campaign to date. The focus of Strand 1 was to

tackle stigma and discrimination using a multi-pronged approach and multiple channels. For the Blue Light Programme, this means helping change the culture in emergency services workplaces, so people feel (more) able to talk about their mental health and seek support. As such, activity was designed to raise awareness of mental health problems and change attitudes:

- **Marketing campaign** – Mind ran a targeted social marketing campaign, which aimed to challenge negative stereotypes and encourage support seeking behaviour from blue light personnel and their families (this was evaluated by Future Thinking in spring 2015 – please see previous report).
- **Blue Light Time to Change Pledge** – The Time to Change campaign demonstrated the power of asking organisations to commit to challenging stigma and stamping out discrimination in the workplace. The aim therefore was for 100 blue light services (i.e. Fire, Police, Ambulance and Search & Rescue) to sign the Blue Light Time to Change Organisational Pledge, whereby emergency service employers showed their commitment to ending stigma and discrimination in the workplace and developed detailed action plans to outline how this would be tangibly achieved. Action plans detailed practical steps to promote a positive culture around mental wellbeing and all plans had specific criteria to meet, such as having senior buy-in and a commitment to reviewing all policies that impact on mental health and wellbeing. At the time of conducting this evaluation (i.e. one year on), 54 organisations and nine national associations had signed the pledge.
- **Blue light champions** - These are people who challenge stigma and promote understanding of mental health, raise awareness of support available and influence to create a more positive workplace culture that promotes mental wellbeing. Many champions have personal experience of mental health problems, though this is not a requirement. Whilst the majority will come from pledged organisations, not all will and as such, this document reports the findings from blue light champions as a separate section. Mind supported champions in undertaking this role by providing resources, running workshops and offering guidance. The aim was to recruit 200 champions in the first year of the Blue Light Programme. One year on, 441 individuals from across the emergency services have been recruited to this role.

- **Peer Learning Network** – Mind facilitated a Peer Learning Network for pledge signatories and blue light champions to come together to share ideas, practice and learning. Networking events were organised for showcasing best practice and a LinkedIn group established for people to connect and share information and experiences. At the time of conducting this evaluation, 132 staff from 75 organisations had attended the networking events.

Research Audiences

In the Strand 1 evaluation, the following audiences were surveyed:

- **Pledge leaders** - leads within the organisations who have signed the Time to Change Pledge and are responsible for developing the action plans;
- **Pledge associations** - Blue Light Associations who are supporting the work of Mind/ those organisations who have signed the Pledge;
- **Employees** – staff working within those organisations which have signed the Time to Change Organisational Pledge;
- **Champions** – individuals within the emergency services who are championing the Blue Light Programme;
- **Family and friends** – friends and family of champions to examine the wider impact of the Blue Light Programme.

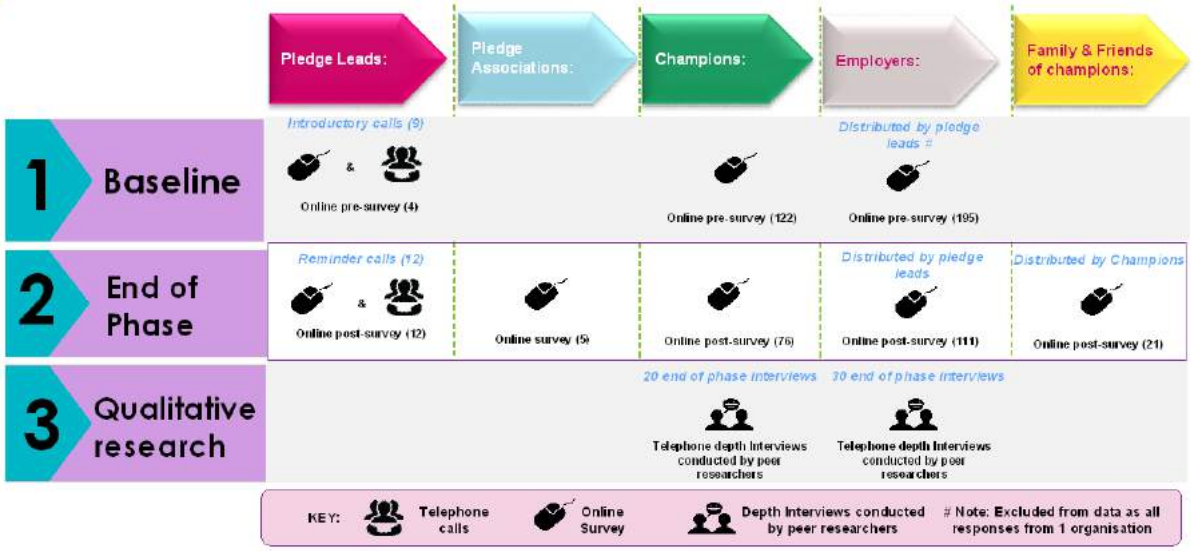
Measured outcomes

The research aimed to measure the following desired programme outcomes:

1. Increased awareness and understanding of mental health problems
2. Fewer people experiencing mental health stigma/ discrimination in the workplace
3. Increased confidence to communicate with colleagues/ friends/ family about mental health
4. Champions within blue light services feeling more empowered and confident to share their lived experience
5. Employees feeling that their mental health is supported by their organisation
6. Members of the Peer Learning Network finding it useful for sharing best practice

Methodology

The chart below outlines the methodological approach utilised for each audience. Mind provided contact databases for the pledge leads, pledge associations and champions contacts, while the employee surveys were distributed by the pledge leads and the friends and family surveys were distributed by champions.



The baseline survey took place as and when each pledge lead signed up to the Time to Change Organisational Pledge, with fieldwork spanning August – December 2015. Delays to organisations signing the Pledge resulted in a lower than anticipated baseline survey sample size. Upon signing the Pledge, organisations received an introductory call, followed by an invitation to participate in an online survey two weeks later, as well as being asked to distribute a survey link to their staff. As staff responses to the employee pre-survey were only received from one organisation, the data has been excluded from this report. Staff from a number of organisations responded to the post-survey and so the data shown is based on this post-survey sample of respondents.

The champions baseline pre-survey took place over four survey waves, with each new batch of champions who had joined up that month. The online surveys were sent in August, September, October and November 2015. In the questionnaire, champions were asked if they would be willing to distribute a survey link to their friends and family in early 2016; 95 Champions (61% of respondents) kindly agreed to do this. The follow-up post-surveys for pledge leads, champions and employees all took place between 8th February and 4th March 2016. The pledge associations and friends and family surveys also took place during this fieldwork period.

Response Rates

To boost response rates as much as possible, all audiences received three email reminders and the pledge leads also received a telephone reminder. As well as receiving these reminders from Future Thinking, Mind also sent out emails and newsletters to encourage response. The table below shows the response obtained from each audience. While response rates were generally good, sample sizes were lower than initially anticipated due to the delay in organisations signing up to the pledge. For example, only 12 organisations had signed the Blue Light Time to Change Organisational Pledge at the time the pre-survey with pledge leads was conducted. As predicted, response rates varied by audience, with the more engaged, such as pledge leads/ associations and champions, having the highest response rates. Similarly, the methodology utilised also impacted on response rates as would be expected, with the interviewer led telephone interviews achieving the highest response rate and the lowest response rate recorded for the self-completion surveys distributed by a third party.

Project Name	Sample size	Total completes	Response Rate (%)
Pledge Lead Introductory calls	12	9	75%
Pledge Lead pre-survey	9	4	44%
Pledge associations	8	5	63%
Employee Questionnaire (pre-survey)	n/a	195	n/a
Employee Questionnaire wave 2	n/a	111	n/a
Champions Survey_Wave1	72	35	49%
Champions Survey_Wave2	42	28	67%
Champions Survey_Wave3	84	24	29%
Champions Survey_Wave4	97	35	36%
Friends and family	95	21	22%
Champions Follow-up	295	76	26%
Pledge Lead follow-up survey	39	12	31%
Pledge Lead End of Phase reminder calls	23	12	52%

Qualitative Research

Qualitative telephone depth interviews were also conducted with 30 employees and 20 champions who had given their permission to be re-contacted for this purpose in their online surveys. Positively, a large number of respondents were willing to participate in the telephone depth interviews, with a much better response than would typically be expected. All 111 respondents to the employee survey said that they would be willing to participate in a telephone depth interview and 108 champions (89% of those responding). Sampling of participants for the qualitative depth interviews was conducted to ensure a good spread across the emergency services. Champions were also sampled across the four survey waves to ensure a mix of long serving and recently recruited blue light champions.

The interviews were conducted between 23rd November 2015 and 21st March 2016 by two 'Peer Researchers' (i.e. blue light champions who were trained to undertake the evaluation role). All blue light champions were sent an email by Mind inviting them to apply for the Peer Researcher role. There was an excellent response from across the country and across the emergency services. Those who expressed an interest were provided with a job description for the role (see appendix). While previous market research experience was not a pre-requisite for undertaking the role, peer researchers were expected to have a good telephone manner and to feel relaxed talking to people, as well as being a good listener and having the ability to write quickly while conducting the interviews.

The successful Peer Researches were trained by Future Thinking in conducting telephone depth interviews. This included being briefed on participant confidentiality and ensuring that all interviews complied with both the Market Research Society Code of Conduct and the Data Protection Act. Peer Researchers were provided with topic guides, which served as an aide memoire when conducting the telephone depth interviews. They were also provided with an excel spreadsheet (with an identified column for each key question) for typing up the verbatim responses from interviewees.

In terms of support to undertake the role, all trainees were provided with the direct contact details for experienced staff working on the project to discuss any issues experienced or to seek further support, if required. In addition, each Peer Researcher was allocated a 'Peer Mentor' to offer support and provide advice during the evaluation. These were all champions of Time to Change who had experience of undertaking the peer researcher element of the evaluation for the Time to Change campaign. A secure web page was set up so that Peer Researchers could communicate with each other and share information, as well as being able to seek support from the Peer Mentors. The trainees were also provided with a list of

helplines and a contact at Mind should they or any of their interviewees need professional support with a mental health issue.

Analysis and interpretation of the data

This document contains a summary of the key findings of the research. A full breakdown of the results is available in the detailed computer tabulations and in the interviewing notes. It should be remembered that as the research is based on a sample of respondents/ participants and not the entire population, the findings are subject to sampling tolerances. In some cases, there are also some very low base sizes and this needs to be borne in mind when interpreting the data.

Where results for the quantitative research do not sum to 100%, this may be due to multiple responses (i.e. where respondents are able to select a number of options rather than just one) or computer rounding. Significance testing has been conducted on the data (at a 95% confidence interval) comparing the pre and post survey responses and also sub-group differences. Statistical significant differences are indicated in the charts, with a solid green box denoting a significantly higher score and dotted red box representing a significantly lower score. A note has been included on the chart to advise what is being compared.

In terms of the qualitative research, the Peer Researchers entered the verbatim comments from interviewees into excel spreadsheets. These were then analysed and reported using a thematic analysis approach by the Future Thinking project team.

Acknowledgements

We would like to take this opportunity to thank Jacob Diggle (Senior Research and Evaluation Officer) from Mind for directing the research and also to the Peer Researchers (Becky and Verona) for undertaking the qualitative interviews. Our thanks also go out to all of the organisations and their staff who participated in the research:

- Shropshire Fire & Rescue Service
- West Midlands Ambulance Service
- Norfolk Fire & Rescue Service
- Metropolitan Police Service
- North West Ambulance Service
- Lancashire Fire & Rescue Service
- Essex Police Service
- South Western Ambulance Service
- Staffordshire Police Service
- South Central Ambulance Service
- Greater Manchester Police Service
- West Mercia & Warwickshire Police Service
- Hampshire Fire & Rescue Service
- Hereford & Worcester Fire & Rescue Service
- Merseyside Fire & Rescue Service
- Hertfordshire Fire & Rescue Service
- Cambridgeshire Fire & Rescue Service
- Wiltshire Police Service
- Association of Ambulance Chief Executives
- Police Treatment Centres
- Fire Fighters Charity
- Unison

- Sussex Police Service
- Avon & Somerset Police Service
- Police Federation of England

2. Research Considerations

Evaluation timescales

- The main challenge for the research was the timing, with the evaluation taking place just one year after the launch of the Blue Light Programme. This meant that the initiative hadn't had time to be properly implemented and embedded by the time that the research took place. This was further exacerbated by pledge leads signing the Blue Light Time to Change Pledge much later than initially anticipated, which resulted in low sample sizes. For example, just 12 organisations had signed the Pledge at the time of the baseline survey as opposed to the 100 predicted. Our recommendation therefore is to conduct the evaluation at a later date if possible. It would be interesting to survey again another year down the line to examine the extent to which the action plans have become embedded and whether or not the required cultural and ethos change has taken place.

Research audiences

- Another consequence of the delays to signing the Pledge was that only one organisation sent the employee pre-survey to staff in time for the evaluation. This data had to therefore been removed from the report for confidentiality reasons. It would have been extremely beneficial for this to have been included.
- Similarly, the inclusion of friends and family of employees would have been useful. This was planned for, but as not enough organisations were represented in the baseline employee survey, the approach had to be abandoned. Again, this boils down to only a few pledge leads having signed the Pledge by the time of the baseline survey and thus only one organisation sending the survey out to their staff at this stage.
- While the majority of champions worked in pledged organisations, not all did. In the future, we suggest differentiating these champions from general blue light champions so that the data between champions representing pledged organisations and the pledge leads and employees within the same organisations can be compared and contrasted.

Methodology

- A mixed methodological approach was adopted, with both interviewer-led and self-completion techniques utilised. As expected, a much better response was achieved for the interviewer administered surveys, where CATI (Computer Assisted Telephone Interviews) interviewing took place. Where budgets permit, we recommend using CATI surveys for similar future evaluation exercises.
- In the case of the employee surveys, we were reliant on pledge leads to distribute the survey links to staff on our behalf. Not all pledge leads were able to do this due to time pressures, staff surveys taking place at the same time or due to organisational change/ restructuring. In future, we suggest that fieldwork dates are agreed with pledge leads with as much advance notice as possible.
- With regard to the qualitative research, 'Peer Researchers' were enlisted to conduct the evaluation. This approach was first piloted in the Phase 2 Time to Change campaign and consequently was selected for presentation at the MRS 2015 Impact Conference. Learnings from the Phase 2 Time to Change campaign peer researcher evaluation were implemented and the approach tweaked, ensuring the successful implementation of this approach in the Blue Light Programme peer researcher evaluation.

Response rates

- Efforts were made to boost response rates as much as possible. In the future, we recommend seeking to further boost the response rate in the following ways:
    - **Advance letters** – sending personalised letters to pledge leads in advance of the research taking place to emphasise the importance of the evaluation and agree staff survey dates;
    - **Questionnaire design** – while the questionnaires were well designed and of a good length, they could benefit from the use of gamification techniques (i.e. using the principles of gaming in survey design) to enhance the user experience;
    - **Reminders** – sending email and telephone reminders at timely intervals;
    - **Survey publicity** – publicising the survey in newsletters and perhaps using case studies to explain how the previous research has been acted upon and put to good use. Providing pledge leads with materials (e.g. posters, articles etc.) to publicise the employee survey to staff may also help to boost response rates;
    - **Prize draw** – offering a prize draw or donations to charity would help to further boost the response. The pledge leads could also be offered a copy of the report with comparative data as an incentive.

3. Executive Summary

Employers Evaluation

- The research demonstrates that the Blue Light Programme has kicked off to a great start, but while the seeds of change have been planted, there is still a long way to go. This is not really surprising given that the evaluation was conducted just one year on from the launch of the Blue Light Programme. Indeed, all pledge leads said that the Programme had either met or exceeded their expectations and 66% would recommend the Blue Light Programme to other emergency service organisations, giving an impressive Net Promoter Score of +42%. Moreover, 91% reported that the Blue Light Programme has had a positive impact on the organisation and 25% say that the mental health of the workforce is now better than this time last year. However, while pledge leads are very positive about the Programme and report positive organisational change, the findings also indicate that it will take time for this to filter through to employees and for the long-established cultural ethos to change. Comparatively, just 27% of employees agree that there has been a positive impact on the organisation and the findings suggest that employees are still hesitant to speak out about mental health. In some instances, as highlighted in the qualitative depth interviews, there is deep rooted mistrust of management and cynicism about the organisation using the campaign as a PR stunt, as well as taboos about mental health, which will take time to break down. However, there are pockets of good practice where positive change has already been evidenced; the successes attributed to buy-in at a senior level, going hand-in-hand with the powerful influence of peers undertaking the Blue Light Champion role.
- In terms of the support provided by Mind, pledge leads were extremely positive. Three-quarters rated the support provided by Mind prior to signing the Pledge as good in their pre-survey. Similarly, in their post-survey, all rated the support provided by Mind throughout the longevity of the Blue Light Programme as good. Pledge leads were also very complimentary about the resources provided by Mind, with the blue light information booklets and resilience courses especially well liked.
- Moving forward, the recommendation is for the training sessions to be expanded to include more staff, as well as developing higher level courses and introducing a training App/ online version of the course to make it more accessible for all. Alongside this, the next phase of the Programme should focus on better internal communications and a communications campaign focused on changing the organisational cultural ethos.

Champions Evaluation

- The research clearly highlights the extremely positive impact that the Blue Light Programme has had on the blue light champions themselves, with improvements to self-efficacy (with a score of 31.04 recorded in the baseline survey versus 32.40 post-survey) and increased confidence scores for both empowerment and social capital (overall scores of 66% and 47% respectively). There was also a shrinkage in reported mental health problems (from 13% saying that they had poor to moderate mental health in the pre-survey to just 5% in the post-survey) and evidenced improvements regarding seeking support for mental health issues from more formal sources (e.g. +12% for always seeking support from the GP). Moreover, friends and family have also noticed the positive impact that the Blue Light Programme has had on their loved one, with 67% reporting that the Blue Light Programme has had a positive impact on them. This is further borne out by the finding that 71% of champions said that the blue light champion role had either met or exceeded their expectations and over half would recommend the champion role to someone else working in the emergency services, giving an impressive Net Promoter Score of +44%.
- In terms of the support provided by Mind, like the pledge leads, champions were wholeheartedly positive, with 87% of champions rating the support provided by Mind as good. However, champions are decidedly less positive about the support provided by their organisation, with just 51% rating it as good.
- In terms of future recommendations, the findings suggest that better communications and more support in the blue light champion role from management - in particular, senior management speaking out about their own mental health - would win dividends for champions and go some way towards breaking down the 'us and them' divisions. The success of the blue light champion role and peer networks should be built upon and extended.
- Looking towards the future, there is a desire among pledge leads and employees alike and a passion in the case of champions, for the seeds of change to become fully embedded. Ultimately, the desire is for taboos to break down and the organisational culture and ethos to change so that a legacy of long-term change is created, which protects the mental wellbeing of our emergency service staff for years to come.

'Please keep the Blue Light Programme going. It's our emergency service.'

Blue Light Champion

Desired outcomes

In terms of the desired programme outcomes, there has been mixed success, with actions and activities taking time to filter through to staff;

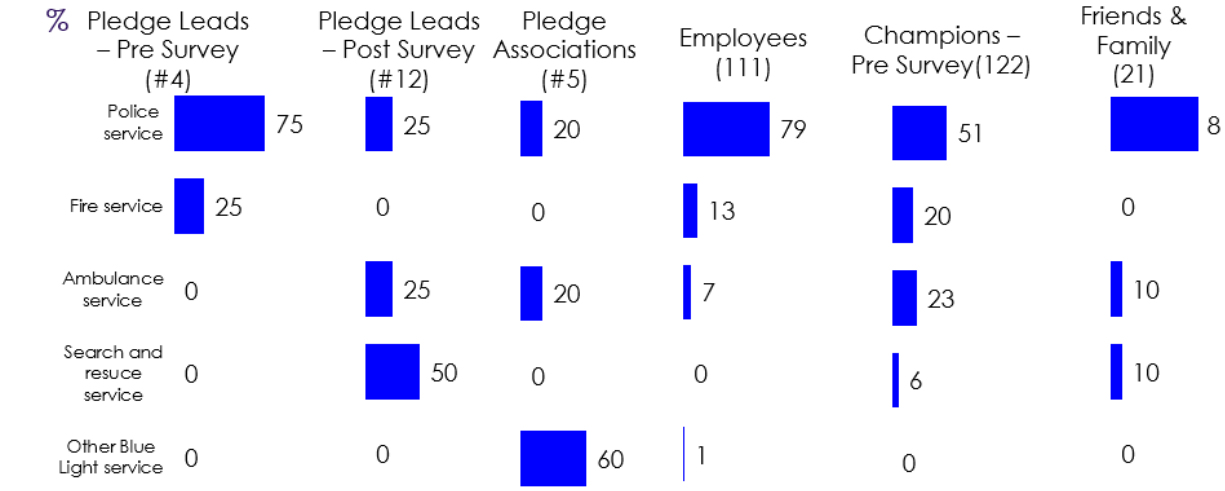
1. Increased awareness and understanding of mental health problems
    - ✓ Positively, 92% of pledge leads say that there has been increased awareness about mental health among personnel as a result of the Blue Light Programme. However, just 31% of employees agree with this.
2. Fewer people experiencing mental health stigma/ discrimination in the workplace
    - ✓ While 45% of employees think that mental health-related stigma and discrimination has decreased in the past year, 45% say that there has been no change and 2% report an increase.
3. Increased confidence to communicate about mental health
    - ✓ Positively, 61% of champions in their post-survey agree that the 'organisation encourages staff to talk openly about mental health' versus just 43% in the baseline survey, demonstrating a positive shift of +18%. However, just 46% of employees agreed with this.
    - ✓ Similarly, 34% of champions in their post-survey agree that 'people feel able to talk with colleagues about mental health at my organisation' while 21% say that 'people feel able to talk with managers'. The pre-survey figures were 14% and 9% respectively (rises of +20% and +12%). However, again, employees are notably less positive with just 15% agreeing that they feel able to talk to colleagues and 10% with managers.
4. Champions feeling more empowered and confident to share their experience
    - ✓ As reported above, the blue light champion role has had a very positive impact on the champions, most notably in terms of their increased confidence and sense of empowerment. Indeed, in their post-survey, 14% spontaneously commented in an open-ended question on their increased confidence as a consequence of taking part in the Blue Light Programme and the measured overall empowerment score one year on was 66% feeling a lot/ little more confident.
5. Employees feeling that their mental health is supported by their organisation
    - ✓ Over a third (36%) of employees agree that the 'organisation supports employees who experience mental health problems'. The figure rises to 48% among champions and 83% among pledge leads, again highlighting that it will take time to filter through to the overall workforce at large.
6. Members of the Peer Learning Network finding it useful for sharing best practice
    - ✓ Just two pledge leads (17%) had participated in the Peer Learning Network. Albeit based on a low base size, both rated it as good.

4. Respondent Background

- The vast majority of respondents participating in the research were from the Police service and in terms of location, most were responding from the South of the Country. In particular, the South East. This needs to be borne in mind when interpreting the data.

Type of Blue Light organisation

Audience comparison



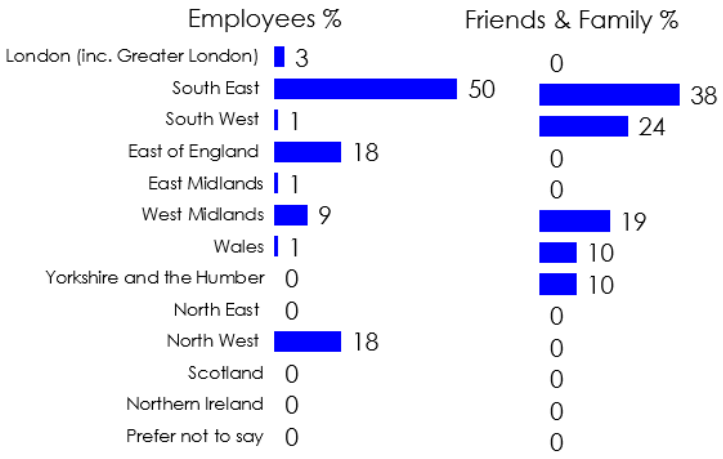
Base: All Respondents

 # Caution Low Base Size

Q1. Which of the following best describes you?

Location

Employee and Friends/ Family Comparison – end of phase survey



%	Employees	Friends and Family
South:	71	62
Midlands:	11	38
North:	18	0

Base: Employees (111) Friends & Family (21)

Q30/24 Where do you live?

- The table below shows the respondent profile for those employees taking part in the research. Reflecting the demographics of the blue light population at large, the majority of respondents were white males aged between 35-54 years old.

Employee: Respondent Profile

Age	%
Under 18	0
18-24	4
25-34	19
35-44	34
45-54	34
55-64	8
65+	1
Prefer not to say	0

Gender	%
Male	51
Female	47
Other	0
Prefer not to say	2

Transgender	%
Yes	2
No	97
Prefer not to say	1

Religion	%
No religion	45
Christian	47
Buddhist	3
Hindu	1
Jewish	0
Muslim	0
Sikh	0
Other	3
Prefer not to say	2

Sexuality	%
Bisexual	5
Gay	5
Heterosexual/ Straight	84
Lesbian	1
Another	1
Prefer not to say	5

Disability	%
Physical disability	22
Learning disability	9
Other disability	34
Prefer not to say	34

Ethnicity	%
Bangladeshi	0
Chinese	0
Indian	0
Pakistani	0
Another Asian background	0
African	0
Caribbean	0
Other Black background	0
White & Asian	0
White & Black African	0
White & Black Caribbean	0
Other mixed background	1
White British	94
White Irish	0
Eastern European	0
Another white background	3
Arab	0
Gypsy or Traveller	0
Another background	2
Prefer not to say	1

Base: Those who answered (111)

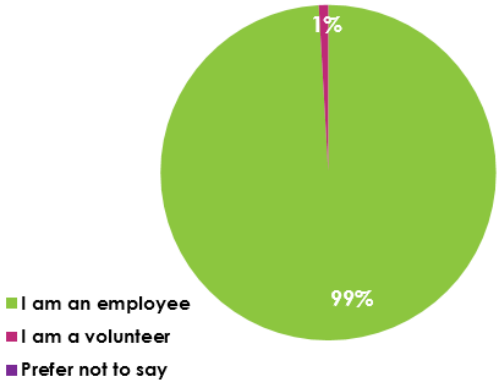
Q24-Q31. Finally, some details about you..?

- Almost all of those responding were an employee rather than a volunteer and three in ten were in a management position. The majority were long serving employees, with over half (54%) having worked for their current employer for over ten years (12 years on average).

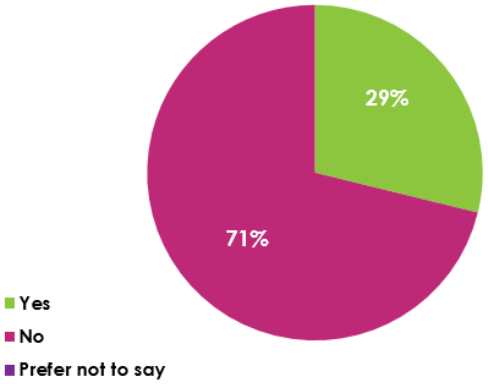
Employees: Position within Organisation

Employee – end of phase survey

Employee or volunteer



Management role

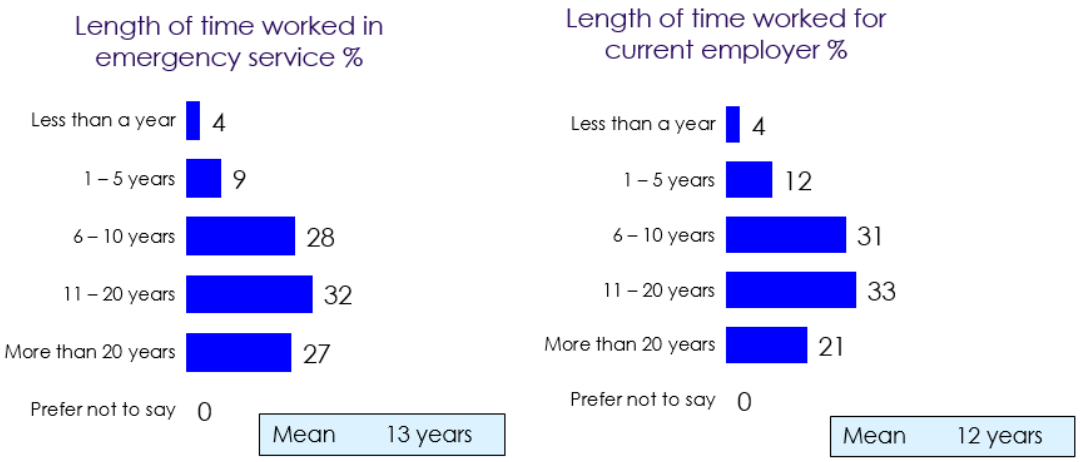


Base: Employees (111)

Q2. And, are you an employee or a volunteer? Q3. Do you have a management role?

Employee: Length of time in service

Employee – end of phase survey



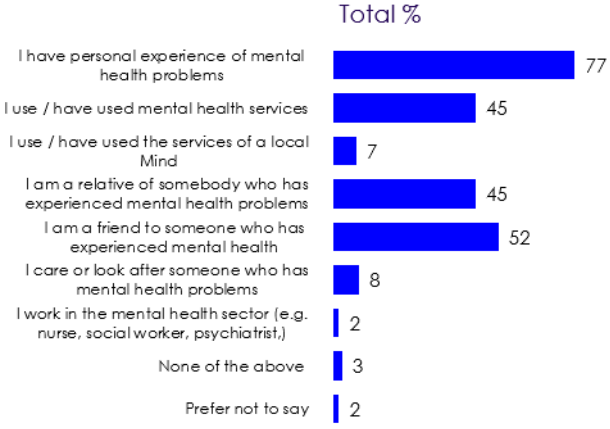
Base: All Employees (111)

Q4. How long have you been a member of the emergency services? Q5. How long have you worked for your current (emergency service) employer?

- Just three per cent of the blue light employees responding said that they had no experience of mental health issues either personally or as a friend/ family member or carer/ professional advisor to someone who had. Three-quarters admitted to having personal experience of mental health problem themselves, with 45% having used mental health services and 7% benefitting from the services of a local Mind.

Employee: Experience of Mental Health

Employee – end of phase survey



	Blue Light service			Location		
	Police	Fire	Ambulance	North	Midlands	South
	%	%	%	%	%	%
I have personal experience of mental health problems	81	64	63	95	50	76
I use / have used mental health services	48	29	38	55	25	46
I use / have used the services of a local Mind	9	0	0	10	0	8
I am a relative of somebody who has experienced mental health problems	43	64	38	30	75	44
I am a friend to someone who has experienced mental health	52	50	63	30	58	57
I care or look after someone who has mental health problems	7	14	13	10	17	6
I work in the mental health sector (e.g. nurse, social worker, psychiatrist,)	1	0	13	0	0	3
None of the above	2	0	13	0	0	4
Prefer not to say	2	0	0	5	0	1

Statistically higher than total

Statistically lower than total

Base: Employees (111)

Q32. Which of these categories best represents your experience of mental health problems?

- The table below shows the respondent profile for the blue light champions taking part in the research. Compared with employees, blue light champions were more likely to be female.

Champions: Respondent Profile

Disability	%
Physical disability	12
Learning disability	2
Other disability	0
Prefer not to say	3
None of the above	76

Religion	%
No religion	42
Christian	49
Buddhist	2
Hindu	0
Jewish	0
Muslim	1
Sikh	0
Other	3
Prefer not to say	2

Sexuality	%
Bisexual	2
Gay	2
Heterosexual/ Straight	93
Lesbian	2
Another	0
Prefer not to say	1

Gender	%
Male	40
Female	59
Other	0
Prefer not to say	1

Ethnicity	%
Bangladeshi	0
Chinese	0
Indian	0
Pakistani	0
Another Asian background	0
African	0
Caribbean	0
Other Black background	0
White & Asian	0
White & Black African	2
White & Black Caribbean	0
Other mixed background	0
White British	93
White Irish	2
Eastern European	1
Another white background	2
Arab	0
Gypsy or Traveller	0
Another background	0
Prefer not to say	0

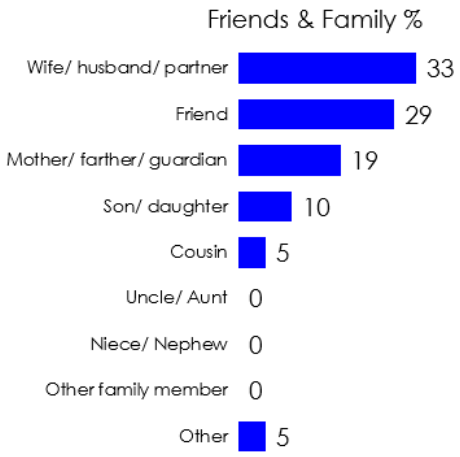
Base: Those who answered (122)

Q18-Q25. Finally, some details about you..?

- In terms of their friends and family, a third were a spouse or partner of the blue light champion and three in ten were responding as a friend. Two in ten were a parent of the champion, while one in ten were a child of theirs. The vast majority hadn't worked in the emergency services themselves, although a quarter (24%) were current or previous employees of the Police Service.
- While the vast majority were answering as a friend or family member of someone who had experienced mental health problems, over two in five (43%) had also experienced mental health problems themselves.

Friends & Family: Relationship to Champion

Friends and Family – end of phase survey



Base: Friends and Family (21)

Q1. What is your relationship to the person who emailed you this survey link?

Friends & Family: Experience of Mental Health

Friends and Family – end of phase survey

Base: Friends and Family (21)

Q26. Which of these categories best represents your experience of mental health problems?

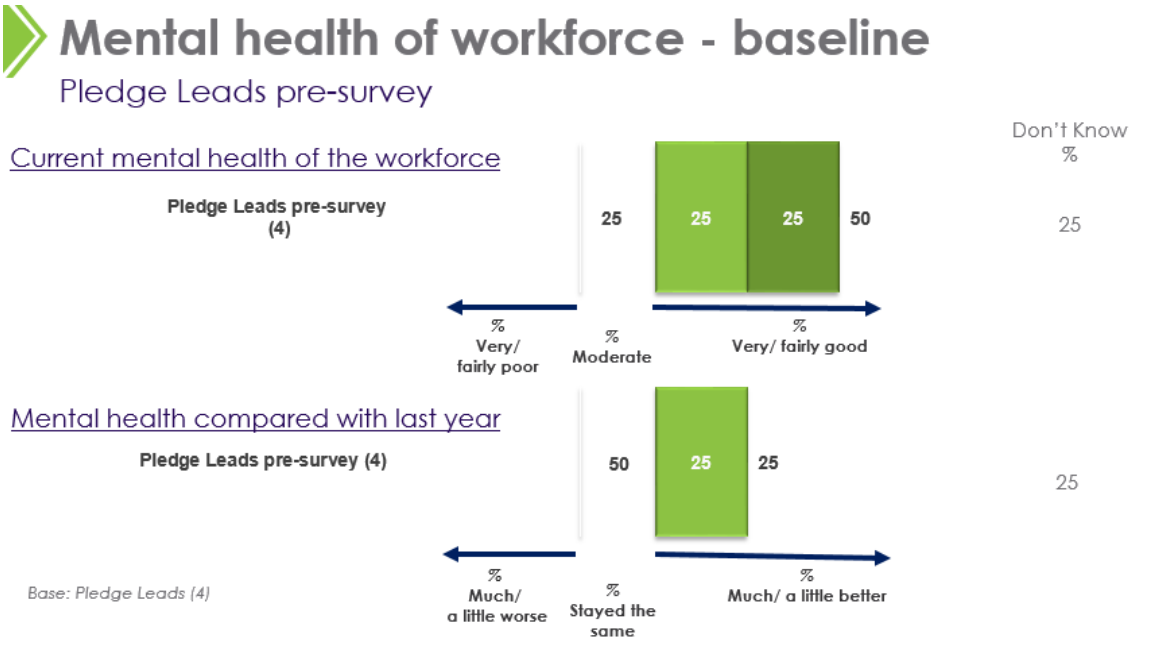
Employers Evaluation

Detailed Findings from pledge leads, pledge associations and staff

5. Prior to signing the Blue Light Pledge

Mental health of the workforce prior to signing

- Of the four pledge leads responding to the pre-survey, two described the current mental health of the workforce as good, while one said it was moderate and the other was unsure. Compared with last year, it was felt that the mental health of the workforce had remained about the same. A combination of problems at work and at home were seen as the biggest causes of staff ill health.



Q8. How would you describe the current mental health of the workforce overall?
Q9. Compared with this time last year, would you say that the mental health of the workforce is now better, worse, or has it stayed the same?

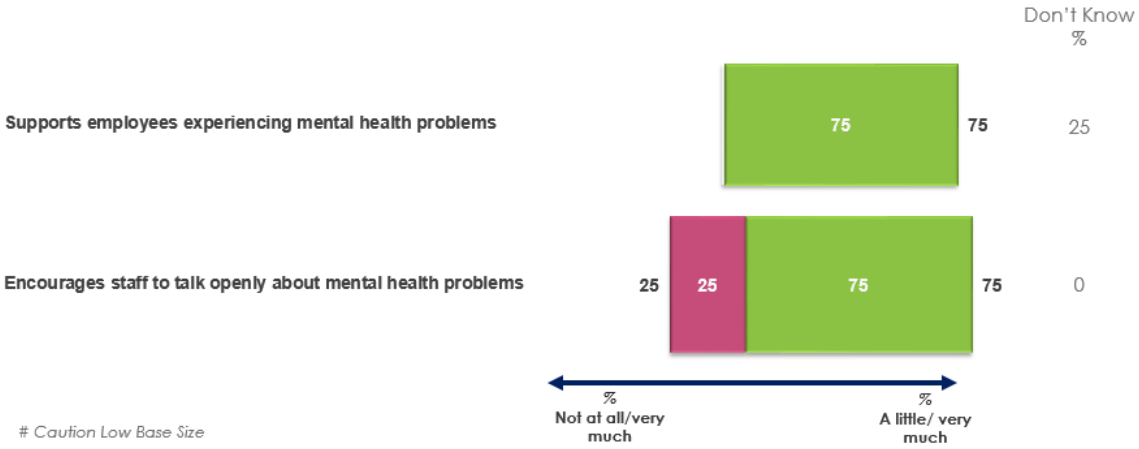
Support offered by the organisation prior to signing

- Three of the four (75%) pledge organisations responding to the survey felt that their organisation already currently supported employees who experienced mental health problems fairly well and the same number agreed that their organisation encouraged staff to talk openly about the topic, although a quarter disagreed with this. Training, internal awareness raising campaigns, employee support networks and resources for managers were the main forms of support cited by pledge leads as being on offer by the organisation prior to signing the pledge. Pledge associations discussed offering similar forms of support to their members, although a higher proportion referenced changes made to policy

(14% of pledge associations versus just 6% of pledged blue light organisations). This difference is not surprising given that one of the primary purposes of pledge associations is to campaign and lobby on behalf of staff members, as well as working to enhance the quality life of those working in the emergency services by influencing national policy and practice.

Encouraging staff to talk openly/ support provided to staff

Pledge Leads pre-survey



 # Caution Low Base Size

Base: Pledge Leads (4)

Q10. In your opinion, how well does your organisation currently support employees who experience mental health problems?
Q11. In your opinion, does your organisation currently encourage staff to talk openly about mental health problems?

Anything done to support wellbeing before signing

Pledge Leads & Pledge Association Comparison

 # Caution Low Base Size

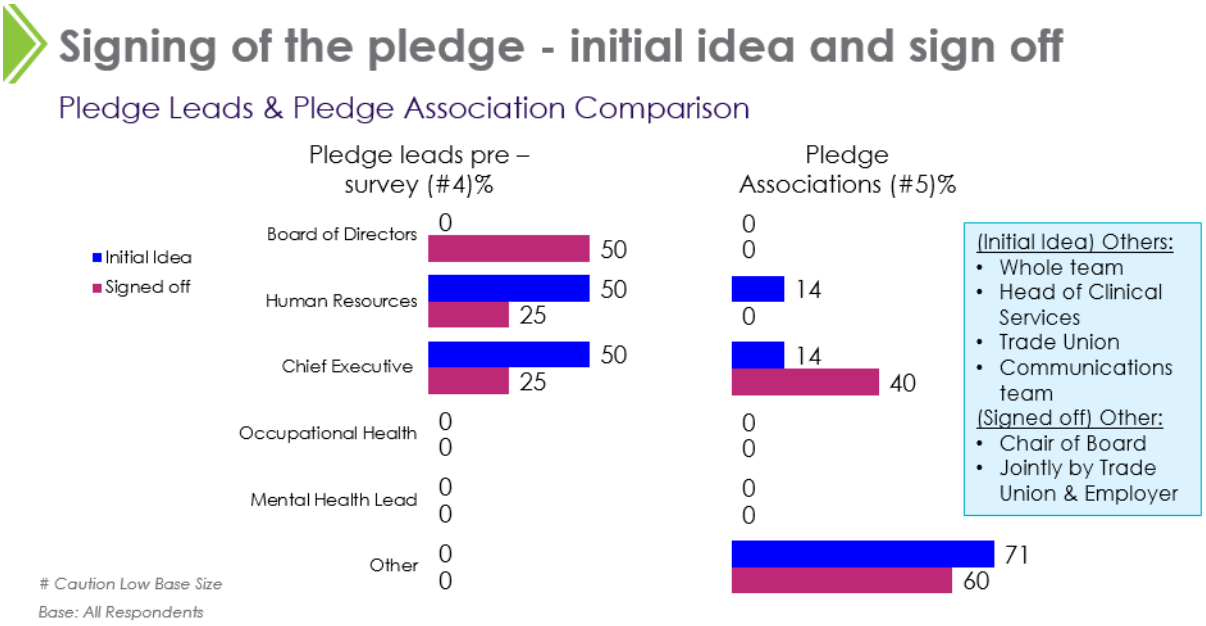
Base: All Respondents

Q6/Q5 What, if anything, was your organisation doing to support staff wellbeing/ mental health before joining the Blue Light Programme?

6. Signing of the Blue Light Pledge

Who had the initial idea for signing the Pledge

- The Chief Executive and Human Resources Team are credited by pledge leads as having the initial idea for signing the Blue Light Organisational Pledge and then for giving it the ultimate sign off. In half of cases, the Board of Directors were also required to give final sign off.



Q2. Who in your organisation had the initial idea to sign the blue light organisational pledge? Q3. And, who in your organisation approved/ signed off the decision to take part in the Blue Light Programme pilot pledge?

Reasons for signing the Pledge

- Improvements to sickness rates was the top reason quoted for signing the Pledge in the pledge leads pre-survey, followed by improved mental health and wellbeing among personnel. Around one in ten also quoted financial benefits. This was also commented on by employees in their telephone depth interviews where they recognised that early intervention could have a financial benefit in the long run by preventing more staff from being signed off sick and from repeatedly requiring more acute support.

'We need more understanding of different types of mental illness and what people need to get better. Managers need to understand how to help people get back into work and feel better. They don't understand that if you bring someone back who isn't well they are fragile and vulnerable and if you don't manage them properly then they'll go off sick again'

Employee: Police, HR Recruitment Partner

'People need help much earlier on than when they have to admit to HR they have a mental illness and need time off'

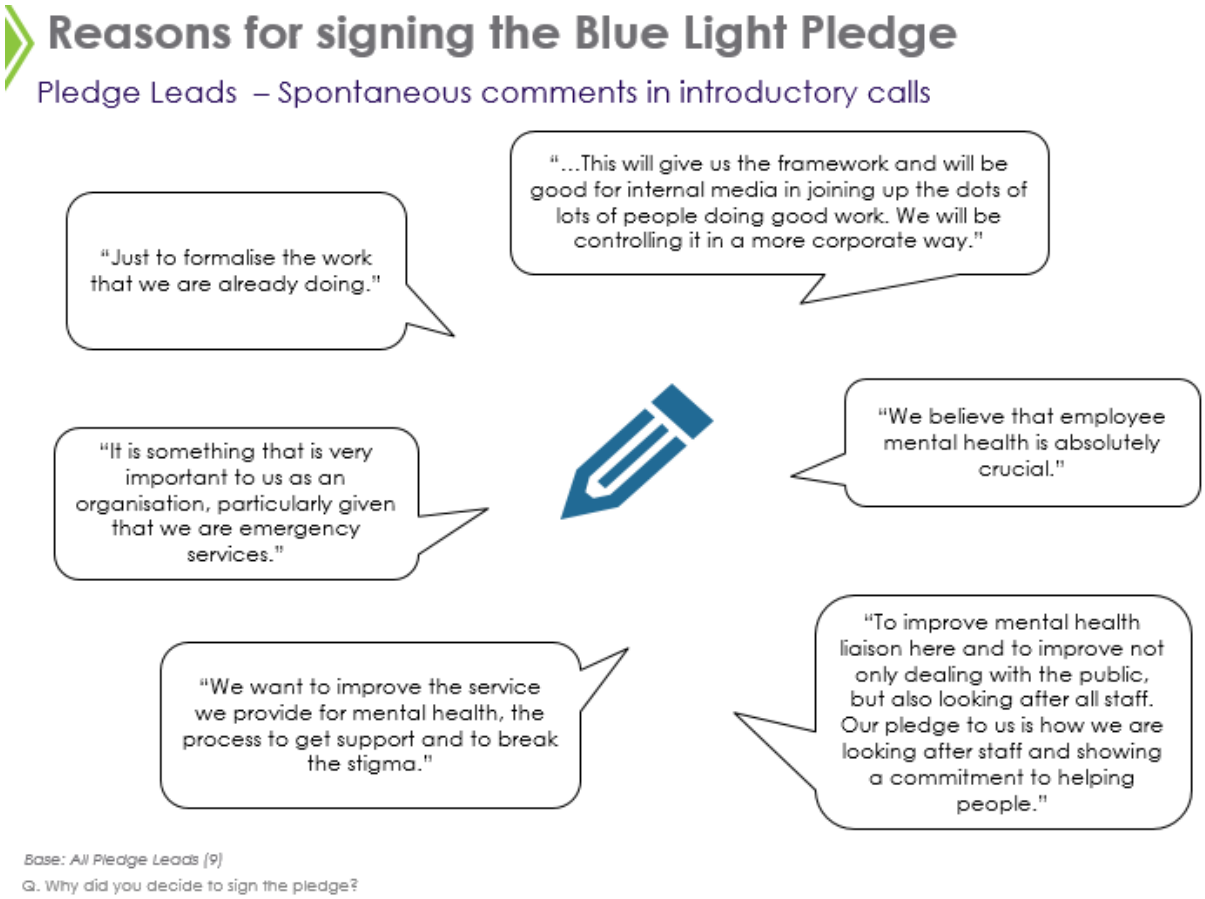
Employee: Police, Community Officer

- The same percentage of pledge leads (11%) identified improved staff morale and being seen as the leader in the sector as reasons for signing. These reasons for signing were also spontaneously commented on by pledge leads in their introductory calls. In their calls, the pledge leads also spoke about the Blue Light Programme providing a framework to formalise/ give credibility to the current activities which they were already undertaking. It was also felt that it would demonstrate their commitment to helping both members of staff and the public.

Main reasons for signing

Pledge Leads pre-survey

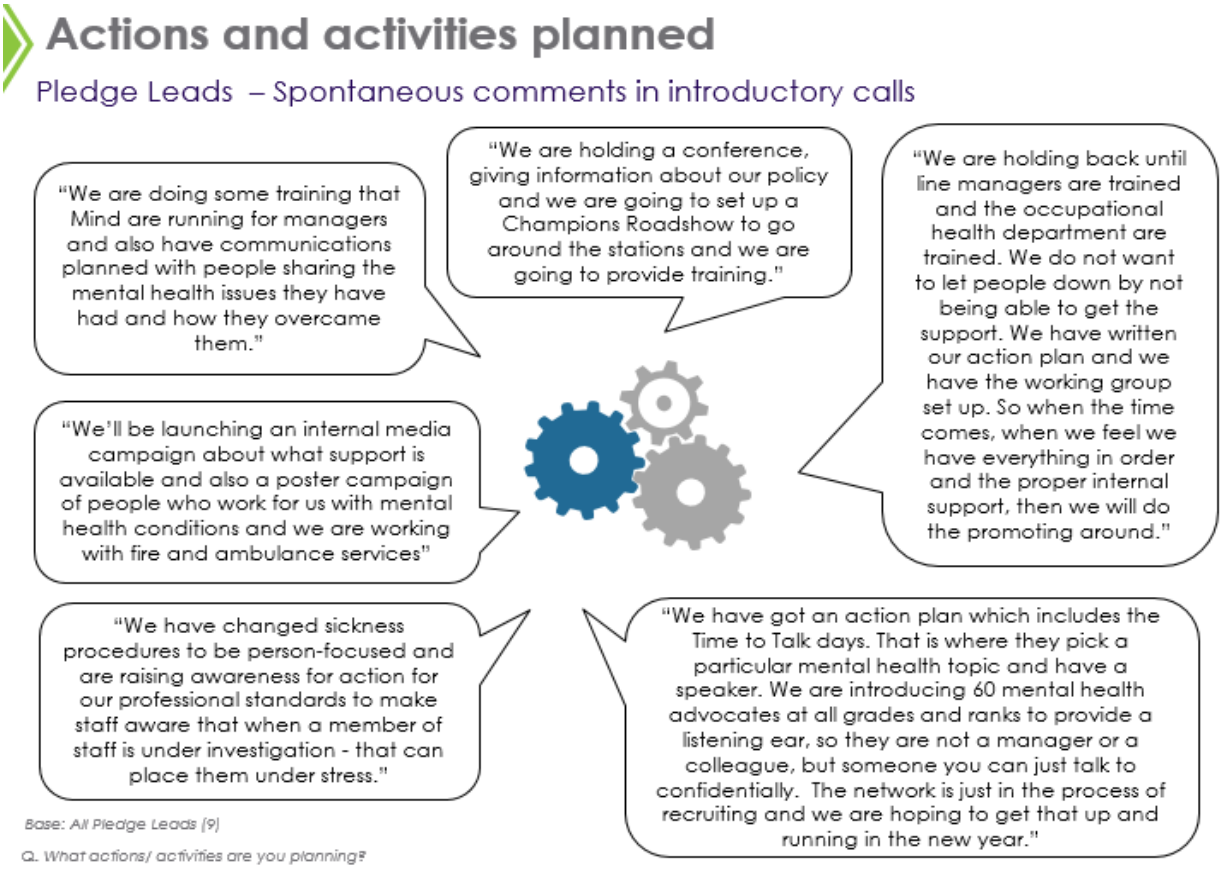
 # Caution Low Base Size
Base: Pledge Leads (#4)
Q4. What were the main reasons for signing the pledge?



Planned activities

- While not all of the pledge leads spoken to had formalised their action plans when they received their introductory call, they had a variety of different planned activities on the agenda, including:
  - Launch events and conferences;
  - Training for staff and managers (e.g. mental health resilience training);
  - Provision of information/ literature to staff;
  - Roadshows with guest speakers;
  - Blogs and writing of articles;
  - The appointment of mental health champions/ advocates;
  - The establishment of support networks/ buddying systems;
  - Changes to policy and practice (e.g. sickness and absence policy);
  - Support of national events (e.g. Time to Talk/ World Mental Health Days).

- In their introductory calls, pledge leads spoke about not wanting to pay 'lip service' to mental health. They had a genuine desire to 'get it right' and as such, they wanted to take their time to ensure that all of the appropriate support systems were in place before officially launching the programme through concerns about letting staff down if the appropriate procedures to support staff weren't properly implemented.



Desired outcomes

- Pledge leads were asked about their short-term and long-term goals/ desired outcomes of signing the pledge. In the short-term, it was about raising awareness of mental health and encouraging staff to start talking openly about the topic, as well as providing training to staff and sign posting them to the necessary support. The long-term aim was to create a culture where mental health was not regarded as a taboo subject, but accepted in the same way as a physical illness would be. It was hoped that this would improve staff resilience and ultimately reduce absence/ sickness rates.

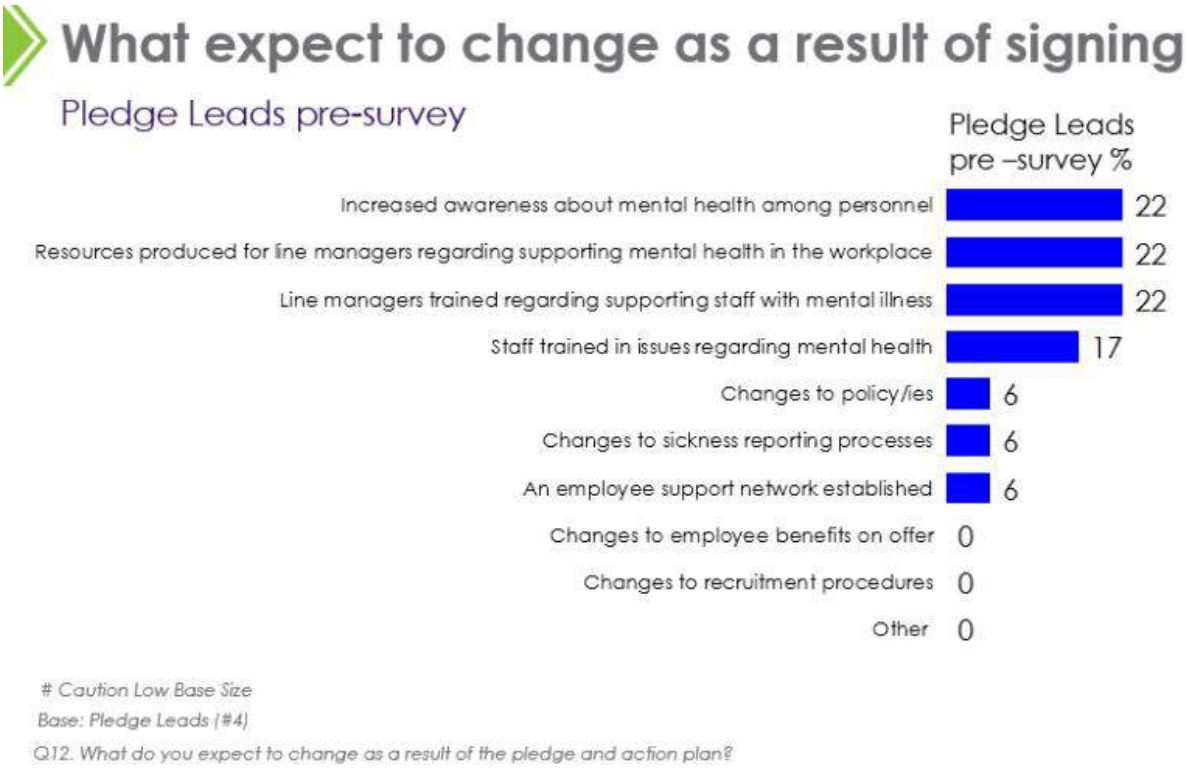
Desired outcomes (short term and long term)

Pledge Leads – Spontaneous comments in introductory calls

Base: All Pledge Leads (9)

Q. What are your desired outcomes – short-term and long-term objectives?

- In terms of what pledge leads realistically expected to see change as a result of signing, training for staff along with the provision of resources and materials were seen as the main practical changes, with the consequence of increased mental health awareness among personnel.



Anticipated barriers and enablers

- In their introductory calls, pledge leads were asked what they anticipated to be the main barriers and enablers to achieving their desired outcomes. Challenging the cultural stereotypes was seen as a major barrier. The logistics of working with a large and geographically diverse workforce who also work shifts presented a challenge, as did the current economic climate and the resulting budget cuts and time pressures.
- On the flipside, champions and those who were willing to stand up and talk about mental health were seen as the main enablers and drivers of change. Having an established support network and buy-in from senior management were also regarded as fundamental to the success of the programme.

Anticipated barriers and enablers

Pledge Leads – Spontaneous comments in introductory calls

Base: All Pledge Leads (9)

Q. What do you anticipate to be the barriers and enablers to achieving this?

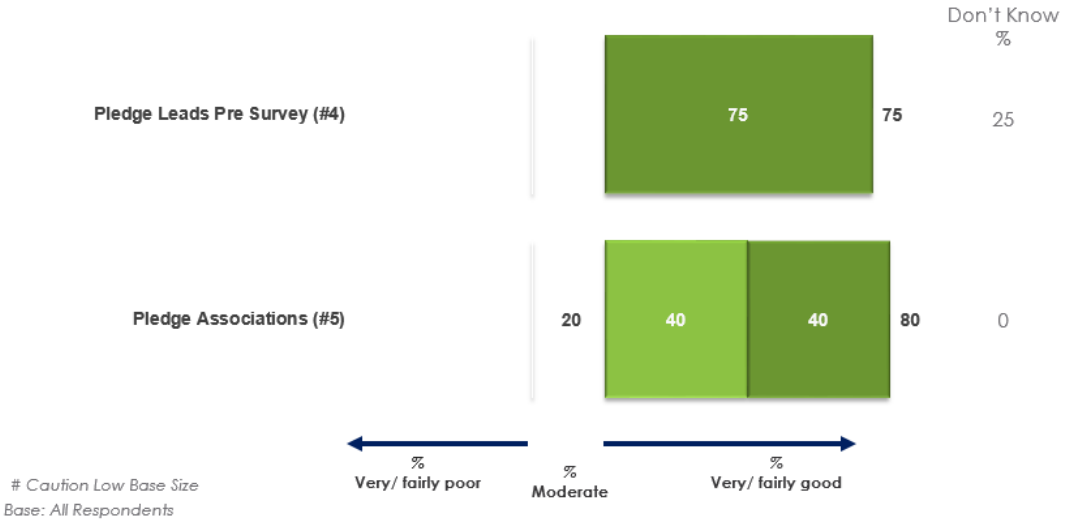
Support provided by Mind prior to signing

- Positively, three of the four pledge leads responding to the baseline survey rated the support provided by Mind prior to signing the Pledge as very good. Pledge associations were also asked their views regarding the support provided by Mind in their end of phase survey and were equally as positive.
- It should be noted, however, that in their introductory calls, a few pledge leads also commented that the stranding of the programme by Mind did cause some confusion. Concerns were also raised about what would happen after April 2016, when the pilot Programme was scheduled to come to an end.

> 'Comments regarding the Pledge seem to have come out in lots of bits and pieces and I struggle to get the whole picture. Mind seem to have split it up into different strands, so you speak to one person on one subject and another person on another subject. Also I am not aware of what is to happen after April 2016.'
>
> Pledge Lead – introductory call

Rating of support provided by Mind prior to signing

Pledge Leads & Pledge Association Comparison



 # Caution Low Base Size
Base: All Respondents

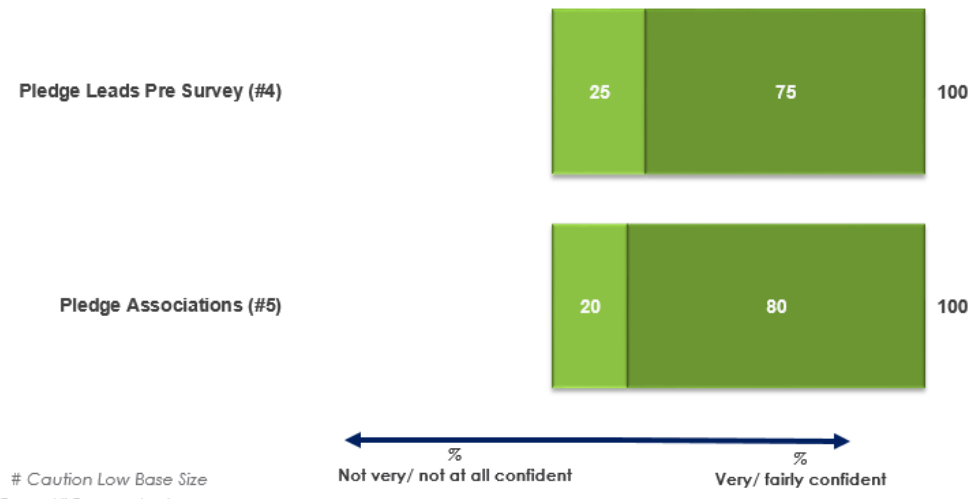
Q5. How would you rate the support provided by Mind prior to signing the pledge/ developing your action plans?

Confidence to deliver against the action plans

- Encouragingly, all pledge leads and all pledge associations felt confident about delivering their action plans – three-quarters and four in five respectively felt very confident.

Confidence in delivering the action plan

Pledge Leads & Pledge Association Comparison



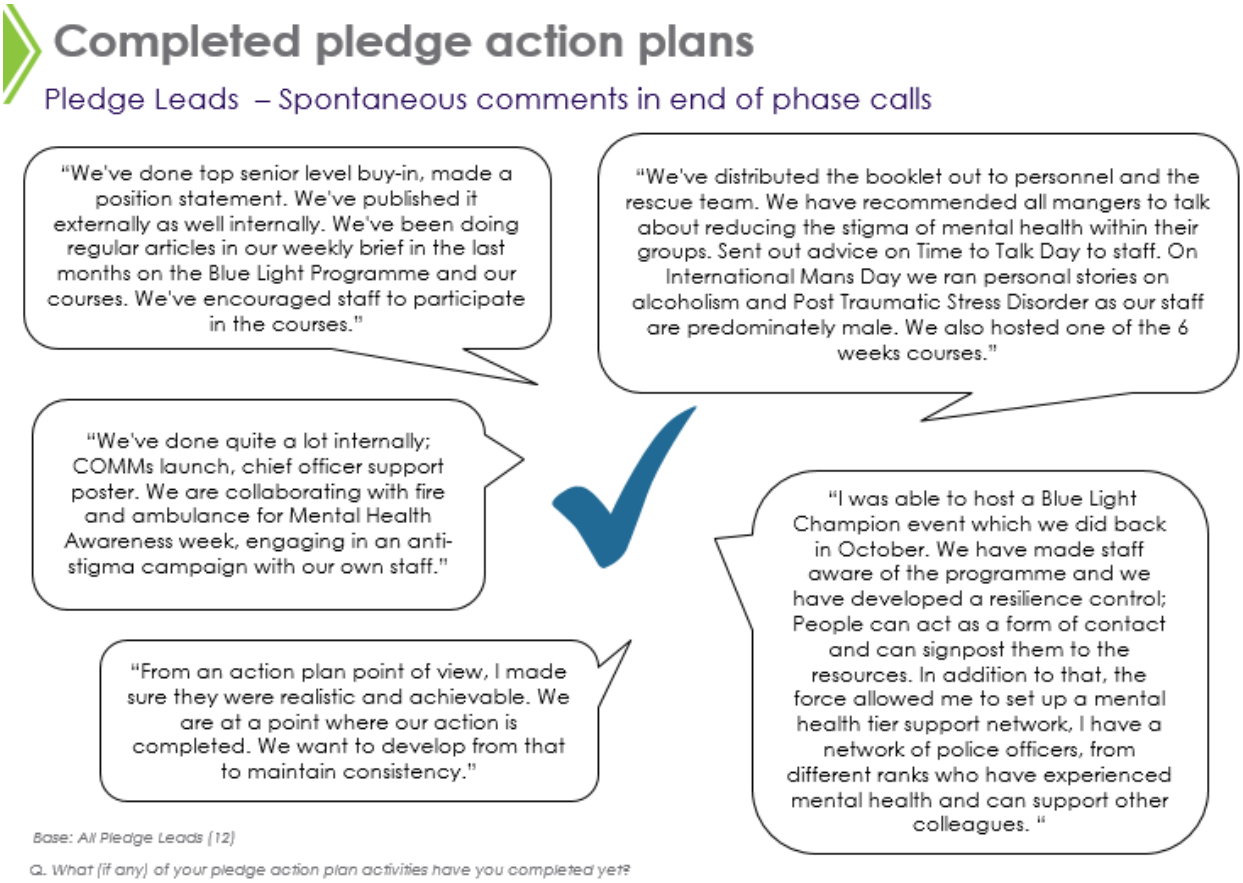
 # Caution Low Base Size
Base: All Respondents

Q13. How confident do you feel about delivering the action plan that you have developed?

7. Post pledge: One year on

Progress against the action plans one year on

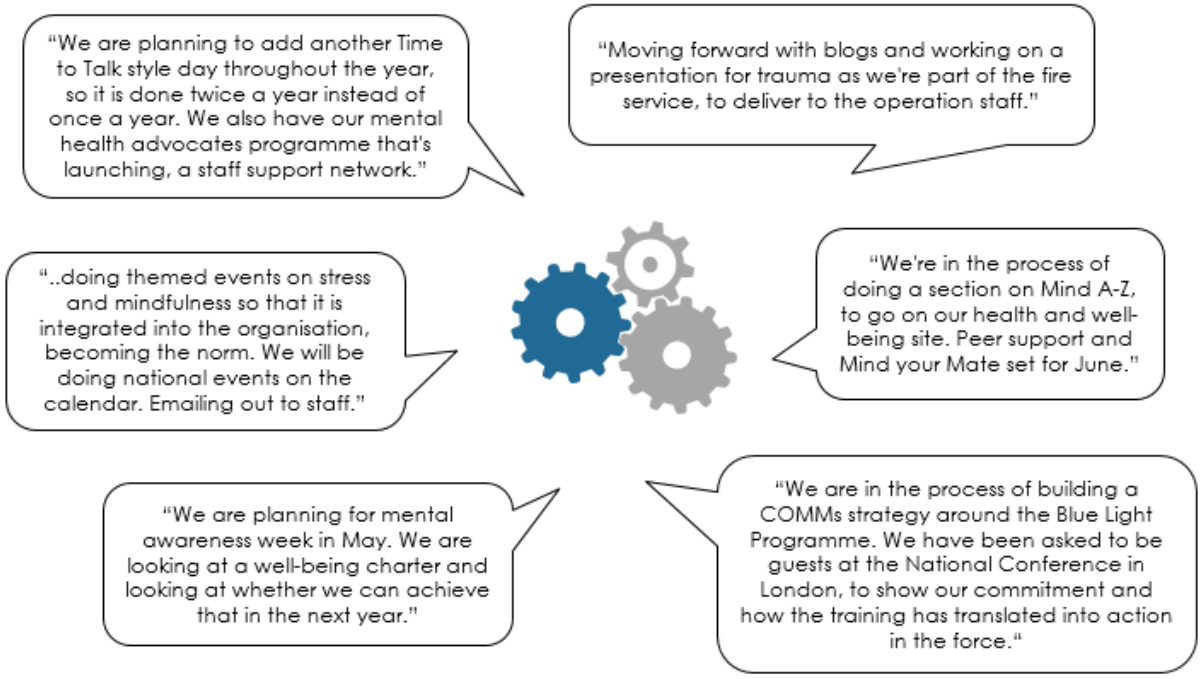
- For most, the first few months after signing the Pledge focused on developing the action plans and setting up a communications campaign to launch the Programme. The Pledge action plan activities achieved within the first year of the Programme included providing information to staff, running staff training, sign posting staff to further support and establishing support and peer group networks.



- Moving forward, Pledge leads were eager to consolidate and embed the good work that they had done, with more events planned and a focus on peer support.

Other planned actions or activities

Pledge Leads – Spontaneous comments in end of phase calls



Base: All Pledge Leads (12)

Q. Have you got any other actions/ activities planned? If yes – what are they and when are you planning to implement these?

- In their end of phase calls, pledge leads were asked about the barriers and enablers to delivering their action plans and achieving their desired outcomes. In organisations which have experienced budget cuts and where resources are already stretched, time to devote to the cause was a major barrier. Reaching out to a large and geographically disperse workforce also presented challenges and there was a recognition that it would take time for cultural changes to be made.
- In terms of the enablers for delivering against the action plans, the credit for this was given to the blue light champions for driving change, alongside having senior buy-in. Successful emergency services had all staff on board, with employees from all levels and departments included in the Programme.

Barriers with completing action plans

Pledge Leads – Spontaneous comments in end of phase calls

"No barriers as such, just ensuring there is an uptake from the employees."

"it's just more a time issue and what is best for our organisation in terms of carrying it out. We're trying to embed the action into our already existing processes."

"Time; we are very busy."

"Staff availability in the organisation and change are key factors across a public sector."

"I think really in this climate, there is a lot of priorities on other things as well as trying to manage that and push it through."

"I think in an organisation as big as ours, trying to reach everybody, it can be difficult. I think we are doing a lot and it takes time to change culture especially in a police department."

Base: All Pledge Leads (12)

Q. What (if any) have been the barriers to completing your action plan?

Enablers of the pledge

Pledge Leads – Spontaneous comments in end of phase calls

"There has been real interest from quite a senior officer to support this and well-being was in her portfolio which prompted activity. Having someone at a senior level helps and we have a lot of staff that are willing to volunteer."

"Having those resources and the framework to make sure the action plan is monitored and achieved. The local Mind, who have helped impact what we have wanted."

"Some good advocates for all the cause of the process."

"We have a disability network that strongly supports it and have a steering group across demands and an operation in Leeds."

"I think the fact the chief signed the pledge."

"The inclusion of staff through the organisation, allowing things to happen and continue, noticing a positive change, forming peer groups. The whole organisation has got on board at different levels and have got involved in the sessions."

Base: All Pledge Leads (12)

Q. And, what (if any) have been the enablers?

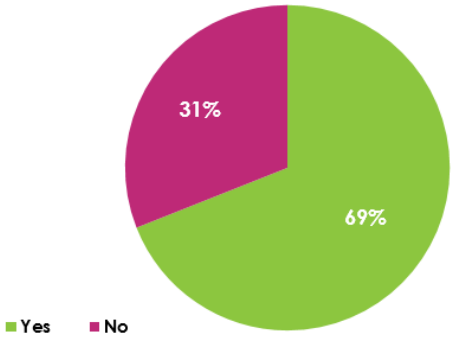
Awareness of the Blue Light Pledge

- Over two-thirds (69%) of employees had heard of the Blue Light Pledge, with the highest level of awareness recorded for those working in the Ambulance Service (87%) and for those organisations based in the Midlands (92%).
- For those who had heard of the Pledge, 38% had first heard about it from posters/ leaflets produced by their organisation, followed by 35% who recalled receiving an email and 34% who had seen it on the staff intranet.

Awareness of the Blue Light Pledge

Employees

Heard of the Blue Light Pledge %



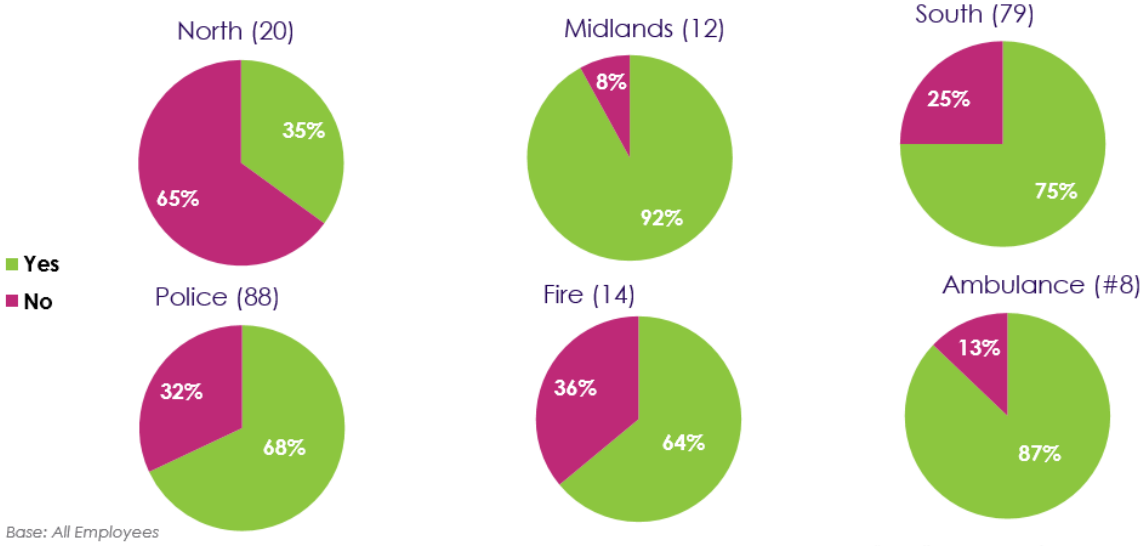
Base: All Employees (111)
Q18. Have you heard of the Blue Light organisational pledge?

Where first heard about the Pledge %

Base: All those who have heard of the Blue Light Organisational Pledge
Q19. Where did you first hear about the Blue Light organisational pledge?

Employees: Heard of the Blue Light Pledge

Employees by Location and Blue Light Service



Base: All Employees
Q18. Have you heard of the Blue Light organisational pledge?

Caution Low Base Size

- These findings were mirrored in the telephone depth interviews, with most of the employees interviewed recalling either becoming aware of the pledge by posters or via email or on the intranet, but some even said that they only became aware of the pledge when they received the request to take part in the research.

'It was on the intranet, there were posters and there were emails circulated by our disability network'

Employee: Police, Sergeant

'I found out through the survey. I'd heard of it before, but I have friends who work for other blue light services and I think it might have been them who mentioned it. There's no information where I work'

Employee: Police, Response Sergeant

- There was also a feeling among employees that communication needs to be far more direct and authoritarian to cut through a culture that is used to quite formal communication procedures.

'To get policemen to take notice of anything, you need to get them all in a room and shout at them! I'm being a bit silly but as an example, the force got its wrists slapped recently about how it treats vulnerable victims, so the Chief Constable got us all together and spoke to us about it and ordered us to do something about it. It made a real impact. I wish he treated staff mental health like that too, rather than just leaving it to stuff in the intranet or posters'

Employee: Police, PC

'They need to sit us down in a room and talk to us about the pledge and what it means for (name) Police and what it means for us and at the same time give us the information about where to go for help, whether that be for us personally or for a team member'

Employee: Police, Dog Handler

'If someone came and gave leaflets out and explained who they are/what they do it is more impactive (sic) than email/intranet'

Employee: Police, Central Ticket Unit Manager

- There were also calls for more information on how to support colleagues and manage people back into full working duties as the information provided so far is felt to be quite insular.

'The programme is good, but the advice is all very 'self-centred'. I'd like to know what to do if I'm worried about someone else. There was someone on my shift who I was worried about and I would have liked to have referred him to someone but I wasn't sure if that was the right way to go about it, so I haven't done so. We've had a big chat anyway and I think that helped. If there was more advice as to what is the right action to take if you're concerned about a colleague's mental health, that would be really useful'

Employee: Police, PC & Acting Sergeant

- Regarding the Blue Light Champion role, knowledge and perceptions about champions speaking out was mixed among employees.

> 'Yes, a few champions have been speaking. I think it's been a form of therapy for some of them'
>
> Employee: Fire, HR

> 'A couple of people on the posters might be champions, but I don't really know. It wasn't advertised'
>
> Employee: Police, Sergeant

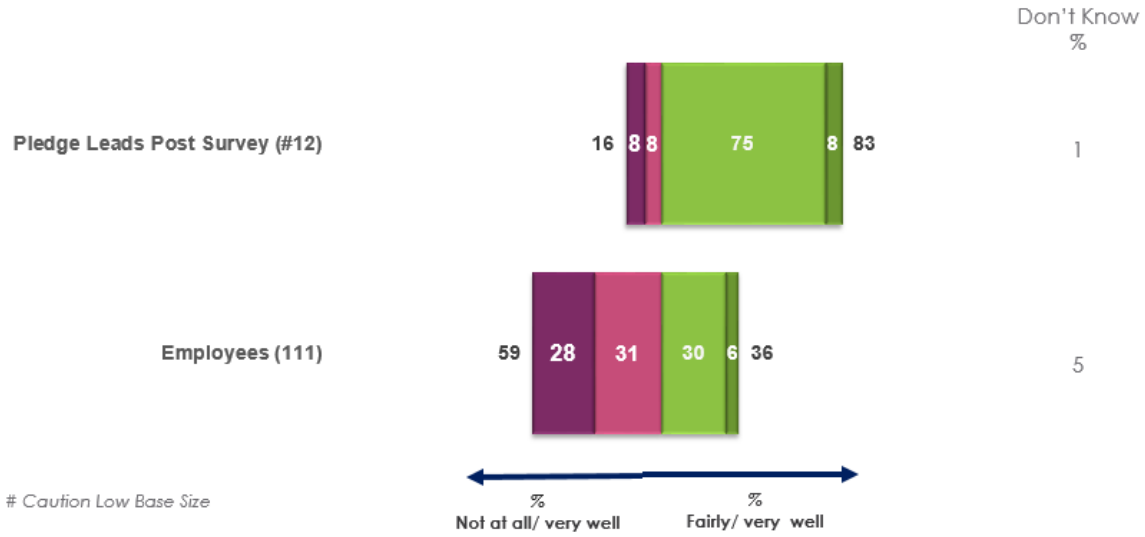
> 'I could answer that for diversity, so I know that there are people who you can chat to if you're transgender or homosexual, but I wouldn't know about mental health champions'
>
> Employee: Police, PC

Awareness of organisational support offered to staff one year on

- One year on from the launch of the Blue Light Programme, seven of the twelve pledge leads (83%) responding to the survey think that their organisation supports staff 'fairly or very well'. This is some eight percentage points higher than recorded in their pre-survey, when the programme first launched (75%).
- However, while three-quarters (76%) of employees were aware of support being offered by their organisation to improve the wellbeing and mental health of its personnel, the research indicates that it is taking time for the Programme to become embedded. Indeed, a notable three in five staff say that their organisation is not good at supporting employees who experience mental health problems (59% saying that they do this 'not very or not at all well'). This is not really surprising given that the Programme has only been running for a short period of time. It would be interesting to measure attitudes again another year down the line to examine how well the programme has become embedded and whether there has been a cultural change and shift in ethos.

Supports staff who experience mental health problems

Pledge Leads and Employees - end of phase audience comparison



 # Caution Low Base Size

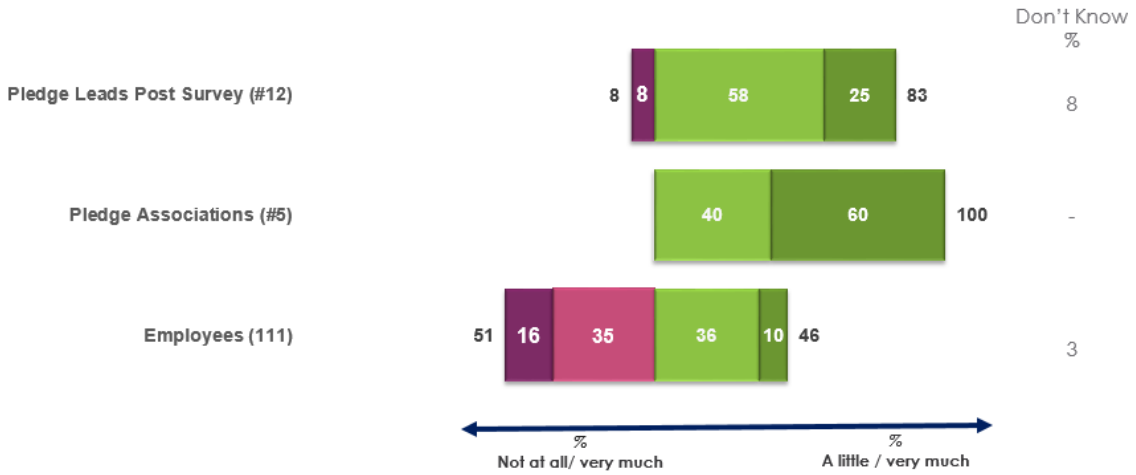
Base: All Respondents

Q10/Q13 . In your opinion, how well does your organisation support employees who experience mental health problems?

- It is worth noting that there is significant variation by blue light service, with 61% of Police saying 'not very or not at all well' compared with just 38% of those responding from the Ambulance Service. Is there scope for sharing best practice here? / Anything that the Ambulance Service are doing particularly well which they can share with the other blue light services? Or perhaps it is because the Ambulance Service were starting from a lower baseline? Certainly, they received the lowest scores in comparison to the other blue light services by champions with regard to support provided by the organisation (although this needs to be read with caution as not all champions were responding from pledge organisations).
- On a more positive note, scores are much better when it comes to encouraging staff to talk openly about mental health. Over two in five (46%) of employees say that their organisation encourages staff to talk openly about mental health 'a little/ very much'.

Encouraging staff to talk openly about mental health

Pledge Leads, Pledge Associations & Employees - end of phase audience comparison



 # Caution Low Base Size

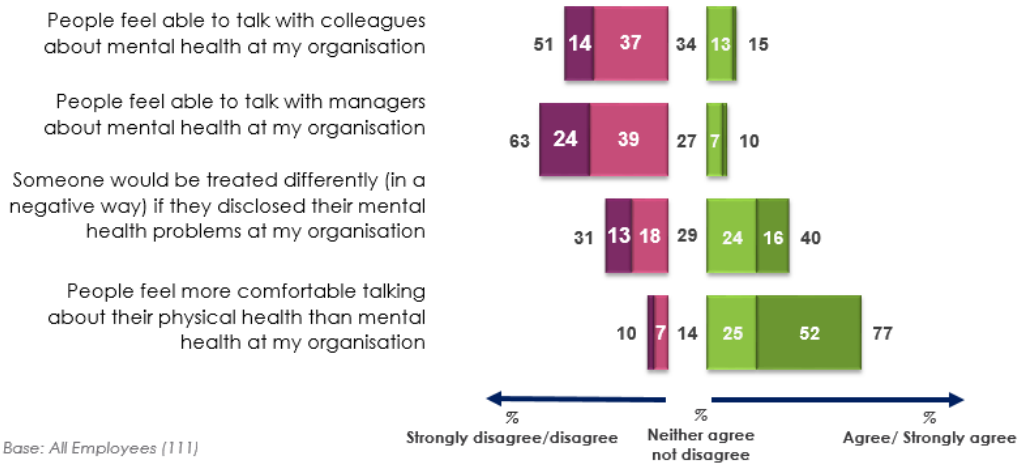
Q14/Q9/Q9. In your opinion, does your organisation encourage staff to talk openly about mental health?

Workplace attitudes one year on

- As noted earlier, the findings indicate that while the seeds have been planted, it is going to take time for a change in ethos to filter through. Further evidence for this comes from the finding that just 15% of blue light employees agree that people feel able to talk with colleagues about mental health at their organisation and just 10% would feel able to talk to their manager. For three-quarters (77%), they would feel more comfortable talking about their physical than their mental health. Worryingly, two in five agree that someone would be treated differently in a negative way if they disclosed their mental health at their organisation – 16% strongly agree. This rises to half of those responding from the Fire Service (although data should be read with caution due to the low base sizes). There are also regional differences, with a higher percentage of those living in the North of the Country feeling able to talk about mental health issues in their organisation than either those living in the Midlands or the South. This is more likely to be a reflection of the practices of individual organisations located within those regions than a North-South divide.

Employees: Attitudes towards workplace mental health

Employees - end of phase survey



Base: All Employees (111)

Q17. To what extent do you agree or disagree with the following statements?

Employees: Attitudes towards workplace mental health

% Agree	Total	Blue Light service			Location			Length of service	
	Overall	Police	Fire	Ambulance	North	Midlands	South	10 years or less	11+ Years
	%	%	%	%	%	%	%	%	%
People feel able to talk with colleagues about mental health at my organisation	14	13	21	25	25	8	13	13	15
People feel able to talk with managers about mental health at my organisation	10	7	21	25	15	17	8	7	12
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	41	40	50	25	35	33	43	38	42
People feel more comfortable talking about their physical health than mental health at my organisation	76	77	79	63	75	83	76	78	75
Base	(111)	(88)	(14)	(#8)	(20)	(12)	(79)	(45)	(66)

 # Caution Low Base Size

Base: All Employees (111)

Q17. To what extent do you agree or disagree with the following statements?

- As highlighted in their qualitative depth interviews, employees feel that the culture of blue light organisations isn't one where talking about sensitive issues like this comes easily or where fair treatment is guaranteed if mental health issues are disclosed.

'I went through a suicidal mental health crisis 5 months ago and I've been punished for that. I was dealing with a lot of problems outside work. When I opened up to work about what was going on, I told them that my GP and Mind worker said that I needed consistency. The chief constable took no notice of any of the professional advice and moved me to a role away from my colleagues that also caused me financial problems and left me completely isolated. I'm the only person that I know of that has been moved, so it wasn't part of a general restructuring. As I see it, it was simply because I had a mental health issue'

Employee: Police, Response Sergeant

'It feels hypocritical to me. They come in with all of this 'we're here to support you' stuff, but there's no evidence of the support actually being there when you need it'

Employee: Police, Sergeant

- While the blue light project is felt to have made a first step towards improving how mental health is tackled within the blue light organisations, there is a strong perception amongst employees of a macho or stoic organisational culture where mental health can often be seen as something that makes an individual unsuitable for their job role.

'There is probably still some mistrust about getting HR involved when you have a mental health problem in case it reflects badly on you as an employee'
Employee: Ambulance, Strategic HR Manager

'There's a tremendous amount of stress in the job now and in the police force it's a macho thing - people make out that they can cope but there's lots going on under the surface'

Employee: Police, Dispatcher

- When employees do get the courage up to buck the organisational culture and seek help for mental health related issues the response can be sub-par with concerns about level of support, lack of timely response from Occupational Health and worrying issues with confidentiality from Occupational Health and TRIM (Trauma Risk Management, which is a peer delivered psychological support system designed to allow organisations to proactively support personnel in the wake of traumatic events).

'Funding is very limited especially with the small service they have, so options are very tight and NHS referrals take so long to help people'
Employee: Ambulance, Health Officer

'The good intentions are there, but there is just not enough resource. The support you get also depends on the line manager that you have'

Employee: Police, PC

‘It comes down to your line manager. Mine is really good, but it's so hit or miss. Occupational Health are absolutely shocking. They don't respond appropriately or in a timely manner. I've had a very bad experience with them making inappropriate referrals and disclosures that they shouldn't have made when I was off with stress’

Employee: Police, Sergeant

‘On paper they say they care, but in reality they can't because there just aren't the resources to care for people. There are 5 people working in Occupational Health in an organisation of this size. That means it takes them 2-3 months to get round to helping you after you first contact them. They'll call you back within two weeks because they’ve recently been told that's their target, but it takes ages after that for any consultation to take place’

Employee: Police, PC & Acting Sergeant

‘We have TRIM (Traumatic Incident Management - debrief after traumatic events) officers, but it's a token gesture because I don't think people would really feel comfortable opening up to them. They're the biggest gossips in the force, so they would be the last person you'd go to if you wanted a good cry about something you'd seen on the job. I think whoever you talk to needs to be separate from your immediate environment, like a doctor employed by the force’

Employee: Police, PC

‘We know that people struggle, but at the same time we have targets that we have to meet’

Employee: Police Strategic HR Manager

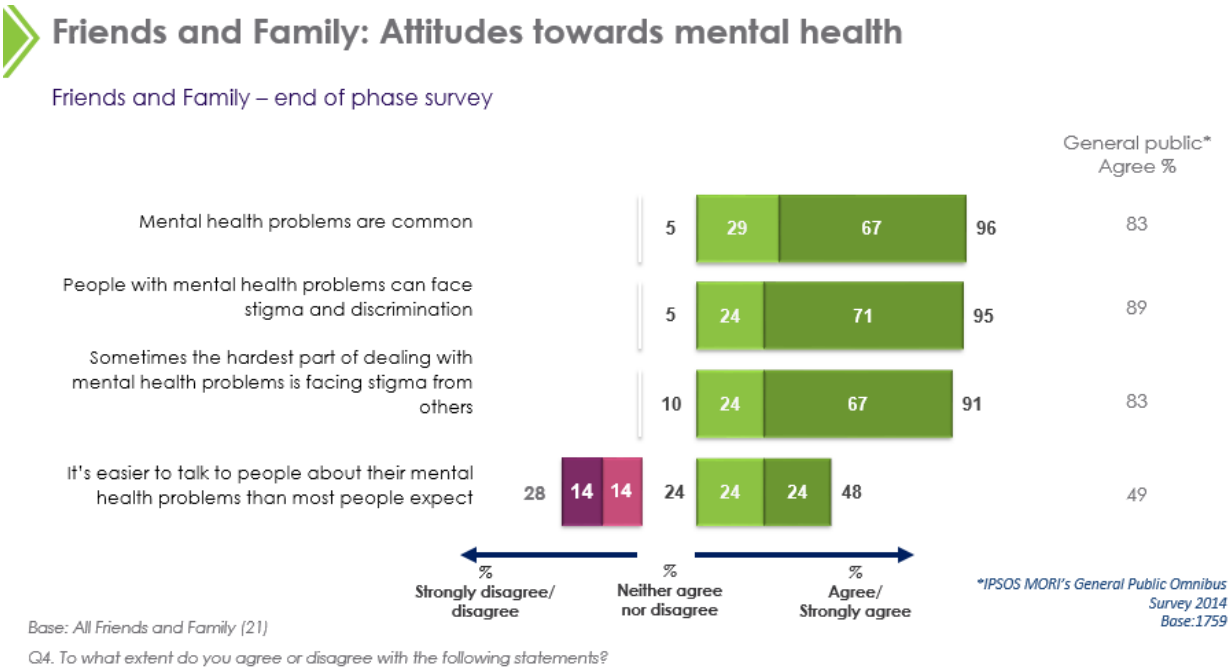
- Employees were also clear that in order to make big and long lasting changes more time will be needed.

‘Perceptions have improved, but not actual mental health’

Employee: Police, Tactical Mental Health Lead

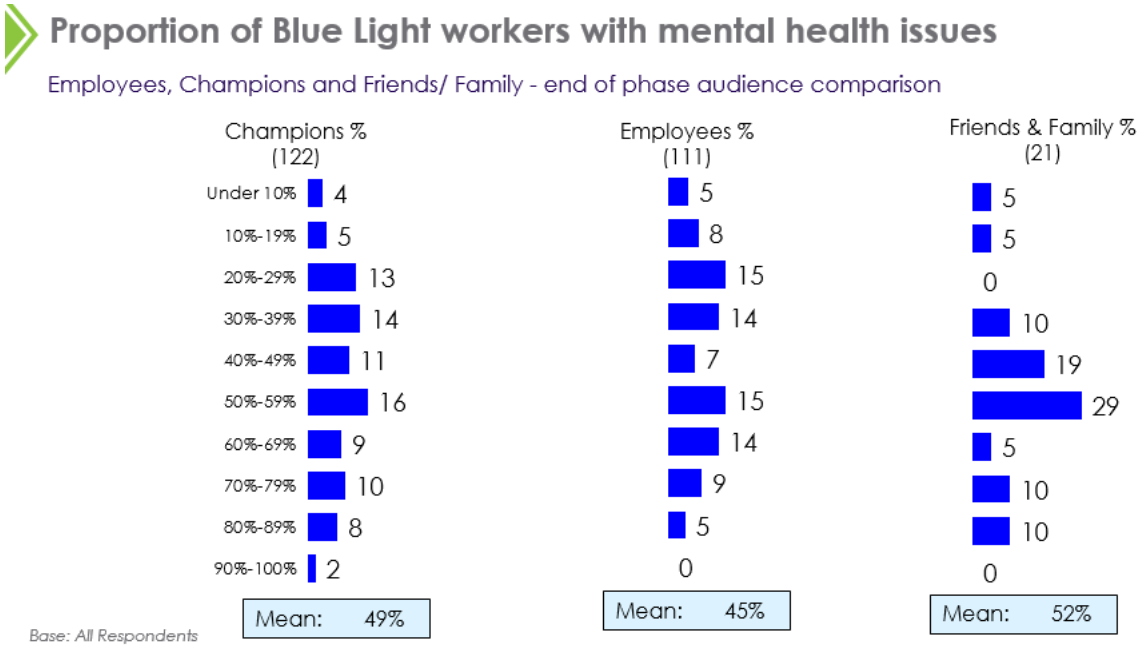
Societal attitudes towards mental health one year on

- To examine the wider societal impact of the Blue Light Programme, friends and family of champions were asked their opinions about mental health. It should be remembered that friends and family were sent the survey link by champions and so this needs to be borne in mind when interpreting the data.
- Around nine in ten friends and family members feel that there is a recognition that 'mental health problems are common' and that 'people with mental health problems can experience stigma and discrimination', which is 'sometimes the hardest part of dealing with the problem'. This level of recognition is somewhat higher than that recorded among the general public in IPSOS MORI's Omnibus survey, although not significantly so due to the different base sizes (national omnibus survey commissioned by Time to Change and conducted by IPSOS MORI in February 2014 with 1,759 members of the general public). However, under half (48%) of friends and family members agree that 'it's easier to talk to people about their mental health problems than most people expect' as opposed to 28% who disagree, which mirrors the views of the general public as a whole.

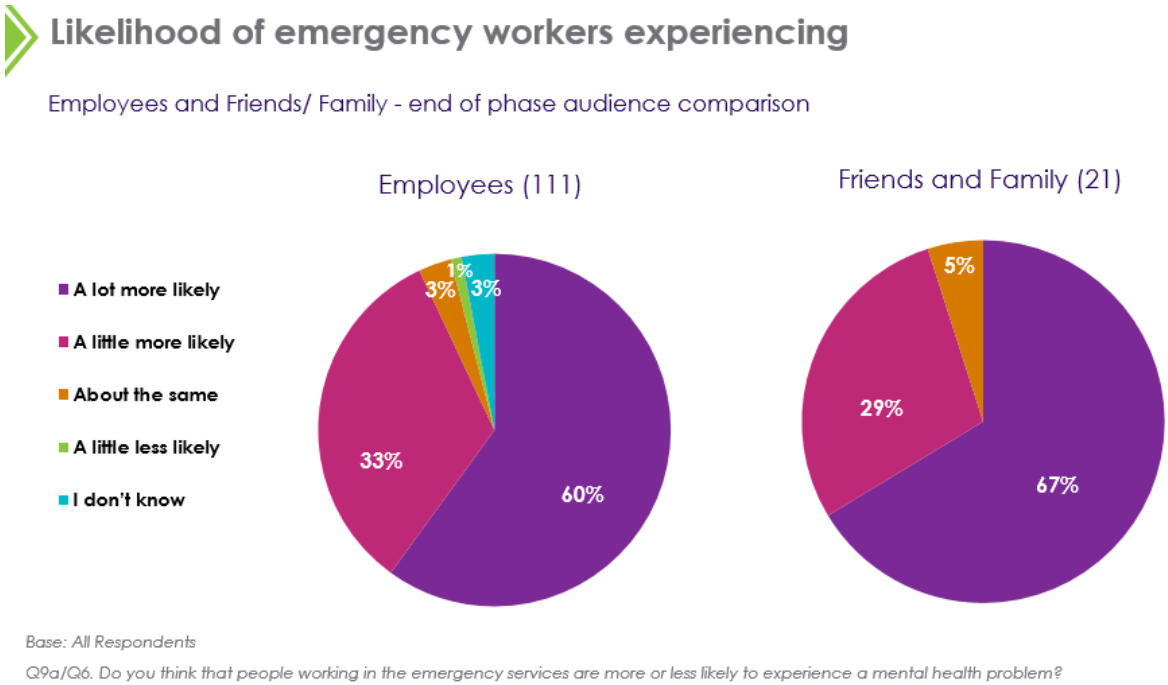


- Friends and family members estimate a higher proportion of emergency service employees experiencing a mental health problem (an estimated 52% on average) than either the blue light employees or champions themselves, with 45% of staff given as the estimated average among employees and an estimated average of 49% for champions.

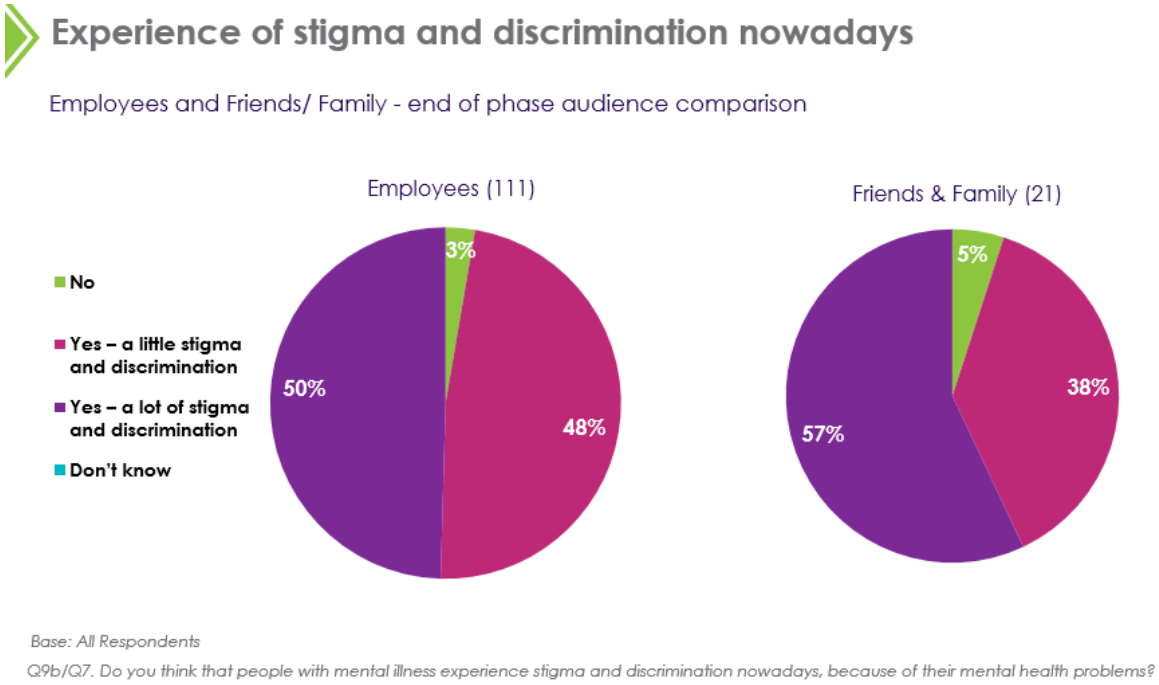
- According to the December 2014/ January 2015 scoping research conducted by Mind, these predictions are all underestimates of the problem, where nine in ten had experienced stress, low mood or poor mental health.



- Furthermore, almost all of the friends and family responding to the survey correctly identified that people in the emergency services are more likely to experience a mental health problem than the population at large – 67% said that they thought they were a lot more likely. Again, this is higher than the percentage of employees saying this themselves (60%).



- Over nine in ten (95%) friend and family members think that people with mental illness experience stigma and discrimination nowadays. This compares with 98% of blue light workers themselves.



- While the research clearly suggests that one year on there is still a long way to go in terms of changing perceptions of mental health (particularly among those employed in the blue light organisations themselves), it also indicates that things are moving in the right direction. Indeed, over two in five (45%) employees and a third (33%) of friends and family think that mental health related stigma and discrimination has decreased over the past year, indicating the success of the Blue Light Programme. Although, as noted, there is still much work to be done; 45% of employees say that there has been no change and of some concern, 2% say that they have noticed an increase in mental health related stigma and discrimination.

Changes to stigma and discrimination

Employees and Friends/ Family - end of phase audience comparison

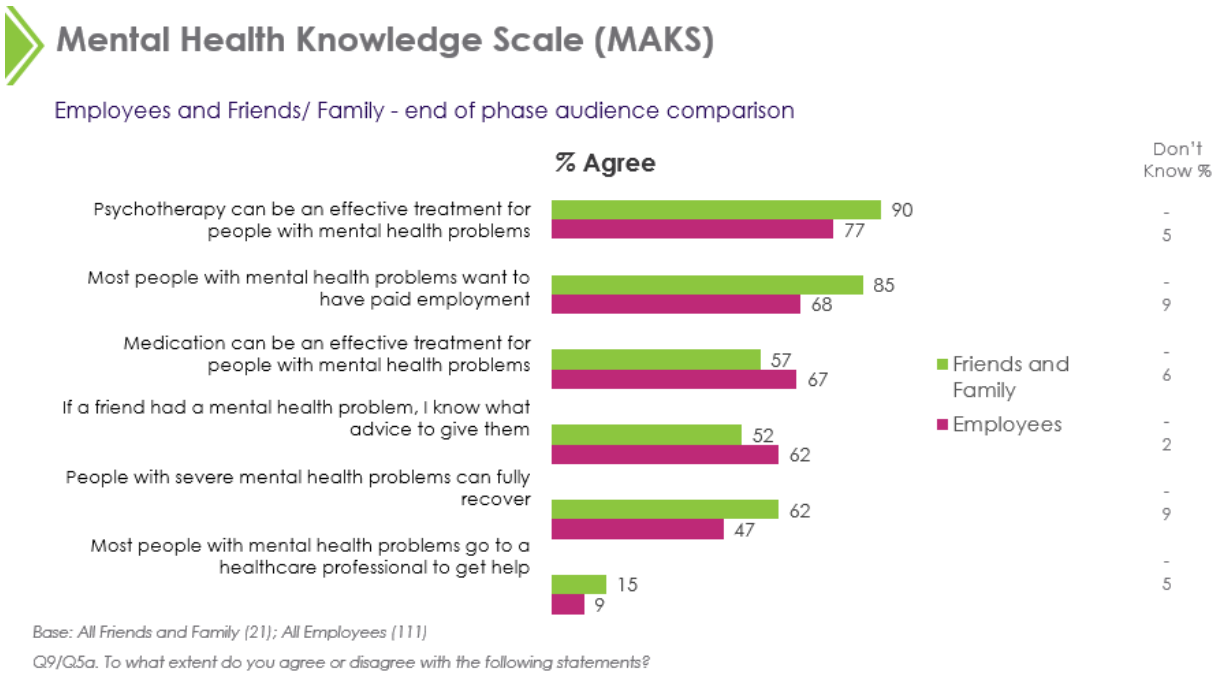
Base: All Respondents

Q9c/Q8. Do you think mental health-related stigma and discrimination has changed in the past year?

Mental health knowledge scale (MAKS)

- Mental health-related knowledge was measured by the Mental Health Knowledge Scale (MAKS).[1] Part A of the scale was used, which comprised six items covering stigma-related mental health knowledge areas (help-seeking, recognition, support, employment, treatment and recovery). The research suggests that employees hold more negative perceptions of mental health problems than friends and family members, being less likely to agree that 'most people with mental health problems want to have paid employment', that 'people with severe mental health problems can fully recover' and that 'psychotherapy can be an effective treatment for people with mental health problems'. As evidenced in other research, this is likely to be because they encounter the more severe manifestations of mental health problems when people are in mental health crisis as part of their work, which impacts on their perceptions of the issue, leading to misconceptions, stigma and self-stigma and preventing people from reaching out for help.
- On the flipside, a higher percentage of employees than friends and family agree that if a friend had a mental health problem, they would know what advice to give them (26% compared to 14% of friends and family).

[1] Evans-Lacko S, Little K, Meltzer H, Rose D, Rhydderch D, Henderson C et al 'Development and psychometric properties of the Mental Health Knowledge Schedule', Can J Psychiatry 2010; 55: 440-8



Mental health of the workforce one year on

- One year on, three of the four pledge leads and two of the five pledge associations responding rated the mental health of the workforce as better compared to this time last year. However, this is in stark contrast to the workforce itself, with two-thirds of employees saying that the mental health of the workforce is worse than a year ago compared with just 5% who say it has got better. Moreover, around half of employees describe their own current mental health as poor – 15% say it is very poor at the moment. Those working in the Police Service are most likely to be currently experiencing mental health issues.

Mental health of workforce compared to last year

Pledge Leads, Pledge Associations & Employees - end of phase audience comparison

 # Caution Low Base Size

Q8/Q12. Compared with this time last year, would you say that the mental health of the workforce is now better, worse, or has it stayed the same?

Employees: Description of their own mental health

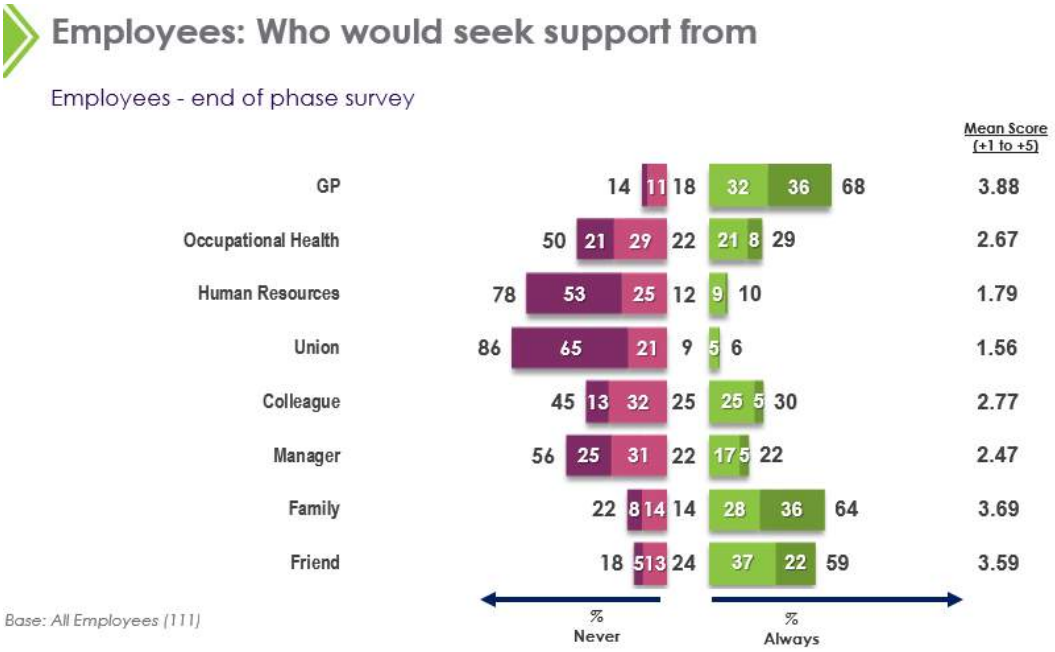
Employees by Blue Light service – end of phase survey

 # Caution Low Base Size

Base: All Employees

Q10/Q14. How would you describe your current mental health overall?

- Moreover, there is still a reluctance among employees to seek support from within the organisation when experiencing poor mental health, with the GP and family members being the main ports of call (both 36%). For those who would seek support from within the organisation, colleagues and occupational health (30% and 29% respectively) are more likely to be approached for support than Managers (22%), the Human Resources team (10%) or the Union (6%).

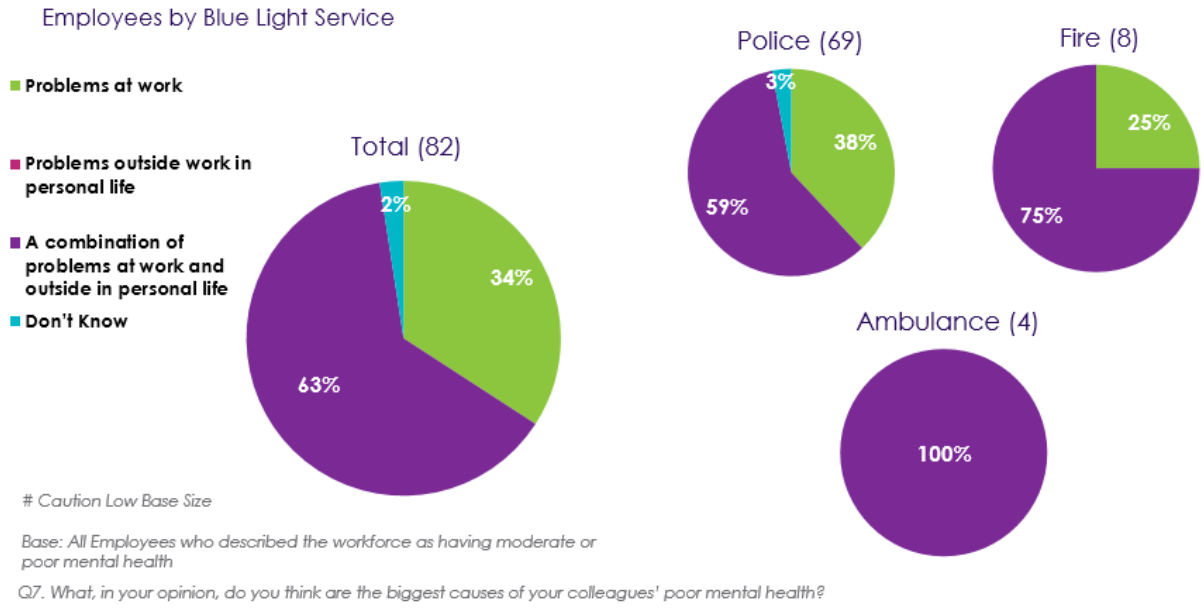


Q12. If you began experiencing poor mental health, how likely are you to seek help from the following?

The causes of poor mental health

- For a third (34%) of employees, problems at work are seen as the main cause of the poor mental health of staff, rising to 38% of those in the Police Service. Specifically, organisational upheaval, excessive workload and pressure from management are all regarded as the organisational triggers of poor mental health by over half of employees.

Employees: Biggest causes of poor mental health



Caution Low Base Size

Base: All Employees who described the workforce as having moderate or poor mental health

Q7. What, in your opinion, do you think are the biggest causes of your colleagues' poor mental health?

- In a climate where cuts are happening across the blue light organisations and jobs aren't as secure as in previous years/decades individuals can be scared to admit to managers that they are suffering with stress or other mental health issues for fear of being deemed unsuitable for their role or even losing their job entirely. Wellbeing and morale is frequently described as low and fragile.

'People are very low. They are confused about the future and how it will affect their workloads. The Force is being completely restructured, boroughs are merging, people's job descriptions and responsibilities are changing and the expectations for the job they do are changing too. There is a lot of uncertainty about what will happen in the future'

Employee: Police, Response Sergeant

'I'd say that their state of mental health could be described as 'fragile', 'bad' or 'serious'. Staff are currently coping with the cuts in NHS funding, a shortage of skilled paramedics, challenging targets and service pressures. All of that adds up to stress. Front line staff face incredible pressures over and above the expectations of needing to attend emergencies and cope with seeing harrowing things on a day-to- day basis. They are expected to complete a certain number of call-outs in a day and respond within minutes each time, so they're under extreme time pressure. People are leaving and stress causes sickness. We're in a situation where the things they see are causing cases of PTSD. I just wonder how sustainable it is, long-term. There just isn't the time to debrief them after every traumatic event that they have to deal with, although that would be best for their mental health'

Employee: Ambulance, Senior HR Manager

‘We have a real issue over the last 3/4 years of people "going sick" with stress, especially with the sheer amount of strikes that have happened over the last few years, our service has been stripped back so much that staff are worried for their jobs. I almost get the feeling people are feeling the stresses and need time off work to try and get a bit of peace’

Employee: Fire, HR

‘People are afraid that others will be judgemental, so they are careful who they speak to about their mental health. The police force is meant to be macho and ruffty-tuffty and have that 'we don't talk about that' sort of image, but it is changing. People are still careful what they say and who they talk to, but less stigma than there was. For instance, if I hold my hand up and say I want to be a firearms officer or a family liaison officer (which I've done) when I've had mental health issues they are less likely to let me do it. However, some of that reluctance comes from HR, because they are worried that the situations I would get into as a family liaison officer would affect my mental health’

Employee: Police, Sergeant

- The sheer nature of the jobs done by the blue light organisations means that their staff are frequently dealing with difficult and stressful situations where it is their job role to be the fixer/hero of the situation. This however, adds to the pressure felt by individuals and can in itself cause mental health issues.
- Repeated cuts have meant that there are fewer staff on the ground and that therefore individuals have less or no time for debriefing or even just simply talking to colleagues to de-stress/unload. For example, for those working in the Ambulance Service there is often no time at the start/end of a shift to process what they’ve dealt with and de-stress (as they arrive and get straight out in the ambulance to answer 999 calls).

‘The trouble is that our front line staff are effectively lone workers: They clock in, go out on a shift with maybe one other person, and then 8 hours later they clock off and go home, so it's very difficult for managers to catch them and engage with them in a meaningful way. That also means that manager relationships can be quite distant - it's difficult to trust someone that you don't see regularly’

Employee: Ambulance, Strategic HR Manager

‘The thing is we will always have mental health sufferers because of the nature of the job. Life is stressful enough let alone dealing with high risk incidents such as murders, suicides and so forth’

Employee: Police, Welfare Officer

‘People also need to be given the time to do it - at the moment they are run ragged, so where is the time to talk?! If you're running from one call out to the next, where's the time to stop and say "hang on, I need to talk about what just happened"?’

Employee: Police, PC

- The pressure of getting the job done with fewer staff (but staff who still passionately want to offer the same level of service) and juggling shift patterns can also mean that staff don't have time to attend meetings or even read emails or intranet communications.

'Management don't care - they just want results'

Employee: Police, Inspector

(re hearing about the Pledge) 'It came up on our intranet and the news feed. I read it because I'm on reduced duties right now and am office based. Others might not have time if they are whizzing in to check messages before they go out on a shift. They are busy enough as it is without having to read the non-essential messages'

Employee: Police, PC

'The thing is that we're inundated with emails about this, that and the other and we just don't have time to pay attention to them all. I'm a dispatcher and when my shift starts I sit down and I'm straight into work. The only time I get to read emails is when there's some radio silence on a night shift, so I completed your survey at about 4am, after everything died down a bit'

Employee: Police, PC

8. Impact of the Blue Light Programme

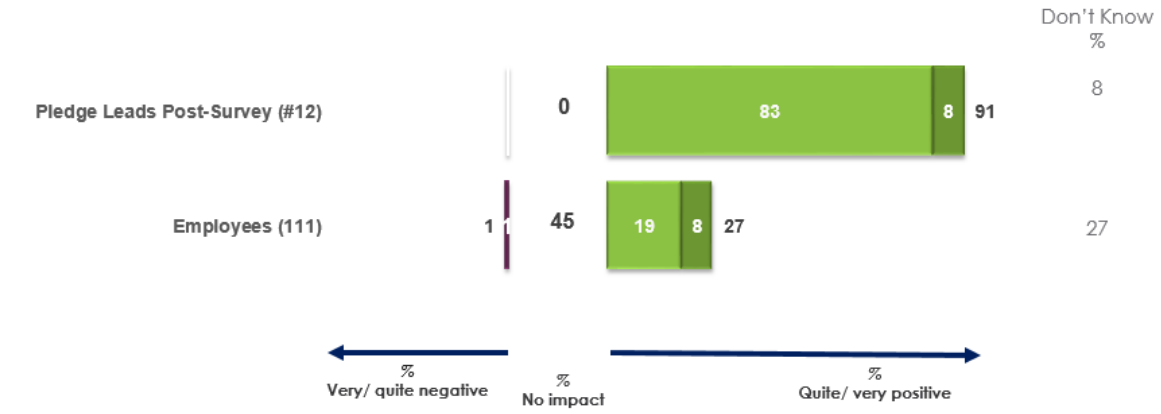
Impact of the Blue Light Programme on the organisation

- A notable nine in ten (91%) pledge leads say that the Blue Light Programme has had a positive impact within their organisation. Increased awareness about mental health issues and the provision of training and resources were the main changes referenced. According to 42% of pledge leads, there has also been changes to policy and practice, although this may not have been well communicated to staff, with just 3% of staff noticing this. Ten of the pledge leads responding to the post-survey (83%) also had blue light champions within their organisation and for seven of these, the impact of the blue light champions had been positive, although this did vary by blue light service.
- However, employees are decidedly less complimentary, with just 27% saying that the impact has been positive while 45% say that there has been no change. This again further highlights the time taken for changes to be recognised on the ground and for activities/ actions to become embedded and filter through to staff.

> 'Perceptions have improved, but not actual mental health'
> Employee: Police, Tactical Mental Health Lead

Impact of Blue Light Programme on organisation

Pledge Leads & Employees - end of phase audience comparison



 # Caution Low Base Size

Base: All Respondents

Q15/Q21. What impact, if any, do you think the Blue Light Programme has had within your organisation?

Changes as a result of the Blue Light Programme

Pledge Leads, Champions & Employees - end of phase audience comparison

Base: All Respondents *N.B Wording for answers varies across audiences*

Q16/Q22. What changes, if any, have there been within your organisation as a result of the Blue Light programme?

- In their telephone depth interviews, employees shared their mixed perceptions of how impactful the Blue Light Programme had been on the individual organisations. While there is no question in the minds of staff as to the genuineness of Mind within the Blue Light Programme (who are trusted and respected, all the more so because they are an external, neutral organisation), some question the motives of their organisation, with concerns being raised about it being a PR stunt. Concerns were voiced that managers view taking part in the project as a way for the organisation to look like it is doing the right thing without any change actually happening as a result. For some, this cynicism was driven by a deep rooted distrust, exacerbated by reported budget cuts, broken promises and compromises that were felt to have been made by management. This further highlights the importance of the champion role; as peers they are better respected and trusted.

'It's better definitely, I think staff are more able to speak out so although statically it may be higher I do firmly believe it's because people feel a bit more comfortable coming forward'

Employee: Fire Service, HR

'HR seem to be saying the right things, but I haven't seen much doing. There hasn't been any effect on the causes of stress but they say they want to support us. I'm not sure what's happening'

Employee: Police, PC

'They pay lip service. There is an element of trying to invest but it is not embraced'

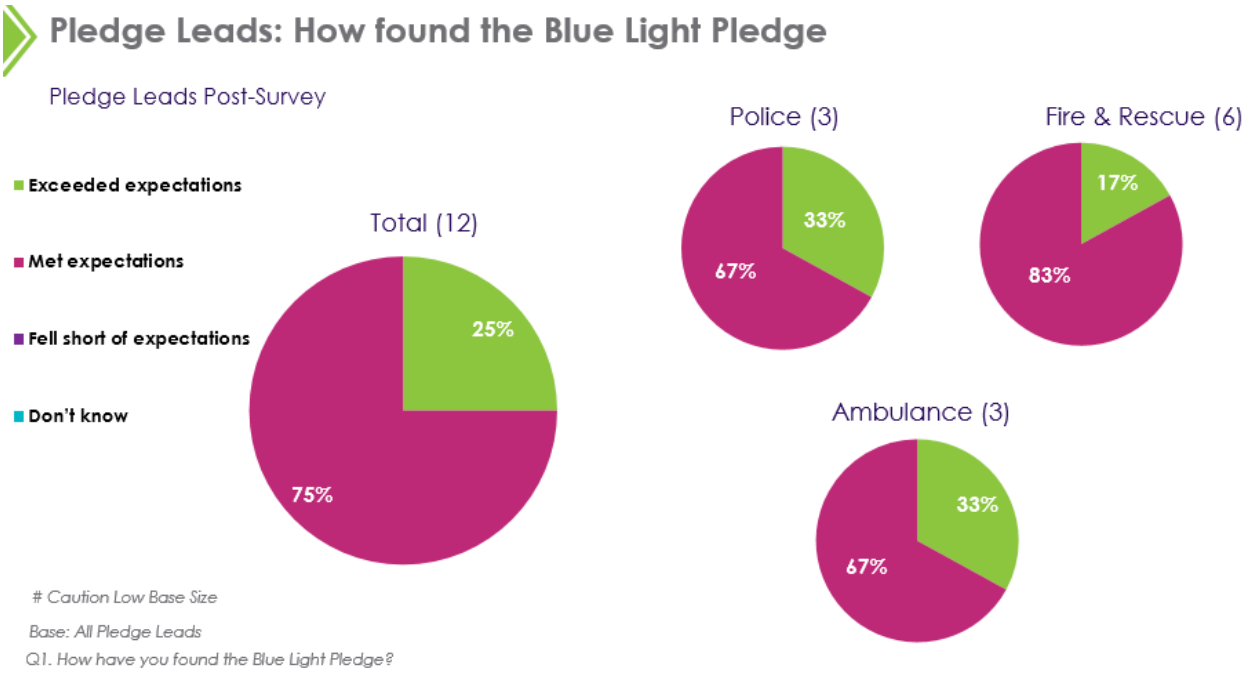
Employee: Police, Detective Sergeant

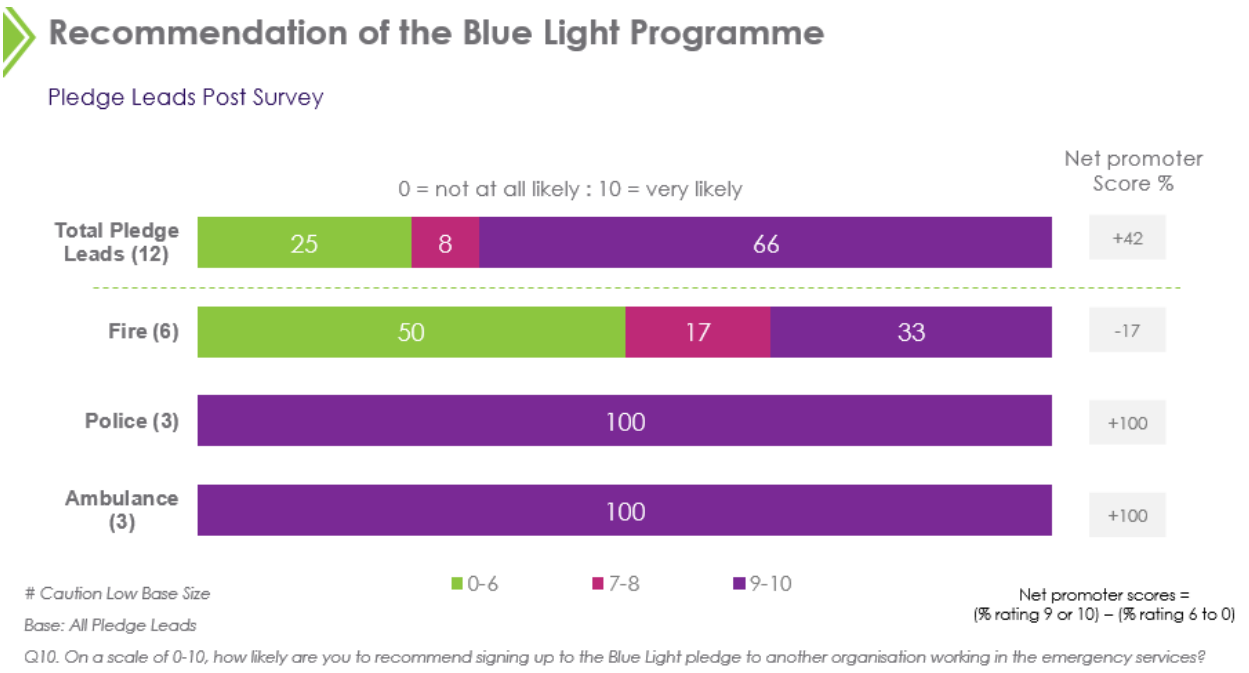
'I think it's just something that they can say they've done. Something they can say to politicians and that they can present on the outside world...I believe it had senior buy-in but I'm not sure who it was from. I guess they just laid their name to it?'

Employee: Police, Sergeant

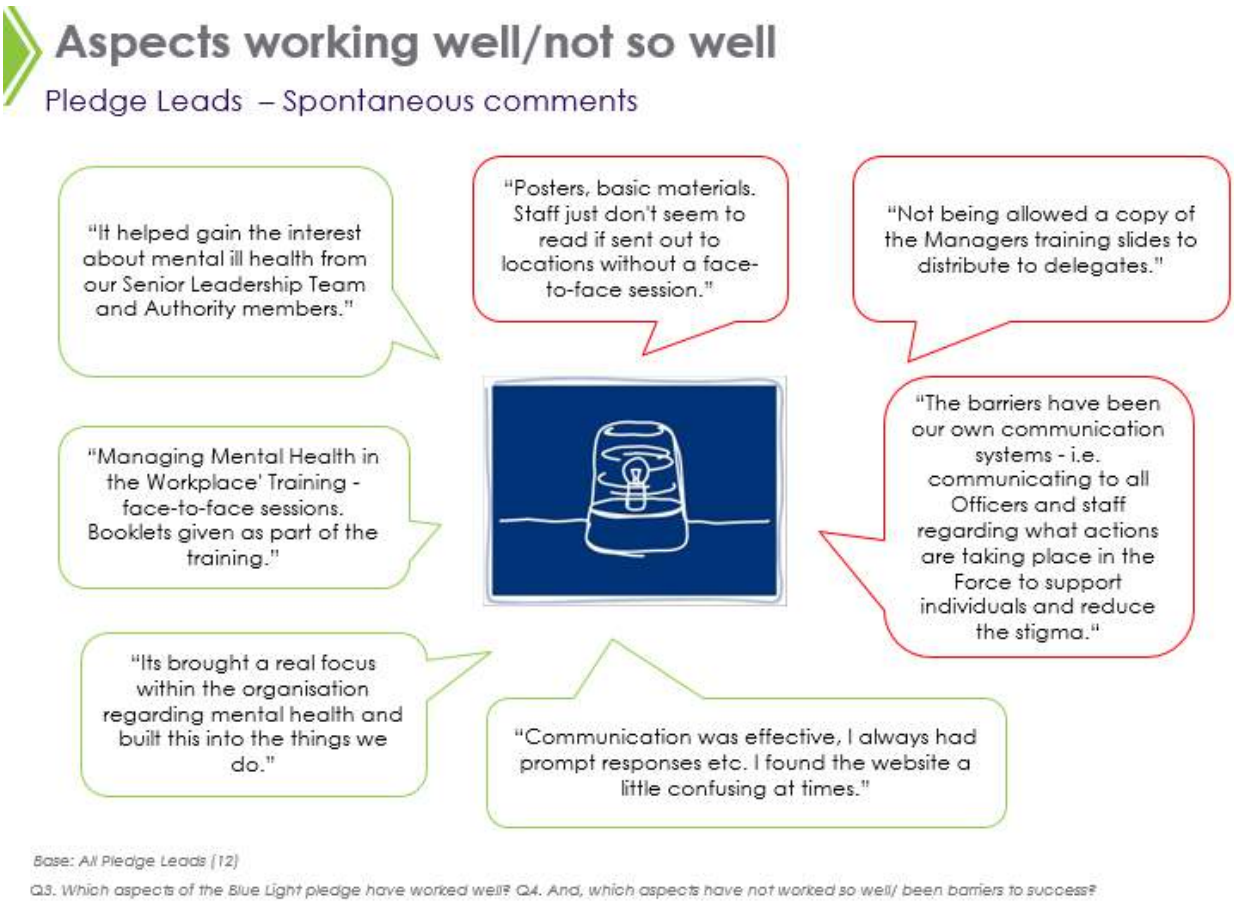
Experience of the Blue Light Programme for pledge leads

- The pledge leads were extremely positive about the experience of signing up to the Blue Light Programme, with all saying it had either met or exceeded their expectations and 66% prepared to act as advocates of the programme (giving an impressive Net Promoter Score of +42%).





- In an open-ended question, pledge leads were asked to comment on what had worked well and not so well. The greatest successes as reported by the pledge leads included raising awareness of mental health issues in the workplace and encouraging staff to talk openly about the subject. Pledge leads commented that signing the pledge and developing the action plan, along with senior buy-in had put mental health on the agenda and given the organisation a defined direction, so that it was seen as the 'done thing' rather than simply the 'nice to do'.
- However, the logistics of arranging training around rotas and busy workloads and the communication challenges of large organisations were seen as the main barriers and there was also concern expressed by some about it being seen as a 'fad'.
- There were also some negative comments made by a few about activity being undertaken in other strands (e.g. training materials and booklets). It was clear that pledge leads saw the whole Blue Light Programme as a single effort and found it difficult to unpick the cumulative impact of the various strands. More detailed analysis of these aspects can be found in the other strand evaluation reports.

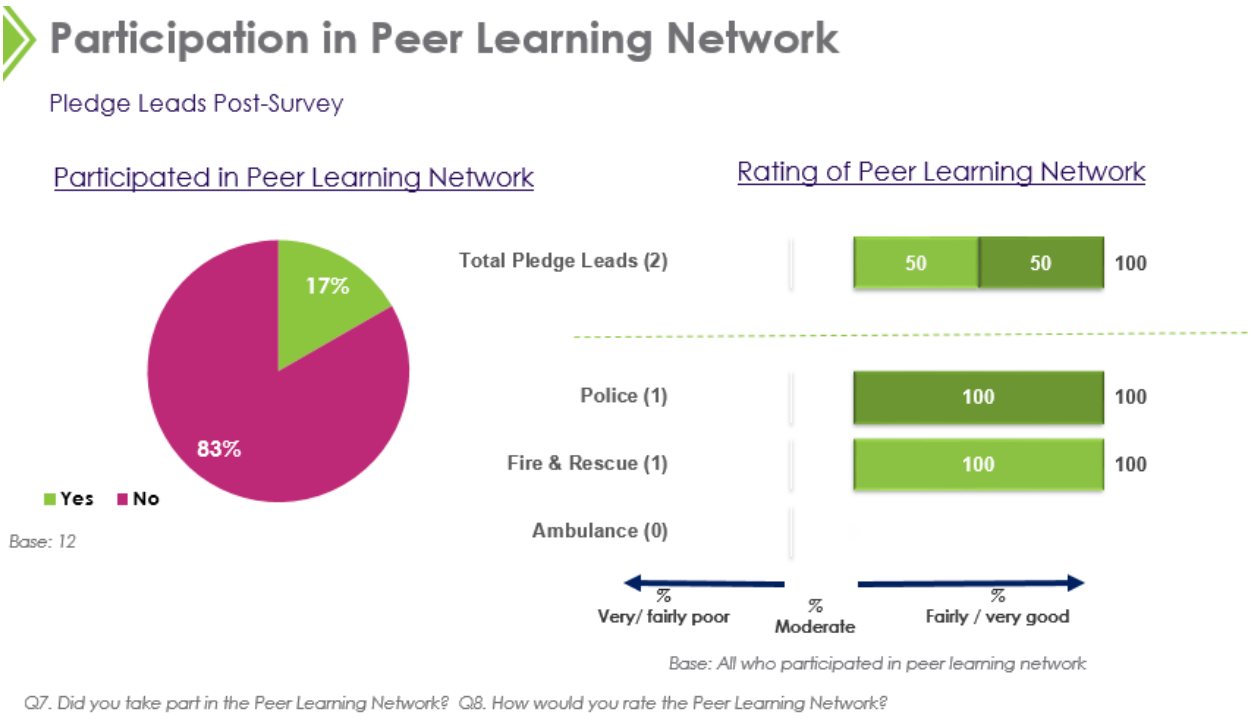


Base: All Pledge Leads (12)

Q3. Which aspects of the Blue Light pledge have worked well? Q4. And, which aspects have not worked so well/ been barriers to success?

Rating of the support provided by Mind

- In terms of the support provided by Mind, all of the pledge leads responding to the post survey rated it as good.
- With regard to the Peer Learning Network, just 17% of the pledge leads responding to the survey had participated. Albeit based on a low base size, all rated the Network as good.

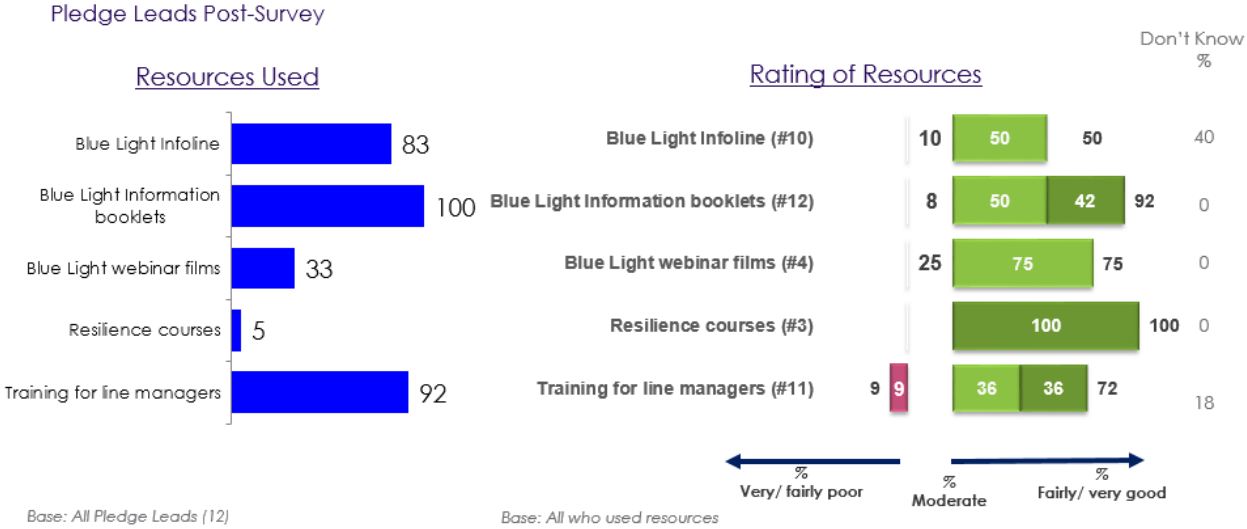


Q7. Did you take part in the Peer Learning Network? Q8. How would you rate the Peer Learning Network?

- With regard to Mind resources, the blue light information booklets had the greatest uptake and an impressive nine in ten users rated it as good – 42% said it was very good. Nine in ten said that their organisation had benefitted from the training for line managers, with seven in ten (72%) rating the training provided as good. Over four in five (83%) said that the blue light Infoline had been accessed, with half rating it as a good resource. It should be noted that the other half were either neutral or indifferent rather than being critical.

Blue Light Programme resources used

Pledge Leads Post-Survey



Base: All Pledge Leads (12)

Base: All who used resources

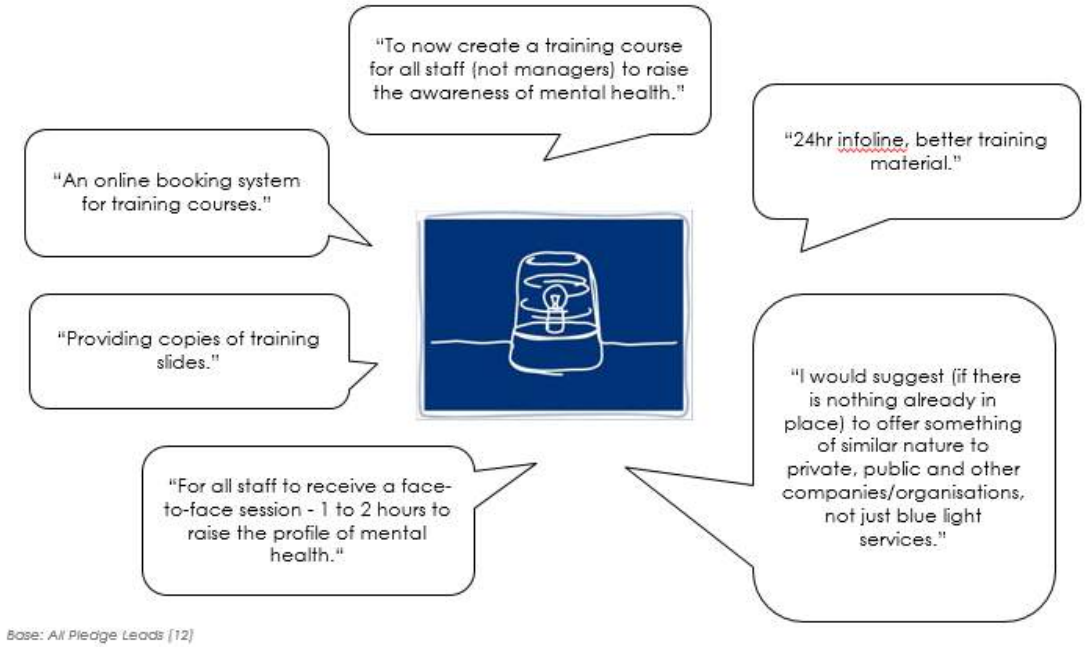
Q19. Which (if any) of the following Blue Light Programme resources has your organisation made use of/ provided to staff within your organisation?
Q20. And, how would you rate these resources?

Caution Low Base Size

- Pledge leads were asked to make suggestions for how the support provided by Mind could be improved in the future. Some had only recently signed their pledge and therefore found it too early to comment. Among those who did make suggestions, these included providing copies of the training slides, creating an online booking system for training courses and rolling the training out to all staff.

Suggestions for improvements

Pledge Leads – Spontaneous comments

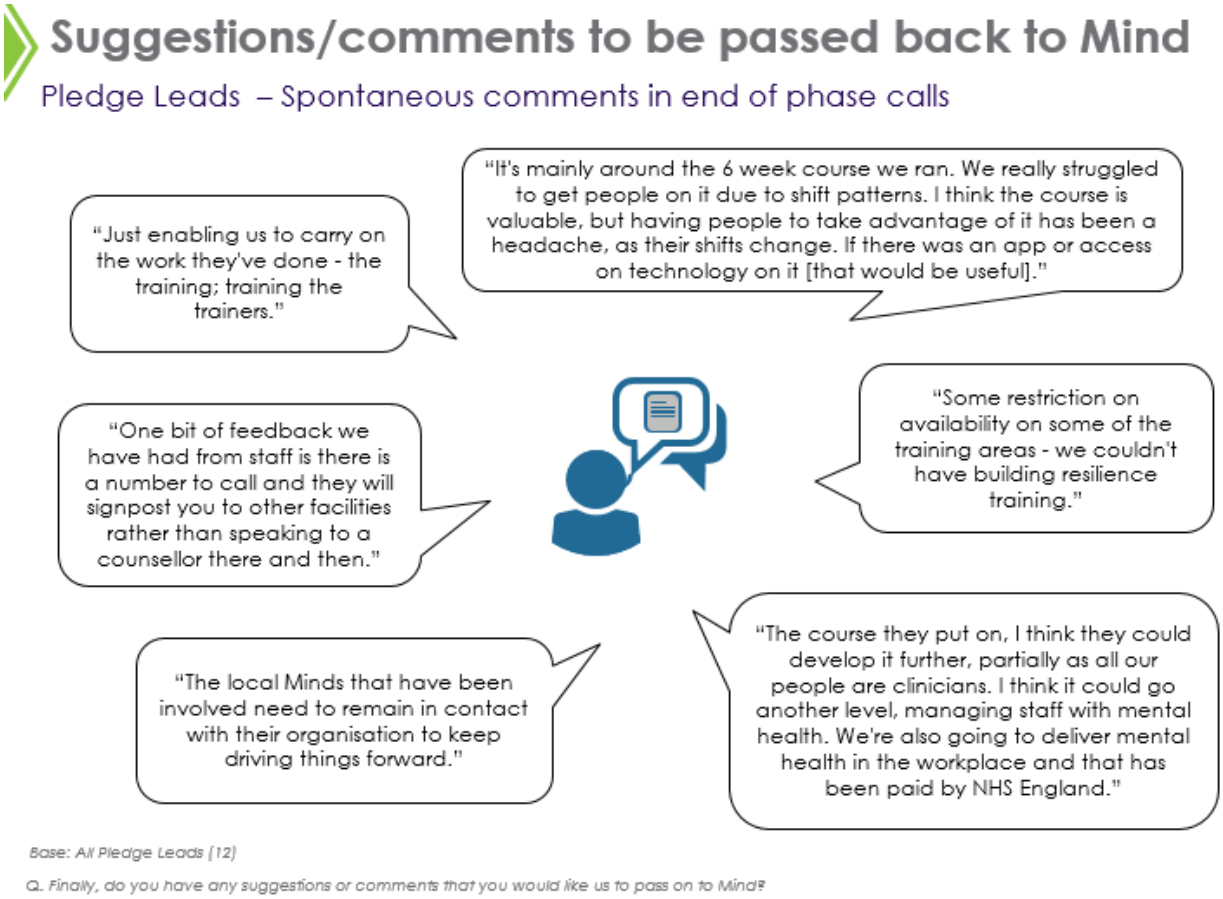


Base: All Pledge Leads (12)

Q6. Do you have any suggestions for how the support provided by Mind can be improved? Q21. Do you have any other suggestions for improvement or recommendations for Mind?

A final word from pledge leads

- Pledge leads were wholeheartedly positive about the Blue Light Programme. As such, much of the final commentary in their end of phase calls revolved around legacy and a desire to continue the Programme and create lasting change.
- Suggestions for how Mind could improve the Programme for the future focused on tweaking the training. For example, by taking into account staff shift patterns and making use of technology to support those who couldn't easily access the training face-to-face. There were also calls for the introduction of a more advanced course so that managers could better support staff and to enable training to take place internally.



Base: All Pledge Leads (12)

Q. Finally, do you have any suggestions or comments that you would like us to pass on to Mind?

Champions Evaluation

Detailed Findings from Blue Light Champions' baseline and post surveys

Note: While the majority of champions were employees of pledged organisations, not all were and this should be borne in mind when interpreting the data

9. Champions' baseline findings

Workplace attitudes – Champions baseline perceptions

- The findings indicate that prior to taking part in the Blue Light Programme, mental health was still very much a taboo subject in the emergency services. Indeed, in their pre-survey, a staggering nine in ten champions agreed that staff in the organisation felt more comfortable talking about their physical health than their mental health – two-thirds strongly agreed with this. Similarly, just 14% agreed that staff felt able to talk to their colleagues about their mental health and even fewer (9%) agreed that staff felt able to talk to Managers about this topic. Worryingly, two in five (40%) believed that someone would be treated differently in a negative way if they disclosed a mental health problem at their organisation. This rises to over half of those who described their current mental health as moderate or poor. Albeit based on a low base size, findings indicate that the Search & Rescue Service has a more 'open culture', with a higher proportion of staff prepared to speak about their wellbeing and discuss mental health issues, helping to explain the lower estimated proportion of mental health problems among this audience as evidenced elsewhere in this report. This finding also reinforces the previous scoping research undertaken by Mind (December 2014/ January 2015).

Champions: Attitudes towards mental health in the workplace

Champions pre-survey

Base: Champions (122)

Q6. To what extent do you agree or disagree with the following statements?

Champions: Attitudes towards mental health in the workplace

Champions pre-survey

Blue Light Service

% Agree	Total	Ambulance	Fire	Police	Search and Rescue
	%	%	%	%	%
People feel able to talk with colleagues about mental health at my organisation	14	14	16	13	14
People feel able to talk with managers about mental health at my organisation	8	7	8	5	43
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	39	39	44	40	14
People feel more comfortable talking about their physical health than mental health at my organisation	91	89	96	94	57

Statistically higher than total

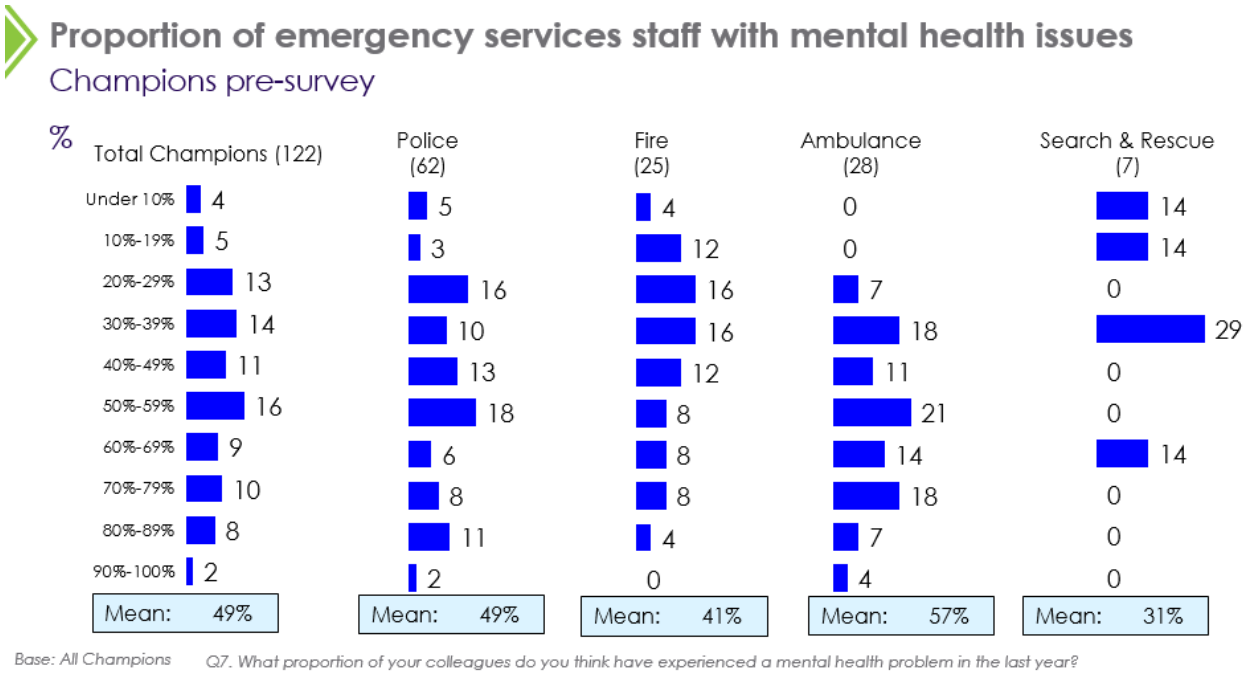
Statistically lower than total

Base: Champions (122)

Q6. To what extent do you agree or disagree with the following statements?

Mental health of the workforce - Champions baseline perceptions

- In their pre-survey, blue light champions estimated that around half (49%) of their emergency worker colleagues had experienced a mental health problem in the past year. While the champions responding to the survey may have come from different organisations, it does mirror what the employees said (see earlier). The judged mental health of the workforce was somewhat higher among those currently experiencing mental health problems. Indeed, the estimate rose to three in five - 60% of emergency workers among those champions who described their own current mental health as poor. Reflecting the recent media coverage reporting the stress experienced by paramedics, those working for the Ambulance Service estimated the highest proportion of staff experiencing mental health problems. On average, champions responding to the baseline survey who worked for the Ambulance Service estimated that 57% of their colleagues had experienced a mental health problem in the past year. The estimate from champions working in the other emergency services were all less than half, dropping to just three in ten for those employed by a Search & Rescue organisation. This reflects the findings from Mind's scoping research conducted in December 2014/ January 2015.



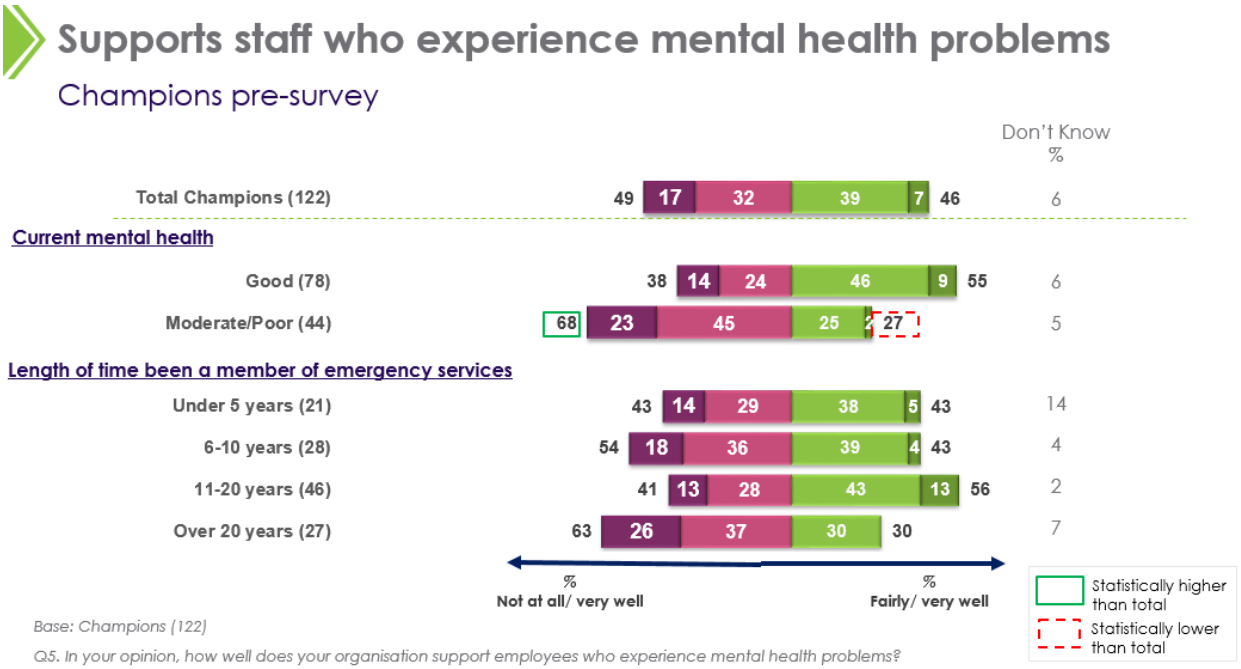
Support offered by the organisation – Champions baseline perceptions

- Positively, nine in ten (89%) champions were aware of support by their organisation being on offer prior to signing the pledge. It should be noted that not all champions work for employers who have signed the pledge, so the actual figure among those working for pledge signatories is likely to be even higher.
- In an open-ended question in their pre-survey, champions were asked what sort of support was on offer to staff within their organisation. Topping the list of spontaneous mentions was having an Occupational Health/ Welfare team (57%), while two in five mentioned a counselling referral service and a quarter cited an employee assistance scheme. Other external support, such as 'helplines' was referred to by 14% while over two in five (42%) commented on the less formal internal support provided, such as coffee clubs, the intranet etc. Around one in five remarked on peer support, with 9% specifically mentioning the champions.

Q3. What support does your organisation offer to improve the wellbeing and mental health of its personnel?

- However, while the vast majority of champions recognised that support was on offer from their organisation prior to signing the Pledge, they were split in opinion over how good the organisation actually was at supporting staff and

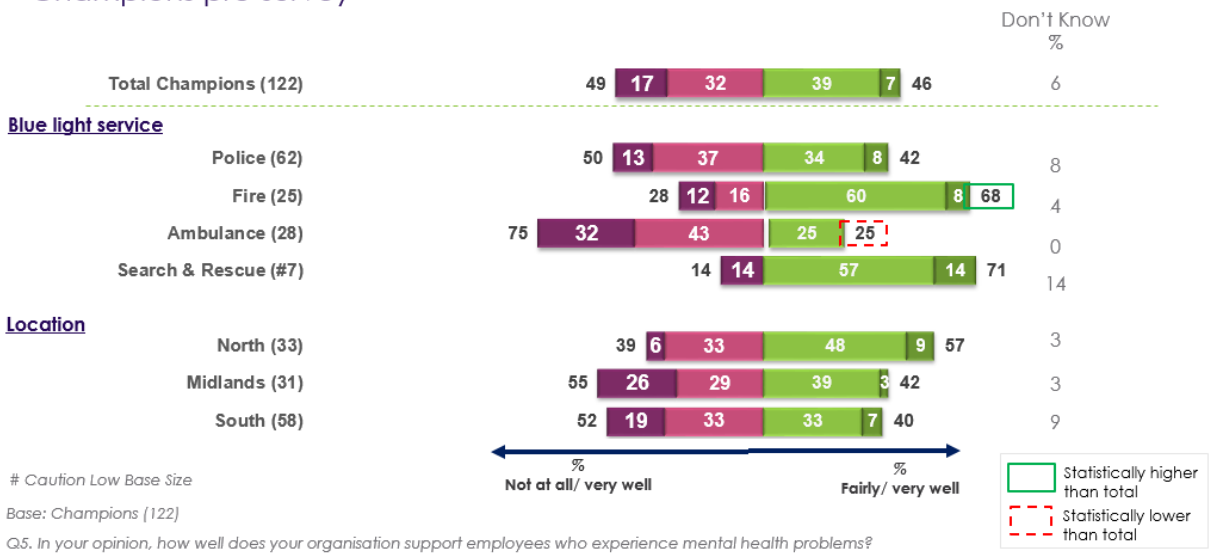
encouraging them to talk openly about mental health. Indeed, while 45% of champions said that their organisation supported employees with mental health problems fairly/ very well, around half felt that their organisation was not very good at doing this (49% saying 'not very/ not at all well'). Of some concern, this rises to 68% among those who rate their current mental health as 'moderate' or 'poor'. The longest serving members of staff felt the least well supported (63% of those respondents who had been a member of the emergency services for over 20 years did not feel well supported by their organisation).



- There is also notable variation by blue light service, with those working for the Ambulance Service feeling the least well supported by their organisation (just 25%), which is in stark contrast to Search & Rescue and Fire Service personnel (71% and 68% respectively) and further reinforces the identified differences between blue light services reported earlier.

Supports staff who experience mental health problems

Champions pre-survey



Caution Low Base Size

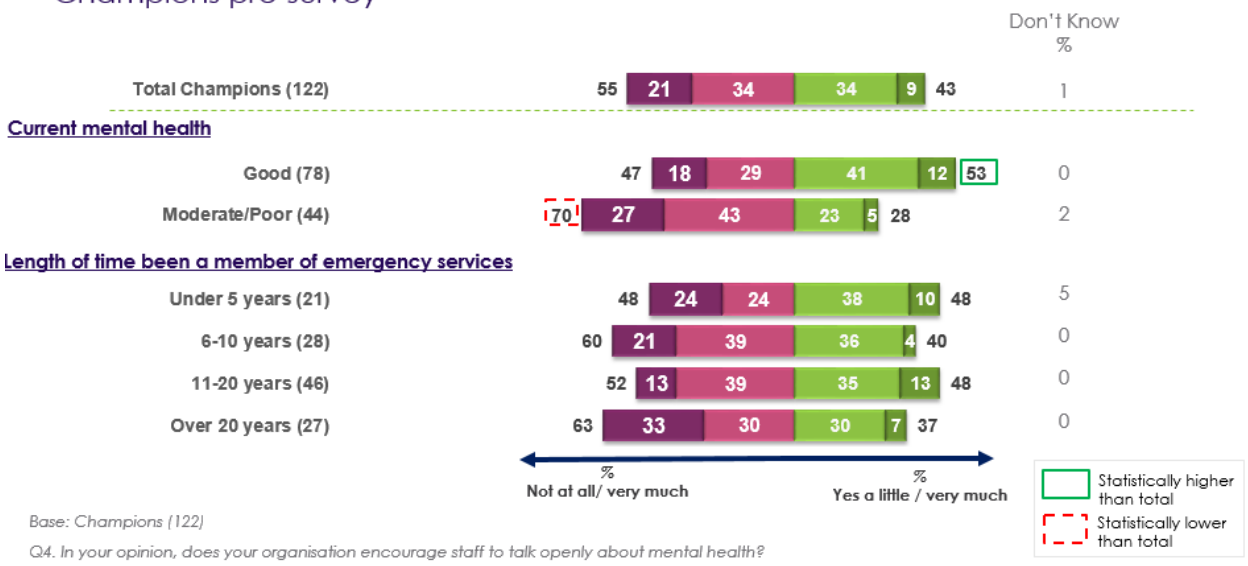
Base: Champions (122)

Q5. In your opinion, how well does your organisation support employees who experience mental health problems?

- Similarly, 43% of champions said in their baseline survey that their organisation currently encouraged staff to talk openly about mental health problems 'very much/ a little' while 56% said that their organisation did this 'not very much' or 'not at all'. Among those currently experiencing poor or moderate mental health, seven in ten did not regard their organisation as being one which encouraged staff to talk openly about mental health.

Encouraging staff to talk openly about mental health

Champions pre-survey



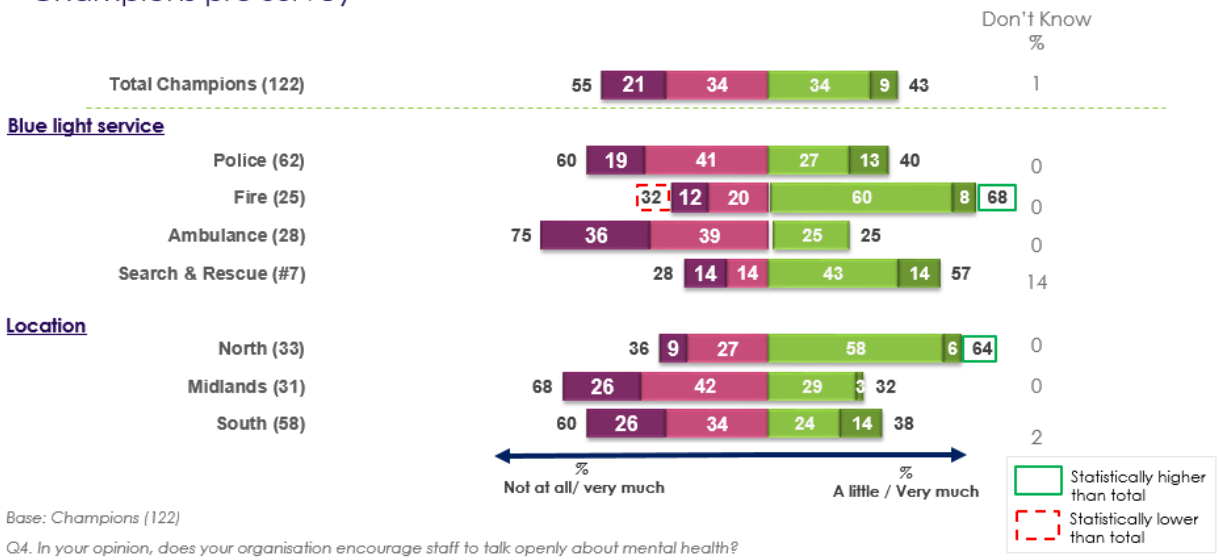
Base: Champions (122)

Q4. In your opinion, does your organisation encourage staff to talk openly about mental health?

- There was also a notable North-South divide, with Northerners the most likely to talk about their mental health at work; approaching two-thirds (64%) of Champions living in the North of the country said that their organisation encouraged staff to talk openly about their mental health problems compared to just 32% in the Midlands and 38% in the South. This is more likely to be a reflection of the individual blue light services responding from these regions than a genuine North-South divide.
- With regard to blue light service, those champions working for the Fire & Rescue Service were most likely to agree that their organisation encouraged them to talk openly about mental health while Ambulance Service Champions were the least likely to say that this was the case (68% and 25% respectively).

Encouraging staff to talk openly about mental health

Champions pre-survey



Base: Champions (122)

Q4. In your opinion, does your organisation encourage staff to talk openly about mental health?

Champions own mental health - baseline

- With regard to their own mental health, almost two-thirds (63%) of champions rated their current mental health as good in the baseline survey, while a quarter described it as moderate and 13% rated it as poor. There is variation by blue light service, but this should be read with caution due to the low base sizes.

Mental health of champions - baseline

Champions pre-survey

 # Caution Low Base Size

Base: Champions (122)

Q8. How would you describe your current mental health overall?

- When asked what aspects triggered them to feel mentally unwell, excessive workload was mentioned by almost two-thirds of champions (63%). This was followed by 'pressure from management', which was cited by 46%. Over two in five also identified long hours and organisational upheaval as being triggering factors (both 43%). These findings are consistent with the earlier findings reported for employees and also with Mind's scoping research (December 2014/ January 2015).
- Long hours, changing shift patterns and experience of traumatic events were all significantly more likely to be mentioned by those working for the Ambulance Service.

Champions: Triggering aspects

Champions pre-survey

Statistically higher than total
Statistically lower than total

	Total %	Blue Light Service - %				Location -%		
Base Sizes		Police (62)	Fire (25)	Ambulance (28)	S&R (#7)	North (33)	Midlands (31)	South (58)
Long hours	43	44	20	71	14	42	58	36
Changing shift patterns	35	37	12	61	0	18	52	36
Excessive workload	63	65	60	75	14	58	77	59
Pressure from management	46	47	32	64	14	39	45	50
Organisational upheaval	43	47	44	43	14	33	58	41
Effects on physical health	31	34	16	46	0	21	35	34
Experience of distressing or traumatic events	39	39	12	68	29	33	39	43
Other	25	32	12	25	14	21	10	36

Caution Low Base Size

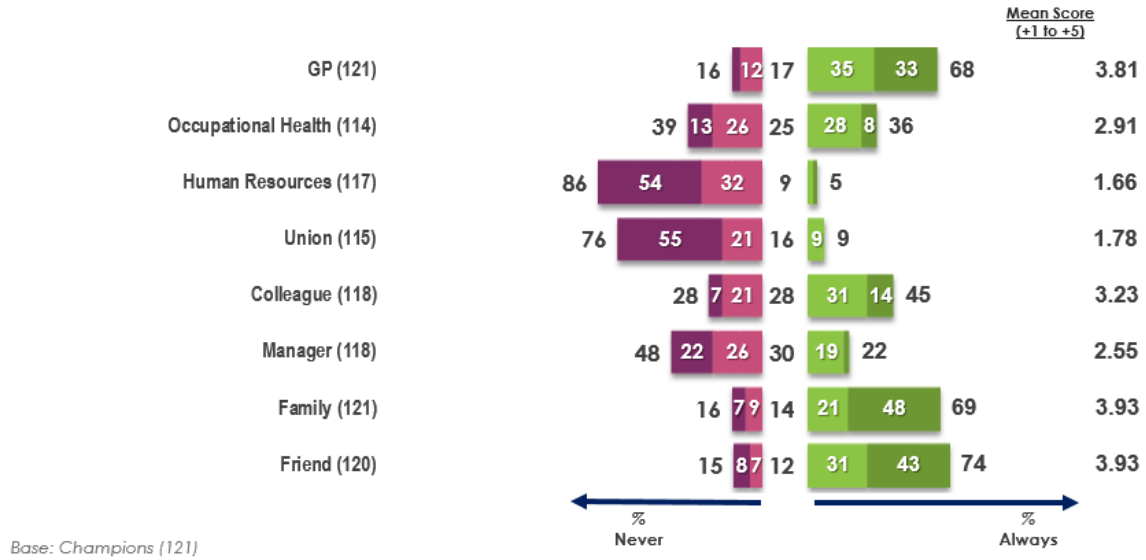
Base: Champions (122)

Q9. Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell?

- When asked where they got support from when experiencing a mental health problem, champions were more likely to seek support from friends and family than more formal support mechanisms.

Champions: Who would seek support from

Champions pre-survey

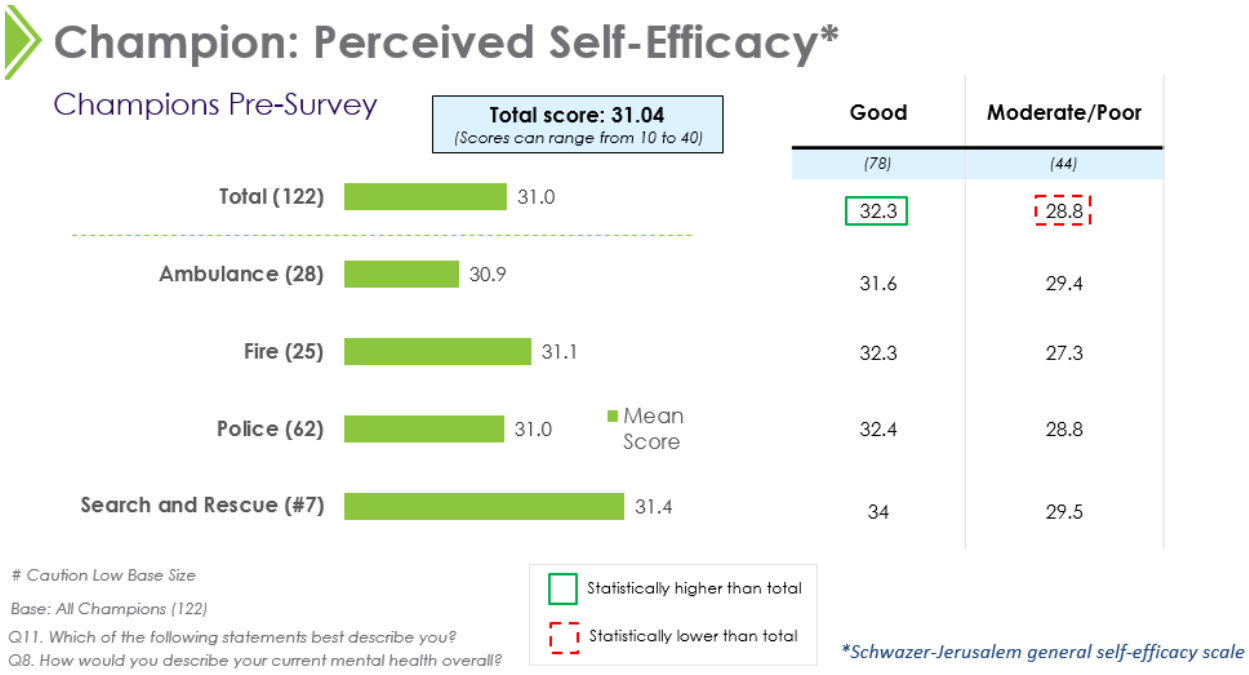


Base: Champions (121)

Q10. If you began experiencing poor mental health, how likely are you to seek help from the following?

Champions perceived self-efficacy - baseline

- Self-efficacy of the blue light champions was examined using the Schwarzer and Jerusalem's General Self-Efficacy Scale (GSE). This is a widely recognised measure of perceived self-efficacy, first developed in 1979 with the aim of predicting people's ability to cope with the hassles of everyday life, as well as the ability to adapt after experiencing all kinds of stressful life events. The score on this scale reflects the strength of an individual's generalised self-efficacy belief. Thus the higher the score, the greater is the individual's generalised sense of self-efficacy. For comparison purposes, Schwarzer (1993) presents accumulated data from 1,660 German adults who ranged in age from students to older people, although the majority were adults in the community. The mean score for this whole sample was 29.28.
- The average self-efficacy score for our blue light champions in their baseline survey was 31.04, thus higher than the mean score outlined above. Mirroring the earlier findings, champions responding from the Ambulance Service had the lowest score while those responding from Search & Rescue recorded the highest score (30.9 and 31.4 on average respectively).
- Among those who rate their current mental health as good, a score of 32.3 was achieved. This drops to 28.8 for those who stated that they had moderate to poor mental health in the baseline survey.

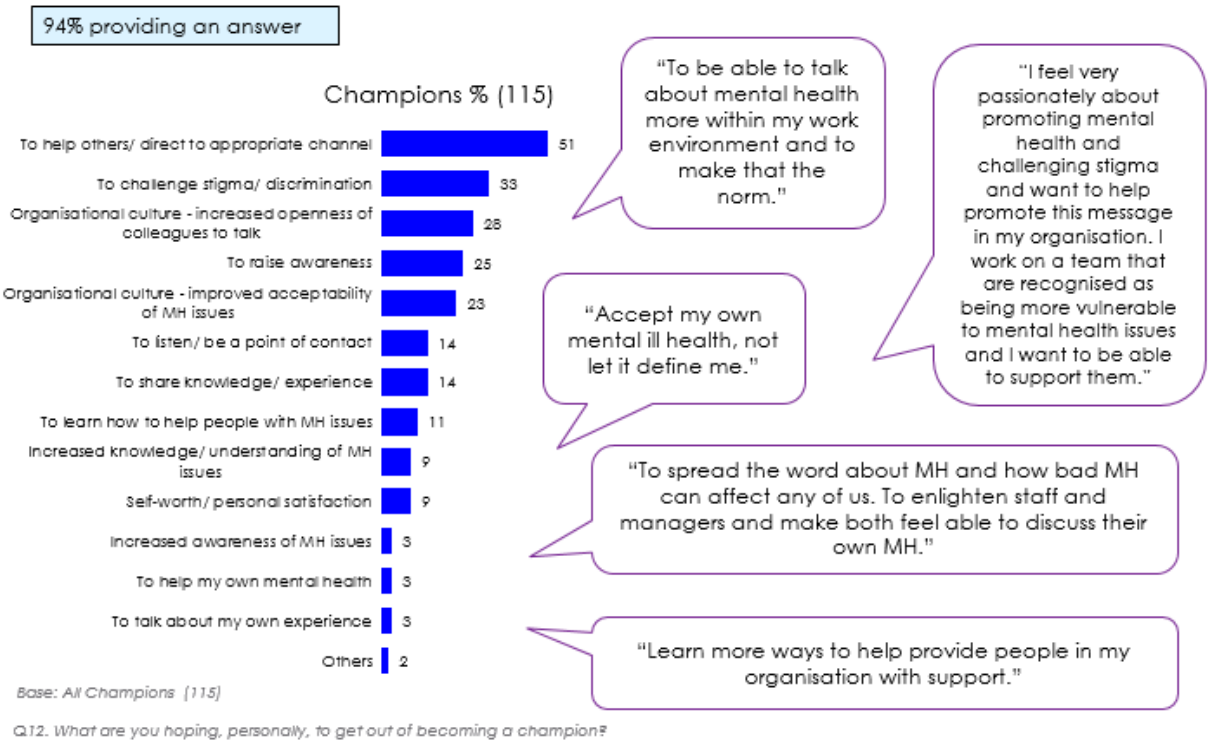


Becoming a Blue Light Champion

- At the start of their champion journey, blue light champions were asked in an open-ended question (in their baseline survey) what they hoped to get out of being a champion. Over half spontaneously mentioned being able to help others by referring them to the relevant support. A third wanted to challenge stigma and discrimination while around a quarter wanted to see cultural changes in their organisation, such as increased openness about and improved acceptance of mental health issues (28% and 23% respectively). A similar proportion wished to use the opportunity to raise awareness about mental health issues.

What hoping to get out of being a Blue Light Champion

Champions pre-survey – Spontaneous comments

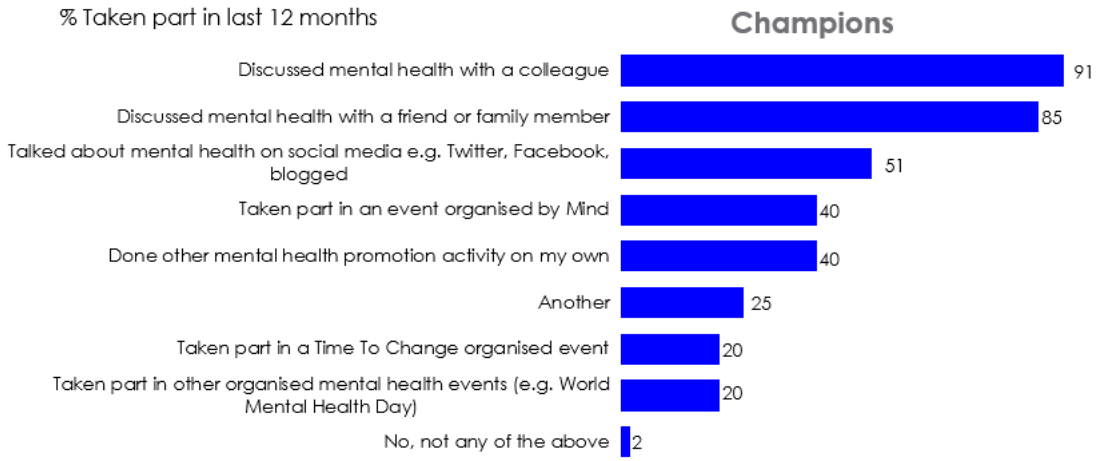


Q12. What are you hoping, personally, to get out of becoming a champion?

- When asked (in their pre-survey) what activities, if any, they had done to promote mental health awareness before becoming a blue light champion, a notable nine in ten (91%) had discussed mental health with a colleague while 85% had discussed it with a family member/ friend. This is followed by around half who had discussed the topic on social media. Two in five (40%) had taken part in an event organised by Mind while the same percentage had done their own mental health promotion activity. The Blue Light Pledge therefore served as an impetus and validation to this activity which they were already undertaking.

Champions: Activities done in the past 12 months

Champions Pre-Survey



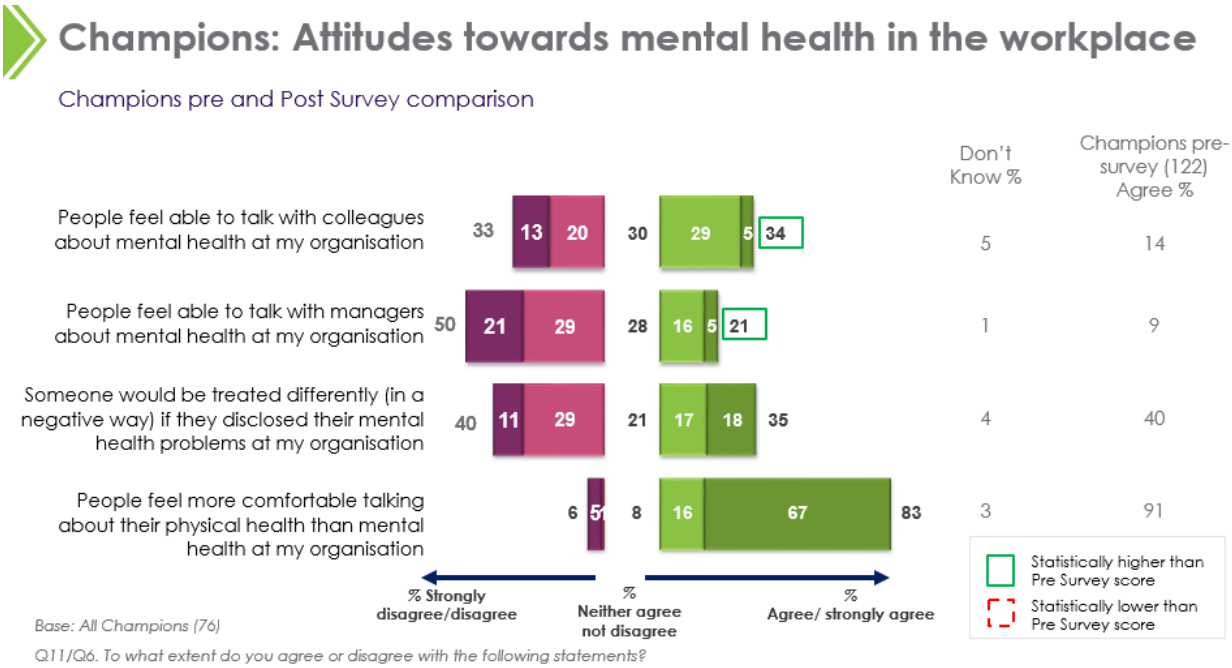
Base: All Champions (122)

Q13. Have you done any of the following in the last 12 months?

10. Champions' post-survey findings

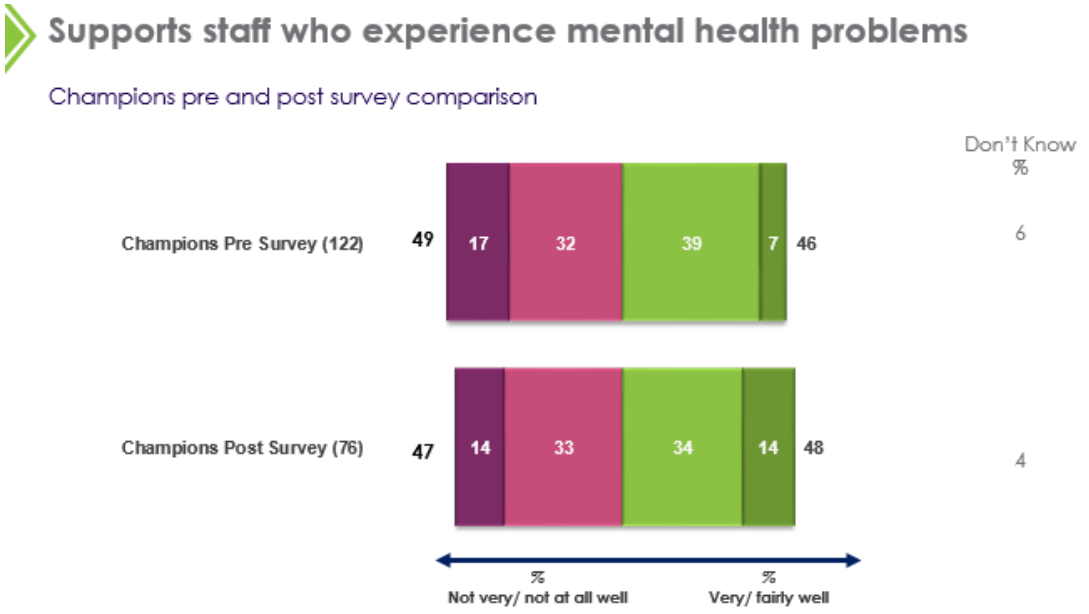
Workplace attitudes one year on – Champions post survey perceptions

- While as reported earlier, the data clearly demonstrates that it will take time for employee attitudes to change, the research also shows that things are slowly moving in the right direction as highlighted by the changing experiences of champions. As a consequence of the Blue Light Programme, a third (34%) of champions in the post-survey now agree that people within their organisation feel able to talk with colleagues about mental health issues compared with just 14% in the pre-survey. Similarly, one in five (21%) now agree that people within their organisation feel able to talk to managers about mental health as opposed to just 8% in the pre-survey wave. Disappointingly though, the percentage agreeing that someone would be treated differently in a negative way if they disclosed a mental health problem at their organisation is only slightly lower than the pre-survey percentage (35% and 40% agreeing respectively), suggesting that more reassurances need to be given by organisations in this respect.



Support offered by the organisation – Champions post survey perceptions

- Encouragingly, in their post-survey, champions were twice as likely to say that their organisation supports employees who experience mental health problems 'very well' than they were at the start of the campaign (14% versus 7%). While this is not statistically significant, it is an encouraging finding and suggests that things are slowly starting to move in the right direction.
- Conversely, 47% still say that their organisation does not do this well, indicating that while the seed has been planted and things are starting to move in the right direction, there is still much to do.



Q10/Q5. In your opinion, how well does your organisation support employees who experience mental health problems?

- This was also something commented upon by the champions themselves in the telephone depth interviews. While champions felt that there is awareness of the Pledge and of their role, there was the feeling that there is a still a long way to go as misperceptions are so entrenched and institution wide.

'People are more aware, but like I said, it's very centralised at the moment'
Champion: Police, Trainer

'It's getting there, but people are hard work. What I mean by that is it's very hard to challenge people out of their norm. It's getting there though'
Champion: Ambulance, Paramedic

'It's still a bit hush hush'
Champion: Search & Rescue, Staff Co-ordinator

'It's less of a problem, it's something that's seen now instead of an invisible illness'
Champion: Police, Officer

‘Getting traction has not worked so well. ….there is a lot of work left to do. In a short time frame it has started the conversations, but there has not yet been major change’

Champion: Ambulance, Employee Manager

‘It all works quite well. It's going to be a long-haul to get the message over'

Champion: Police, Training Administrator

- There is also still work to be done on convincing staff that they all need to be aware of mental health issues and that the messaging isn’t just for those who are currently experiencing mental health problems.

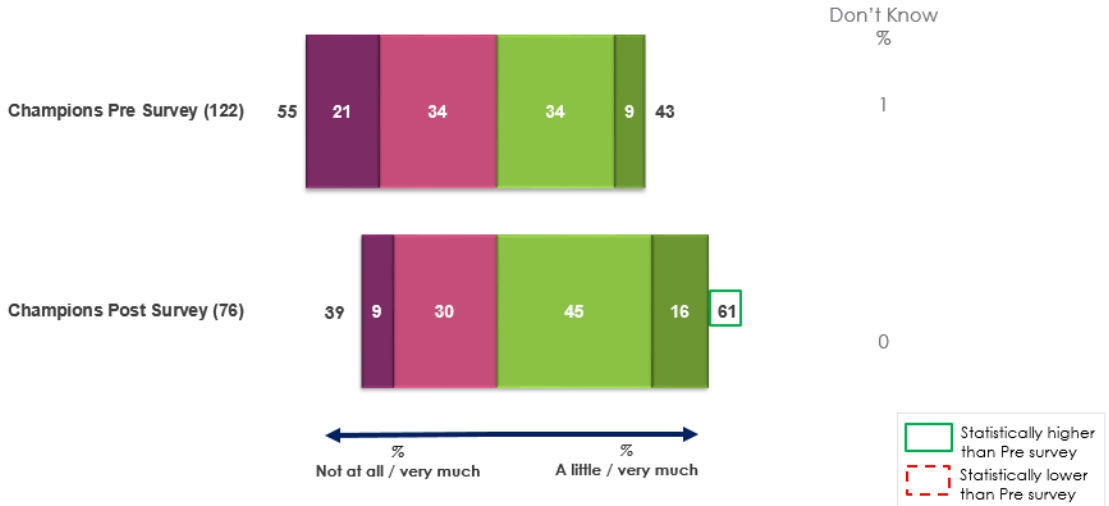
‘It's been OK at raising awareness, but I don't know how good it's been at increasing understanding of mental health problems. Unless mental health issues directly affect you, I'm not sure whether it would have that much impact’

Champion: Police HR Recruitment Partner

- On a more positive note, scores are much better when it comes to encouraging staff to talk openly about mental health. Three in five (61%) champions say that their organisation encourages staff to talk openly about mental health ‘a little/ very much’ – some 18% higher than recorded in their pre-survey questionnaire.

Encouraging staff to talk openly about mental health

Champions pre and post survey comparison



Q4/ Q9. In your opinion, does your organisation encourage staff to talk openly about mental health?

- However, the desire for more open communication from senior managers was raised in the telephone depth interviews with champions. It was suggested that this would demonstrate that it's acceptable to 'come out' as having mental health issues (but achieving this will be a big step away from the traditional organisational culture). This desire for it to come from 'on top' is due to the hierarchical nature of the organisations in question.

'You never hear anything from our senior managers so I wouldn't know- they haven't been saying "look at me I have a mental health illness too that's for sure'

Champion: Ambulance, Paramedic

'The poster campaign has been absolutely brilliant! The person featured changes every month, and they are all sorts of different people in different roles in the police. There are a couple of people of high rank featuring soon and I think that's going to have a big impact. They're featuring people who have family members with mental illness too'

Champion: Police, HR Recruitment Partner

11. Impact of the Blue Light Programme

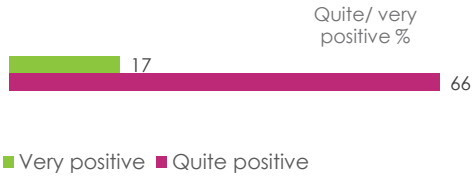
Impact of the Blue Light Programme on the organisation

- As noted earlier, pledge leads were very positive about the Blue Light Programme, but employees notably less so. With regard to champions, over four in five (83%) rated the impact as being positive – 17% said that there had been a very positive impact within their organisation. While the majority of champions were responding from pledged organisations, not all were and so that actual findings might be even higher than this.
- Champions were asked what changes there had been in their organisation as a result of the Blue Light Programme. Topping the list was peer support from colleagues, mentioned by 54%. This was closely followed by over two in five mentioning training for staff and an employee support network (46% and 42% respectively). Just over a third (37%) said that resources for line managers had been provided within their organisation as a result of the Blue Light Programme.
- However, the findings suggest that improvements to organisational culture (30% of mentions) and to policy/ practice (24%), as well as to employee benefits and sickness/ recruitment procedures are taking longer to get off the ground.

Impact of Blue Light Programme on the organisation

Champions post-survey

Impact on the organisation



Changes within the organisation

Base: All Champions (76)

 # Caution Low Base Size

Q21. What impact, if any, do you think the Blue Light Programme has had within your organisation?
Q22. What changes, if any, have there been within your organisation as a result of the Blue Light programme?

- In their depth interviews, some champions reported there being an 'them and us' division between those who work in HQ/ management roles (and feel that changes have been adequately put in place) and those on the front line who don't recognise that changes have been made.

> (the change is) 'Huge already, I have heard conversations in HR about it, but it has a long way to go'
> Champion: Fire, Watch Manager

- Although even some of those within management or HQ roles question if enough action has taken place, with information provision having taken precedence over action.

> 'There's been good work and lots of talk, but not much action. Lots of information. I think the only way to change things is by activity, but not enough of that is happening. It's a long road - when I see this programme actually change a life, I'll be more positive about it. Honestly, I haven't been asked to do anything yet, because the action hasn't really been there'
> Champion: Police, HR

> 'There have not yet been many tangible changes. I wrote the policy which is waiting approval and added clinical scenarios into the recruitment process around mental health, but that's it so far'
> Champion: Ambulance,

- The findings indicate that a key factor in changing perceptions will be addressing the lack of trust in senior management, with high levels of cynicism and an entrenched machismo culture. There is very much the feeling that the Pledge can act as a sticking plaster which is covering over the deep rooted cultural, management and budget issues which drive reaction to mental health.

> 'I fear the older officers are very much stuck in their ways, the forward thinking young people are great adapters, but the older ones are real challenges as they are very stern and stuck in their ways'
> Champion: Police, Community Officer

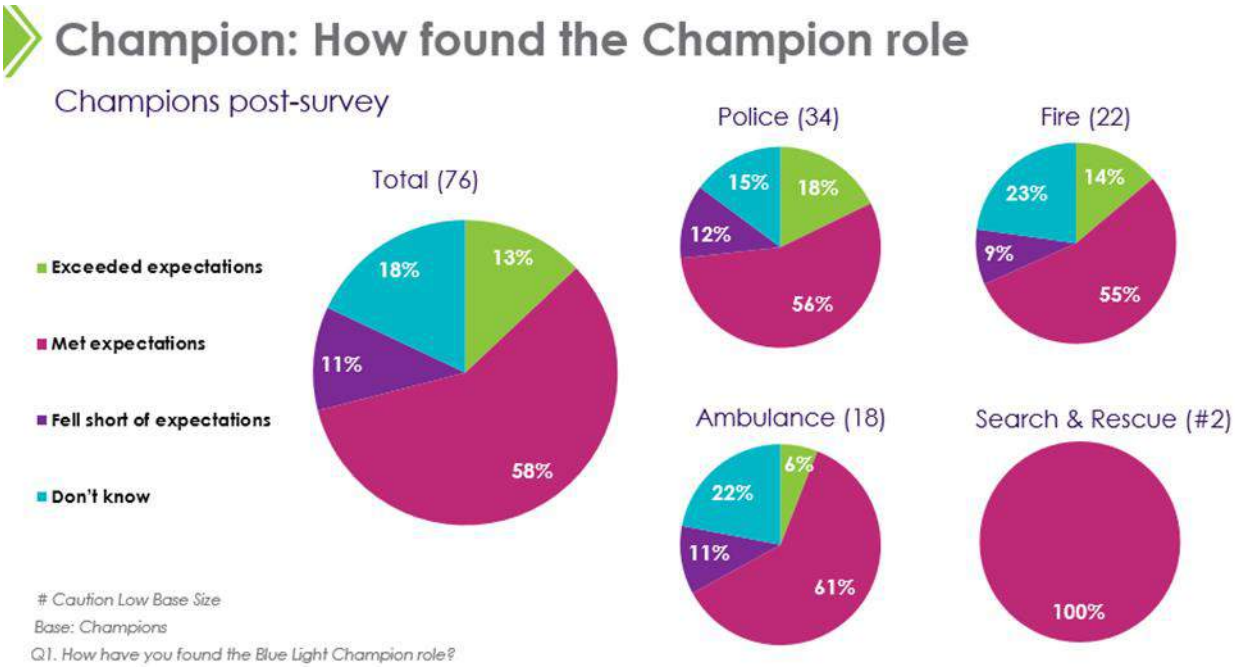
> 'It's a baby at the moment taking little steps, this is something that's going to take YEARS to sort out but it's a step and we are talking about it now, so it's working'
> Champion: Fire Service, Firefighter

> 'Hard to say, there is a lot of work left to do. In a short time frame it has started the conversations, but there has not yet been major change'
> Champion: Ambulance, Manager

Experience of undertaking the champion role

- It's really positive to see that seven in ten (71%) champions responding to the post-survey said that the blue light champion role had either met or exceeded their expectations. In their telephone depth interviews, champions were generally very positive about their role, feeling that they had made good strides at getting information put in place and events organised.

> 'There's been loads, I'm really surprised to be honest, chief has really pushed this which is great. There's been meetings, emails lots of things like that really'
>
> Champion: Police, Trainer



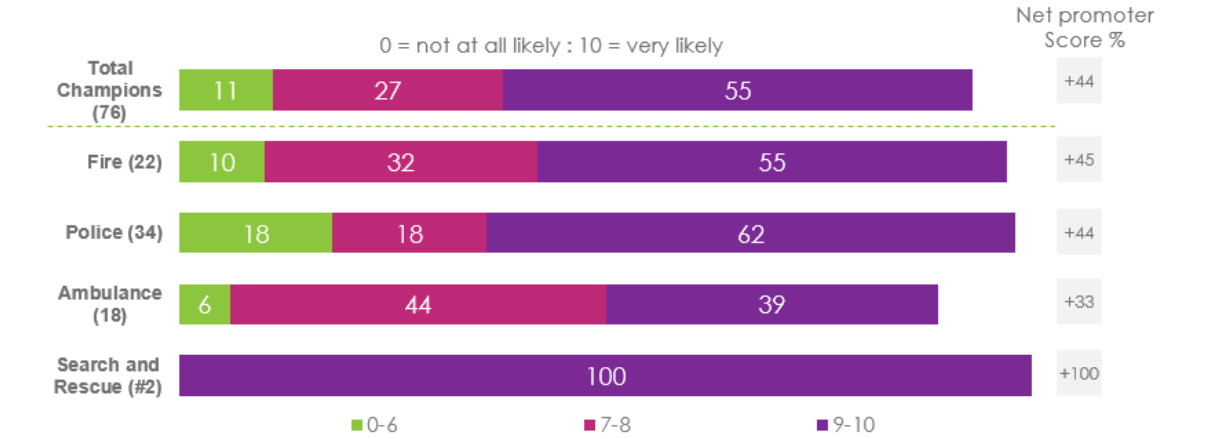
- Over half (55%) would go so far as to be advocates of the Blue Light Programme, giving an impressive Net Promoter Score of +44% for likelihood of recommending the blue light champion role to someone else working in the emergency services. However, there are differences by blue light service, with the Net Promoter Score dropping to just +33% for those working in the Ambulance Service. As noted later, champions responding from the Ambulance Service were the most critical about the support provided by their organisation, which perhaps goes some way towards explaining this difference in the Net

Promoter Score. Certainly, in champions' telephone depth interviews there was definitely a sense that there was less satisfaction and feelings of making an impact within the Ambulance Service. This was being driven by the nature of their jobs where a lot of the frontline staff are effectively lone workers who have very little time for talking as they often arrive and go straight out in the ambulance where they are working with just one or two other people as opposed to a wider team or having the chance to speak to the wider workforce before going out on the road.

> 'Getting the message out there to all the base stations, thing is we hardly ever spend time at station other than to "clock in/out" we need little packs to take away with us or maybe even signs on the toilet door!
>
> Champion: Ambulance Paramedic

Recommendation of the Blue Light Programme

Champions post-survey



Caution Low Base Size
Base: Champions

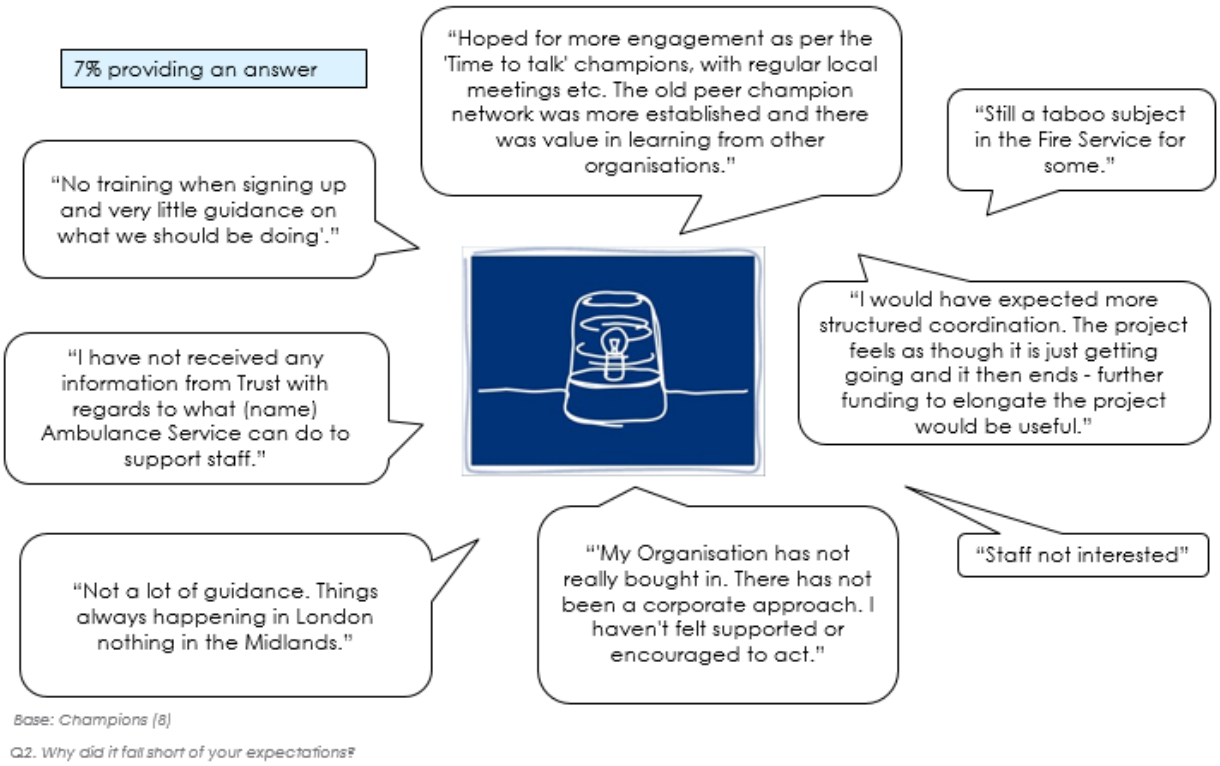
Net promoter scores = (% rating 9 or 10) – (% rating 6 to 0)

Q8. On a scale of 0-10, how likely are you to recommend becoming a Blue Light champion to someone else working in the emergency services?

- Just eight champions said that the Blue Light Programme had fallen short of their expectations. The main reasons quoted for falling short of expectations was a lack of support by senior management and lack of interest by staff, with the topic of mental health remaining a taboo subject.

Why fell short of expectations

Champions post-survey – Spontaneous comments



Base: Champions (8)

Q2. Why did it fall short of your expectations?

- In their telephone depth interviews, it was also apparent among champions that there is a core mistrust of managers (this appears to be particularly an issue within the Police and is echoed by employees, as reported earlier).

'People are very scared of senior management, ulterior motives and everything. There's no trust between us ground workers and those above'

Champion: Police, Sergeant

'I'm sceptical but then I think most public services don't really trust their bosses!

Champion: Police, Trainer

- Like employees, champions commented in their telephone depth interviews on the macho or stoic organisational culture where mental health can often be seen as something that makes an individual unsuitable for their job role.

'The oldies are a hard bunch to battle "people shouldn't be a police officer if your suffering mental health" that type of stuff really'
Champion: Police, Sergeant

'People confide on a one to one basis, but not openly. There is a lot of self-stigma'
Champion: Ambulance, Paramedic

'My view is that there isn't the recognition of people with mental illness in the police service. My husband's treatment was really poor'
Champion: Police, HR Recruitment Partner

(Any concerns?) 'That the brigade will use it as a point of highlighting incompetence. I like that MIND is NOT part of my employer'
Champion: Fire Service, Firefighter

Post rationalised reasons for becoming a blue light champion

- One year on, champions were asked in their telephone depth interviews to reflect on their initial decision to become a blue light champion. The decision to become a champion was motivated for some by personal experience of mental health issues and the strong desire to try to address some of the stigma that they had personally experienced themselves. For others, the motivation was concern for team mates and colleagues who were felt to be suffering in silence with little support within the blue light organisations. This is an interesting finding given that when the Programme first launched, the main aim was to tackle stigma. However, as the campaign progressed, for champions it became more about helping others and the Programme was adapted as a consequence.

'I treat so many people with mental health illness on a daily basis, but now there is something that is for us. It was almost unheard of'
Champion: Ambulance,

'It's really important to tackle the stigma around mental health illness, stress is a real problem for people in my job role. It's good there's help out there for people that want it'
Champion: Police, PC

'I have previously suffered with mental health illness, but in my job it's so hard to admit; we help others we are not meant to the ones who need help. So many people have been suffering in silence'
Champion: Ambulance, Paramedic

'I felt guilty about colleagues/family/friends with issues, supporting them, so I wanted to learn about signs and prevent them from reaching suicide and crisis. I did not want anyone I worked with to die and I wanted to do more for those I cared about'
Champion: Fire Service, Watch Manager

- Across the three blue light services, there was a collective desire amongst the champions to set an organisational change in motion by actively encouraging people to talk about mental health issues and with it, reducing stigma.

'I wanted to highlight that people can still function and have a professional job when they have a mental health problem, to reduce the stigma'
Champion: Police, Detective

'To raise awareness and the realisation that getting help is normal, it shouldn't be seen as a stigma'
Champion: Ambulance, Advanced Paramedic

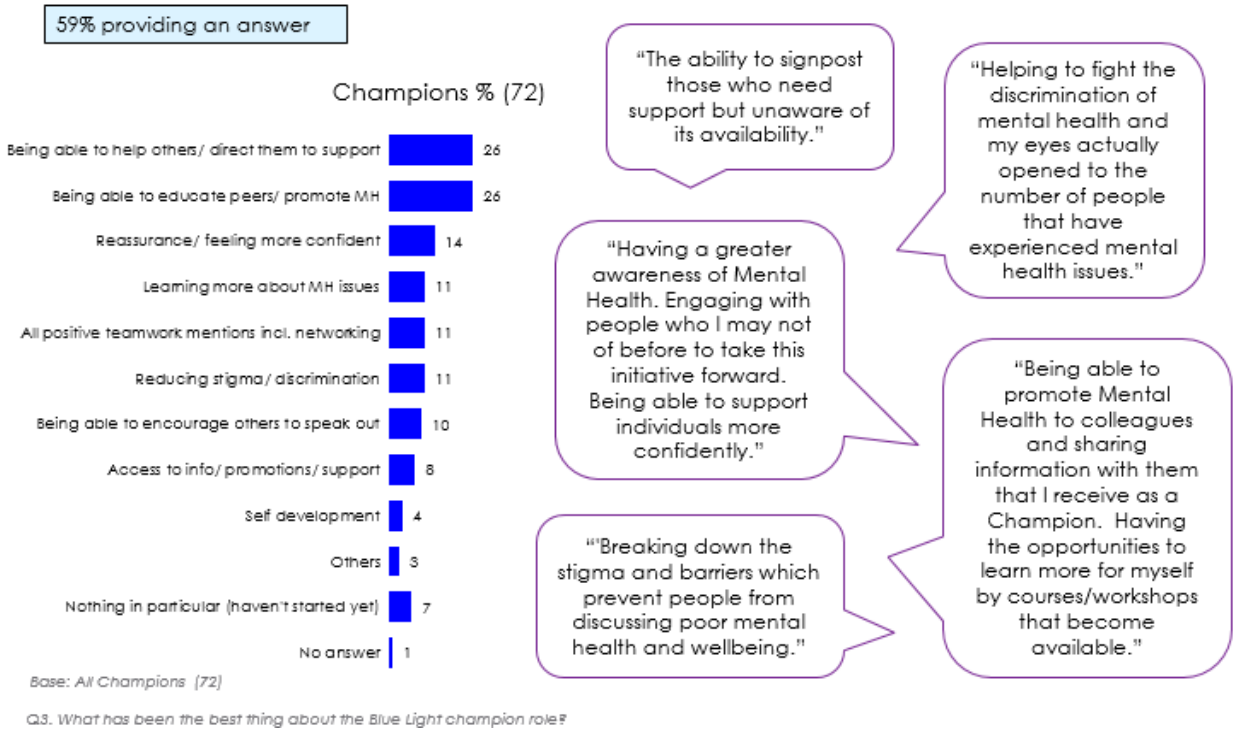
'To reduce the stigma and promote the need to talk. To get people more open. Set it up so folk can be referred to counselling service and psychiatric help'
Champion: Fire Service, Chaplain

Best and worst aspects of the champion role

- Champions were asked what were the best things and worst things about the champion role. For around a quarter, the best things were being able to help others and educate their peers (both 26%). This is a positive finding given that these factors were among the top reasons quoted for wishing to become a champion in the first place. This is followed by 14% who spontaneously said that being involved as a champion in the Blue Light Programme had helped them to feel more confident. Around one in ten had learnt more about mental health issues and the same percentage had enjoyed the teamwork/ networking experience (both 11%). A similar proportion had been pleased to reduce stigma and discrimination in the workplace and to encourage others to speak out about their mental health (11% and 10% respectively).

The best thing about being a Blue Light Champion

Champions post-survey – Spontaneous comments



- In their telephone depth interviews, it was also clear that the champions are obviously very invested in the project and have a passion to see mental illness destigmatised. For all of the individuals interviewed, being a champion has been a very positive and self-affirming thing to do:

'It's been great, outside of work meeting others has proven to me I'm not alone in what I have suffered. The main thing for me is I was actually PROMOTED while I was sick, I have great pleasure in telling people that. Mental health illness doesn't have to stop you from doing anything'

Champion: Police, Sergeant

'It re-affirms that what I have said for a long time is right. Not to be ashamed'

Champion: Ambulance, Advanced Paramedic

'It is another tool in the box helping me to talk more openly with people'

Champion: Fire, Chaplain

'It has been positive, I have been empowered and feel more confident'

Champion: Police, HR Advisor

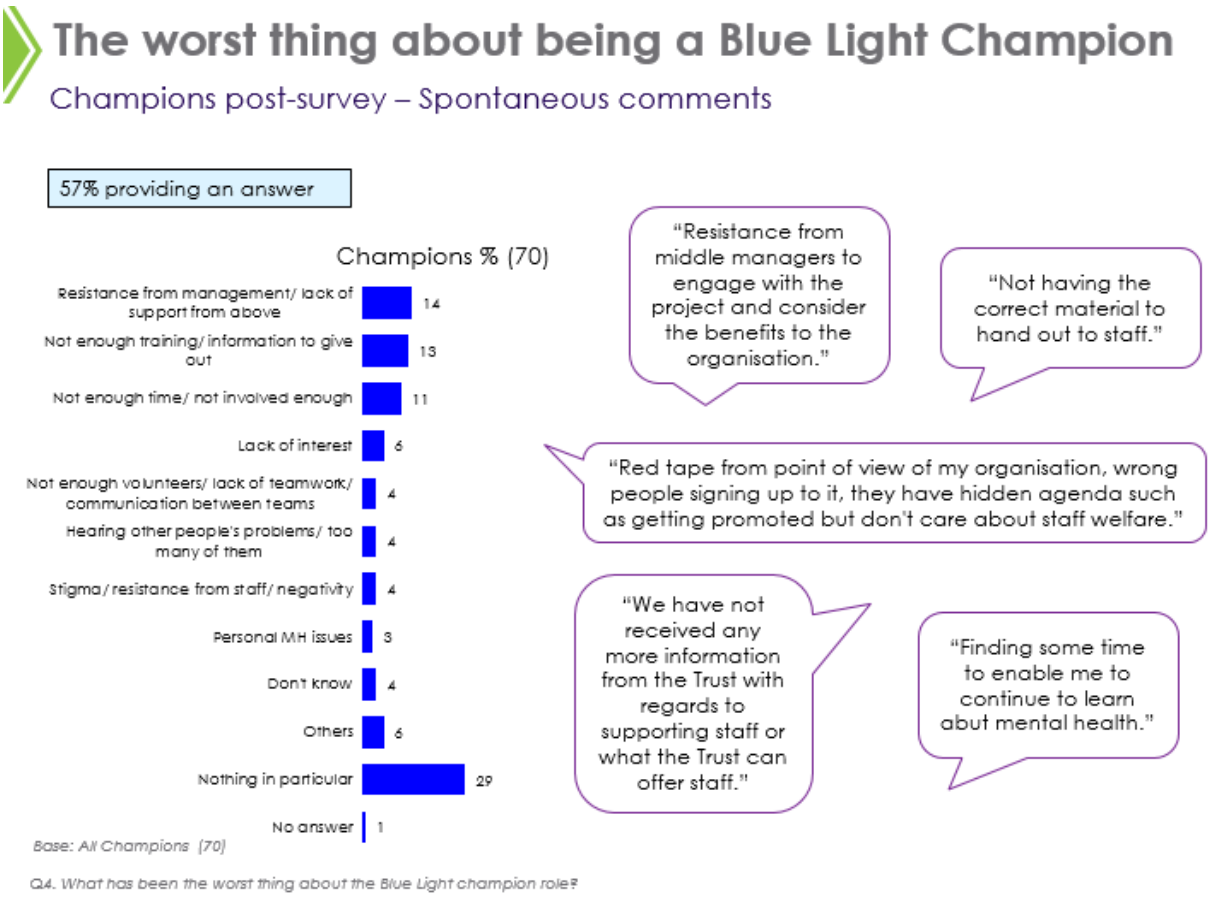
- While most don't feel that it has changed their attitude going forward (because they were already engaged with changing perceptions about mental health), some do feel that they have been empowered to be able to be more positive and confident about talking about mental health, their own mental health and the pressures on those experiencing mental health problems:

'It has given me an awareness that bad days can quickly escalate to something more'
Champion: Fire, Watch Manager

'Being able to be more positive about it. You can still function to be a normal person and do a professional job'

'I'm not as panicked to be around people with mental health issues anymore. You risk-assess at a lower level, if you know what I mean. In our organisation, if you show signs of having a mental health problem, people automatically assume you're incapable of doing anything anymore. I now know that's not the case - people are still capable of doing lots of things'
Champion: Police, HR Recruitment Partner

- In terms of the worst aspects of the champion role, 14% of champions spontaneously commented on the lack of support and in some cases resistance from Management. This is followed by 13% who felt that they didn't have enough training or information and 11% who would have liked more time to make the role a success.



- These feelings were also apparent in the telephone depth interviews with champions. Whilst there are pockets of good practice where champions feel like big strides have been made, overall the picture is very mixed in terms of how much support the individual champions have received from their respective organisations. Some express misgivings as to whether their organisation signing up to the Pledge has been just a PR exercise or lip service to something which 'should' be being given attention, but that in reality isn't given sufficient time or attention to be fully resolved.

'Yes, they seem to be really pushing it'
Champion: Ambulance, Paramedic

'Yes, I mean they seem like they are really up to help their staff. Thing is like I'm sure your aware ground staff do not trust senior managers'
Champion: Police, Sergeant

‘Yes they have listened, allowed time and finances for the activities. They have encouraged and I have had to say No due to time for certain things but they have been keen. This support and finance has not always been forthcoming when talking about other subjects'

Champion: Fire, Watch Manager

‘No they won't release me for events’

Champion: Police, Detective Constable

‘No. They are disconnected from the frontline. An official report from the CQC has shown that is the case. There is only one director who is a paramedic'

Champion: Ambulance,

‘I hate to say there's been no support, but because we haven't done much yet, it's hard to say. They have given us time off to attend some of the events. The initial flurry of support for the Pledge was good, but it's died down since then’

Champion: Police, HR Recruitment Partner

- There was also a recognition among champions that in order to make big and long lasting changes, more time will be needed.

‘I would say its early days, a great idea but still early days’

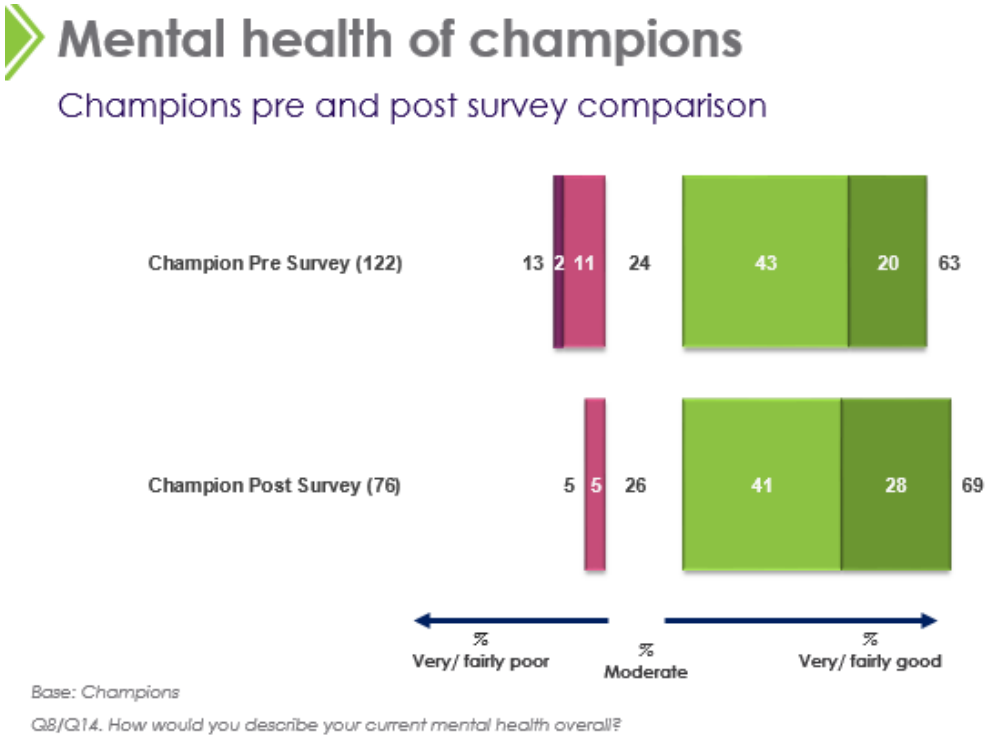
Champion: Ambulance, Paramedic

‘I'm not sure if anything major has changed’

Champion: Police, PC

Champions' mental health one year on – self reported

- Positively, one year on, champions are more likely to describe their current mental health as good than they were prior to participating in the Blue Light Programme (28% in the post-survey versus 20% in the pre-survey describe their current mental health as very good). Even more encouraging is the shrinkage in the proportion who describe their mental health as poor – from 13% pre-survey to just 5% post-survey. While these findings are not statistically significant due to the low base sizes, they are encouraging and show a positive movement in the right direction.



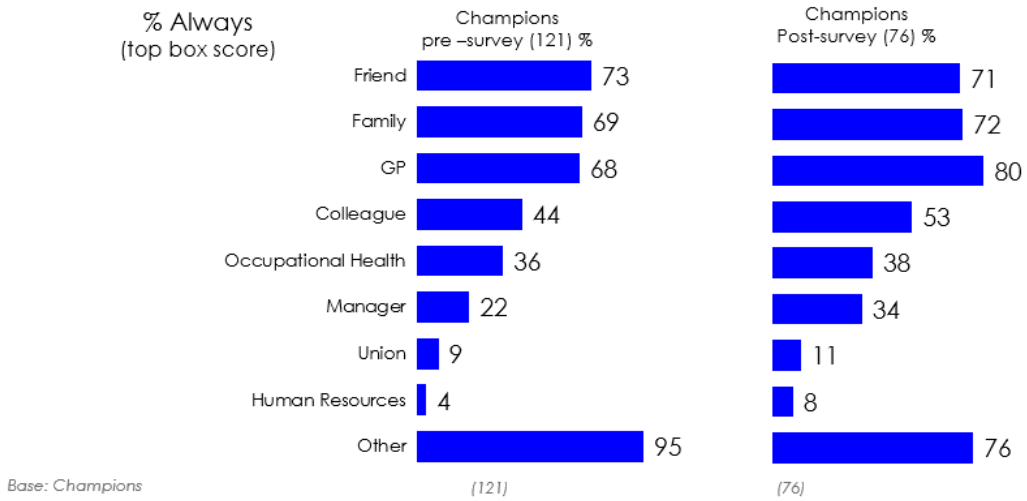
Base: Champions

Q8/Q14. How would you describe your current mental health overall?

- Another positive finding is that blue light champions are more likely so seek support from the formal channels, with an upward shift of +12% for always seeking support from their GP and the same percentage increase for always seeking support from their Manager (although, it should be noted that the findings are not statistically significant due to the low base sizes).

Champions: Who would seek support from

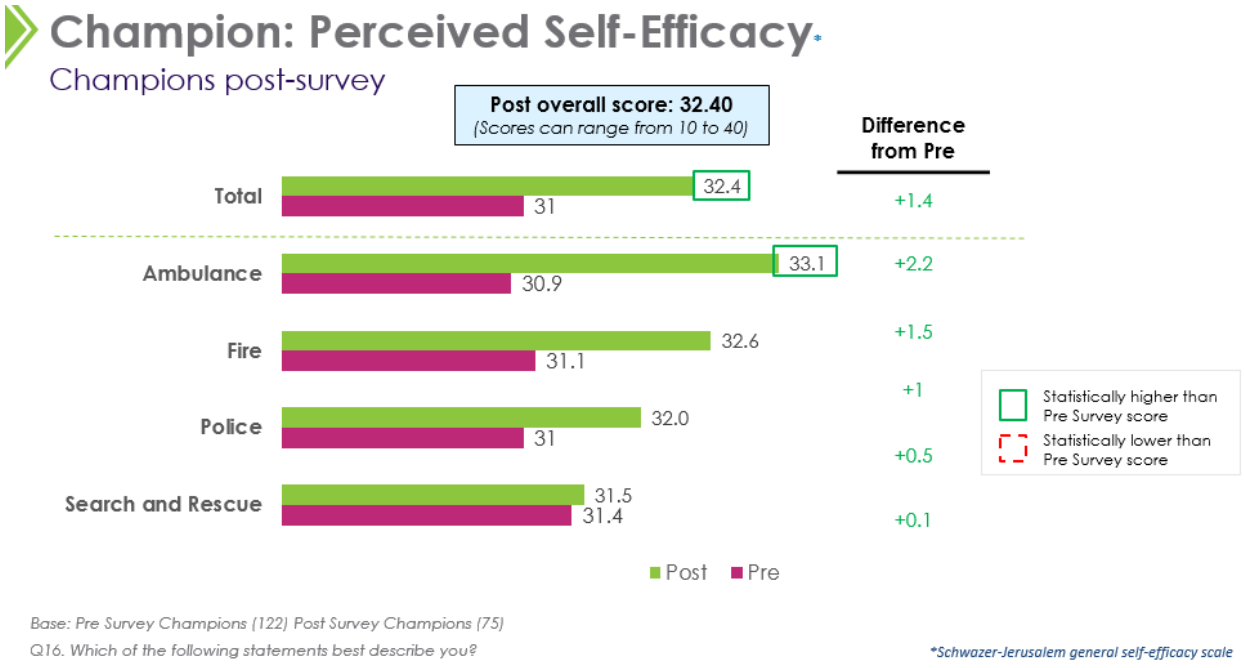
Champions pre and post survey comparison



Q10/Q15. If you began experiencing poor mental health, how likely are you to seek help from the following?

Self-efficacy of champions one year on

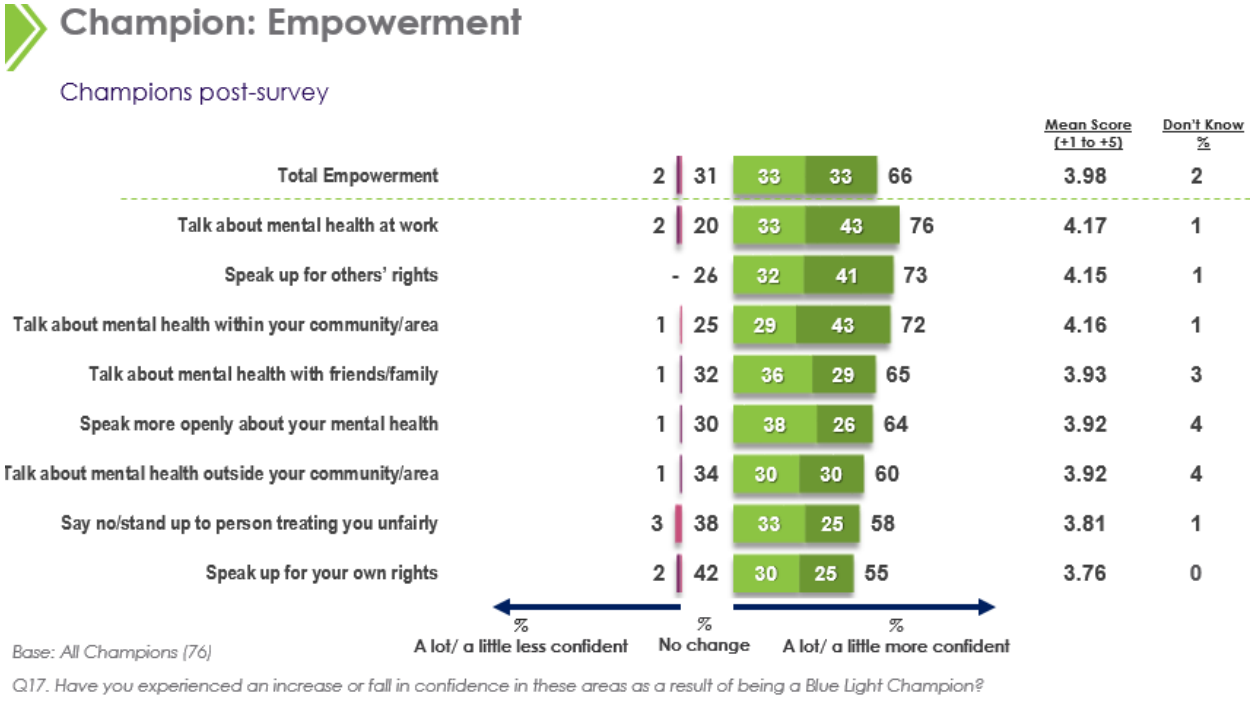
- The self-efficacy of the blue light champions was again measured post-survey and positively, there has been an increase in self-efficacy by +1.36 (from 31.04 on average pre-survey to 32.40 on average post-survey). The biggest increase (+2.23) was recorded among those responding from the Ambulance Service – an encouraging finding given the lower scores reported for this audience elsewhere in the report. There has also been a slightly improved score for those reporting poor to moderate mental health pre-survey (from 28.76 to 29.28).



Empowerment of champions one year on

- The empowerment scale is a bespoke measurement of change in confidence developed as part of the Phase 2 Time to Change campaign with the aim of measuring the change in empowerment among Time to Change champions. The scale comprises eight statements and an overall score is calculated by averaging the scores achieved across the statements. The measure was applied to the blue light champions.
- The overall empowerment score for champions is 66%, which is slightly lower than that recorded in the Phase 2 Time to Change project (71%), possibly because blue light champions were already engaged and starting from a higher baseline than the Phase 2 Time to Change Champions who were completely new to the role and the Time to Change campaign and would therefore have experienced a greater increase in confidence/ sense of empowerment.
- The figures were, however, higher than IPSOS MORI's Omnibus survey among those with lived experience, where an empowerment score of 47% was recorded (national omnibus survey commissioned by Time to Change and conducted by IPSOS MORI in February 2014. Questions filtered on those respondents who reported mental health problems, to give 1,098 members of the public with lived experience).
- The greatest increase in confidence across all blue light champions is seen for talking about mental health at work (76% feeling a little or a lot more confident about doing this). Over seven in ten would also feel empowered to speak up for

the rights of others (73%) and talk about mental health within their community (72%). Three in five say that they would now feel more confident talking about mental health outside their community/ local area (60%) and just over this proportion would feel confident to speak more openly about their mental health (64%) and to talk to friends/ family about the topic (65%). The lowest number of champions feeling a change in confidence is recorded for speaking up for their own rights (55%) and challenging a person treating them unfairly (58%).



- Ambulance staff have felt the greatest sense of empowerment across all measures. This is a positive finding given the lower mental health reported among this audience in the baseline survey.

Champions: Empowerment by Blue Light Service

Champions post-survey

EMPOWERMENT	TOP 2 BOX - % A LOT/ A LITTLE MORE CONFIDENT					MEAN SCORE				
	Total	Police	Fire	Ambulance	S&R	Total	Police	Fire	Ambulance	S&R
Total Empowerment	65	62	64	76	58	3.98	3.98	3.87	4.23	2.94
Speak up for your own rights	55	59	41	72	-	3.76	3.82	3.50	4.06	3.00
Speak up for others' rights	72	71	64	83	100	4.15	4.15	4.00	4.33	4.00
Say no/stand up to person treating you unfairly	58	56	59	67	-	3.81	3.79	3.86	3.94	2.50
Talk about mental health within your community/area	72	68	73	83	50	4.16	4.15	4.05	4.44	3.00
Talk about mental health outside your community/area	61	59	59	67	50	3.92	3.97	3.76	4.18	2.50
Talk about mental health at work	76	68	86	83	50	4.17	4.15	4.14	4.47	2.50
Talk about mental health with friends/family	64	59	64	78	50	3.93	3.94	3.86	4.18	2.50
Speak more openly about your mental health	64	56	68	78	50	3.92	3.85	3.81	4.24	3.50

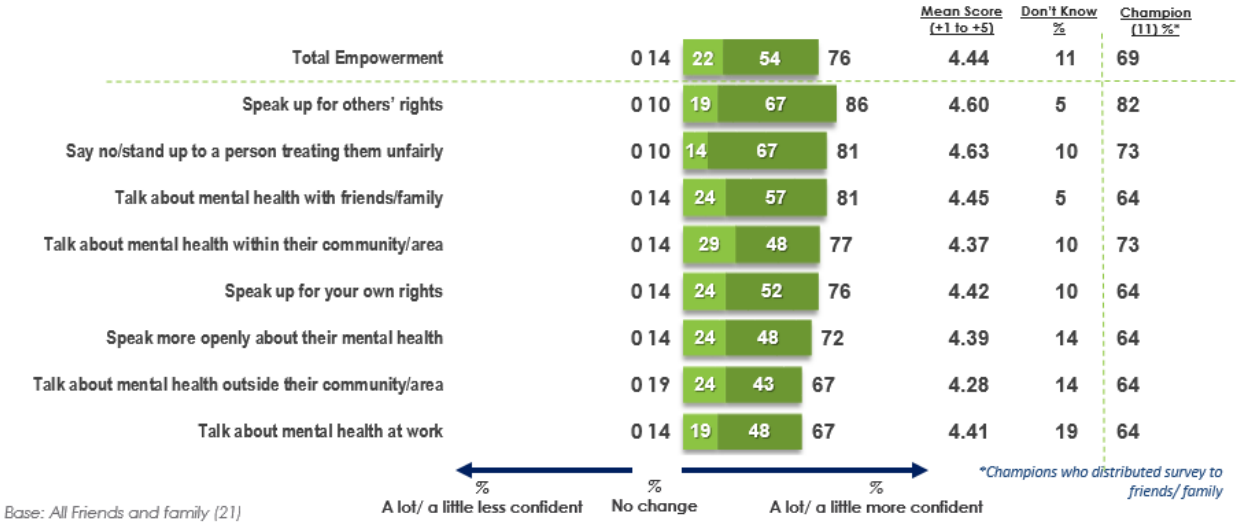
Base: All Champions (76)

Q17. Have you experienced an increase or fall in confidence in these areas as a result of being a Blue Light Champion?

- Friends and family are even more positive about the sense of empowerment experienced by their loved one. Some additional analysis was conducted to examine the friend and family score against their own specific champion. Although based on low sample sizes, it shows that the friend and family member gave their champion a notably higher empowerment rating than reported by the champion themselves (overall total average empowerment score of 76% given by friends and family members compared with 69% on average for their relevant champions). This is a consistent trend across all eight statements.

Friends and Family: Empowerment

Friends and Family assessment of Champions



Base: All Friends and family (21)

Q15. Have you experienced an increase or fall in confidence in your friend/ family member in any of these areas as a result of being a Blue Light Champion?

Social Capital of Champions one year on

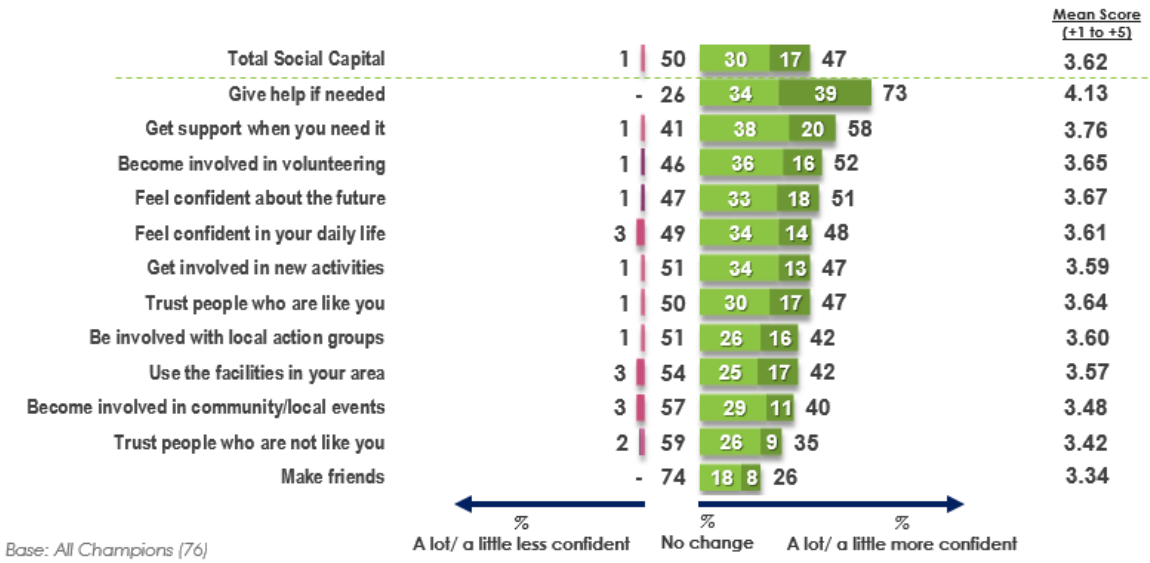
- Like the empowerment scale, the measure of social capital was a bespoke measurement of change in confidence developed as part of the Phase 2 Time to Change campaign. The scale comprises twelve statements and an overall score is calculated by averaging the scores achieved across the statements.
- In terms of their social capital, the overall score for champions is 47%. Again, this is somewhat lower than that recorded in the Phase 2 Time to Change project (63%), but higher than the score recorded for those with mental health problems in IPSOS MORI's general public Omnibus survey (2014), where there was a total social capital score of 40%. Again, those working in the Ambulance Service have seen the greatest shifts in their social capital.
- 'Giving help if needed' is the aspect which has seen the greatest rise in confidence among blue light champions, with over seven in ten feeling more confident in this respect. This is followed by 58% who feel more confident about getting support when needed, which mirrors the earlier findings about who they would seek support from. Positively, around half now feel confident about their daily life (48%) and about the future (51%).
- When it comes to being involved in new activities, around half (47%) would now have the increased confidence to take part and slightly more would be prepared to become involved in volunteering (52%). Similarly, around two in five have experienced an increase in confidence when it comes to using the local facilities

in their area (42%) or being involved in local action groups (42%) or local community events (40%).

- However, while champions feel a sense of increased confidence to take part in new activities, they would find it harder to make new friends. Only a quarter (26%) say that they would have the confidence to make new friends and just 35% would trust people who are not like them, although this increases to around half when it comes to trusting people who are like them (47%).

Champion: Social Capital

Champions post-survey



Base: All Champions (76)

Q18. And, have you experienced an increase or fall in confidence in these areas as a result of being a Blue Light Champion?

Champions: Social capital by Blue Light Service

Champions post-survey

SOCIAL CAPITAL	TOP 2 BOX - % A LOT/ A LITTLE MORE CONFIDENT					MEAN SCORE				
	Total	Police	Fire	Ambulance	S&R	Total	Police	Fire	Ambulance	S&R
Total Social Capital	47	46	42	58	63	3.62	3.61	3.54	3.83	2.92
Get involved in new activities	47	47	41	56	50	3.59	3.56	3.45	3.83	3.50
Be involved with local action groups	42	41	36	56	-	3.6	3.58	3.43	3.94	2.00
Make friends	26	26	14	44	-	3.34	3.32	3.18	3.61	3.00
Get support when you need it	58	53	59	72	-	3.76	3.68	3.73	4.06	3.00
Give help if needed	74	68	77	78	100	4.13	4.00	4.18	4.33	4.00
Feel confident about the future	51	50	55	56	-	3.67	3.65	3.68	3.78	3.00
Feel confident in your daily life	49	53	45	50	-	3.61	3.68	3.55	3.67	2.50
Become involved in community/local events	39	35	36	50	50	3.48	3.45	3.36	3.72	3.00
Become involved in volunteering	51	56	32	67	50	3.65	3.76	3.27	3.94	3.50
Trust people who are like you	47	44	41	67	-	3.64	3.61	3.59	3.83	3.00
Trust people who are not like you	36	38	36	33	-	3.42	3.45	3.52	3.39	2.00
Use the facilities in your area	42	38	36	61	-	3.57	3.52	3.50	3.89	2.50

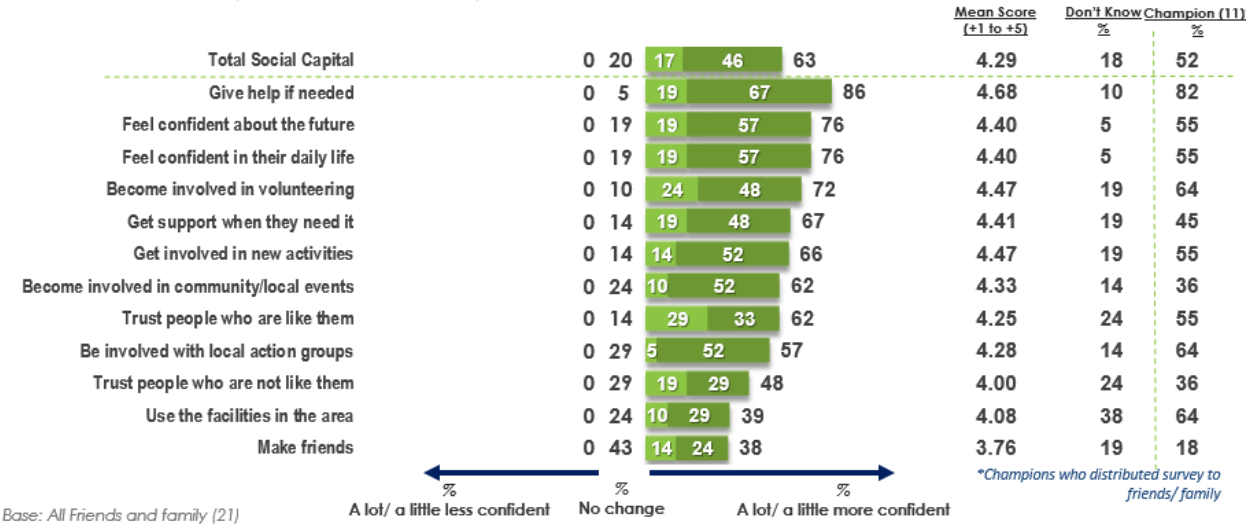
Base: I Champions (76)

Q18. And, have you experienced an increase or fall in confidence in these areas as a result of being a Blue Light Champion?

- Again, friends and family are more likely to recognise the impact in terms of social capital on their loved one, with a total social capital score as assessed by friends and family members of 63% compared with the 52% given by their champion in their own self-assessment. On only two of the twelve statements did the champion give a higher confidence score than that assessed by their friend and family member (this was for being more confident to use the local facilities in the area and having the confidence to be involved in local action groups – 64% vs 39% and 64% vs 57% respectively).

Friends and Family: Social Capital

Friends and Family assessment of Champions



Base: All Friends and family (21)

Q16. And, have you experienced an increase or fall in their confidence in these areas as a result of being a Blue Light Champion?

Reported impact on the champions by friends and family

- As reported above, friend and family members have noticed a positive impact in terms of the empowerment and social capital of their loved one. When asked about the overall impact of the Blue Light Programme on their loved one, over two-thirds (67%) felt that the Programme had been a positive influence on their loved one overall – almost half described it as having a very positive impact. Moreover, no one said that it had impacted them in a negative way.
- In their own words, respondents were asked to describe the positive and negative impacts of being involved in the Blue Light Programme on their friend/ family member. Being given a voice and speaking more openly without the fear of breaking taboos was the positive outcome commented on by most. Friends and family also spoke about their loved one feeling more confident and empowered generally by realising that they were being taken seriously and were not the only ones experiencing mental health problems, with some reporting that their champions had even gone on to make new friendships as a result of being involved in the Blue Light Programme. The feeling of helping others and making a difference also impacted on the champions positively as reported by their friends and family members, mirroring what the champions said themselves. However, a slight negative was the time taken to be involved and the resulting impact that this had on family life and the work-life balance.

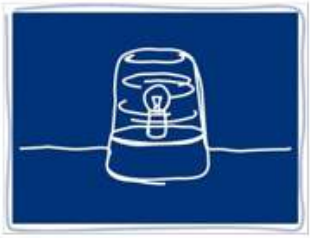
Positive impact of the Blue Light Pledge

Friends and Family – Spontaneous comments

"It has helped her advice colleagues in the workplace with mental health issues/concerns through her increased awareness of the effects of mental well being."

"Positive in gaining recognition and getting freedom to make a difference nationally, meeting like-minded people along the way. Slight negative impact on work-life balance though."

"It has allowed my wife to openly talk about mental health issues without feeling like she is breaking social taboos."



"It has given him a voice to speak about mental health problems in and out of work."

"They have been empowered by helping others that are struggling like she was, and it has helped her realise just how many other people are 'suffering in silence'."

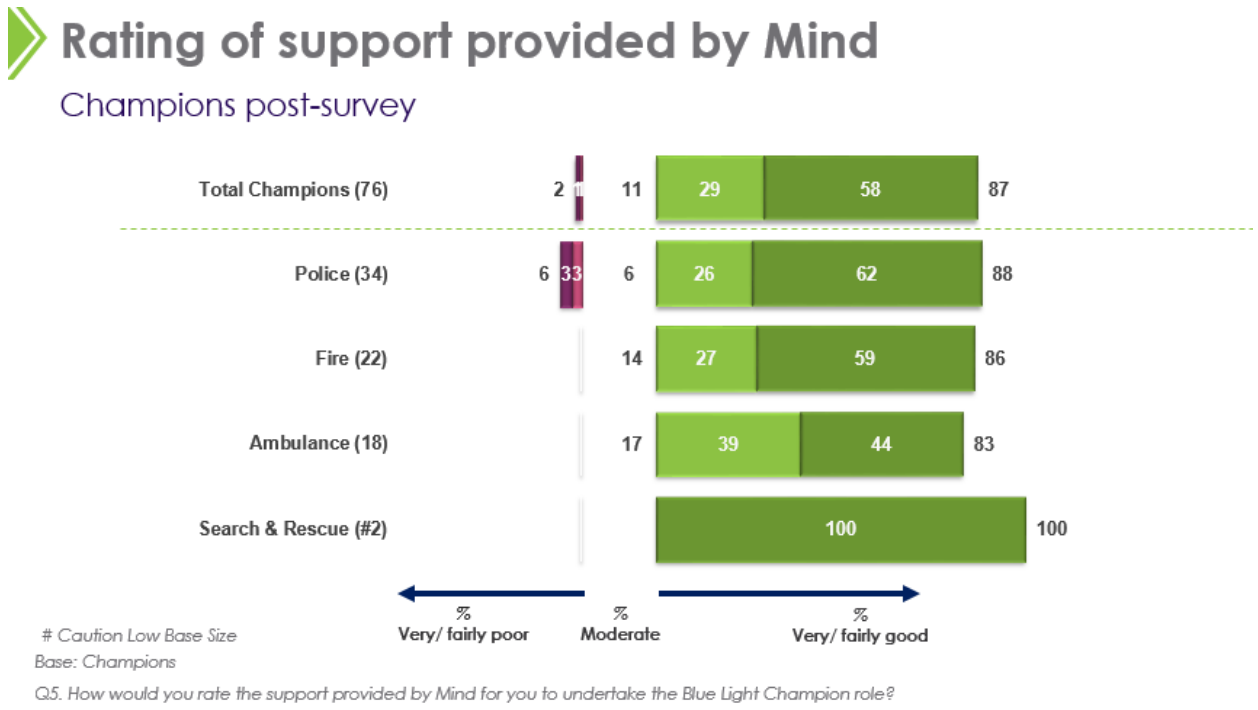
"More positive that mental health issues are being taken seriously, which can only help within their emergency service role."

Base: All Friends and Family (21)

Q14a. In what way has the impact been positive?

Rating of support provided by Mind to undertake the champion role

- Encouragingly, around nine in ten champions (87%) rated the support provided by Mind to help them undertake the blue light champion role as good – an impressive 58% say it was very good.



- Similarly, in the telephone depth interviews, champions commented on how supportive Mind had been. There was an appreciation that an external charity was taking a stance to change things within the blue light organisations (the fact that it's being run by an external organisation also provides a 'safer' feeling environment at training sessions or on calls).

'Mind are doing a great job, I'm so glad it's a well-known charity willing to tackle the stigma, you need somebody like Mind to challenge perspectives out there'
Champion: Police, Trainer

'Couldn't ask for any more support. Mind's Champions Officer has been great'
Champion: Ambulance, Employee Manager

- However, some of the meetings were tricky for those working shift patterns or some in certain geographies to access and as such, there is a demand for more online training and alternative dates/times to be available:

'Some more variety/flexibility in dates, a few of the meetings have been in the middle of the day which means day/night shift staff won't be able to go. It's limiting options'
Champion: Police, Community Officer

'More courses or online courses, I don't get much time off to travel for courses'
Champion: Ambulance, Paramedic

- There is also some call for materials to be tailored more to be applicable to those working shifts – for example materials on managing stress with good sleep routines etc. don't feel in touch with everyday life for those working irregular/night shifts. It should noted that the training/ booklets were not specific to champions and as such, their impact has been assessed in other evaluation strands (see other strand reports).

'Maybe some more bespoke training relating to shift work'
Champion: Police, Trainer

'Can the booklets focus on shift sleeping patterns?'
Champion: Police, Officer

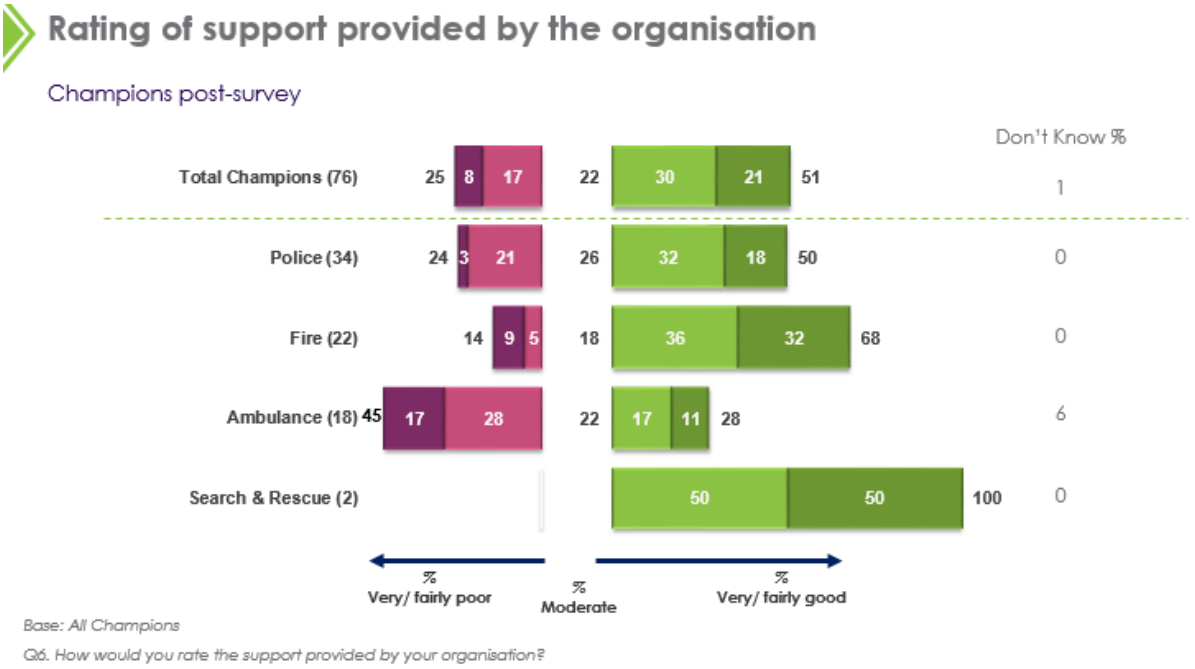
- In their telephone depth interviews, champions positively commented on the resources provided by Mind. Most importantly, the resources were seen to provide the opportunity for blue light staff to access information in a 'quiet' manner at their own pace.

'Getting the literature out there, people have a couple of the booklets and I've seen people reading them, especially the stress ones!'
Champion: Fire, Firefighter

'The literature provided is really handy, I've seen people just pick up a card and pop it into their pocket, whether it's for themselves or somebody they know, it's nice to see. We are not all vocal about mental health and leaflets, cards etc. are a good way for the more quiet people to seek help away from "prying eyes"'
Champion: Police, Community Officer

Rating of support provided by the organisation

- While champions are extremely positive about the support provided by Mind, they are decidedly less favourable about the support provided by their own organisation, with only half rating it as good and a quarter appraising it as poor. The Ambulance Service stands out as being in stark contrast to the other emergency services, with notably more rating the support offered by their organisation as poor (45%) than good (28%).



In their post-survey, champions were asked to make suggestions (in an open-ended question) for how support provided by Mind and/ or their organisation could be improved in the future. Around three-quarters of champions offered a suggestion, with more support by Management topping the list (recommended by 21%). Over one in ten would have liked better communications within their organisation (16%) and more training opportunities provided to staff (14%). One in ten also felt that it could have been better promoted and the same percentage wanted to keep the momentum going by continuing to build the network. For 9% of champions, they would have liked more advice and support from Mind on the champion role.

Suggestions for how support can be improved

Champions post-survey – Spontaneous comments

Q7. Do you have any suggestions for how the support provided by Mind and/ or your organisation can be improved?

A final word from champions

- We leave the final words about the Blue Light Programme to the blue light champions. Champions were clearly grateful for the opportunity to be involved in the Blue Light Programme and for some, it has aided them in their journey to recovery. Champions are extremely passionate about the cause and have a strong desire to keep the momentum going and build a legacy for lasting change.

A final word from the Blue Light Champions

Champions post-survey – Spontaneous comments

35% providing an answer

"Now the wheels are in motion this needs to continue in some form. There is still a long way to go but BLP has been a real instigator of change for the better. Mind are a fantastic and professional organization'."

"I feel very passionate about this subject and would very much to be involved in future projects and courses."

"Being a Blue Light Champion is one more resource for us as an organisation in an area where we are making good progress across the board.."

"Your Great."

"Good initiative."

"It would be good to see the programme's legacy continue into the future."

"Thanks for the opportunity."

Thank you for helping with my PTSD recovery ☺."

"The blue light programme is wanted and needed in the emergency services. We are only just lifting the lid on something that in the past has been ignored through the macho image that still exists in todays fire culture. We need to keep this momentum, if we cant look after ourselves we cant look after others. Please keep the Blue Light Programme going, its our emergency service!."

"I am really pleased that this support has been created and enjoys the support of a credible brand, MIND, behind it. Our world is getting busier and more sophisticated and this leads to greater expectations on the emergency services and the staff that deliver those services. To be able to give support to those few who support so many is a magnificent achievement and worth while investment in our future."

Base: Champions (8)

Q2. Why did it fall short of your expectations?

12. Appendix: Questionnaires

Pledge leads pre-survey

On first page: Thanks for clicking through to this survey. It should take no more than about 5-10 minutes to complete. Your answers will be completely confidential.

Q1 [required]

(1)	Which blue light service are you a member of? SINGLE CODE
1	I am a member of the police service
2	I am a member of the fire service
3	I am a member of the ambulance service
4	I am a member of the search and rescue service
5	Other (Please specify)

Q2 [required]

(2)	Who in your organisation had the initial idea to sign the blue light organisational pledge? SINGLE CODE
1	Occupational Health
2	Mental Health Lead
3	Human Resources
4	Chief Executive
5	Board of Directors
6	Other (Please specify)
7	Don't know

Q3 [required]

(3)	And, who in your organisation approved/ signed off the decision to sign the blue light organisational pledge? SINGLE CODE
1	Occupational Health
2	Mental Health Lead
3	Human Resources
4	Chief Executive
5	Board of Directors
6	Other (Please specify)
7	Don't know

Q4 [required]

(4)	What were the main reasons for signing the pledge? MULTICODE
01	Improved mental health awareness among personnel
02	Improvement in sickness rates
03	Financial benefits
04	Improvement in productivity
05	Attract the best talent
06	Improved staff wellbeing
07	Improved staff morale
08	To be seen as a leader in the sector
09	To be an equal opportunities employer
10	Investors in People or other similar award
11	Other (Please specify)
12	Don't know

Q5 [required]

(5)	How would you rate the support provided by Mind prior to signing the pledge/ developing your action plans? SINGLE CODE
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't know

Q6 [required]

(6)	What, if anything, was your organisation doing to support staff wellbeing/ mental health before signing the pledge? MULTICODE
01	Ran an internal awareness raising campaign
02	Campaigned externally/ with the general public
03	Ran events around/ including mental health
04	Made changes to policy/ies
05	Made changes to employee benefits on offer
06	Made changes to recruitment procedures
07	Made changes to sickness reporting processes
08	Set up an employee support network
09	Training for staff regarding mental health
10	Produced resources for line managers regarding supporting mental health in the workplace
11	Training for line managers regarding supporting staff with mental illness
12	Other (Please specify)
13	Nothing in particular
14	Don't Know

Q7 [required]

(7)	How would you describe the current mental health of the workforce overall? [Single Code]
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q8 [required]

ASK IF 'MODERATE' OR 'POOR' MENTAL HEALTH REPORTED AT Q7. OTHERWISE GO TO Q9

(8)	What, in your opinion, do you think are the biggest causes of staff mental ill health? [Single Code]
1	Problems at work
2	Problems outside work in personal life
3	A combination of problems at work and outside in personal life
4	Don't Know

Q9 [required]

ASK ALL

(9)	Compared with this time last year, would you say that the mental health of the workforce is now better, worse, or has it stayed the same? [Single Code]
1	Much better
2	A little better
3	Stayed the same
4	A little worse
5	Much worse
6	Don't Know

Q10 [required]

(10)	In your opinion, how well does your organisation currently support employees who experience mental health problems? [Single Code]
1	Very well
2	Fairly well
3	Not very well
4	Not at all well
5	Don't Know

Q11 [required]

(11)	In your opinion, how much does your organisation currently encourage staff to talk openly about mental health problems? [Single Code]
1	Very much
2	A little
3	Not very much

4	Not at all
5	Don't Know

Q12 [required]

(12)	What do you expect to change as a result of the pledge and action plan? [Multicode]
01	Increased awareness about mental health among personnel
02	Changes to policy/ies
03	Changes to employee benefits on offer
04	Changes to recruitment procedures
05	Changes to sickness reporting processes
06	An employee support network established
07	Staff trained in issues regarding mental health
08	Resources produced for line managers regarding supporting mental health in the workplace
09	Line managers trained regarding supporting staff with mental illness
10	Other (Please specify)
11	Nothing – I don't think anything will change
12	Don't Know

Q13 [required]

(13)	How confident do you feel about delivering the action plan that you have developed? [Single Code]
1	Very confident
2	Fairly confident
3	Not very confident
4	Not at all confident
5	Don't Know

Q14 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below:	(14)
[FREE TEXT]	

Thank you for completing the survey. 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.]

Pledge leads post-survey

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.

ABOUT BEING PART OF THE BLUE LIGHT PROGRAMME

Q1 [mandatory]

(1)	How have you found the Blue Light pledge? [Single Code]	
1	Exceeded expectations	
2	Met expectations	
3	Fell short of expectations	
4	Don't know	

Q2 [non-mandatory]

ASK IF FELL SHORT OF EXPECTATIONS (CODE 3) AT Q1

Why did it fall short of your expectations? Please specify below:	**(2)**
[FREE TEXT]	

Q3 [non-mandatory]

Which aspects of the Blue Light pledge have worked well? Please specify below:	**(3)**
[FREE TEXT]	

Q4 [non-mandatory]

And, which aspects have not worked so well/ been barriers to success? Please specify below:	**(4)**
[FREE TEXT]	

Q5 [mandatory]

(5)	How would you rate the support provided by Mind to take part in the Blue Light pledge? [Single Code]	
1	Very good	
2	Fairly good	
3	Moderate	
4	Fairly poor	
5	Very poor	
6	Don't know	

Q6 [non-mandatory]

Do you have any suggestions for how the support provided by Mind can be improved? If so, please specify below:	(6)
[FREE TEXT]	

Q7 [mandatory]

(7)	Did you take part in the Peer Learning Network? [Single Code]	
1	Yes	
2	No	

ASK IF TOOK PART IN THE PEER LARNING NETWORK (CODE 1) AT Q7. OTHERWISE GO TO Q10

Q8 [[mandatory]

(8)	How would you rate the Peer Learning Network? [Single Code]	
1	Very good	
2	Fairly good	
3	Moderate	
4	Fairly poor	
5	Very poor	
6	Don't know	

Q9 [non-mandatory]

Do you have any suggestions for how the Peer Learning Network can be improved? If so, please specify below:	(9)
[FREE TEXT]	

ASK ALL

Q10 [mandatory]

(10)	On a scale of 0-10, how likely are you to recommend signing up to the Blue Light pledge to another organisation working in the emergency services? [Single Code] 0 is 'Not at all likely' and 10 is 'Very likely'	
01	0 – Not at all likely	
02	1	
03	2	
04	3	
05	4	
06	5	
07	6	
08	7	
09	8	
10	9	
11	10 – Very likely	
12	Don't know/ no opinion	

ABOUT YOUR ORGANISATION

Now some questions about your organisation….

Q11 [mandatory]

(11)	How would you describe the current mental health of the workforce overall? [Single Code]
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q12 [mandatory]

(12)	Compared with this time last year, would you say that the mental health of the workforce is now better, worse, or has it stayed the same? [Single Code]
1	Much better
2	A little better
3	Stayed the same
4	A little worse
5	Much worse
6	Don't Know

Q13 [mandatory]

(13)	In your opinion, how well does your organisation currently support employees who experience mental health problems? [Single Code]
1	Very well
2	Fairly well
3	Not very well
4	Not at all well
5	Don't Know

Q14 [mandatory]

(14)	In your opinion, how much does your organisation currently encourage staff to talk openly about mental health problems? [Single Code]
1	Very much
2	A little
3	Not very much
4	Not at all
5	Don't Know

Q15 [mandatory]

(15)	What impact, if any, do you think the Blue Light pledge has had within your organisation? [Single Code]	
1	Very positive impact	
2	Quite positive impact	
3	Quite negative impact	
4	Very negative impact	
5	No impact	
6	Don't know	

Q16 [mandatory]

(16)	What has changed (if anything) as a result of the pledge and action plan? [Multicode]
01	Increased awareness about mental health among personnel
02	Changes to policy/ies
03	Changes to employee benefits on offer
04	Changes to recruitment procedures
05	Changes to sickness reporting processes
06	An employee support network established
07	Staff trained in issues regarding mental health
08	Resources produced for line managers regarding supporting mental health in the workplace
09	Line managers trained regarding supporting staff with mental illness
10	Other (Please specify)
11	Nothing has changed
12	Don't Know

Q17 [mandatory]

(17)	Did you have any Blue Light Champions in your organisation? [Single Code]	
1	Yes	
2	No	

ASK IF HAD BLUE LIGHT CHAMPIONS IN ORGANISATION (CODE 1) AT Q17. OTHERWISE GO TO Q19

Q18 [[mandatory]

(18)	What impact, if any, do you think the Blue Light Champions have had within your organisation? [Single Code]	
1	Very positive impact	
2	Quite positive impact	
3	Quite negative impact	
4	Very negative impact	
5	No impact	
6	Don't know	

ASK ALL

Q19 [mandatory]

(19)	Which (if any) of the following Blue Light Programme resources has your organisation made use of/ provided to staff within your organisation? [Multicode]
1	Blue Light Infoline
2	Blue Light Information booklets
3	Blue Light webinar films
4	Resilience courses
5	Training for line managers
6	Other (Please specify)
7	None of these
8	Don't Know

Q20 [mandatory]

ONLY SHOW THOSE SELECTED AT Q19. IF CODES 6-8 AT Q19 SKIP TO Q21

And, how would you rate these resources? 1 is 'very poor' and 5 is ''very good' [Single Code on each row] [mandatory]							
	Very poor				Very good	Don't know	
Blue Light Infoline	1	2	3	4	5	6	**(20)**
Blue Light Information booklets	1	2	3	4	5	6	**(21)**
Blue Light webinar films	1	2	3	4	5	6	**(22)**
Resilience courses	1	2	3	4	5	6	**(23)**
Training for line managers	1	2	3	4	5	6	**(24)**

Q21 [non-mandatory]

Do you have any other suggestions for improvement or recommendations for Mind? If so, please specify below:	(25)
[FREE TEXT]	

Thank you for completing the survey. 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.]

Champions pre-survey

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.

QA [required]

(1)	Just to confirm, do you still wish to be a Blue Light Champion? [Single Code]
1	Yes – CONTINUE
2	No

QB [non-mandatory]
ASK IF NO (CODE 2) AT QA. OTHERWISE GO TO Q1

Why are you no longer interested in being a Blue Light Champion? Please specify below:	(2)
[FREE TEXT]	

ABOUT YOUR ORGANISATION

ASK IF YES (CODE 1) AT QA. OTHERWISE CLOSE
Q1 [required]

(3)	How long have you been a member of the emergency services? [Single Code]
1	Less than a year
2	1 – 5 years
3	6 – 10 years
4	11 – 20 years
5	More than 20 years
6	Prefer not to say

Q2 [required]

(4)	Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel? [Single Code]	
1	Yes	
2	No	

Q3 [non-mandatory]
ASK IF YES (CODE 1) AT Q2

What support does your organisation offer to improve the wellbeing and mental health of its personnel? Please specify below:	(5)
[FREE TEXT]	

Q4 [required]

(6)	In your opinion, does your organisation encourage staff to talk openly about mental health? [Single Code]	
1	Yes – very much	
2	Yes – a little	

3	No – not very much	
4	No – not at all	
5	Don't know	

Q5 [required]

(7)	**In your opinion, how well does your organisation support employees who experience mental health problems? [Single Code]**
1	Very well
2	Fairly well
3	Not very well
4	Not at all well
5	Don't know

Q6 [required]

To what extent do you agree or disagree with the following statements? Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' [Single Code on each row] [non-mandatory]						
	Strongly disagree				Strongly agree	
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5	**(8)**
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5	**(9)**
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5	**(10)**
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5	**(11)**

Q7 [required]

(12)	**What proportion of your colleagues do you think have experienced a mental health problem in the last year? [Single Code]**
01	Under 10%
02	10%-19%
03	20%-29%
04	30%-39%
05	40%-49%
06	50%-59%
07	60%-69%
08	70%-79%
09	80%-89%
10	90%-100%
11	Don't Know

ABOUT YOU

Q8 [required]

(13)	How would you describe your current mental health overall? [Single Code] [non-mandatory]
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q9 [required]

(14)	Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? [Multi-Code]	
1	Long hours	
2	Changing shift patterns	
3	Excessive workload	
4	Pressure from management	
5	Organisational upheaval	
6	Effects on physical health	
7	Experience of distressing or traumatic events	
8	Other (Please specify)	
9	Don't know	

Q10 [required]

If you began experiencing poor mental health, how likely are you to seek help from the following? [Single Code on each row] [non-mandatory] 1 is 'never' and 5 is 'always'						
	Never				Always	
GP	1	2	3	4	5	**(15)**
Occupational Health	1	2	3	4	5	**(16)**
Human Resources	1	2	3	4	5	**(17)**
Union	1	2	3	4	5	**(18)**
Colleague	1	2	3	4	5	**(19)**
Manager	1	2	3	4	5	**(20)**
Family	1	2	3	4	5	**(21)**
Friend	1	2	3	4	5	**(22)**
Other (Please specify)						**(23)**

Q11 [required]

Which of the following statements best describe you? [Single Code on each row] [non-mandatory]					
	Not at all true	Hardly true	Moderately true	Exactly true	
I can always manage to solve difficult problems if I try hard enough.	1	2	3	4	**(24)**
If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4	**(25)**
It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4	**(26)**
I am confident that I could deal efficiently with unexpected events.	1	2	3	4	**(27)**
Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4	**(28)**
I can solve most problems if I invest the necessary effort.	1	2	3	4	**(29)**
I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4	**(30)**
When I am confronted with a problem, I can usually find several solutions.	1	2	3	4	**(31)**
If I am in trouble, I can usually think of a solution.	1	2	3	4	**(32)**
I can usually handle whatever comes my way.	1	2	3	4	**(33)**

Q12 [non-mandatory]

What are you hoping, personally, to get out of becoming a champion? Please specify below:	**(34)**
[FREE TEXT]	

Q13 [required]

(35)	**Have you done any of the following in the last 12 months? [Multi-Code]**
1	Taken part in an event organised by Mind
2	Taken part in a Time To Change organised event
3	Taken part in other organised mental health events (e.g. World Mental Health Day)
4	Talked about mental health on social media e.g. Twitter, Facebook, blogged
5	Done other mental health promotion activity on my own
6	Discussed mental health with a colleague
7	Discussed mental health with a friend or family member
8	Another (please specify)
9	No, not any of the above

Q14 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below:	(36)
[FREE TEXT]	

Q15 [required]

(37)	At the end of the year, we would also like to interview champions by telephone to find out how they have found the experience of volunteering and what suggestions they have for improving the process in the future. Would you be willing to participate in a telephone depth interview at the end of the year? Please be aware that among those who are willing to participate, champions will be randomly selected to take part in the interview. Therefore, some champions who have volunteered to take part in the telephone depth interview may not receive a call. [Single Code]
1	Yes – definitely
2	Yes – possibly, but I would like more information first
3	No

Q16 [non-mandatory]
ASK IF 'YES' (CODE 1-2 AT Q15). OTHERWISE SKIP TO Q17

What is the best number to call you on? If so, please specify below:	
Telephone number: [FREE TEXT]	(38)

Q17 [required]

(39)	Finally, we will also be conducting a survey in early 2016 with friends and family of emergency services personnel. This will examine the impact of the programme on staff more widely, outside of the work environment. We will be asking our champions to distribute a survey link to their friends and family. Is this something which you would be willing to do? Again, please be aware that among those who are willing to participate, champions will be randomly selected to take part. Therefore, some champions may not be asked to do this even if they have volunteered. [Single Code]
1	Yes – definitely
2	Yes – possibly, but I would like more information first
3	No

Thank you for completing the survey. We will look at all responses to the questionnaire and use them to improve our work with emergency services personnel.

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.]

Champions post-survey

On first page: Thanks for clicking through to this survey. It should take no more than about 15 minutes to complete. Your answers will be completely confidential.

ABOUT BEING A CHAMPION

Q1 [mandatory]

(1)	How have you found the Blue Light Champion role? [Single Code]	
1	Exceeded expectations	
2	Met expectations	
3	Fell short of expectations	
4	Don't know	

Q2 [non-mandatory]

ASK IF FELL SHORT OF EXPECTATIONS (CODE 3) AT Q1

Why did it fall short of your expectations? Please specify below:	**(2)**
[FREE TEXT]	

Q3 [non-mandatory]

What has been the best thing about the Blue Light champion role? Please specify below:	**(3)**
[FREE TEXT]	

Q4 [non-mandatory]

What has been the worst thing about the Blue Light champion role? Please specify below:	**(4)**
[FREE TEXT]	

Q5 [mandatory]

(5)	How would you rate the support provided by Mind for you to undertake the Blue Light Champion role? [Single Code]	
1	Very good	
2	Fairly good	
3	Moderate	
4	Fairly poor	
5	Very poor	
6	Don't know	

Q6 [mandatory]

(6)	And, how would you rate the support provided by your organisation? [Single Code]	
1	Very good	
2	Fairly good	
3	Moderate	
4	Fairly poor	
5	Very poor	
6	Don't know	

Q7 [non-mandatory]

Do you have any suggestions for how the support provided by Mind and/ or your organisation can be improved? If so, please specify below:	(7)
[FREE TEXT]	

Q8 [mandatory]

(8)	On a scale of 0-10, how likely are you to recommend becoming a Blue Light champion to someone else working in the emergency services? [Single Code] 0 is 'Not at all likely' and 10 is 'Very likely'	
01	0 – Not at all likely	
02	1	
03	2	
04	3	
05	4	
06	5	
07	6	
08	7	
09	8	
10	9	
11	10 – Very likely	
12	Don't know/ no opinion	

ABOUT YOUR ORGANISATION

Now some questions about your organisation….

Q9 [mandatory]

(9)	In your opinion, does your organisation encourage staff to talk openly about mental health? [Single Code]	
1	Yes – very much	
2	Yes – a little	
3	No – not very much	
4	No – not at all	
5	Don't know	

Q10 [mandatory]

(10)	And, in your opinion, how well does your organisation support employees who experience mental health problems? [Single Code]	
1	Very well	
2	Fairly well	
3	Not very well	
4	Not at all well	
5	Don't know	

Q11 [mandatory]

To what extent do you agree or disagree with the following statements? Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' [Single Code on each row] [non-mandatory]						
	Strongly disagree				Strongly agree	
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5	**(11)**
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5	**(12)**
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5	**(13)**
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5	**(14)**

Q12 [mandatory]

(15)	What impact, if any, do you think the Blue Light Programme has had within your organisation? [Single Code]	
1	Very positive impact	
2	Quite positive impact	
3	Quite negative impact	
4	Very negative impact	
5	No impact	
6	Don't know	

Q13 [mandatory]

(16)	What changes, if any, have there been within your organisation as a result of the Blue Light programme? Please select all that apply [Single Code] ***Changes to...***	
01	HR and management policy and practice	
02	Employee benefits on offer	
03	Recruitment procedures	
04	Sickness reporting procedures	
05	Employee support network	
06	Training for staff	
07	Resources for managers	
08	Improved culture	
09	Peer support from colleagues	
10	Other (Please specify)	
11	None - there hasn't been any changes	
12	Don't know	

ABOUT YOU

Now some questions about you…..

Q14 [mandatory]

(17)	How would you describe your current mental health overall? [Single Code] [non-mandatory]
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q15 [mandatory]

If you began experiencing poor mental health, how likely are you to seek help from the following? [Single Code on each row] [non-mandatory] 1 is 'never' and 5 is 'always'						
	Never				Always	
GP	1	2	3	4	5	**(18)**
Occupational Health	1	2	3	4	5	**(19)**
Human Resources	1	2	3	4	5	**(20)**
Union	1	2	3	4	5	**(21)**
Colleague	1	2	3	4	5	**(22)**
Manager	1	2	3	4	5	**(23)**
Family	1	2	3	4	5	**(24)**
Friend	1	2	3	4	5	**(25)**
Other (Please specify)	1	2	3	4	5	**(26)**

Q16 [mandatory]

Which of the following statements best describe you? [Single Code on each row] [non-mandatory] 1 is 'Not at all true' and 4 is 'Exactly true'					
	Not at all true	Hardly true	Moderately true	Exactly true	
I can always manage to solve difficult problems if I try hard enough.	1	2	3	4	**(27)**
If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4	**(28)**
It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4	**(29)**
I am confident that I could deal efficiently with unexpected events.	1	2	3	4	**(30)**
Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4	**(31)**
I can solve most problems if I invest	1	2	3	4	**(32)**

the necessary effort.					
I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4	**(33)**
When I am confronted with a problem, I can usually find several solutions.	1	2	3	4	**(34)**
If I am in trouble, I can usually think of a solution.	1	2	3	4	**(35)**
I can usually handle whatever comes my way.	1	2	3	4	**(36)**

Q17 [mandatory]

Have you experienced an increase or fall in confidence in these areas as a result of being a Blue Light Champion? [Single Code on each row] [non-mandatory]
1 is 'A lot less confident' and 5 is 'A lot more confident'

	A lot less confident	A little less confident	No change	A little more confident	A lot more confident	Don't know	
speak up for your own rights	1	2	3	4	5	6	**(37)**
speak up for others' rights	1	2	3	4	5	6	**(38)**
say no/stand up to person treating you unfairly	1	2	3	4	5	6	**(39)**
talk about mental health within your community/area	1	2	3	4	5	6	**(40)**
talk about mental health outside your community/area	1	2	3	4	5	6	**(41)**
talk about mental health at work	1	2	3	4	5	6	**(42)**
talk about mental health with friends/family	1	2	3	4	5	6	**(43)**
speak more openly about your mental health	1	2	3	4	5	6	**(44)**

Q18 [mandatory]

And, have you experienced an increase or fall in confidence in these areas as a result of being a Blue Light Champion? [Single Code on each row] [non-mandatory]

1 is 'A lot less confident' and 5 is 'A lot more confident'

	A lot less confident	A little less confident	No change	A little more confident	A lot more confident	Don't know	
get involved in new activities	1	2	3	4	5	6	**(45)**
be involved with local action groups	1	2	3	4	5	6	**(46)**
make friends	1	2	3	4	5	6	**(47)**
get support when you need it	1	2	3	4	5	6	**(48)**
give help if needed	1	2	3	4	5	6	**(49)**

feel confident about the future	1	2	3	4	5	6	**(50)**
feel confident in your daily life	1	2	3	4	5	6	**(51)**
become involved in community/local events	1	2	3	4	5	6	**(52)**
become involved in volunteering	1	2	3	4	5	6	**(53)**
trust people who are like you	1	2	3	4	5	6	**(54)**
trust people who are not like you	1	2	3	4	5	6	**(55)**
use the facilities in your area	1	2	3	4	5	6	**(56)**

Q19 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below:	**(57)**
[FREE TEXT]	

Thank you for completing the survey. We will look at all responses to the questionnaire and use them to improve our work with emergency services personnel.

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.]

Employees pre-survey

ABOUT YOUR ORGANISATION

Q1 [required]

(1)	Which of the following best describes you? [Single Code]
01	I am a member of the police service
02	I am a member of the fire service
03	I am a member of the ambulance service
04	I am a member of the search and rescue service
05	Other (Please specify)

Q2 [required]

(2)	And, are you an employee or a volunteer? [Single Code]
01	I am an employee
02	I am a volunteer
03	Prefer not to say

Q3 [required]

(3)	Do you have a management role? [Single Code]
01	Yes
02	No
03	Prefer not to say

Q4 [required]

(4)	How long have you been a member of the emergency services? [Single Code]
01	Less than a year
02	1 – 5 years
03	6 – 10 years
04	11 – 20 years
05	More than 20 years
06	Prefer not to say

Q5 [required] – excluding code 6, please exclude any codes that are higher than the selection made at Q4

(5)	How long have you worked for your current (emergency service) employer? [Single Code]
01	Less than a year
02	1 – 5 years
03	6 – 10 years
04	11 – 20 years
05	More than 20 years
06	Prefer not to say

Your Views

Q5a [required]

(5a)	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	01	02	03	04	05
If a friend had a mental health problem, I know what advice to give them	01	02	03	04	05
Medication can be an effective treatment for people with mental health problems	01	02	03	04	05
Psychotherapy (e.g. talking therapy or counselling) can be an effective treatment for people with mental health problems	01	02	03	04	05
People with severe mental health problems can fully recover	01	02	03	04	05
Most people with mental health problems go to a healthcare professional to get help	01	02	03	04	05

Q5b [required]

(5b)	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

Q6 [required]

(6)	How would you describe the current mental health of your colleagues? [Single Code]
01	Very good
02	Fairly good
03	Moderate
04	Fairly poor
05	Very poor
06	Don't Know

Q7 [required]

ASK IF 'MODERATE' OR 'POOR' MENTAL HEALTH REPORTED AT Q6. OTHERWISE GO TO Q8

(7)	What, in your opinion, do you think are the biggest causes of your colleagues' poor mental health? [Single Code]
01	Problems at work
02	Problems outside work in personal life
03	A combination of problems at work and outside in personal life
04	Don't Know

Q8 [required]

ASK ALL

(8)	Compared with six months ago, would you say that the mental health of your colleagues is now better, worse, or has it stayed the same? [Single Code]
01	Much better
02	A little better
03	Stayed the same
04	A little worse
05	Much worse
06	Don't Know

Q9 [required]

(9)	What proportion of your colleagues do you think have experienced a mental health problem in the last year? [Single Code]
01	Under 10%
02	10%-19%
03	20%-29%
04	30%-39%
05	40%-49%
06	50%-59%
07	60%-69%
08	70%-79%
09	80%-89%
10	90%-100%
11	Don't Know

Q9a [required]

(9a)	Do you think that people working in the emergency services are more or less likely to experience a mental health problem? [Single Code]
01	A lot less likely
02	A little less likely
03	About the same/no difference
04	A little more likely
05	A lot more likely
06	Don't Know

Q9b [required]

(9b)	Do you think that people with mental illness experience stigma and discrimination nowadays, because of their mental health problems? [Single Code]
01	No
02	Yes – a little stigma and discrimination
03	Yes – a lot of stigma and discrimination
04	Don't know

Q9c [required]

(9c)	Do you think mental health-related stigma and discrimination has changed in the past year? [Single Code]
01	Yes – increased
02	Yes – decreased
03	No - there has been no change in mental health-related stigma and discrimination in the past year
04	Don't know

SUPPORT GIVEN TO STAFF

Q10

(10)	How would you describe your current mental health overall? [Single Code] [non-mandatory]
01	Very good
02	Fairly good
03	Moderate
04	Fairly poor
05	Very poor
06	Don't Know
07	Prefer not to say

Q11 [required]

(11)	Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? [Multi-Code]	
01	Long hours	
02	Changing shift patterns	
03	Excessive workload	
04	Pressure from management	
05	Organisational upheaval	
06	Effects on physical health	
07	Experience of distressing or traumatic events	
08	Other (Please specify)	
09	Don't know	

Q12

If you began experiencing poor mental health, how likely are you to seek help from the following? [Single Code on each row] [non-mandatory] 1 is 'never' and 5 is 'always'						
	Never				Always	
GP	01	02	03	04	05	**(12)**
Occupational Health	01	02	03	04	05	**(13)**
Human Resources	01	02	03	04	05	**(14)**
Union	01	02	03	04	05	**(15)**

Colleague	01	02	03	04	05	**(16)**
Manager	01	02	03	04	05	**(17)**
Family	01	02	03	04	05	**(18)**
Friend	01	02	03	04	05	**(19)**
Other (Please specify)						**(20)**

Q13 [required]

(21)	**Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel? [Single Code]**	
01	Yes	
02	No	

Q14 [non-mandatory]

ASK IF YES (CODE 1) AT Q13. OTHERWISE GO TO Q15

What support does your organisation offer to improve the wellbeing and mental health of its personnel? Please specify below:	**(22)**
[FREE TEXT]	

Q15 [required]

(23)	**In your opinion, does your organisation encourage staff to talk openly about mental health? [Single Code]**	
01	Yes – very much	
02	Yes – a little	
03	No – not very much	
04	No – not at all	
05	Don't know	

Q16 [required]

(24)	**In your opinion, how well does your organisation support employees who experience mental health problems? [Single Code]**	
01	Very well	
02	Fairly well	
03	Not very well	
04	Not at all well	
05	Don't know	

Q17

To what extent do you agree or disagree with the following statements? Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' [Single Code on each row] [non-mandatory]						
	Strongly disagree				Strongly agree	
People feel able to talk with colleagues about mental	01	02	03	04	05	**(25)**

health at my organisation						
People feel able to talk with managers about mental health at my organisation	01	02	03	04	05	**(26)**
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	01	02	03	04	05	**(27)**
People feel more comfortable talking about their physical health than mental health at my organisation	01	02	03	04	05	**(28)**

Q18 [required]

(29)	**Have you heard of the Blue Light organisational pledge? [Single Code]**	
01	Yes	
02	No	

Q19 [required]

ASK IF YES (CODE 1) AT Q18. OTHERWISE GO TO Q20

(30)	**Where did you first hear about the Blue Light organisational pledge? [Multi Code]**	
01	My line manager	
02	The HR team	
03	Senior staff within the organisation	
04	Word of mouth from colleagues	
05	Posters/ leaflets produced by my organisation	
06	Staff intranet	
07	Training within my organisation	
08	Emails from within my organisation	
09	From Mind (the mental health charity) directly	
10	From other organisations	
11	From the media/ press	
12	Saw it on the internet	
13	Other (please specify)	
14	Don't know	

Q20 [required]

(31)	**Your organisation has recently signed the Blue Light organisational pledge. What (if anything) would you like to see change as a result? [Multicode]**
01	Increased awareness about mental health among staff and volunteers
02	Changes to HR policy/ies
03	Changes to employee benefits on offer
04	Changes to recruitment procedures
05	Changes to sickness reporting processes
06	An employee support network established
07	Staff trained in issues regarding mental health
08	Resources and training for line managers to help them support mental health in the workplace
09	Other (Please specify)
10	Nothing – I don't want to see anything change
11	Don't Know

Q21

Do you have any other comments you would like to make? If so, please specify below: **[non-mandatory]**	**(32)**
[FREE TEXT]	

ABOUT YOU

Q22

(33)	**How old are you? [Single Code] [non-mandatory]**
01	Under 18
02	18-24
03	25-34
04	35-44
05	45-54
06	55-64
07	65+
08	Prefer not to say

Q23

(34)	**What is your gender? [Single Code] [non-mandatory]**
01	Male
02	Female
03	Another (Please specify)
04	Prefer not to say

Q24

(35)	**Have you ever identified as transgender, now or in the past? [Single Code] [non-mandatory]**
01	Yes
02	No
03	Prefer not to say

Q25

(36)	**How would you describe your sexuality? [Single Code] [non-mandatory]**
01	Bisexual
02	Gay
03	Heterosexual/ Straight
04	Lesbian
05	Another (Please specify)
06	Prefer not to say

Q26

(37)	What is your religion? [Single Code] [non-mandatory]
01	No religion
02	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
03	Buddhist
04	Hindu
05	Jewish
06	Muslim
07	Sikh
08	Another (Please specify)
09	Prefer not to say

Q27

(38)	How would you describe your ethnicity? [Single Code] [non-mandatory]
	Asian or Asian British
01	Bangladeshi
02	Chinese
03	Indian
04	Pakistani
05	Another Asian background
	Black or Black British
06	African
07	Caribbean
08	Another Black background
	Mixed
09	White & Asian
10	White & Black African
11	White & Black Caribbean
12	Another mixed background
	White
13	White British
14	White Irish
15	Eastern European
16	Another white background
	Other ethnic group
17	Arab
18	Gypsy or Traveller
19	Another background (please specify)
20	Prefer not to say

Q28

(39)	Where do you live? [Single Code] [non-mandatory]
01	London (inc. Greater London)
02	South East
03	South West
04	East of England
05	East Midlands
06	West Midlands
07	Wales
08	Yorkshire and the Humber
09	North East
10	North West
11	Scotland
12	Northern Ireland
13	Prefer not to say

Q29

(40)	Would you say you have a long-term health condition or disability? [[Single Code]non-mandatory]
01	Physical disability (including sensory impairment)
02	Learning disability (including developmental disorders)
03	Another experience of disability (please specify)
04	Prefer not to say

Q30

(41)	Which of these categories best represents your experience of mental health problems? (Please select all that apply) [Multicode] [non-mandatory]
01	I have personal experience of mental health problems
02	I use / have used mental health services
03	I use / have used the services of a local Mind
04	I am a family member of somebody who has experienced mental health problems
05	I am a friend to someone who has experienced mental health
06	I care or look after someone who has mental health problems
07	I work in the mental health sector (e.g. nurse, social worker, psychiatrist,)
08	None of the above
09	Prefer not to say

Q31 [required]

(42)	We would also like to interview employees by telephone to find out how they have found the experience of their organisation signing the Blue Light Organisational Pledge. Would you be willing to participate in a telephone depth interview? Please be aware that among those who are willing to participate, employees will be randomly selected to take part in the interview. Therefore, some people who have volunteered to take part in the telephone depth interview may not receive a call. [Single Code]

1	Yes – definitely
2	Yes – possibly, but I would like more information first
3	No

Q32
ASK IF 'YES' (CODE 1-2 AT Q31). OTHERWISE SKIP TO Q33

What is the best number to call you on? Please specify below: **[non-mandatory]**	
Telephone number: [FREE TEXT]	**(43)**

Q33 [required]

(44)	**Finally, we will also be conducting a survey in early 2016 with friends and family of emergency services personnel. This will examine the impact of the programme on staff more widely, outside of the work environment.** **We will be asking our participants in this survey to distribute a survey link to their friends and family. Is this something which you would be willing to do?** **[Single Code]**
1	Yes – definitely
2	Yes – possibly, but I would like more information first
3	No

Q34 – ASK IF 'YES' (CODES 1-2) AT Q33

Thank you very much for agreeing to distribute the survey link to friends and family. Please provide your email address below for us to send the link to. We will be sending this in early 2016. Please specify below: **[non-mandatory]**	
Name: [FREE TEXT]	**(45)**
Email address: [FREE TEXT]	**(46)**

Thank you for completing the survey. 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.]

Employees post-survey

ABOUT YOUR ORGANISATION

Q1a [mandatory]

(1)	Which of the following best describes you? [Single Code]
1	I am a member of the police service
2	I am a member of the fire service
3	I am a member of the ambulance service
4	I am a member of the search and rescue service
5	Other (Please specify)

Q1b [non-mandatory]

What is the name of the organisation that you work for? Please specify below:	(46)
[FREE TEXT]	

Q2 [mandatory]

(2)	And, are you an employee or a volunteer? [Single Code]
1	I am an employee
2	I am a volunteer
3	Prefer not to say

Q3 [mandatory]

(3)	Do you have a management role? [Single Code]
1	Yes
2	No
3	Prefer not to say

Q4 [mandatory]

(4)	How long have you been a member of the emergency services? [Single Code]
1	Less than a year
2	1 – 5 years
3	6 – 10 years
4	11 – 20 years
5	More than 20 years
6	Prefer not to say

Q5 [mandatory]– excluding code 6, please exclude any codes that are higher than the selection made at Q4

(5)	How long have you worked for your current (emergency service) employer? [Single Code]
1	Less than a year
2	1 – 5 years
3	6 – 10 years

4	11 – 20 years
5	More than 20 years
6	Prefer not to say

Your Views

Q5a [mandatory]

(5a)	**Please tell us how much you agree or disagree with the following statements.** Where 1 is Strongly Disagree and 5 is Strongly Agree					
						Don't Know
Most people with mental health problems want to have paid employment	1	2	3	4	5	6
If a friend had a mental health problem, I know what advice to give them	1	2	3	4	5	6
Medication can be an effective treatment for people with mental health problems	1	2	3	4	5	6
Psychotherapy (e.g. talking therapy or counselling) can be an effective treatment for people with mental health problems	1	2	3	4	5	6
People with severe mental health problems can fully recover	1	2	3	4	5	6
Most people with mental health problems go to a healthcare professional to get help	1	2	3	4	5	6

Q5b [mandatory]

(5b)	**The following statements ask about any future relationships you may experience with people with mental health problems.** How much you agree or disagree with each one, where 1 is Strongly Disagree and 5 is Strongly Agree					
						Don't Know
In the future, I would be willing to live with someone with a mental health problem	1	2	3	4	5	6
In the future, I would be willing to work with someone with a mental health problem	1	2	3	4	5	6
In the future, I would be willing to live nearby to someone with a mental health problem	1	2	3	4	5	6
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	6

Q6 [mandatory]

(6)	**How would you describe the current mental health of your colleagues? [Single Code]**
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q7 [mandatory]

ASK IF 'MODERATE' OR 'POOR' MENTAL HEALTH REPORTED AT Q6. OTHERWISE GO TO Q8

(7)	What, in your opinion, do you think are the biggest causes of your colleagues' poor mental health? [Single Code]
1	Problems at work
2	Problems outside work in personal life
3	A combination of problems at work and outside in personal life
4	Don't Know

Q8 [mandatory]

ASK ALL

(8)	Compared with six months ago, would you say that the mental health of your colleagues is now better, worse, or has it stayed the same? [Single Code]
1	Much better
2	A little better
3	Stayed the same
4	A little worse
5	Much worse
6	Don't Know

Q9 [mandatory]

(9)	What proportion of your colleagues do you think have experienced a mental health problem in the last year? [Single Code]
01	Under 10%
02	10%-19%
03	20%-29%
04	30%-39%
05	40%-49%
06	50%-59%
07	60%-69%
08	70%-79%
09	80%-89%
10	90%-100%
11	Don't Know

Q9a [mandatory]

(9a)	Do you think that people working in the emergency services are more or less likely to experience a mental health problem? [Single Code]
1	A lot less likely
2	A little less likely
3	About the same/no difference
4	A little more likely
5	A lot more likely
6	Don't Know

Q9b [mandatory]

(9b)	Do you think that people with mental illness experience stigma and discrimination nowadays, because of their mental health problems? [Single Code]
1	No
2	Yes – a little stigma and discrimination
3	Yes – a lot of stigma and discrimination
4	Don't know

Q9c [mandatory]

(9c)	Do you think mental health-related stigma and discrimination has changed in the past year? [Single Code]
1	Yes – increased
2	Yes – decreased
3	No - there has been no change in mental health-related stigma and discrimination in the past year
4	Don't know

SUPPORT GIVEN TO STAFF

Q10 [mandatory]

(10)	How would you describe your current mental health overall? [Single Code] [non-mandatory]
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know
7	Prefer not to say

Q11 [mandatory]

(11)	Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? [Multi-Code]	
1	Long hours	
2	Changing shift patterns	
3	Excessive workload	
4	Pressure from management	
5	Organisational upheaval	
6	Effects on physical health	
7	Experience of distressing or traumatic events	
8	Other (Please specify)	
9	Don't know	

Q12 [mandatory]

If you began experiencing poor mental health, how likely are you to seek help from the following? [Single Code on each row] [non-mandatory] 1 is 'never' and 5 is 'always'						
	Never				Always	
GP	1	2	3	4	5	**(12)**
Occupational Health	1	2	3	4	5	**(13)**
Human Resources	1	2	3	4	5	**(14)**
Union	1	2	3	4	5	**(15)**
Colleague	1	2	3	4	5	**(16)**
Manager	1	2	3	4	5	**(17)**
Family	1	2	3	4	5	**(18)**
Friend	1	2	3	4	5	**(19)**
Other (Please specify)	1	2	3	4	5	**(20)**

Q13 [mandatory]

(21)	**Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel? [Single Code]**	
1	Yes	
2	No	

Q14 [mandatory]

ASK IF YES (CODE 1) AT Q13. OTHERWISE GO TO Q15

What support does your organisation offer to improve the wellbeing and mental health of its personnel? Please specify below:	**(22)**
[FREE TEXT]	

Q15 [mandatory]

(23)	**In your opinion, does your organisation encourage staff to talk openly about mental health? [Single Code]**	
1	Yes – very much	
2	Yes – a little	
3	No – not very much	
4	No – not at all	
5	Don't know	

Q16 [mandatory]

(24)	**In your opinion, how well does your organisation support employees who experience mental health problems? [Single Code]**	
1	Very well	
2	Fairly well	
3	Not very well	

4	Not at all well	
5	Don't know	

Q17 [mandatory]

To what extent do you agree or disagree with the following statements? Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree' [Single Code on each row] [non-mandatory]							
	Strongly disagree				Strongly agree	**Don't Know**	
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5	6	**(25)**
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5	6	**(26)**
Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5	6	**(27)**
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5	6	**(28)**

Q18 [mandatory]

(29)	**Have you heard of the Blue Light organisational pledge? [Single Code]**	
1	Yes	
2	No	

Q19 [mandatory]

ASK IF YES (CODE 1) AT Q18. OTHERWISE GO TO Q20

(30)	**Where did you first hear about the Blue Light organisational pledge? [Multi Code]**	
01	My line manager	
02	The HR team	
03	Senior staff within the organisation	
04	Word of mouth from colleagues	
05	Posters/ leaflets produced by my organisation	
06	Staff intranet	
07	Training within my organisation	
08	Emails from within my organisation	
09	From Mind (the mental health charity) directly	
10	From other organisations	
11	From the media/ press	
12	Saw it on the internet	
13	Other (please specify)	
14	Don't know	

Q20 [mandatory]

(31)	Were you aware that your organisation had signed the Blue Light organisational pledge? Signing of the pledge is a commitment from your organisation to develop an action plan with the aim of working to tackle mental health stigma and help keep staff well for work. [Single Code]	
1	Yes - aware	
2	No – not aware	

Q21 [mandatory]

(32)	What impact, if any, do you think the signing of the Blue Light Pledge has had within your organisation? [Single Code]	
1	Very positive impact	
2	Quite positive impact	
3	No impact	
4	Quite negative impact	
5	Very negative impact	
6	Don't know	

Q22 [mandatory]

(33)	What (if anything) have you seen change as a result of your organisation signing the Blue Light pledge? [Multicode]
01	Increased awareness about mental health among staff and volunteers
02	Changes to HR policy/ies
03	Changes to employee benefits on offer
04	Changes to recruitment procedures
05	Changes to sickness reporting processes
06	An employee support network established
07	Staff trained in issues regarding mental health
08	Resources and training for line managers to help them support mental health in the workplace
09	Other (Please specify)
10	Nothing – I haven't seen anything change
11	Don't Know

Q23 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below: **[non-mandatory]**	(34)
[FREE TEXT]	

ABOUT YOU

Finally, some questions about you…

This will be used for analysis purposes only and no individuals will be identified.

Q24 [non-mandatory]

(35)	How old are you? [Single Code] [non-mandatory]
1	Under 18
2	18-24
3	25-34
4	35-44
5	45-54
6	55-64
7	65+
8	Prefer not to say

Q25 [non-mandatory]

(36)	What is your gender? [Single Code] [non-mandatory]
1	Male
2	Female
3	Another (Please specify)
4	Prefer not to say

Q26 [non-mandatory]

(37)	Have you ever identified as transgender, now or in the past? [Single Code] [non-mandatory]
1	Yes
2	No
3	Prefer not to say

Q27 [non-mandatory]

(38)	How would you describe your sexuality? [Single Code] [non-mandatory]
1	Bisexual
2	Gay
3	Heterosexual/ Straight
4	Lesbian
5	Another (Please specify)
6	Prefer not to say

Q28 [non-mandatory]

(39)	What is your religion? [Single Code] [non-mandatory]
1	No religion
2	Christian (including Church of England, Catholic, Protestant and all other Christian

	denominations)
3	Buddhist
4	Hindu
5	Jewish
6	Muslim
7	Sikh
8	Another (Please specify)
9	Prefer not to say

Q29 [non-mandatory]

(40)	How would you describe your ethnicity? [Single Code] [non-mandatory]
	Asian or Asian British
01	Bangladeshi
02	Chinese
03	Indian
04	Pakistani
05	Another Asian background
	Black or Black British
06	African
07	Caribbean
08	Another Black background
	Mixed
09	White & Asian
10	White & Black African
11	White & Black Caribbean
12	Another mixed background
	White
13	White British
14	White Irish
15	Eastern European
16	Another white background
	Other ethnic group
17	Arab
18	Gypsy or Traveller
19	Another background (please specify)
20	Prefer not to say

Q30 [non-mandatory]

(41)	Where do you live? [Single Code] [non-mandatory]
01	London (inc. Greater London)
02	South East
03	South West
04	East of England
05	East Midlands
06	West Midlands
07	Wales
08	Yorkshire and the Humber
09	North East

10	North West
11	Scotland
12	Northern Ireland
13	Prefer not to say

Q31 [non-mandatory]

(42)	Would you say you have a long-term health condition or disability? [[Single Code]non-mandatory]
1	Physical disability (including sensory impairment)
2	Learning disability (including developmental disorders)
3	Another experience of disability (please specify)
4	Prefer not to say

Q32 [non-mandatory]

(43)	Which of these categories best represents your experience of mental health problems? (Please select all that apply) [Multicode] [non-mandatory]
1	I have personal experience of mental health problems
2	I use / have used mental health services
3	I use / have used the services of a local Mind
4	I am a family member of somebody who has experienced mental health problems
5	I am a friend to someone who has experienced mental health
6	I care or look after someone who has mental health problems
7	I work in the mental health sector (e.g. nurse, social worker, psychiatrist,)
8	None of the above
9	Prefer not to say

Q33 [required]

(44)	Finally, we would also like to interview employees by telephone to find out how they have found the experience of their organisation signing the Blue Light Organisational Pledge. Would you be willing to participate in a telephone depth interview? Please be aware that among those who are willing to participate, employees will be randomly selected to take part in the interview. Therefore, some people who have volunteered to take part in the telephone depth interview may not receive a call. [Single Code]
1	Yes – definitely
2	Yes – possibly, but I would like more information first
3	No

Q34
ASK IF 'YES' (CODE 1-2 AT Q33). OTHERWISE CLOSE

What is the best number to call you on? Please specify below: **[non-mandatory]**	
Telephone number: [FREE TEXT]	**(45)**

Thank you for completing the survey. 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.]

Pledge associations survey

On first page: Thanks for clicking through to this survey. It should take no more than about 5-10 minutes to complete. Your answers will be completely confidential.

Q1 [required]

(1)	Which blue light service are you a member of? SINGLE CODE
1	I am a member of the police service
2	I am a member of the fire service
3	I am a member of the ambulance service
4	I am a member of the search and rescue service
5	Other (Please specify)

Q2 [required]

(2)	Who did you work with in your organisation to develop the Blue Light Programme Association Pledge Action Plan? MULTICODE
1	Occupational Health
2	Mental Health Lead
3	Human Resources
4	Chief Executive
5	Board of Directors
6	Other (Please specify)
7	Don't know

Q3 [required]

(3)	And, who in your organisation approved/ signed off the decision to take part in the Blue Light Programme pilot pledge? SINGLE CODE
1	Occupational Health
2	Mental Health Lead
3	Human Resources
4	Chief Executive
5	Board of Directors
6	Other (Please specify)
7	Don't know

Q4 [required]

(5)	How would you rate the support provided by Mind prior to taking part and developing your action plans? SINGLE CODE
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor

5	Very poor
6	Don't know

Q5 [required]

(6)	**What, if anything, was your organisation doing to support member wellbeing/ mental health before joining the Blue Light Programme pilot? MULTICODE**
01	Ran a member awareness raising campaign
02	Campaigned externally/ with the general public
03	Ran events around/ including mental health
04	Made changes to policy/ies
05	Made changes to member benefits on offer
06	Set up a support network
07	Provided training regarding mental health
08	Produced resources for line managers regarding supporting mental health in the workplace
09	
10	Other (Please specify)
11	Nothing in particular
12	Don't Know

Q6a [required]

(7)	**How would you describe the current mental health of members overall? [Single Code]**
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q6b [required]

(15)	**And, how would you describe the overall current mental health of the staff teams within your organisation? [Single Code]**
1	Very good
2	Fairly good
3	Moderate
4	Fairly poor
5	Very poor
6	Don't Know

Q7 [required]

ASK IF 'MODERATE' OR 'POOR' MENTAL HEALTH REPORTED AT Q6a/b. OTHERWISE GO TO Q8

(8)	**What, in your opinion, do you think are the biggest causes of mental ill health for Blue Light workers? [Single Code]**
1	Problems at work
2	Problems outside work in personal life

3	A combination of problems at work and outside in personal life
4	Don't Know

Q8 [required]

ASK ALL

(9)	Compared with this time last year, would you say that the mental health of members is now better, worse, or has it stayed the same? [Single Code]
1	Much better
2	A little better
3	Stayed the same
4	A little worse
5	Much worse
6	Don't Know

Q9 [required]

(11)	In your opinion, how much does your organisation currently encourage members to talk openly about mental health problems? [Single Code]
1	Very much
2	A little
3	Not very much
4	Not at all
5	Don't Know

Q10 [required]

(13)	How confident do you feel about delivering the action plan that you have developed? [Single Code]
1	Very confident
2	Fairly confident
3	Not very confident
4	Not at all confident
5	Don't Know

Q11 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below:	(14)
[FREE TEXT]	

Thank you for completing the survey. 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.]

Friends and family survey

ABOUT YOU

QA [mandatory]

Please enter the ID number provided in your email: Please specify below:	**(46)**
[FREE TEXT]	

QB [mandatory]

PLEASE CHECK THE VALUE AT QA MATCHES THE VALUE AT QB AND DISPLAY AN ERROR MESSAGE IF DOESN'T MATCH

Please confirm ID number: Please specify below:	**(47)**
[FREE TEXT]	

Q1 [mandatory]

(1)	**What is your relationship to the person who emailed you this survey link? Please select the option which best describes you below. [Single Code]**
01	Wife/ husband/ partner
02	Son/ daughter
03	Mother/ farther/ guardian
04	Uncle/ Aunt
05	Niece/ Nephew
06	Cousin
07	Other family member
08	Friend
09	Other (please specify)
10	Prefer not to say

Q2 [mandatory]

(2)	**And, which of the emergency services does your friend/ family member work for? [Single Code]**
1	Police service
2	Fire service
3	Ambulance service
4	Search and rescue service
5	Other (Please specify)
6	Don't know/ can't remember

Q3 [mandatory]

(3)	Do you currently or have you previously worked in any of the emergency services yourself? If so, which one(s)? [Multi code]
1	I am/ was a member of the police service
2	I am/ was a member of the fire service
3	I am/ was a member of the ambulance service
4	I am/ was a member of the search and rescue service
5	Other (Please specify)
6	No – I have never worked in the emergency services

Your Views

Q4 [non-mandatory]

(4)	Please tell us how much you agree or disagree with the following statements. [Single Code] Where 1 is Strongly Disagree and 5 is Strongly Agree					
Mental health problems are common		1	2	3	4	5
People with mental health problems can face stigma and discrimination		1	2	3	4	5
Sometimes the hardest part of dealing with mental health problems is facing stigma from others		1	2	3	4	5
It's easier to talk to people about their mental health problems than most people expect		1	2	3	4	5

Q5 [mandatory]

(5)	What proportion of emergency service employees do you think have experienced a mental health problem in the last year? [Single Code]
01	Under 10%
02	10%-19%
03	20%-29%
04	30%-39%
05	40%-49%
06	50%-59%
07	60%-69%
08	70%-79%
09	80%-89%
10	90%-100%
11	Don't Know

Q6 [mandatory]

(6)	Do you think that people working in the emergency services are more or less likely to experience a mental health problem? [Single Code]
1	A lot less likely
2	A little less likely
3	About the same/no difference
4	A little more likely
5	A lot more likely

6	Don't Know

Q7 [mandatory]

(7)	Do you think that people with mental illness experience stigma and discrimination nowadays, because of their mental health problems? [Single Code]
1	No
2	Yes – a little stigma and discrimination
3	Yes – a lot of stigma and discrimination
4	Don't know

Q8 [mandatory]

(8)	Do you think mental health-related stigma and discrimination has changed in the past year? [Single Code]
1	Yes – increased
2	Yes – decreased
3	No - there has been no change in mental health-related stigma and discrimination in the past year
4	Don't know

Q9 [non-mandatory]

(9)	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

The Blue Light Organisational Pledge

Q10 [mandatory]

(10)	Have you heard of the Blue Light organisational pledge? [Single Code]	
1	Yes	
2	No	

Q11 [mandatory]

ASK IF YES (CODE 1) AT Q11. OTHERWISE GO TO Q12

(11)	Where did you first hear about the Blue Light organisational pledge? [Multi Code]	
01	From the friend/ family member who sent me this survey link	
02	From another friend/ family member	

03	Posters/ leaflets	
04	Through my own work	
05	From other organisations	
06	From Mind (the mental health charity) directly	
07	From the media/ press	
08	Saw it on the internet	
09	Other (please specify)	
10	Don't know	

Q12 [mandatory]

(12)	**Were you aware that your friend/ family member had taken on the role of 'Blue Light Champion' within their organisation, championing mental health in their workplace? [Single Code]**	
1	Yes - aware	
2	No – not aware	

Q13 [mandatory]

(13)	**What impact overall, if any, do you think being a Blue Light Champion has had on your friend/ family member? [Single Code]**	
1	Very positive impact	
2	Quite positive impact	
3	Quite negative impact	
4	Very negative impact	
5	No impact	
6	Don't know	

Q14a [non-mandatory]

ASK IF HAD A POSITIVE IMPACT (CODES 1-2) AT Q13

In what way has the impact been positive? Please specify below: **[non-mandatory]**	**(14)**
[FREE TEXT]	

Q14b [non-mandatory]

ASK IF HAD A NEGATIVE IMPACT (CODES 3-4) AT Q13

In what way has the impact been negative? Please specify below: **[non-mandatory]**	**(15)**
[FREE TEXT]	

Q15 [mandatory]

Have you noticed an increase or fall in confidence in your friend/ family member in any of these areas as a result of being a Blue Light Champion? [Single Code on each row] [mandatory]

1 is 'A lot less confident' and 5 is 'A lot more confident'

	A lot less confident	A little less confident	No change	A little more confident	A lot more confident	Don't know	
speak up for their own rights	1	2	3	4	5	6	**(16)**
speak up for others' rights	1	2	3	4	5	6	**(17)**
say no/stand up to a person treating them unfairly	1	2	3	4	5	6	**(18)**
talk about mental health within their community/area	1	2	3	4	5	6	**(19)**
talk about mental health outside their community/area	1	2	3	4	5	6	**(20)**
talk about mental health at work	1	2	3	4	5	6	**(21)**
talk about mental health with friends/family	1	2	3	4	5	6	**(22)**
speak more openly about their mental health	1	2	3	4	5	6	**(23)**

Q16 [mandatory]

And, have you noticed an increase or fall in their confidence in these areas as a result of being a Blue Light Champion? [Single Code on each row] [mandatory]

1 is 'A lot less confident' and 5 is 'A lot more confident'

	A lot less confident	A little less confident	No change	A little more confident	A lot more confident	Don't know	
get involved in new activities	1	2	3	4	5	6	**(24)**
be involved with local action groups	1	2	3	4	5	6	**(25)**
make friends	1	2	3	4	5	6	**(26)**
get support when they need it	1	2	3	4	5	6	**(27)**
give help if needed	1	2	3	4	5	6	**(28)**
feel confident about the future	1	2	3	4	5	6	**(29)**
feel confident in their daily life	1	2	3	4	5	6	**(30)**
become involved in community/local events	1	2	3	4	5	6	**(31)**
become involved in volunteering	1	2	3	4	5	6	**(32)**
trust people who are like them	1	2	3	4	5	6	**(33)**
trust people who are not like them	1	2	3	4	5	6	**(34)**
use the facilities in the area	1	2	3	4	5	6	**(35)**

Q17 [non-mandatory]

Do you have any other comments you would like to make? If so, please specify below:	(36)
[FREE TEXT]	

ABOUT YOU

Finally, some questions about you…

This will be used for analysis purposes only and no individuals will be identified.

Q18 [non-mandatory]

(37)	How old are you? [Single Code] [non-mandatory]
1	Under 18
2	18-24
3	25-34
4	35-44
5	45-54
6	55-64
7	65+
8	Prefer not to say

Q19 [non-mandatory]

(38)	What is your gender? [Single Code] [non-mandatory]
1	Male
2	Female
3	Another (Please specify)
4	Prefer not to say

Q20 [non-mandatory]

(39)	Have you ever identified as transgender, now or in the past? [Single Code] [non-mandatory]
1	Yes
2	No
3	Prefer not to say

Q21 [non-mandatory]

(40)	How would you describe your sexuality? [Single Code] [non-mandatory]
1	Bisexual
2	Gay

3	Heterosexual/ Straight
4	Lesbian
5	Another (Please specify)
6	Prefer not to say

Q22 [non-mandatory]

(41)	What is your religion? [Single Code] [non-mandatory]
1	No religion
2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
3	Buddhist
4	Hindu
5	Jewish
6	Muslim
7	Sikh
8	Another (Please specify)
9	Prefer not to say

Q23 [non-mandatory]

(42)	How would you describe your ethnicity? [Single Code] [non-mandatory]
	Asian or Asian British
01	Bangladeshi
02	Chinese
03	Indian
04	Pakistani
05	Another Asian background
	Black or Black British
06	African
07	Caribbean
08	Another Black background
	Mixed
09	White & Asian
10	White & Black African
11	White & Black Caribbean
12	Another mixed background
	White
13	White British
14	White Irish
15	Eastern European
16	Another white background
	Other ethnic group
17	Arab
18	Gypsy or Traveller
19	Another background (please specify)
20	Prefer not to say

Q24 [non-mandatory]

(43)	Where do you live? [Single Code] [non-mandatory]
01	London (inc. Greater London)
02	South East
03	South West
04	East of England
05	East Midlands
06	West Midlands
07	Wales
08	Yorkshire and the Humber
09	North East
10	North West
11	Scotland
12	Northern Ireland
13	Prefer not to say

Q25 [non-mandatory]

(44)	Would you say you have a long-term health condition or disability? [[Single Code]non-mandatory]
01	Physical disability (including sensory impairment)
02	Learning disability (including developmental disorders)
03	Another experience of disability (please specify)
04	Prefer not to say

Q26 [non-mandatory]

(45)	Which of these categories best represents your experience of mental health problems? (Please select all that apply) [Multicode] [non-mandatory]
1	I have personal experience of mental health problems
2	I use / have used mental health services
3	I use / have used the services of a local Mind
4	I am a family member of somebody who has experienced mental health problems
5	I am a friend to someone who has experienced mental health problems
6	I care or look after someone who has mental health problems
7	I work in the mental health sector (e.g. nurse, social worker, psychiatrist,)
8	None of the above
9	Prefer not to say

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