Evaluation of Mind's Blue Light Programme

Strand 2: Workplace Wellbeing

Sally Wilson, Alice Sinclair, Clare Huxley and Kate Spiegelhalter

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Institute for Employment Studies

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Executive Summary

This report presents the findings of the Institute of Employment Studies' evaluation of the 'Workplace Wellbeing' training interventions which constitute Strand 2 of Mind's Blue Light Programme of work for emergency services personnel (from the fire, police, ambulance, and search and rescue services) in England. Separate evaluations were undertaken by other research partners for the other strands of work. The analysis and conclusions presented in this report were developed independently of these other research partners.

Strand 2 activities centred on:

■ Webinars applicable to all emergency services staff addressing 'Mental health awareness', 'Managing mental health at work', and 'Looking after your mental health at work'.

■ A programme of bespoke face-to-face training sessions for line managers focusing on a number of aspects of managing mental health in the workplace.

A mixed-methods approach to the evaluation was adopted comprising a number of paper and web-based surveys, in-depth qualitative interviews and case studies. The aim was to represent views and experiences in relation to the webinar and the face-to-face training across all Blue Light services.

Following analysis and synthesis of qualitative as well as quantitative data a number of clear messages emerged from the evaluation:

■ Participation in the face-to-face training exceeded expectations; demand for the face-to-face training was high and bookings reached capacity. In contrast viewing numbers for the webinars were disappointing. Findings suggest access to the webinars was hindered by IT access issues, apparently often resulting from employees not having authorisation to download the correct software.

■ Both types of training met with high approval ratings with respect to quality, breadth of content and format. Overall there was appreciation of the bespoke approach that had been taken to ensure a 'fit' with each of the four Blue Light services and this was viewed as a very important aspect.

■ There was strong evidence that the face-to-face training for line managers was viewed as useful and relevant. Immediately after the training 95 per cent reported that they had found it useful. Three months after the training 90 per cent held this view.

■ Self-reported understanding of mental health problems and relevant work factors improved significantly as a consequence of the face-to-face line manager training and there was also evidence of important attitudinal changes. Significant increases were also seen in participants' assessment of their ability to recognise signs and symptoms of common mental health conditions.

■ Qualitative findings indicated that managers came away from the face-to-face training with a new appreciation of the prevalence of mental health problems in their profession and an understanding of the elements of their own service's work that put people's mental health at risk. Follow-up survey findings indicated this learning was sustained over subsequent months.

■ Self-reported confidence to manage one's own mental health was found to increase among those who attended the face-to-face training. Participants reported increased awareness of the importance of taking breaks from work, taking steps to manage their workload more effectively and of seeking support where necessary.

■ The face-to-face training sessions were successful in encouraging participation from trainees who had experienced mental health issues themselves, who were able to disclose what had helped them recover and stay well. There was weaker evidence that the webinars had made a difference in this respect but trends in the data suggested a positive influence.

■ With respect to the face-to-face training, findings unambiguously indicated positive impacts with respect to self-reported confidence to support others. Significant positive changes were observed for measures related to communication; in particular confidence around starting a conversation with people who may be showing signs and symptoms of a mental health problem. Following the line manager training there was also significantly better awareness of sources of support and information.

■ The low number of responses to the webinar surveys hindered reliable conclusions being drawn about their impact. But the inclusion of Blue Light professionals' own stories in the webinar was felt to bring issues to life and underline the importance to take action to support affected workers. There was a strong feeling that the webinars would be beneficial to colleagues who had not seen them, particularly those with relatively low levels of awareness of mental health issues.

■ Due to the short-nature of the Blue Light Programme and delays to the start of training delivery, the follow-up period was short and participants in the qualitative work had not always had the opportunity to apply what they had learnt. Nevertheless

examples were provided of managers initiating open discussions about mental health within teams for the first time. There were also reported instances where managers felt that they had been able to spot warning signs in staff that they might otherwise have missed.

■ There was some evidence that the webinars appeared to be useful as 'refreshers' for those with pre-existing knowledge: this finding possibly arises from the fact that many research participants who watched the webinars appeared to have relatively advanced knowledge about the management of mental health issues already. For this population they appeared to be successful in re-enforcing other messages, and as a good reference source complementary to other Blue Light support.

■ In considering these findings, the potentially confounding 'background' effect of the Blue Light Programme as a whole should also be considered; other strands may have contributed to these positive changes. However the qualitative work was successful in drawing out evidence of increased confidence that could be specifically attributed to the training.

■ The evaluation findings unambiguously supported the use of face-to-face training as an effective means of reaching line managers in the Blue Light services and of equipping them to feel more confident about managing and responding mental health issues. Positive changes in awareness, knowledge and workplace behaviour were all reported to have occurred as a direct result of the training.

■ Even with sufficient consideration of IT-related access issues, it is clear that web-based materials need to be tailored to meet the working patterns of Blue Light staff. On the basis of feedback obtained in the evaluation this could mean making the webinars shorter, providing an overview of contents at the beginning, segmenting them into sections that can be viewed separately, and making registration faster or dispensing with it all together.

■ Organisational context is an important factor in determining attendance at face-to-face training sessions and the impact of new learning. The easier an organisation makes it to 'opt-out' of training the more likely those who are arguably most in need of it will not attend. This is important to bear in mind when promoting training and working with organisations to encourage uptake.

1   Introduction

This report presents the findings of the Institute of Employment Studies' evaluation of the 'Workplace Wellbeing' training interventions which constitute Strand 2 of Mind's Blue Light Programme of work for emergency services personnel (from the fire, police, ambulance, and search and rescue services) in England. Separate evaluations were undertaken by other research partners for the other strands of work. The analysis and conclusions presented in this report were developed independently of these other research partners.

1.1   Evaluation context

Rolled out in February 2015, the programme as a whole aimed to: engage 100 Blue Light employers in anti-stigma activity, recruit emergency services personnel to champion mental health in their workplace, distribute over 100,000 pieces of information administered in the form of intensive resilience courses for 432 front line staff and provide advice to 18,800 Blue Light personnel. These activities were organised under four strands which aimed to meet Mind's key objectives; tackle stigma and discrimination, embed workplace wellbeing, increase the resilience of Blue Light personnel, and provide targeted advice and support. This evaluation concerns the second of these strands.

Strand 2 centred on tailored workplace training materials and interventions to support both employers and employees to manage mental health at work. Activity in this area was tailored around Mind's three-pronged approach to creating mentally healthy workplaces. The training products delivered through this strand were:

■ Content applicable to all emergency services staff, which could be accessed in a webinar format.

■ A programme of bespoke face-to-face training for managers/ shift leaders.

The Institute for Employment's evaluation of Strand 2 was designed to contribute to the robust evidence base required as part of this project, and aimed to determine the extent to which Blue Light services have become mentally healthy workplaces. The evaluation looked at the overarching objectives set for the programme and sought to evidence their achievement. The work aimed not only to establish whether this strand of training was

well received, but also to understand its lasting impact on Blue Light personnel and culture.

1.2   Overview of the training

1.2.1   Webinar training

Mind produced nine webinars in total, including a 'Managing mental health at work' webinar for each of the four emergency services, a 'Looking after your mental health at work' webinar for each of the four emergency services, and one 'Mental health awareness' webinar designed for all emergency service staff. These webinars were launched on July 30th 2015. Each webinar is made up of two elements: (i) a video of a presenter giving information about mental health and speaking with individuals with lived experience of mental health problems from the appropriate emergency service, alongside (ii) accompanying slides with bullet point content. In order to view the webinars, individuals must create an account and log in details, as well as using a computer with the necessary software installed.

Most recently available figures show that 364 people registered to view the webinars.

1.2.2   Face-to-face training

Mind's face-to-face training for line-managers was rolled out from the beginning of September 2015 with most of the training commencing during October. The training focused on a number of aspects of mental health in the workplace. The training aimed to provide practical advice on managing the performance of a staff member with mental health problems, managing return to work, and how to provide peer support in the workplace. The training took the format of a power point presentation delivered by a trainer to a group of between eight and fourteen individuals, over the course of half a day. Although aimed at line-managers, participants from various roles and managerial positions also took part.

The training sessions took place in approximately 20 locations around England and were attended by over 5,000 emergency services personnel. As confirmed by Mind, this was achieved in a very short period of time and the number of individuals who received the training was well above target.

1.3   Structure of the report

The report brings together findings obtained using a mix of methodologies and provides a synthesis of qualitative as well as quantitative data.

■   Chapter 2 sets out the evaluation methodology.

- Chapter 3 focuses on how the webinar training was received and views on their quality, content, and format.

- Chapter 4 focuses on how the face-to-face training for line managers was received and views on its content and format.

- Chapter 5 provides an overview of contextual factors serving as barriers or facilitators to training uptake and its lasting impact on Blue Light personnel and culture. This chapter focuses mainly on case study data.

- Chapter 6 draws out main conclusions and suggests some learning points for the future.

The report also includes an Appendix providing descriptive data tables for the surveys and full questionnaire texts.

2   Methodology

A mixed-methods approach to the evaluation was adopted comprising a range of paper and web-based surveys, in-depth qualitative interviews and case studies. The aim was to represent views and experiences in relation to the webinar and the face-to-face training across all Blue Light services.

2.1   Evaluation rationale

This evaluation was designed with the understanding that the impacts of training can occur at various different levels. Kirkpatrick's model[1] (which is the most widely adopted model of training evaluation) sets out four levels as follows:

1. Reaction: what participants thought and felt about the training and the way it was delivered (satisfaction, 'happy sheets').

2. Learning: resultant increase in knowledge and/or skills and/or change in attitudes.

3. Behaviour: transfer of knowledge, skills, and/or attitudes from classroom to the job (e.g. change in job behavior due to training program).

4. Results: the final results that occurred because of attendance and participation in the training program (e.g. monetary, performance-based, etc).

Kirkpatrick noted that useful evaluation at Level 3 and above should occur three to six months post training. Some Level 4 impacts may take longer periods to observe. With regard to the current evaluation, effects would be expected to be observable at Levels 1 to 3 and all research materials were designed with this basic premise in mind.

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[1] Steensma, H and Groeneveld, K (2010) 'Evaluating training using the *four levels model*', *Journal of Workplace Learning,* Vol. 22 (5), pp.319-331

2.2   Evidence review

To set the empirical research in context, and to ensure previous relevant research was fully considered in this evaluation's approach, a rapid review of relevant literature was undertaken both within and beyond mental health. The review took place prior to primary data collection and was focused mainly on UK literature, including international perspectives where relevant.

Other, previous, evaluations of training programmes offered by Mind were reviewed, including studies conducted by the Chartered Institute of Personnel and Development (CIPD)[2] and by Leeds Metropolitan and Chester Universities[3]. A key aim was to ensure that the approach taken in this evaluation to address phenomena such as empowerment and wellbeing were informed by prior work so that findings would be sufficiently comparable with those of studies addressing overlapping issues.

2.3   Quantitative research elements

A range of surveys were developed to evaluate the different types of training. In order to explore immediate as well as long-lasting outcomes, a mix of 'baseline', 'post-training' and 'pulse' surveys were administered over the course of the evaluation. The pulse surveys were administered at specific timepoints and participants were alerted to them via an email sent out en masse, (i.e. via 'electronic mailshot').

2.3.1   Survey development

A key aim was to achieve a high degree of consistency in format and wording across all of the surveys so that comparison of outcomes (i) across timepoints and (ii) for each type of training was possible. Sets of questions exploring awareness of, attitudes to and behaviours relating to mental health in the workplace were developed on a bespoke basis reflecting the objectives of the training or webinars. Questions were also added to elicit feedback on the delivery and content of training materials/facilitation, and to monitor engagement with other elements of the Mind Blue Light Programme and any possible confounding effects. All were developed in consultation with Mind, whose guidance helped to ensure that the surveys avoided overlap with other evaluation strands and that the survey length and format was managed in order to encourage participation.

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[2] http://www.cipd.co.uk/binaries/managing-and-supporting-mental-health-at-work-disclosure-tools-for-managers_2011.pdf

[3] http://www.mithn.org.uk/uploaded_files/ckfinder/files/Final%20Mind%20resilience%20report%20unemplo yed%20men%20and%20perinatal%20women%202014(1).pdf

2.3.2   Surveys to evaluate the webinar training

A range of surveys were developed for those who registered for or viewed the webinar-based training:

■ **A baseline survey** to collect basic demographic information, and explore previous experience and awareness of and attitudes to mental health and wellbeing in the workplace and beyond. This was delivered online to all users by the webinar host LexisNexis as part of the webinar registration process[4].

■ **Four 'post-webinar' surveys** to look at immediate impressions of the training and its usefulness. These were delivered online in conjunction with the webinars themselves. Different versions were developed for each type of webinar audience; the appropriate version would appear onscreen to viewers on completion of viewing[5].

■ **Two 'pulse' surveys** to explore training-related changes, administered to webinar viewers at approximately three months and approximately six months after the webinar launch. These were hosted online using Snap methodology.

2.3.3   Surveys to evaluate the face-to-face training for Blue Light managers

In total, three surveys were administered to individuals who had participated in the line-manager training delivered by local Minds:

■ **A baseline survey** to collect basic demographic information, and explore previous experience and awareness of and attitudes to mental health and wellbeing in the workplace and beyond. This was administered in paper format to each participant on the training day, before the training began.

■ **A 'post-training' survey** to look at immediate impressions of the training and its usefulness. This was administered in paper format to each participant at the end of the training day.

■ **One 'pulse' survey** to explore training-related changes, administered to face-to-face training participants approximately three months after the training. These were hosted online using Snap methodology. No six month pulse survey was delivered for the face-to-face training as it was launched too far into the evaluation phase to allow this.

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[4] Facilitated by LexisNexis who developed the webinar training portal.

[5] Placement of each survey was facilitated by LexisNexis who developed the webinar training portal.

2.3.4 Processing of survey data collected at training sites

In order to survey training participants on the day of training, a paper-based format was required. The trainers oversaw initial survey distribution, completion and collection of surveys before a secure handover to local Mind staff who were responsible for data entry via Excel. Data was then uploaded to IES's secure file sharing site for subsequent analysis. Each local Mind was given a unique user, log-in and data folder as well as instructions for storing and disposing of paper and electronic data securely.

2.3.5 Survey analysis

All survey data was exported into Excel or SPSS file format, or entered into Excel manually. The dataset was cleaned to remove duplicates, test data and responses with no data. The final datasets were exported into SPSS format and analysed using SPSS statistical software. All surveys were analysed for descriptives including counts, and percentages. For variables of interest cross-tabulations were analysed using chi-square tests to test for statistical significance. To measure change over time in attitudes, awareness and behaviour, datasets were merged within participant groups, ie webinar viewers or training participants, and changes in agreement scale scores were tested for statistical significance using paired sample t-tests and one-way repeated measure ANOVAs.

2.4 Qualitative research elements

Twenty-two face-to-face and telephone interviews were conducted with Blue Light employees who had viewed (or registered for) webinars and with personnel who had received face-to-face training. These allowed exploration of issues highlighted in surveys especially those that were sensitive or complex.

To supplement the interviews and provide further context, six case studies were conducted centring on training participants and (depending on consent and availability) one or more of the following individuals: their line managers, HR staff and other colleagues in key roles within selected employers. These covered a range of different Blue Light professional groups and organisations to fully understand implementation issues and triangulate different experiences and viewpoints of staff involved in (for example) seeking help or supporting others.

2.4.1 In-depth interviews

An 'opt-in' process via online and paper-based surveys provided a primary means of interview recruitment. Respondents were asked to provide their contact details if they were agreeable in principle to discussing their views and experiences further. In consultation with Mind, a sampling frame was developed to help ensure the interview

sample included representation with respect to Blue Light services and other demographic characteristics. The inclusion of participants with relevant lived experience was an important consideration (some individuals self-identified as having this lived experience in their survey responses). Standardised procedures for informed consent and assurance of confidentiality were developed, also in consultation with Mind.

Topic guides were developed to ensure consistency of approach across interviews. These covered issues such as:

■ Acceptability of the training format, content and style of presentation and perceived usefulness and relevance.

■ Learning outcomes with respect to awareness and confidence to deal with/manage mental health issues at work.

■ Implementation in the workplace/in personal life.

■ Views from the perspective of lived experience of mental health problems (where disclosed).

2.4.2 Case studies

Recruitment to the case studies was undertaken primarily via voluntary 'opt-in' of those participating in the in-depth interviews. To supplement the sample achieved by that method, survey respondents (*not* including those who not consented to further involvement) were contacted to explore their willingness for their organisation to participate in a case study. Also, a limited number of contacts from organisations who had worked with Mind in the delivery of other elements of the Blue Light Programme were contacted.

Bespoke topic guides were developed for each of the principle professional roles involved in this work, ie employee, line manager, occupational health practitioner and HR practitioner. The content of these centred on organisational practices around mental health; and the potential for the training to make a positive difference at organisational level. Themes explored included:

■ Management of individuals at risk of/who have experienced adverse effects of a stressful or traumatic experience at work.

■ The decision pathway regarding provision of support to people in immediate need.

■ Perceptions of organisational culture and its impact on attitudes and behaviours and any 'soft' cultural impacts of the training.

- The extent to which new learning from the training has been cascaded and the application of any new knowledge in the formulation/adaptation of policies and procedures.

- Implications of new learning for the management of employees with lived experience of mental health problems (specific cases were discussed only where explicit consent had been obtained from the affected individual to discuss this with the person concerned).

2.4.3   Interview and case study analysis

The data was analysed by coding it onto a two-dimensional template which was developed on a bespoke basis for each interview type using Excel software. The approach allowed researchers to sort and code quotations and notes thematically. It also enabled thematic analysis to proceed on a partly bottom-up (data driven) as well as top-down (research-question driven) basis. This ensured that emerging, non-anticipated issues, and themes were captured as well as those defined from the outset. The final, populated frameworks were used to structure the report and the contents of the cells (quotes as well as summary notes) were synthesised with the quantitative findings to provide its narrative.

2.5   Achieved samples

2.5.1   Surveys to evaluate the webinar training for Blue Light professionals

A range of surveys were administered to individuals who had registered and/or viewed the webinar-based training:

- **A baseline survey** to collect basic demographic information, and explore previous experience and awareness of and attitudes to mental health and wellbeing in the workplace and beyond. This was administered online as part of the webinar registration process to all users[6].

- **Four 'post-webinar' surveys** to look at immediate impressions of the training and its usefulness. This was delivered online in conjunction with the webinars themselves. Different versions were developed for each type of webinar audience; the appropriate version would appear onscreen to viewers on completion of viewing[7].

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[6] Facilitated by LexisNexis who developed the webinar training portal.

[7] Placement of each survey was facilitated by LexisNexis who developed the webinar training portal.

■ **Two 'pulse' surveys** to explore training-related changes, administered to webinar viewers at approximately three months and approximately six months after the webinar launch. These were hosted online using Snap methodology.

2.5.2   Survey response rates

The response rates for each of the surveys as a percentage of the original baseline sample are shown in Table 2.1.

Table 2.1: Survey response rates

	Responses	Response rate as % of original baseline sample
Webinar baseline	286	N/A
Post-webinar (total across all three versions)	18	6.3
Webinar three month pulse	27	9.4
Webinar six month pulse	45	15.7
Face-to-face training baseline	1,631	N/A
Post face-to-face training	1,597	97.6
Training three month pulse	261	16.0

2.5.3   Achieved interviews and case study samples

As shown in Table 2.2, 25 individual interviews were conducted and six case studies were undertaken.

Table 2.2: Interviews and case studies

	Fire	Ambulance	Police	Search & Rescue	Total
Interviews about webinars	3	4	4	1	12
Interviews about face-to-face training	3	1	9	0	13
Case studies (interviews)	5 (2)	5 (2)	3 (1)	1 (1)	14 (6 case studies)

3   Webinars

- There was predominantly good feedback on the quality and usefulness of information provided in the webinars. Viewers who were in a position to disseminate them further were keen for other colleagues to see them.

- The inclusion of real case studies was seen as a strength adding 'a human touch' and helping those with lived experience of mental health issues feel less alone.

- Of those surveyed after viewing a webinar, the majority of respondents said they would consider viewing another one. Most also said they would recommend the webinar they had just watched to others.

- There was a limited amount of criticism about webinar content: some aspects of the webinars aimed at search and rescue professionals were felt to have poor fit with the job.

- Other criticisms centred on their duration: there was a feeling among a sizable minority of viewers that Blue Light professionals would struggle to find the time to watch them all the way through.

- The process of registering on the website was felt to be laborious by some and there was some concern this could be off-putting to someone in distress who needed fast access to support.

- Viewing numbers were much lower than expected. There was evidence that IT issues presented a major barrier to them viewing webinars, in terms of access to software, ability to download software and lack of access to suitable hardware, ie availability of computers in the workplace.

- There was some suggestion that viewers were already 'engaged' in mental health awareness prior to watching the webinars: the most commonly cited reason for viewing the webinars was that the respondent had participated in and supported the Blue Light Programme.

- For 'engaged' viewers the potential to make a difference to their knowledge and behaviour will be lower because they already have good levels of awareness and understanding of mental health issues (resulting in some degree of 'deadweight').

- When survey responses are converted to 'Net-promoter' scores it is evident that the webinars were viewed exceptionally highly by those who viewed them.

This chapter is concerned with the nine webinars developed for Blue Light professionals and covers participation, views on the webinars, and changes in awareness and knowledge (impact Levels 1 and 2, as described in the previous chapter). Implications for workplace behaviour (Level 3 impacts), are discussed in Chapter 5.

In total 11 individuals were interviewed about their views on the webinars. Eight had viewed between one and three webinars (although not necessarily in full). In order to better understand why a significant population (who could potentially benefit) had not viewed them, three Blue Light professionals were interviewed who had not seen any video content of the webinars.

It should be noted that the webinar viewers who provided qualitative data may not have been 'typical' with respect to how they became aware of them. Most were involved in raising awareness of mental health issues in their organisation in some way, either through direct involvement in the Blue Light Programme or some other route. It was generally through these roles that they had become aware of the webinars. Two of the interviewees had participated in the webinar videos and another had carried out some review work for Mind to inform the webinar design. One individual was a Blue Light Champion whilst others were involved in promoting the Blue Light Programme. One individual sat on the disability network of her police force and found out about the webinars through that.

It is also worth noting that the background of these participants shows that they were 'engaged' in mental health awareness prior to watching the webinars. It also suggests a degree of 'deadweight' within this group, ie that the potential impact on their knowledge and behaviour will be lower because they already have good levels of awareness and understanding of mental health issues.

3.1 Motivations to watch the webinars and viewer access

This section discusses what can be determined regarding potential learners' decisions around accessing and watching the webinars. Where information is available, this covers those who did not/could not watch the webinars as well as those who did.

Post-webinar survey responses showed that the most commonly cited reason for viewing the webinars was that the respondent had participated in and supported the Blue Light Programme (61 per cent)[8], followed by personal interest (50 per cent) and as part of a

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[8] Percentages sum to more than one hundred as participants were able to tick more than one option: the figures provided represent the percentage of respondents who cited that reason.

training programme (17 per cent). Over one fifth (22 per cent) cited another reason not listed.

In line with the survey findings, most of the interviewees were involved in promoting the Blue Light campaign or mental health awareness more generally within their organisations. The main reason given by the interviewees for watching the webinars was to check their suitability before passing on to colleagues or clients. For example, an interviewee who worked in the Critical Incident Debriefing Team worked in a fire station which had signed up to the Blue Light pledge. She had watched the webinars to check their relevance before sending the links to other staff. Another interviewee was a counsellor in the police who wanted to assess the suitability of the webinars for his clients as a signposting resource (some of his clients preferred assistance from outside of the organisation and he had regularly referred people to Mind leaflets in the past). A number of the interviewees had lived experience of mental ill-health but only a minority of these watched the webinars to obtain information to use to help themselves.

3.2   Accessing the webinars

Among those interviewed who had not watched webinars it was evident that IT issues presented a major barrier to them also. Within some parts of the police it had not been possible to download the necessary software onto desktop PCs, as new software could only be installed by a central IT department. One individual had made an unsuccessful attempt to watch the webinars on her iPad, but was not able to download the software onto this either.

Another barrier was presented by lack of access to computers themselves: for example, an ambulance service worker reported that only a limited number of PCs were available at her station and that there was a tendency for these to be "slow and sluggish". She expressed a personal preference for online training that could be accessed via phones or tablets. There was some degree of frustration that access issues had not been anticipated before rolling out the training. As a consequence of this there was a feeling that an opportunity to disseminate what was felt to be high-quality content more widely had been missed.

The process of registering on the website was felt to be laborious by some and there was some concern this could be off-putting to someone in distress who needed fast, easy access to some support.

"Actually if I had an issue and I wanted help, the registration process was not straight forward… they should just be on YouTube like any other video for anyone to watch but it was a clunky process… If I have just dealt with a traumatic process… putting people through stressors like the usual frustration of registering on a website… is incredibly frustrating... You want this to be easy to access."

(Webinar viewer, Search and Rescue)

Few interviewed about the webinars were aware of others in their service who had watched them. Those that experienced technical difficulties accessing the webinars suspected that colleagues would have faced the same problems.

Colleagues who were known to have watched one or more webinars tended to be those already having an interest in or role in promoting mental health. There were exceptions to this however. An ambulance service employee reported that all new recruits were informed about the webinars as part of their induction programme. He did not know for sure, but suspected that they were being widely watched. Another individual from the fire service had sent the webinar links to staff with a short survey about internal issues affecting mental health. She had only received a handful of replies to the survey and did not know how many had viewed the webinar. Some of the organisations that individuals represented were in the early stages of disseminating the webinars so the interviewees expected viewing numbers to increase in coming weeks and months.

3.3   Webinar viewing behaviours

This section discusses findings that indicate who watched the webinars, which ones and how. This combines data made available by Mind, data from the evaluation surveys and relevant insights from fieldwork interviews.

3.3.1   Who watched the webinars

Table 3.1 shows webinar viewing data provided by Mind, referring to the number of individuals who watched of all or part of each webinar. The total number of webinar viewers was 190 (with 482 complete or partial instances of viewing[9]): this represents 66 per cent of 286 potential users who registered to watch the webinars and completed the mandatory registration survey. It is likely that these represent an underestimation of the final totals since the Blue Light Programme extended into March 2016 and data collection ceased in January 2016.

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[9] Note that an individual may have watched one or more webinar or the same one(s) repeatedly.

The Blue Light services from which viewers originate have been determined from the version of the webinar that they watched. Since this estimation was not possible for the 'Mental Health Awareness' webinar (there was only one version of this) the statistics for this webinar are combined across services. Note the statistics provided to IES did not include a breakdown of viewers by region.

Table 3.1: Breakdown of individual webinar views by service (%)

Webinar title	Service	Total individuals*
Mental health awareness	All	71
Looking after your mental health	Ambulance	6
	Fire	26
	Police	35
	Search & Rescue	11
	Total	78
Managing mental health at work	Ambulance	4
	Fire	15
	Police	15
	Search & Rescue	7
	Total	41
Total: all webinars		190

*Inferred from title of webinar watched

Source: Mind, 2016

Figure 3.1 shows how this representation differs across services: the percentages have been inferred from viewer figures for service-specific webinars. It can be seen that the spread across services is not exactly reflective of the background population of Blue Light workers (as indicated by figures provided by Mind). The Fire and Search and Rescue services are over-represented relative to the working populations. They comprise Fire: 33-37 per cent compared with 21 per cent; Search and Rescue: 14-17 per cent compared with four per cent. While the Police and Ambulance services are under-represented with Police: 37-45 per cent compared with 60 per cent; Ambulance: eight to ten per cent compared with 16 per cent. It is not possible to determine whether this mismatch results from poorer awareness of the webinars in under-represented services, less interest in them, lack of time to watch them or access issues.

Figure 3.1: Breakdown of webinar viewers by service* (% sample) compared with Blue Light population
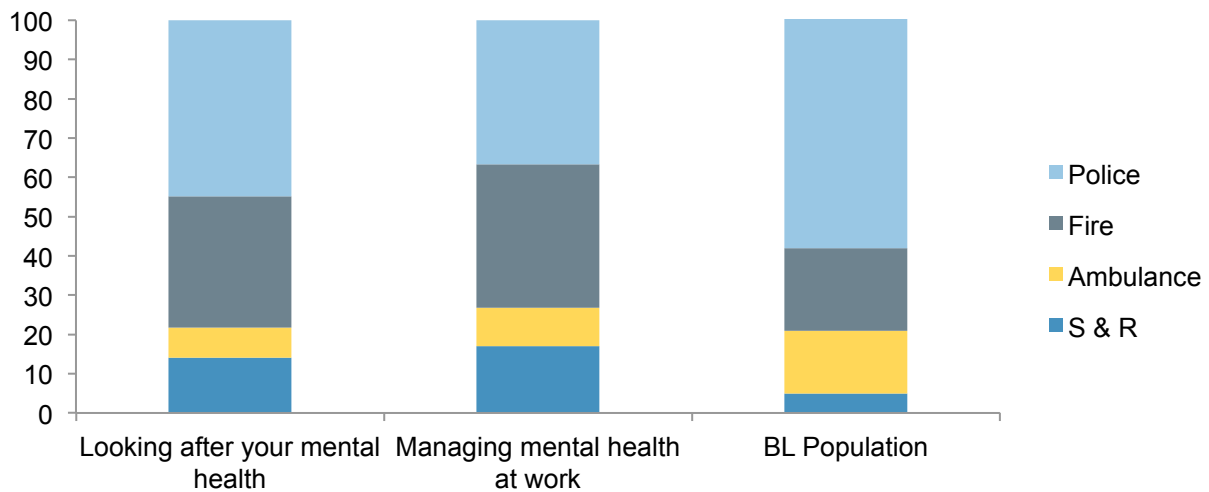
*Inferred from title of webinar watched

Source: IES, Mind 2016

Of the viewers who completed the post-webinar survey, the majority of respondents (78 per cent) thought that they would watch further webinars; and 11 per cent said they would not.

Evaluation interviews provided additional insights into viewing behaviours: two participants who had looked at the webinars had not been able to view the videos but had managed to look through some of the slides. Both of these individuals were from the police service. Of the six individuals who had watched the video element, the amount they had watched varied. Only one individual, from the police, had managed to watch all three webinars. Most had watched more than one however, the exception was a participant who had only watched ten minutes of the Mental Health Awareness webinar.

3.3.2   Repeat viewing and team viewing

Some members of the webinar interview sample saw value in repeat viewing of the webinars. For example, one individual from the police, with lived experience of a mental health problem, found the Mental Health Awareness webinar really useful and said he would watch it again if he ever needed help with those issues. An individual from the fire service said he would watch them again if he had time. Another individual, from the police, said she wouldn't watch them again, as she had taken all she needed from the first viewing. However, she did think she would pass the signposting information to others in her organisation.

None of the interviewees had watched the webinars in a group setting.

3.3.3 Recommendations made to colleagues

The majority of respondents to the post-webinar survey (78 per cent) said they would recommend the webinar they had just watched to others. As was the case for the survey (which was administered at the end of webinars) only those interviewees who had watched the full webinars were asked whether they would recommend them to others. One individual, from the police, had already recommended the webinars to others, especially the Mental Health Awareness webinar. This included three colleagues he knew were struggling with their mental health. Another individual said he would not recommend the webinars to colleagues because he did not think they were sufficiently tailored to his (mountain) search and rescue service (see below). However he was very positive about the Blue Light leaflets they had received and said he had been recommending these instead.

As mentioned previously, many of the interviewees had watched the webinars to determine whether they were suitable for wider dissemination within their service. Most had found that they were, although not all had completed the dissemination at the time of the interviews.

3.4 Views on content, format and duration of the webinars

As described above the webinar post-viewing survey comprised 18 responses. Half of the respondents had watched the 'Mental Health Awareness' webinar (50 per cent), one third had watched 'Looking after your Mental Health' (33 per cent) and 'Managing Mental Health at Work' was the least viewed (17 per cent). The low numbers do not allow findings to be broken down for each individual webinar or Blue Light service in a meaningful way.

3.4.1 Views: content and format

Over three quarters of respondents to the post-webinar survey (78 per cent) felt the information given in the webinars was clear and easy to understand. Two thirds of respondents (67 per cent) agreed that the information was presented at a pace they could follow; although over one quarter (28 per cent) disagreed or strongly disagreed with this.

Similarly the majority of interviewees who had viewed the webinars were positive about their content and format.

"Absolutely fantastic in my opinion."

(Webinar viewer, Fire)

Over half of respondents (56 per cent) agreed or strongly agreed that the information provided would be useful in their work; although over one quarter (28 per cent) disagreed or strongly disagreed. Two thirds of respondents (67 per cent) agreed or strongly agreed that the information provided would be useful in their personal life.

Most of the positive feedback provided by those interviewed centred on the inclusion of real case studies - individuals from the emergency services talking about their own experiences of mental health problems. This was considered a powerful addition to the other information as it helped those with a mental health problem to see that they were not alone. One interviewee commented on how down to earth and approachable these personnel came across. A couple of interviewees thought the webinars were more impactful than reading a leaflet as they added 'a human touch'.

Another interviewee from the fire service had sought feedback from colleagues about the webinars. Although the feedback was that the content was good, many had said they wanted something more practical in focus and hard-hitting, which the interviewee thought reflected the culture of the organisation.

"Our people don't mince their words generally."

(Webinar viewer, Fire)

Views were mixed on the delivery of the webinars possibly reflecting different expectations of what training videos should look like. On the whole it was felt that they were well directed and flowed smoothly; although one viewer felt it would have been better to have used a professional presenter rather than someone from Mind.

Views were also mixed on the relevance of the webinars to the different emergency services. An individual from the ambulance service was very impressed by the fact that different webinars had been designed for each of the services, whilst two others thought the tailoring could have gone further. An interviewee from the police thought the webinar lacked relevance to him as he did not work on the front-line, although he saw how it could be useful to his colleagues. With regards to the signposting section of the webinar, he would have preferred it if this had covered support available locally and in his force. Another individual who worked for search and rescue, and who had been asked to review the suitability of the webinar for their volunteers, was very concerned about a perceived lack of relevance to his service.

"The biggest concern I had about both [webinars] was that they didn't seem to be realistically targeted at mountain rescue. Just because you put some slides of mountain rescue instances into your PowerPoint presentation doesn't mean you've actually targeted the presentation at mountain rescue... It felt like a bit of a rehash of a standard presentation with tenuous links put in to make it applicable to mountain rescue. There's nothing more frustrating than when you're dealing with people who volunteer thousands of hours a year, and you give them something that's not sharp, snappy, to the point and relevant."

(Webinar viewer, Search and Rescue)

This particular viewer thought the mental health awareness webinar, which used the example of a call handler within the police, lacked relevance to the sort of stressors they face in mountain rescue.

"The experiences of a call handler in an office were so far off the mark to taking a boy who has frozen to death in a blizzard off a mountain."

(Webinar viewer, Search and Rescue)

There was also some objection to the suggestion that, as a coping mechanism for stress, individuals should "do something outdoors" and volunteer, on the basis that this was what mountain rescue volunteers do as part of their role.

3.4.2 Duration of the webinars

Around two fifths of respondents (44 per cent) felt the webinar format was about the right length but one third (33 per cent) felt it was too long. A little under three quarters of respondents (72 per cent) felt the amount of information provided was about right; and only six per cent felt there was too much.

Feedback from interview participants tended towards a view that they were too long. This was seen as a particular issue for those working in the fire service, who expressed surprised at the length and doubted that their colleagues would have enough time to watch them. One told how staff within her fire service were being challenged to do 'more with less' and hardly had time for breaks, let alone a 45 minute webinar.

An individual with lived experience of a mental health condition felt that the webinars were too long for someone suffering from distress, who could feel overwhelmed by the amount of information they contained. One interviewee suggested adding objectives into the introduction of the webinars to make it clear upfront what each one covers.

"Volunteers haven't really watched them as they are too long. They all work full-time then come to volunteer and other tasks such as vehicle/equipment maintenance and preparing for exercises, tend to take priority. Hard to persuade people to take the time to do this amongst all their other priorities. They also weren't easy to access which put people off. Volunteers have very limited time and flicking through a leaflet is easier and more useful than watching a webinar from beginning to end."

(Webinar viewer, Search and Rescue)

Another very specific recommendation was to break each webinar down into sections around five minutes in length that individuals could dip into more easily during short intervals in their working day.

3.5   Approval ratings for webinars

Questions were included in all follow-up surveys to determine whether respondents would recommend the particular webinar(s) they had seen to others. In order to generate a standardised approval rating, a formula was applied to the respective proportions of positive and negative responses - together with the sample size - to determine a 'net-promoter score'[10]. Table 3.2 shows scores for each survey sample. Given that any positive score is considered 'good' and a positive score of 50 or above is considered 'excellent', it is evident that the webinars were viewed exceptionally highly by those who viewed them, confirming the general conclusion that, while viewed by fewer Blue Light professionals than hoped, they can be considered a very high-quality training intervention from the perspective of those who did view them.

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[10] Relevant background and rationale for calculating this indicator can be found at: *Reichheld V, Frederick F. (December 2003). "One Number You Need to Grow". Harvard Business Review*.

Table 3.2: Approval ('Net-promoter') scores for webinar training

Survey	Positive response (%)	Negative response (%)	Sample size	Net-promoter score
Post-webinar*(combined across webinars)	78	17	18	61
3-month pulse survey: 'Mental Health Awareness'	75	6	16	69
3-month pulse survey: 'Looking after your Mental Health'	80	7	15	73
3-month pulse survey: 'Managing Mental Health at Work'	73	13	15	60
6-month pulse survey: 'Mental Health Awareness'	76	10	21	67
6-month 'pulse survey: 'Looking after your Mental Health'	82	12	17	71
6-month 'pulse survey: 'Managing Mental Health at Work'	89	11	19	79

*Note that some respondents watched more than one webinar so 'post-webinar' sample sizes represent the total number of survey responses, not the total number of individuals watching one or more webinars.

Source: IES, 2016

4   Face-to-face Training

- Survey findings showed that nearly all of those completing the training found the course useful and the vast majority said they would recommend the training to others.

- At the end of the evaluation period, 1631 Blue Light professionals had completed the surveys administered concurrently with the face-to-face training.

- Not all were line managers; professionals working within HR, occupational health and welfare also attended the sessions (although the exact numbers of these could not be determined).

- The age profile and career history of participants suggests the majority would have spent a significant time in the workplace before receiving the training. Just over two-thirds had (or currently) worked with someone with a mental health problem.

- More than half of the training participants had personal experiences of stress, low mood or poor mental health whilst working for their current employer.

- Having a personal interest in mental issues was a motivating factor for more than half of the participants who attended the training, while one third had been asked to go as part of their professional development.

- Where other initiatives were in place aimed at supporting people with mental health problems, the Blue Light training was seen as complementary, with the potential to help underpin this other work.

- Of the four Blue Light services only professionals from search and rescue reported barriers to attending, arising from the voluntary nature of employment of many of their staff and the fact that they often lived and worked far away from available training locations.

- There was a feeling that those who were most reluctant to attend were possibly those who most needed to. There was also a view that senior managers who may not be line managers would benefit.

- As a free, bespoke package for Blue Light professionals the training met with high approval ratings. The majority of survey respondents agreed that the information given was clear and easy to understand: also the majority felt the information was presented at a pace they could follow.

- Around three quarters thought the balance was about right with a mix of presentations and interactive elements. There was praise for the 'scene-setting' aspect of the course which

used statistics to highlight why the training was important and set the context for what followed.

■   It was felt to work well when delegates were encouraged to draw on their own experiences of coping with a mental health problem themselves or managing others with mental health problems. This was successful in bringing issues to light within organisations which managers had not had the opportunity to raise before among their peers.

■   The opportunity to hear about the experiences of people in operational areas different from their own was welcomed as in general this had not been offered before.

■   There was praise for the expertise of trainers both in terms of their knowledge of Blue Light work environments as well as in the management of mental health issues at work.

■   There was recognition of the effort that had been put into tailoring the content to particular Blue Light services and a feeling that this was an important thing to do. Inevitably some individuals found some information did not fit their roles but it was observed that, to some extent, the contributions of other delegates could fill 'gaps' or address anomalies in the trainer-led content.

■   In terms of depth and detail, the training appeared to be pitched at a level appropriate to its intended audience, although some delegates with a more advanced knowledge did not obtain much new information.

■   When survey responses are converted to 'Net-promoter' scores it can be seen that average ratings are exceptionally high, even more so than for the webinars.

This chapter is concerned with face-to-face training for line managers and covers training participation, views on the training, and changes in awareness and knowledge (Levels 1 and 2 as discussed in the previous chapter). Implications for workplace behaviour (Level 3 impacts) are discussed in the next chapter.

In total, 13 individuals were interviewed about their participation in this training for line managers, nine from the police, three from the fire service and one from the ambulance service. All had attended the training in full and one reported that she had also attended the resilience training.

4.1   Awareness of face-to-face training

Among interview participants involved in the face-to-face training most had responded to an open invitation to attend, whilst a minority were informed about it directly through their human resources department (HR) or their own line managers. In one case (a police service interviewee), they had seen the training advertised on their organisation's intranet pages.

Interestingly most of the interviewees had not been aware of the Blue Light Programme before learning of the Mind's line manager training offer. In one case (a fire service

employee), a participant has been aware of the programme but not that it extended beyond the region of England he worked in.

4.2   Accessing and attending the training

This section discusses findings that indicate who attended the training and draws from data obtained from the face-to-face training evaluation surveys as well as relevant insights from fieldwork interviews.

4.2.1   Who attended the face-to-face training

A total of 1,631 trainees responded to the baseline survey administered to all training participants[11]. As shown in the third bar of Figure 4.1, over half were members of the police (53 per cent), and one quarter were members of the fire service (25 per cent), with a smaller number attending from the ambulance service (16 per cent) and search and rescue (four per cent).

Table 4.1: Composition of face-to-face training participant groups by service

Response to question about Blue Light service	Total number of individuals
I am a member of the police service	875
I am a member of the fire service	418
I am a member of the ambulance service	262
I am a member of the search & rescue service	61
None of the above	10
Missing	5
Total	1,631

Source: IES, 2016

Figure 4.2 shows how these proportions compared with the webinar viewing audience and the Blue Light population as a whole. A key point to note is that make up of the face-to-face participant group is broadly similar to the background population; so for example the underrepresentation of the ambulance service observed for the webinar viewers does not apply here.

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[11] Information passed to IES from local Mind branches indicated a 99 per cent response rate to this survey.

Figure 4.1: Composition of webinar* and face-to-face training[†] participant groups, by service (%)
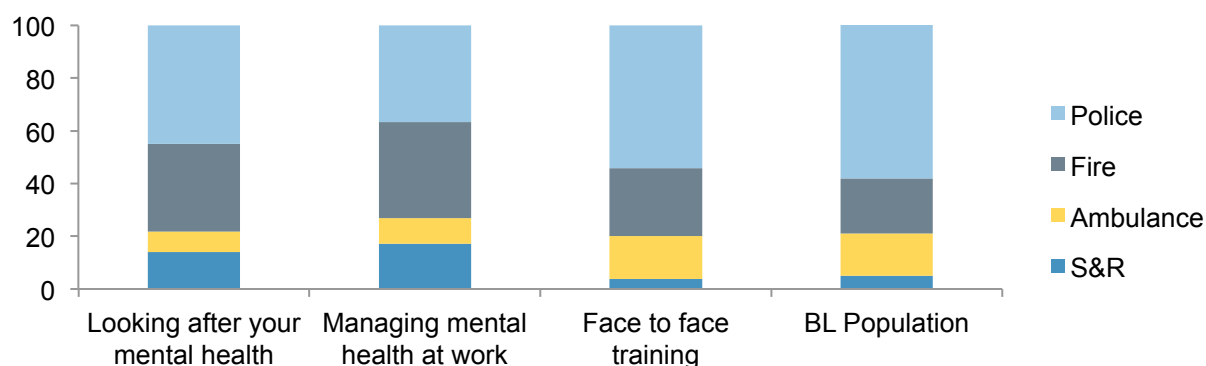
*Inferred from title of webinar watched
[†]Based on responses to the face-to-face training baseline survey.

Source: IES, 2016

One quarter of respondents worked in South East England, (25 per cent), with 18 per cent working in North West England, 14 per cent working in North East England, and 10 per cent working in South West England (see Figure 4.2). Smaller numbers of respondents reported working in the other regions. It should be noted that these figures reflect where the training was offered, and is not necessarily reflective of the population distribution or where Blue Light training was most in demand.

Figure 4.2: Composition of face-to-face training baseline survey sample, by location (%)
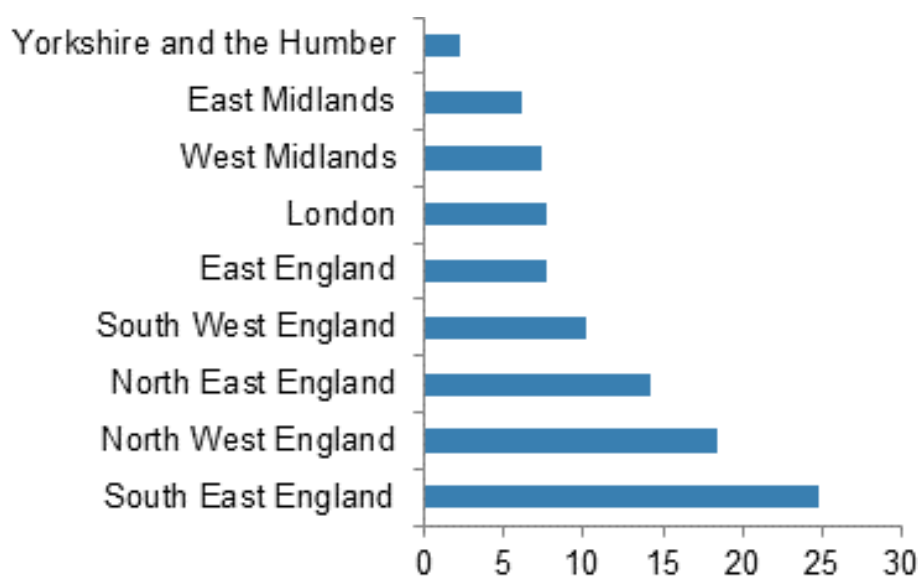
Source: IES, 2016

When interpreting these figures it should be noted that the above figures reflect those who were offered and took up the training (ie there was an element of self-selection). The

statistics do not necessarily represent relative need or demand for the training across the various emergency services in the 20 regions as it is possible that not every organisation (or individual) who wanted the training received it.

As one might expect for professionals with line manager responsibility, attendees tended to be relatively experienced in their jobs. The majority of survey respondents had worked for the emergency services for more than ten years: a little over two-thirds had worked for the emergency services for 11-20 years or more than 20 years (37 and 39 per cent respectively). This means the majority would have spent a significant time in the workplace (although most likely as a line manager for only part of this time) prior to the training opportunity. Slightly less than half of respondents were aged 45-54, (44 per cent), and just over one third of respondents were aged 35-44 (34 per cent). This is consistent with the expectation that people would tend to reach line manager position after a period of being in the workforce and gaining experience.

In line with what is already known about Blue Light professionals and the risks they face, a relatively high proportion reported direct, personal experience of mental health problems (41 per cent). Half of all respondents reported that they did not have personal experience of mental health problems of this type (50 per cent; note that not all respondents answered the question).Just under three quarters of respondents reported that they had *not* used mental health services (72 per cent).

With regard to the experiences of others, more than half of respondents reported that they were a family member of somebody who had experienced mental health problems (53 per cent). Just over one quarter of respondents reported that they were currently living or previously lived with someone with a mental health problem, 68 per cent. A high proportion, just over two thirds reported that they were currently working with or had worked with someone with a mental health problem (69 per cent). More than half of all respondents reported that they were currently managing or had previously line managed someone with a mental health problem (55 per cent).

Slightly more than half of respondents reported that they had experienced stress, low mood or poor mental health whilst working for their current employer (52 per cent). It was unusual for people to report they were unaffected: a little under one quarter of respondents reported that they had never experienced stress, low mood or poor mental health while in employment (22 per cent).

4.3 Motivations for attending

Over one third of the respondents (34 per cent) took part in the training as part of a wider training programme (eg a general programme of training for line managers), more than half (51 per cent) had a personal interest in the issues, and 29 per cent were encouraged by their managers or HR department to take up the training offer.

Similarly among interviewees, most had volunteered to undergo the training, although for a minority the training had been part of a development programme (the extent to which this was enforced as a mandatory requirement is not known). There was no evidence that any attendees had attended unwillingly, although this could only be determined in relation to those who had willingly participated in the evaluation.

Although the training was designed specifically for line managers (the evaluation's survey questions were designed with this assumption), interview and case study work indicated that those in other roles had attended. Within the case study sample (which may not be representative) it appeared to be commonplace for professionals working within HR, occupational health and welfare to be in attendance (because this was a finding from qualitative work, exact numbers are unknown).

Some participants had specific responsibility for supporting employees with mental health problems (for example they were a Blue Light Champion) and had undertaken other training in connection with that role. Where other initiatives were in place aimed at supporting people with mental health problems, the BL training was seen as complementary, with the potential to help underpin this other work. One participant from the police with responsibility for taking this agenda forward within his force, felt that the training would help him co-ordinate the roll-out of other initiatives that the organisation was committed to. Another participant who had recently assumed the role of well-being and resilience coach (in a police force) attended the training with a view that this would equip her for this role. A fire service employee with responsibility for delivering mental health training across her service (although not a line manager) attended the course for this reason. She sought to ensure that the mental health ambassadors in her organisation that she had recruited attended also. In another example, an employee from the ambulance service who delivered critical incident debriefing in his organisation attended the training with the aim of refreshing their existing knowledge.

Typically, consistent with the aims of this element of the Blue Light Programme, participants were motivated to receive the face-to-face training by a desire to improve the support they were able to provide to those they managed. For example, an interviewee from the police reported that he had found it hard in the past to support his staff who had taken sickness absence as a result of anxiety, depression and stress. He attended the training with the view that it would provide "*hints, tips and tricks*" for managing these situations in a more informed way. Another interviewee from the police described the "*unprecedented levels of change*" his force was undergoing and expressed a desire to improve the support he was able to offer his team, with the expectation they would "*perform better if they felt well looked after*".

As was the case for interviewees involved in the webinar evaluation, the background of these individuals and their motivations for attending the face-to-face training indicated a pre-existing level of engagement in mental health issues. It is unlikely the wider

population who received the training were as engaged or informed as this sample, (although findings do indicate a relatively high level of pre-existing familiarity with mental health issues).

Significant logistical barriers to attending appeared to affect the search and rescue service only; this arose from the voluntary nature of employment of many of their staff and the fact that they often lived and worked far away from (central) locations of training.

"The (training) courses were in parts of the country that were difficult for volunteers to get to and were midweek when people were working."

(Face-to-face training participant, Search and Rescue)

It was reported that many team members were based in rural areas far away from main cities where a lot of the training was held. The point was made that whilst the cost of administering the course itself was covered by Mind, the potential costs of transport and accommodation required to attend were not.

4.4   Views on the training

This section focuses on impressions of the training format and content, including whether a suitable context for learning was provided and the appropriateness of the material for its intended audience.

4.4.1   General

The overwhelming majority (98 per cent) of those completing the training found the course useful and only two per of respondents disagreed with this. The majority of respondents (90 per cent) said they would recommend the training to others, and only two per cent would not.

Similar positive views were evident from the evaluation's qualitative work: nearly all of the interviewees said that they would recommend the face-to-face training to others.

"Yes definitely... It's an area not many people understand unless they have experienced it themselves… mental health is quite poorly under-represented."

(Face-to-face training participant, Police)

"It's good…it can only be positive. It can raise awareness and hopefully will help other people... I certainly think it's well worth doing and I would recommend it to anyone."

(Face-to-face training participant, Police)

Some interviewees thought all supervisors or line managers should receive the training. There was a feeling that those who were most reluctant to attend were possibly those who

most needed to. There was also a view that senior managers who may not be line managers would benefit.

"Ideally it should at least be for all the supervisors."

(Face-to-face training participant, Fire)

"If there was more training I would definitely undertake it and I would definitely make… it wouldn't even be voluntary. I would expect many of my team leaders to volunteer, but if they didn't I would make them go on it. It's very valuable."

(Face-to-face training participant, Police)

Two individuals, one from the police and one from the ambulance service, said they would not recommend the training because they did not think they had learned anything new. Whilst the individual from the police thought it offered a good introduction to mental health issues, ideally she would have opted for something more in-depth. However, she had many positive things to say about the resilience training (evaluated separately) which she also received. In teaching coping skills and having a preventative emphasis, it appeared to meet her needs more effectively.

"I walked away disappointed after that afternoon [of the face-to-face training], is my honest answer. I felt it was too… consequently what I found I was looking for was the resilience training… I thoroughly enjoyed every Friday afternoon [of the resilience training] and was quite sad when it finished… Absolutely everybody should do it. I think they should put it in schools! It's invaluable. PE is compulsory for physical wellbeing; we need more to keep our mental wellbeing healthy."

(Face-to-face training participant, Ambulance)

4.4.2 Format

As a free, bespoke package for Blue Light professionals the training met with high approval ratings. The majority of respondents (94 per cent) strongly agreed or agreed that the information given was clear and easy to understand: also the majority of respondents (91 per cent) felt the information was presented at a pace they could follow.

The majority of respondents (87 per cent) felt that the amount of information provided in the training was 'about right', six per cent found the information 'insufficient', with only four per cent finding it 'excessive'. One fifth (20 per cent) of respondents felt there was too much time spent listening to presentations. However, 74 per cent thought the balance was about right with a mix of presentations and interactive elements. It emerged from interviews that some individuals would have preferred to have received more detailed material prior to the event so they knew what to expect in advance; however this was a minority view.

The interviewees were also very positive about the format of the training. There was broad agreement that the mix of methods used (which including presentations, group work, open discussion and quizzes) was successful in maintaining the audience's interest. Although it was acknowledged there were a lot of slides, no one complained there were too many. There was praise for the 'scene-setting' aspect of the course which started with figures on the incidence of mental health problems in the emergency services. It was felt that this successfully highlighted why the training was important and set the context for what followed. There was some degree of surprise at these statistics among attendees who were unfamiliar with them.

Particular aspects viewed as useful included open discussion and interaction with others attending the course. Delegates were encouraged to draw on their experiences of coping with a mental health problem themselves or managing others with mental health problems. It was reported that this worked well and served to emphasise how commonplace these mental issues were in the Blue Light workplace environments. It also brought to light issues within organisations which managers had not previously had the opportunity to raise among their peers. It also demonstrated how issues played out in reality and was felt to be more effective than a purely trainer-led approach.

> *It drew stuff out from people who attended and that always seems more relevant than someone just delivering from the front of the room.*

> (Face-to-face training participant, police)

> *Everyone got something from it. It created really good discussion…and other questions came up as a result of it.*

> (Face-to-face training participant, fire)

Participant involvement was also successful in educating participants about issues particular to their own organisation including those outside their own domain. The opportunity to hear about the experiences of people in operational areas different from their own was welcomed as in general this had not been offered before. In terms of duration the course was viewed as 'about right', with a minority who would have appreciated more time for discussion with their peers. There was also widespread satisfaction with the size of the training class, although a minority of interviewees would have preferred that it took place in less cramped surroundings (training took place mainly at work locations so the environment varied considerably for different participants).

4.4.3 Delivery

The interviewees were all very positive about the course facilitators and made comments about their knowledge as well as their style of delivery

"Very easy to understand, the trainers were very good."

(Face-to-face training participant, Police)

"It was really well delivered."

(Face-to-face training participant, Fire)

There was praise for the expertise of trainers both in terms of their knowledge of the work environments of Blue Light professionals as well as in the management of mental health issues at work more generally.

"She had worked in mental health and she was drawing on her experience…she was able to put more meat on the bones."

(Face-to-face training participant, Police)

Facilitators were felt to be helpful and there were reports of facilitators who were willing to follow up specific queries raised by delegates via personal email correspondence.

4.4.4 Content

Specificity to the different Blue Light services

The majority of respondents (89 per cent) felt that the information provided was relevant to their workplace, while only four per cent felt that it was not. The vast majority of respondents (91 per cent) felt that the information provided would be useful in their work, while only three per cent specified that they did not find it useful.

Consistent with these statistics, all of the interviewees felt that the training was relevant to their role. There was recognition of the effort that had been put into tailoring the content to particular Blue Light services and a feeling that this was an important thing to do. Interestingly participants felt that the training had been instrumental in helping them understand the pressures colleagues were under in particular parts of their service that they did not have experience of working in themselves. For example, a participant from the police welcomed the opportunity to learn about the stressors affecting staff who were not 'front line workers'; prior to the training he had not been aware of the anxiety experienced by call handlers dealing with the public via phone. There was a suggestion that the tailoring could have gone further and been more specific to particular force's policies and procedures.

"It wasn't integrated with our own force policies. It would have been much more constructive if the session had been with some of our HR team or employment relations team."

(Face-to-face training participant, Police)

Within the ambulance service (where there was only one interviewee), there was a feeling that the training had not been tailored sufficiently to her service, and that some elements seemed more relevant to parts of the fire service. In her view there appeared to be a misplaced assumption that ambulance staff worked in teams whereas, in her own experience, this was not common. She also challenged the assumption that there was time between incidents to stop and debrief and felt that this was more typical for fire than for ambulance service work; consequently it was felt that the training content should reflect this better.

More broadly, it would appear that, to some extent, the need for specificity to particular work environments was addressed by the contribution of delegates on the day. For example, one session had included a contribution from a police force's in-house medical adviser, which helped other participants become better aware of the support in place for those with mental health problems in their own organisation.

Specificity to the line manager role

It was widely felt that the training was most suited to line managers as intended although there was a widespread view that it could appeal to a wider audience.

> *"I think it would be useful for anyone but certainly for line managers."*

> (Face-to-face training participant, Police)

Perhaps predictably, where staff members had been invited who were in non-line manager roles there was a feeling that ideally the training should have been less focussed on line managers. This was the view of one participant who had arranged for mental health ambassadors to attend, to support them in offering peer support within the organisation. However, others who had attended from specialist job roles expected and accepted the course content would be oriented to the line manager role consistent with the way that it was advertised.

Level of detail on mental health issues

Possibly as a consequence of its intended target audience (ie a non-specialist one), some participants with mental health expertise found the training lacked detail. For example, an occupational health physician from the police was concerned that the training gave too simplistic a view of depression and did not explain how the experience can vary between among individuals affected.

"It was almost a little bit like, 'I've had depression therefore it must be like me.' We need to be really careful that we let people know that everyone copes differently."

> (Face-to-face training participant, Police)

Those who started out from a relatively informed position felt that the course could have gone into greater depth. For example, it was felt that more specific information on what a line manager should say to someone experiencing a mental health problem would have been helpful. One participant had found the resilience training much more informative, while another had felt the content was "*more like a snapshot*".

> *"It was ok, but I wouldn't go any higher than that. I didn't hate it but it was almost 2.5 hours where I could have been doing something else… If you could kick the course up a notch, and make it more dynamic and make it only people who wanted to attend, it would be a great info, but I think for your average line manager who is already managing staff, they've already got that knowledge anyway… I had really high expectations which weren't met."*

(Face-to-face training participant, Police)

A member of the ambulance service (the only person from that service who participated in web interviews) did not think the training had been very useful to her and saw the course as a waste of an afternoon. However it is worth noting that this particular individual had been trained to run critical incident debriefing sessions so had a good awareness of mental health problems prior to attending the course. She also felt that line managers should already know how to support staff who go off sick with mental health problems (ie that it was already standard practice) and said this was already happening in her organisation.

4.5   Approval ratings for face-to-face training

As with the webinars, 'net-promoter' scores were calculated to generate a standardised approval rating. Table 4.2 shows approval scores by Blue Light service for the face–to-face post training and three-month pulse surveys. Approval scores are very high across all the Blue Light services: the highest score was 97 (obtained from with respect to the post-training survey for search and rescue participants) and the lowest was 78 (obtained from the three-month pulse survey for ambulance service participants).

Table 4.2: Face-to-face training approval ('net promoter') scores by Blue Light service* (where determinable)

Survey	Total sample	Net-promoter score
Face-to-face post-training		
Police	649	89
Fire	297	94
Ambulance	196	93
Search and Rescue	35	97
Face-to-face +3 months		
Police	149	85
Fire	59	88
Ambulance	46	78
Search and Rescue	0	0

Source: IES, 2016

It can be seen that average ratings are exceptionally high, even more so than for the webinars. (Any positive score is considered 'good' and a positive score of 50 or above is considered 'excellent').

5   Impacts: Comparing Outcomes of the Two Types of Training

- Available data indicated that the face-to-face training was impactful in several important ways. The training made a positive difference to self-reported ability to recognise the signs and symptoms of common mental health problems and made a positive impact on self-reported understanding of mental issues generally.

- Scope for comparing the impact of the two interventions directly was limited by the low number of webinar viewers participating in the evaluation (as a consequence of the lower than expected number of viewers overall) and the low number of interview participants who had experience of both types of training.

- When compared with normative data, respondents to the baseline surveys started out with more pessimistic views about mental health than the general population (although there were exceptions to this). Therefore there was arguably more room for improvement; in line with this, significant changes in some attitudinal measures were observed at follow-up for both types of training. In contrast for some items, where scores were already at a 'ceiling', there was little scope for them to improve.

- The potential for the webinars to improve knowledge and awareness of mental health issues was felt to be high by those who had seen them, but their actual impact was inevitably limited by the low viewing figures. Interview findings were inconclusive due to the relatively well-informed starting point of the interview sample prior to training.

- Among those who had accessed both types of training there was a feeling that there was more to learn from the face-to-face training; in particular there was more information presented that was new to those who already had some familiarity with the issues.

- Those interviewed about the face-to-face training felt they had increased confidence to manage mental health issues at work and improved ability to communicate about them. They also felt better able to have a conversation with a colleague who may be experiencing mental health problems.

- Following the face-to-face training the proportion of participants who felt they paid attention to the mental health and wellbeing of their colleagues rose significantly work. Qualitative findings were demonstrative of this: training participants were able to describe changes in their approach to managing staff which evidenced increased attentiveness.

- There was recognition among interviewees who had taken part in either type of training that training had a shift in the culture was required to bring about real change. However there

was a widespread feeling that organisational awareness of mental health problems and the willingness to do something to tackle them was increasing. Taking up Mind's training for line managers was seen as evidence of a positive shift.

■ Some organisations were involved with several mental health initiatives, and within those it was felt that the Blue Light training was one among several factors that had brought about positive changes at an organisational level. In those circumstances the training reinforced existing learning: it confirmed that the organisation was already taking the right approach to mental health.

■ Overall there was a consistent message emerging from the interview work that positive changes were being made, albeit slowly within their organisations and that the BL campaign was helping with this.

■ In terms of learning points it was felt that the training needed to reach more staff in order to effect substantial changes at organisational level. Also, some participants felt that more bespoke content which had a closer fit with their own organisation's processes could have optimised implementation.

This chapter addresses changes in understanding and behaviour that occurred as a result of the Blue Light webinars and line manager training. Because the evaluation period may have been too short to allow some impacts to have been felt, the chapter refers to participants' perceptions of expected and potential impacts, as well as actual, observed impacts.

5.1   General views and impressions of impact

The scope for comparing the impact of the two interventions directly is restricted by the low number of webinar viewers participating in the evaluation (as a consequence of the lower than expected number of viewers overall) and the low number of interview participants who had experience of both types of training.

Available data suggests that the face-to-face training is likely to be more impactful due to its high level of uptake. Among line managers who were surveyed about the face-to-face training (all of whom in theory were able to access the webinar training as well) there was a strong view that the latter provided more opportunity for learning. Although the majority of respondents (76 per cent) to the face-to-face post-training survey had not watched any of the webinars aimed at line managers, those that had viewed a webinar said that the training course had given them new, useful information.

The following sections describe comparisons between pre- and post-training measures in detail for each type of training, citing findings from where relevant.

5.2   Baseline knowledge as indexed by 'MAKS'

In order to achieve comparability with other studies, questions that participants were asked measuring their awareness of, and attitudes to, mental health and wellbeing were adapted from the first six items of the Mental Health Knowledge Schedule (MAKS) developed by Evans-Lacko and colleagues[12]. The items selected for use measure general awareness and knowledge; other items which were not included test knowledge of specific mental health conditions. This allows some level of comparison of baseline knowledge of the evaluation survey samples with that of the general population.

Table 5.1 compares scores for individual items from the pre-webinar and pre-training Blue Light populations with general population scores established by Evans et al (ibid). This shows that compared with the general UK population, survey respondents were more likely to agree or strongly agree that people with mental health problems would like employment, that they knew what advice to give a friend who had a mental health problem and viewed that people with severe mental health problems could recover. Compared with the general UK population, survey respondents were more likely to agree or strongly agree that people with mental health problems would like employment (73-81 per cent compared with 64 per cent), that they knew what advice to give a friend who had a mental health problem (50-56 per cent compared with 43 per cent) and viewed that people with severe mental health problems could recover (53-55 per cent compared with 44 per cent).

Webinar baseline respondents were less likely than the general UK population to agree that medication could be an effective treatment for mental health problems (66 per cent, compared to 71 per cent) while face-to-face training respondents were about the same (72 per cent) as the general population in this respect. Webinar respondents were also less likely than the general UK population to agree that psychotherapy could be an effective treatment for mental ill health (55 per cent compared to 79 per cent) but face-to-face training respondents were more likely to agree (90 per cent). Both webinar and face-to-face baseline respondents were less likely to agree that most people with mental health problems went to a healthcare professional to get help compared with the general UK population (11 and 10 per cent compared to 25 per cent).

In summary, these findings suggest a tendency for some Blue Light professionals who participated in the baseline surveys to have started out with more pessimistic views about

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[12]A twelve-item test from which an overall score is calculated by adding together the response values of each item: Evans-Lacko S, Little K, Meltzer H, Rose D, Rhydderch D, Henderson C, Thornicroft G, (2010) Development and Psychometric Properties of the Mental Health Knowledge Schedule. *Canadian Review of Psychiatry*, 55,(7) 440-448.

mental health than the general population (with the exception of face-to-face baseline survey respondents who were comparably more optimistic about the effectiveness of psychotherapy). It is possible that these views are influenced by the nature of scenarios some emergency service staff routinely attend (it seems likely they encounter more crisis situations arising from mental health problems than the general population). These findings are helpful to consider when interpreting findings to investigate training related effects and attitudes reported in the next section.

Table 5.1: Comparison of MAKS scores for the baseline surveys and the general UK population

	Agree or strongly agree (%)		
Blue Light survey items	**UK population**	**Webinar baseline**	**F to F training baseline**
Most people with mental health problems want to have paid employment	64	81	73
If a friend had a mental health problem, I know what advice to give them*	43	56	50
Medication can be an effective treatment for people with mental health problems	72	66	71
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems	79	55	90
People with severe mental health problems can fully recover	44	55	53
Most people with mental health problems go to a healthcare professional to get help	25	11	10
Total (n)	403	286	1,631

* Note that item two was adapted for the Blue Light survey and so scores are not directly comparable but still indicative of broadly similar understanding. The comparable MAKS statement reads 'If a friend had a mental health problem, I know what advice to give them to get professional help'.

Source: IES, 2016

5.3 Awareness of and attitudes towards people affected by mental health issues

Table 5.2 allows some comparison between the two interventions with respect to attitude and awareness measures. As noted in previous chapters response rates to the surveys conducted to evaluate the face-to-face training were very high, whilst response rates for the webinar-related surveys were much lower. Therefore it is likely that survey findings reported in regard to the face-to-face training are representative of the overall population who participated, whilst those reported in regard to the webinars should be interpreted with caution.

Table 5.2: Impact: awareness and attitudes

	Agree or strongly agree (%)						
	Webinar baseline	Webinar post	Webinar +3 months	Webinar +6 months	F-t-F baseline	F-t-F post	F-t-F +3 months
Most people with mental health problems want to have paid employment	81		89†	91†	73		89*
If a friend had a mental health problem, I know what support to give them	56		82*	91*	50		87*
Medication can be an effective treatment for people with mental health problems	66		67	68	71		70
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems	55		100*	91*	90		92
People with severe mental health problems can fully recover	55		59*	60*	53		56
Most people with mental health problems go to a healthcare professional to get help	11		7*	11	10		9
Total (n)	286	18	27	45	1631	1,597	16

*   = p<.05 (t-test using scores corresponding to individual ratings)
†   = p<.05 (t-test using scores corresponding to aggregate ratings, where agreement ratings at either end of scale are combined)
Note: greyed-out areas denote questions not asked.

Surveys conducted to look at the outcomes from the webinars, approximately three and six months into the initiative, showed statistically significant changes in almost all attitude measures compared with the baseline (this was also true when results from the later, six-month survey were compared with the baseline). In terms of magnitude, the largest changes were seen with respect to agreement with the statement 'If a friend had a mental health problem, I know what support to give them' (56 per cent of respondents agreed with this at the baseline, compared to 82 per cent three months on); and agreement with 'Psychological therapy can be effective treatment for people with mental health problems' (55 per cent of respondents agreed with this at the baseline, compared to 100 per cent three months on). Figure 5.1 shows a breakdown of responses to this statement, by service. A clear learning effect is discernible across services and it can be seen that all started from a relatively low pre-training baseline before a subsequent rise. The chart clearly illustrates that this is sustained at the three-month stage.

Figure 5.1: Agreement with 'If a friend had a mental health problem, I know what support to give them', by service (% sample)
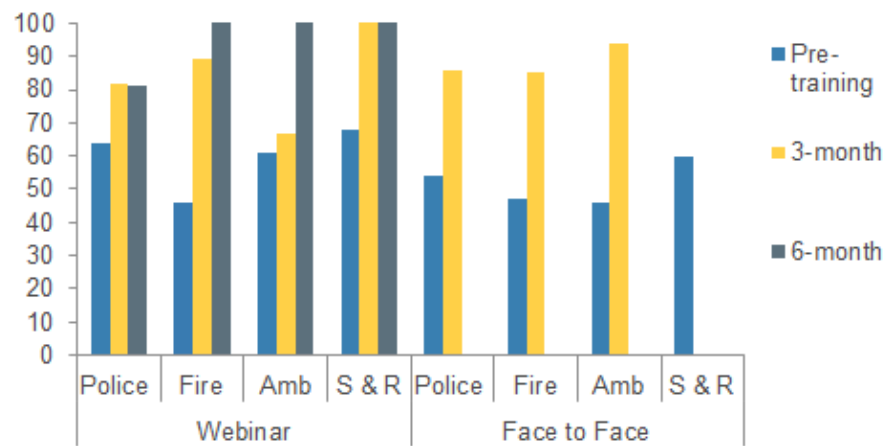
It should be noted that (a) the webinar survey sample was very small and (b) those completing it may have been more engaged with mental health issues than non-respondents and/or (c) may have benefited from other aspects of Blue Light (or other experiences) in the period following the webinars. Nevertheless these survey findings are encouraging in that they would appear to suggest that watching one or more webinars has the potential to change attitudes which can be (in relation to any issue, not just mental health) entrenched and hard to shift.

For the face-to-face training survey, findings at three months post-training showed a limited number of significant changes in attitudinal measures compared with the baseline, although notably there was a significant change in attitudes towards mental health and work. Prior to training, 73 per cent of respondents agreed or strongly agreed that most people with mental health problems want to have paid employment. Over time, this proportion increased to 89 per cent. Small but significant changes were measured with respect to agreement with the statement that people with mental health problems could fully recover. Figure 5.2 unpacks this finding, and shows a somewhat inconsistent picture: face-to-face training appears to have been more successful in changing this perception but the effect (while statistically significant) is small and changes over time in a way that is difficult to explain.

Figure 5.2: Agreement with 'People with severe mental health issues can fully recover', by service (% sample)
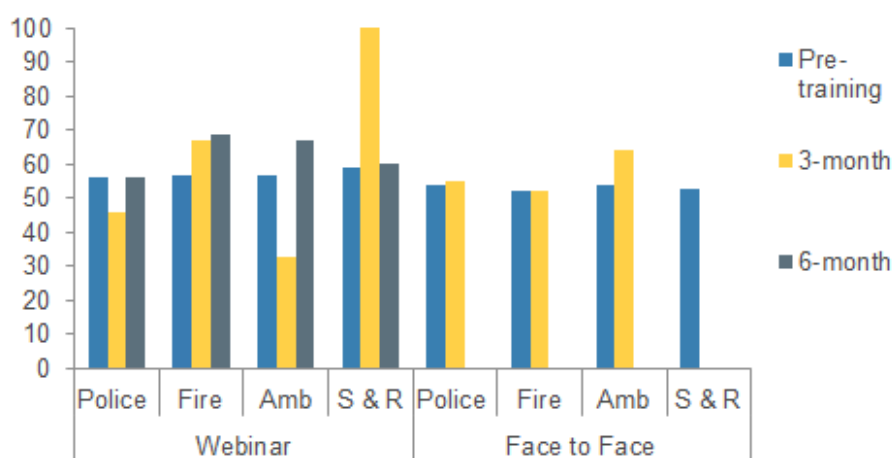
Source: IES (2016)

On some issues that participants were surveyed on, their awareness was favourable or already 'at ceiling', arguably limiting scope for improvement. For example, at the baseline, 90 per cent of respondents agreed or strongly agreed that psychotherapy or counselling could be an effective treatment for people with mental health problems, allowing little room for movement towards increased agreement over time.

5.4   Understanding and dealing with mental health issues at work

As demonstrated in Table 5.3, survey findings in relation to both types of training indicate significant improvement over time in self-reported understanding of mental health issues and how to manage them at work. Improvements were also observed across participant groups in relation to recognising signs that someone may be experiencing a mental health problem, as well as understanding the work factors that can have a negative effect on mental health.

Given the caveats (a) to (c) outlined in the previous section this does not necessarily indicate that the types of training were equally effective in these respects and the additional context provided by the qualitative work is informative in interpreting these findings.

Table 5.3: Impact: understanding and dealing with mental health issues at work

	Agree or strongly agree (%)						
	Webinar baseline	Webinar post	Webinar + 3 months	Webinar + 6 months	F-t-F baseline	F-t-F post	F-t-F + 3 months
I have a good understanding of mental health issues	66	44	81*	82*	43	84*	79*
I can recognise signs that a colleague may be experiencing a mental health problem	68	56	78*	78*	59	91*	87*
I know/understand what factors at work can have a negative effect on mental health	76	67	85*	85*	73	95*	94*
I know where to find information about mental health	73	67	96*	96*	66	94*	97*
I know where I can access support or advice regarding my own mental health	75	50	100*	100*	74	93*	96*
I know ways to manage stress or difficult emotions at work	57	44	82†	82†	66	88*	87*
I feel confident that I am able to have a conversation about mental health	71	28	82*	89*	68	88*	86*
I feel confident that I could support a colleague experiencing a mental health problem at work	69	33	89†	85†	66	89*	90*
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	76		85*	85*	70	85*	86*
Total	286	18	27	45	1,631	1,597	16

*   = p<.05 (t-test using scores corresponding to individual ratings)
†   = p<.05 (t-test using scores corresponding to aggregate ratings, where agreement ratings at either end of scale are combined)
Note: greyed-out area denotes question not asked

Source IES, 2016

5.4.1   Understanding mental health issues

A 'stand-out' finding was a self-reported improvement in understanding of mental health issues across both of the main participant groups. For webinar participants, survey

findings showed that over time, participants' self-reported understanding of mental health issues improved significantly: the proportion of positive responses rose from 66 per cent at the baseline to 81 per cent three months into the initiative (82 per cent at six months). For face-to-face participants a rise from 43 per cent to 79 per cent was observed (84 per cent immediately after the training). Figure 5.3 shows a breakdown of responses to 'I have a good understanding of mental health issues', by service and by training course. With respect to the face-to-face training it can be seen that there is a general trend towards movement from low baseline agreement to a uniformly high level following training, while the picture for the webinars is more mixed.

Figure 5.3: Agreement with 'I have a good understanding of mental health issues', by service (% sample)
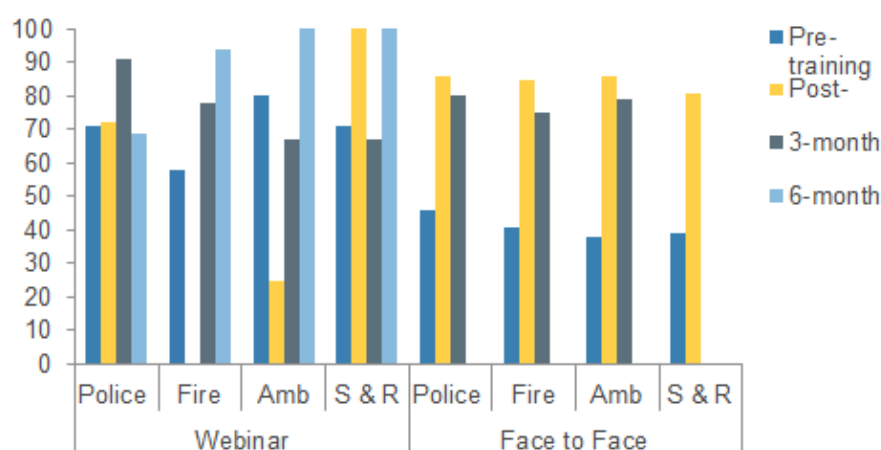
Source: IES (2016)

Among interviewees who received the face-to-face training it was apparent that many had a good understanding of mental health prior to attending the course. In those cases, only part of the course material was new to them. For example, an individual from the ambulance service felt that the training had not given her any more information as she had already learned a great deal about mental health and its management in previous training. Despite this, many felt they had picked up at least some new information and appreciated having a 'refresher' to consolidate what they knew already.

> *"Because there are some things I didn't know and some things I did know but it was nice to have it reinforced… It was helpful to know that the things you had been doing, the way you had been signposting people, was appropriate. It was a good refresher as well."*

> (Face-to-face training participant, Fire)

As with the webinars, some of the interviewees who had participated in the line manager training believed that colleagues who knew less about mental health would have learnt a lot more than them. For example, an individual from the fire service who had started out

from a relatively informed place was keen to stress how much his colleagues had learnt on the course.

5.4.2   Recognising the signs and symptoms of mental health problems

The face-to-face training appeared to be remarkably successful in this area. Before the training, 59 per cent of respondents agreed that they could recognise the signs that a colleague might be experiencing a mental health problem. Immediately after training, the majority of respondents (91 per cent) agreed with this (this fell only slightly to 87 per cent three months after the launch of the training).

Those interviewed about the face-to-face training cited this aspect of the training as particularly helpful. For example, an individual working in the fire service had applied that learning to her team already; she now recognised that changes in mood and language amongst one of her staff with known mental health problems were a signal that things were not right with that individual rather than that they were in a bad mood. Another interviewee from the police thought he had learnt some tips from the training on how to recognise signs of mental ill-health in others. Whilst he thought he knew them before, it was good to have them reinforced. Someone else from the police was surprised to learn on the course that mental health problems can manifest themselves in physical ways, such as needing to go to the toilet more frequently.

A Blue Light professional from the police highlighted the mixed nature of the group on his course with respect to individual starting points: the language being used (to refer to mental health issues) within the group demonstrated this. Personally, she felt she knew a lot about mental health and could recognise many signs and symptoms.

> *"I don't think I learnt anything that day, what was said I already knew... I've always been aware of signs of stress in myself and in others. I've never had a problem broaching the topic... I already knew about our return to work plan and about keeping in touch with our employees."*

> (Face-to-face training participant, Police)

Inevitably there was more potential for impact on individuals whose baseline level of knowledge was self-admittedly modest: for example, an individual from the ambulance service reported he had learned a considerable amount about signs and symptoms of mental ill-health that he had not previously been aware of.

5.4.3   Understanding the work factors that can have a negative effect on mental health

Knowledge surrounding the potential negative effects of work factors was an area where survey responses showed significant improvements for participants in either type of training, although (as shown in Table 5.3) baseline scores on for this item started out as

relatively favourable. For example, three months after the face-to-face training initiative started 94 per cent of training participants believed they had a good understanding of mental health issues (73 per cent stated this prior to training). This moved from 66 to 81 per cent for the webinar training.

An interviewee from the police thought the webinars would be effective in teaching people about the impact of work on mental health and the signs and symptoms of mental ill-health. He also thought they would give people more confidence to talk about mental health, and saw the webinars serving as a useful starting point for these conversations.

Some of the face-to-face training interviewees who felt that they knew a lot about the impact of work on mental health, already felt that others would have learnt or benefitted from the training more than themselves in this respect. For example, an interviewee from the fire service said she knew a considerable amount about this from having a brother who worked as a fire-fighter. However, she felt that other non-uniform staff who attended the training would have gained a greater understanding. Similarly an individual responsible for mental health training in her fire service said she had a good awareness of the issues prior to attending the course, but believed the other delegates (the organisation's newly recruited mental health ambassadors) had learned a lot about this.

Nevertheless some interviewees did feel that the face-to-face training had increased their understanding of the impact of work on mental health. For one, from the police, the course had been an 'eye opener' in this regard. As a non-uniformed member of staff he felt somewhat removed from the stressors of front-line policing. Hearing from course attendees who had experienced anxiety and depression and been forced to give up front-line roles made him much more aware of the stressors his colleagues faced. Another individual from the police said he had gained an extra level of awareness of the impact of workload on people's stress levels and mental health. For one interviewee, also from the police, the course had helped her to understand why some people cope differently with stressors; she used to find it frustrating but now appreciated that people vary in their psychological make-up.

5.4.4   Knowing where to find out about mental health issues

Perhaps unsurprisingly, both types of training appeared to be very effective in signposting sources of support. Over time (between baseline and the three-month survey) the proportion of positive responses in relation to knowing where to look for support changed from 73 per cent to 96 per cent and from 66 per cent to 97 per cent for the webinar and face-to-face training respectively.

Interviews with those who received the face-to-face training painted a less clear picture as to whether it had led to increased availability of sources of information on mental health in the organisation. Some said that there was more information on offer now than before the initiative, and listed sources such as dedicated pages on the intranet, a health and

safety notice board and Mind posters but it was not clear whether these came about as a result of the training per se or other Blue Light initiatives. In some cases this information had already been in place. One interviewee from the police service suspected that the increase was down in part to the Blue Light programme overall rather than the training.

More specifically, a number of the interviewees reported learning more about the resources available from Mind during the face-to-face training. An interviewee from the fire brigade reported that it was useful to know that staff could get more support than the standard debrief offered by the organisation after dealing with a traumatic incident. An interviewee from the police said he had already signposted others to the Mind resources mentioned in the training, and felt he now had *"more tools in the locker to use in the future"*.

Among interview participants who had viewed the webinars there was broad agreement that there was access to more information on mental health in their organisation now than before, but this was felt to result from the BL campaign as a whole (a large number of interviewees were from organisations who had made the BL pledge) rather than the webinars themselves.

5.4.5 Communicating with people about mental health

Communication was another area where, for both types of training, significant improvements were observed from relatively high baseline scores. Of those who participated in the evaluation interviews about face-to-face training, many felt that they already knew how to communicate with people with mental health problems whereas others thought they had acquired some new knowledge of this from the course, or had at least gained confidence that they were taking the right approach. An interviewee from the fire service said she had learnt to ask staff whether anything was wrong and to let them do most of the talking. An interviewee from the police felt fairly comfortable before the course in how he communicated with staff, but worried about being too soft in his approach. The training had reinforced that his manner was appropriate which increased his confidence.

> *"I'm really not that bothered if people think I'm going over the top for staff welfare. They are our most important asset, the most important people in our working life."*

> (Face-to-face training participant, Police)

An interviewee from the fire service said he would like to think he was better at broaching the subject now but had not yet had the opportunity to put it into practice. However, another interviewee from the fire service felt unsure as to whether she should be the one to initiate conversations with her staff about their mental health. In her view people were most likely to discuss these issues with their peers, but it was important that they felt able to ask line managers for help if needed. Interestingly some interviewees did

not recall learning specifically about how to initiate a conversation around mental health, despite this being a stated aim of the training.

5.4.6   Return to work

A number of interviewees reported that their organisations already had comprehensive procedures in place to help with return to work prior to the training and therefore did not feel the need to acquire more knowledge in this area. There was a view among some, that absence management represented a routine part of line management that they did not need training on.

Others were able to take lessons away from the training to improve their own approach. For example, the perspective of the absentee had not been fully considered by some line managers before; an interviewee from the police reported a new awareness of the fact that the longer someone is off sick, the harder it is for them to return to work. There was also a new awareness for some that returners should be eased in gradually, possibly with an informal visit to work before they start. As a consequence of the training there was also increased recognition that work could be beneficial to health, and that helping people back to work may be in their best interests.

The training also presented an opportunity for participants to share good practice. In one session a medical practitioner (from an external provider) who had decided to attend the training talked through his own organisation's practices, thereby providing a perspective previously unknown to the group of Blue Light professionals his organisation worked with.

5.4.7   Confidence in supporting others with mental health problems

Before the face-to-face training, 70 per cent of respondents agreed or strongly agreed that they felt confident that they could have a conversation about mental health with someone experiencing problems. This moved to 86 per cent approximately three months later. Findings from the webinar surveys showed a move from 76 to 85 per cent.

A number of the interviewees felt more confident following the face-to-face training in their ability to support someone they manage with mental health problems. This was mainly because the training had reassured them in the approach they were already taking and given them some clear information on where to send people for help. One interviewee from the police appreciated learning what she could do herself to support the individual and when it was appropriate to signpost someone elsewhere. However, another interviewee from the police said that whilst he felt confident in supporting staff with mental health issues "*at the lower end of the scale*" he was not sure he could manage a "*complete meltdown*".

An interviewee from the fire service who was responsible for delivering training on mental health issues in her organisation and recruiting 'mental health ambassadors' felt reassured to learn that the messages she was giving staff adhered to those from Mind. She had gained confidence that her organisation was tackling mental health problems in an appropriate way.

5.5 Impacts on work behaviours

Ultimately a goal of Mind's training was to change behaviours in the workplace for the better: changing attitudes and improving knowledge about mental health are arguably the first steps towards this. As Table 5.4 shows, there was evidence of significant improvements in behaviours underlying good management and self or others for the face-to-face training only.

Table 5.4: Impact: work behaviours

	Agree or strongly agree (%)						
	Webinar baseline	Webinar post	Webinar +3 months	Webinar +6 months	F-t-F baseline	F-t-F post	F-t-F +3 months
I pay attention to my mental health and wellbeing at work	68		85	85	67		79*
I pay attention to the mental health and wellbeing of my colleagues at work	81		89	87	85		98*
I take steps to manage stress and look after my health and wellbeing at work	66		82	78	67		75
I have accessed the Blue Light Infoline (phone/text/email) for myself/for a friend	15		19	13	7		12
I have accessed/used Mind Blue Light information booklets	45		20	76	17		53*
I have attended mental health awareness training	51			69	46		96*
I have accessed other sources of information about mental health and wellbeing	71			80	53		71*
I have participated in a Mind Blue Light training course on 'Managing mental health at work'				33			
I have participated in	8		7	24	12		39

	Agree or strongly agree (%)						
a Mind resilience course for Blue Light workers							
My organisation has signed up to the Blue Light pledge	37		49	62	61		76
Total	286	18	27	45	1,631	1,597	16

*   = p<.05 (t-test using scores corresponding to individual ratings)
†   = p<.05 (t-test using scores corresponding to aggregate ratings, where agreement ratings at either end of scale are combined)
Note: greyed-out areas denote question not asked.

Source IES, 2016

5.5.1   Paying attention to own mental wellbeing

Survey findings for the face-to-face training were consistent with participants becoming increasingly mindful of their own mental state. There was a significant increase in the level of agreement with 'I pay attention to my mental health and wellbeing at work' after the training (a change from 67 to 79 per cent).

A number of interviewees felt that the training had given them greater confidence in managing their own mental health. For example, an interviewee from the police viewed that the face-to-face training had made him more aware of his own mental health and his own personal stressors.

> *"When I haven't felt right sometimes, I can now see why. And I think anxiety, stress and depression will all affect all of us at some point in our lives to a small or large degree, and it's nice to have an understanding so you can know this is what my stressor is, and therefore you can manage it better."*

> (Face-to-face training participant, Police)

Three of the interviewees said the course had alerted them to times in their lives when they had suffered from poor mental health, although they had not been aware of it at the time. For example, an interviewee from the police said the training made him realise that he had suffered from poor mental health during a stressful period when his father died and he had to make people redundant at work.

> *"The training made me think more about my personal circumstances and what I had been through."*

> (Face-to-face training participant, Police)

Following the course he thought he would be more aware of the signs and symptoms of poor mental health within himself in future and more confident to ask for help. Similarly an interviewee from the police said the training had alerted him to a difficult period in his

past. Whilst he had put his head in the sand on that occasion, he thought he would be more open to discussing it now which in itself would be cathartic.

The interviewees who had attended the face-to-face training included only one person with lived experience of a mental health problem. This individual did not give any information about the impact on their self-care, but others (who did not declare lived experience) felt that the face-to-face training had made them consider their stressors, reduce their workload and take more breaks.

In line with the quantitative findings there was comparatively less indication from interviews with those who had watched the webinars about the impact of this training on their behaviour. With regard to self-care, both of those who commented on the impact of the webinars had lived experience of mental health problems and felt that they already had the necessary measures in place prior to watching these. One however had been influenced by the webinar's emphasis on the importance of early intervention, and viewed that he might seek help more quickly in future than he would have done previously.

5.5.2 Paying attention to the mental wellbeing of others

Following the face-to-face training there was increased agreement with the statements 'I pay attention to the mental health and wellbeing of my colleagues at work' (the proportion of participants agreeing rose from 85 per cent to 98 per cent; as shown in Table 5.4, this was a statistically significant increase). Figure 5.4 shows an inconclusive picture for the webinar training with respect to this item, and illustrates the clear trend towards improvement for the face-to-face trainees in the police, fire and ambulance services.

Figure 5.4: 'I pay attention to the mental health and wellbeing of my colleagues at work', by service (% sample)
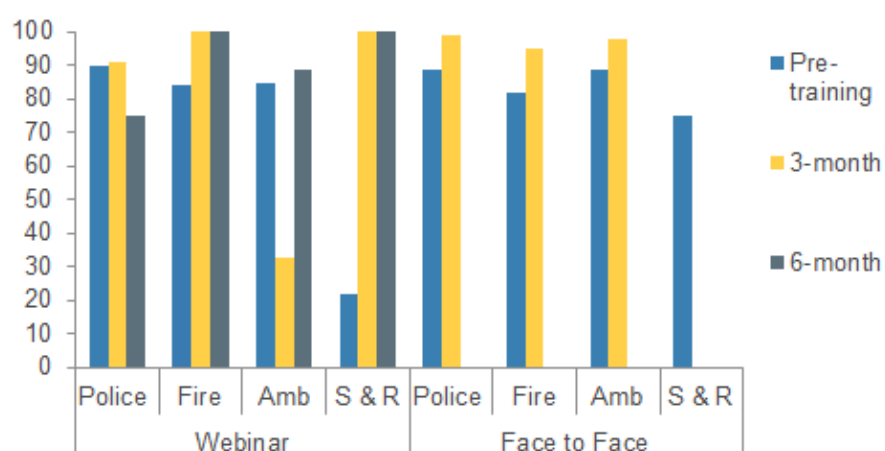
Source: IES (2016)

There were a number of interviewees who attended the face-to-face training who believed they had changed the way they managed others as a direct result of the course. Several reported that the training had taught them to be more mindful of those they manage, and that it had reinforced the importance of line managers in supporting those with mental health problems. For example, a line manager from the fire service said he had learnt a lot of practical tips on how to manage staff day to day and now realised that managers must lead by example in order to achieve organisational change.

A number of participants felt that they were more mindful of the well-being of their staff than before and spent more time listening to them and looking out for non-verbal clues about their mental health. Others reported initiating open discussions about mental health at a team level. An interviewee from the police said the course had prompted a clear change in his management style and given him the determination to *"be part of the solution not the problem"*. Another interviewee from the police reported that following the course he spent more time reminding his staff about work-life balance and the need to take breaks and time away from their computers. He was consciously trying to move people away from the mindset that it was acceptable to work long hours and wanted to reduce the stigma by making mental health issues *"daily business"*. Another interviewee from the police believed that he was now having more conversations with people he managed with known mental health problems to ensure they knew he was there for them if needed.

Similar sentiments were echoed within the police. An interviewee who felt he had a good grasp of mental health issues before attending the training felt it had made him more aware of the need for regular breaks to maintain mental wellbeing and interventions such as debriefing to prevent mental health problems. As a result of the training he was

applying more scrutiny to the way he managed staff and he realised he needed to be more open to listening to issues that were possibly stigmatised.

"It gave us a bit of a light bulb moment to be honest. Because both myself and the superintendent were focused on looking after our staff… it highlighted that we needed to make sure that the messaging was correct… it gave a lot of information and insight into an area that people shy away from. People feel uncomfortable talking about it, so it's about changing that."

(Face-to-face training participant, Police)

Interviewees who commented on the impact of the webinars on their own self-care believed they had improved the way they supported others with mental health problems.

"It's given me the confidence to explain [mental health] to others, rather than just [look after] myself."

(Face-to-face training participant, Ambulance)

For one interviewee from the police, the webinar had helped him realise that he took some of his staff for granted and needed to consider their mental health more. He had already used the webinar as a starting point for discussing mental health with others and had forwarded the link to three people in his team who appeared to be struggling.

An aspect of the training that was highlighted as relatively new to many was the relevance of circumstances outside of work, and the need to be aware of this when managing workers. The possibility that caring responsibilities at home could impact on the level of stress experienced by individuals in the workplace was viewed as a key learning point. The need to look at people individually and tailor their approach to an individual's situation was also identified as an important principle learned from the day.

However, a number of interviewees said that the face-to-face training was yet to have an impact on how they managed others. An interviewee from the police admitted that her behaviour had not changed overnight, although she felt she now had the knowledge to weave changes into her day. An interviewee from the fire service told how he had not yet had the opportunity to put his learning into practice, but suspected he would be better at managing an individual with mental health problems.

"[Changes to]…how I manage? No I wouldn't say so. Not on a day to day basis. But I do think if I was to manage an individual then I would probably deal with it differently to what I would have done before the training."

(Face-to-face training participant, Fire)

Both of these interviewees also thought the webinars had impacted on how they supported others with a mental health problem. Only two interviewees who had seen the webinars talked about the direct impact of these on their behaviour.

5.5.3   Managing stress (self)

Prior to the training just under two thirds of respondents (66 per cent) who attended the line manager training agreed that they knew ways to manage stress or difficult emotions at work. Three months later this had risen to three quarters (75 per cent) although this did not mark a statistically significant change when ratings were compared.

Workplace stress was relatively common amongst those interviewed and a number of training participants were able to provide examples of how they had made changes to the way they managed their own workload and levels of stress at work. An interviewee from the fire service told how she had learnt to "*say no*" to colleagues more often, instead of taking on more work than she could manage (which would leave her feeling overwhelmed and anxious). Similarly, following the face-to-face training, an interviewee from the police had begun to block time in her calendar to specific tasks as well as meetings. This gave a clear signal to others that she did not have time for other work. She had also leaned to "*say no*" when colleagues tried to offload more work onto her.

> *"I've learnt to say 'no I'm sorry I can't do that', and I've had some colleagues say 'I need to take a leaf out of your book' or 'you've shown me how to say no to people'."*
>
> (Face-to-face training participant, Police)

Another interviewee from the police was specifically working to slow down her pace of work, while another was taking more exercise and ensuring he had meal breaks away from the workplace.

Similar 'hard' impacts were not reported among those who had viewed the webinars, but as with other topics there was comparatively less room for impact among those interviewed due to their relatively advanced levels of relevant knowledge and awareness prior to the training.

5.5.4   Seeking help for self or others

Survey findings showed a significant rise in the proportion of face-to-face course trainees who had accessed 'other sources of information about mental health and wellbeing' (an increase from 53 per cent to 71 per cent) in the three months following the training launch) and a rise in the number who had accessed information booklets specific to the Blue Light initiative (an increase from 17 per cent to 53 per cent). It was not possible to discern from responses whether this change was prompted by the training or from other aspects of the programme (nearly three quarters of respondents said their organisation had signed up to the Blue Light pledge).

With regards to actual examples of information seeking and support seeking, several interview participants said that in future, they would be more inclined to seek help than

before but were unable to say whether this resulted from the Blue Light manager training or other changes within the force. However, others were clear that that the face-to-face training had left them better placed to seek help in future.

"One hundred per cent… it has made me know where to go, and if I know where to go now I can signpost my staff as well."

(Face-to-face training participant)

Some staff remained uncertain about this: for example, a trainee from the police wanted to believe that she would be more willing to ask for help in future, but recognised how easy it was to "*plough on*" thinking that you were coping when you weren't and was concerned she might fall back into this mindset.

There was a view among multiple police service participants that it was important for senior staff to be seen to ask for help as well as lower ranking staff; this type of action, above all, would give a clear signal to other employees that they should seek support when struggling and in doing so would help reduce the stigma around mental health problems.

"When the higher up people talk about their issues, it inspires other people to do so."

(Face-to face training participant, Police)

5.5.5   Wellness Action Plan implementation

Immediately following the training, the majority of respondents (85 per cent)[13] felt that they understood what a wellness action plan (WAP) was and how it could be used with a person they supervise to manage mental health and wellbeing in the workplace (this topic was not covered in depth in the webinar training).

In general, participants were able to see the benefits of the process although there appeared to be varying degrees of readiness to implement it. One individual, who worked in the police, was considering introducing wellness action plans into her regular one-to-one meetings to ensure it stayed on the agenda.

"[It enables you] just to be watchful of somebody and to keep in touch with somebody, without being over-bearing, let them be aware that I do appreciate or empathise with where they are."

(Face-to-face training participant, Police)

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[13] This was not asked at baseline as an assumption was made that this was new to all Blue Light trainees.

In contrast, an interviewee from the fire service felt that he understood the process, but did not feel fully confident about using it.

> *"[It offers] that structured approach, I haven't had to use it as of yet, but I do think the action plan was very beneficial."*

(Face-to-face training participant, Fire)

5.6   Wider impacts

5.6.1   Impact on others and dissemination of messages

Participants who had received the face-to-face training tended not to know of many others who had been on the training or what the impact had been on them. Often the other attendees were from other parts of the service and, since they did not work alongside them, had not seen them since the course. An interviewee from the police felt that the course had had more of an impact on some of his colleagues than on him.

> *"I don't think I've changed, I know some of my team leaders have changed. They're more open with their staff members about issues they've got... [offering them] support through our outsourced OH and counselling."*

(Face-to-face training participant, Police)

The small number who had discussed the course with others believed it had had an impact. For example, an interviewee from the fire service who had attended the training with her organisation's new 'mental health ambassadors' felt sure it had increased their confidence in tackling this subject. This individual also told how she had taken some of the information from the course and included it in her own training programme, so was cascading the messages to a wider group in her organisation.

5.6.2   Impact at organisational level

There was recognition among interviewees who had taken part in either type of training that a significant shift in the culture was required to bring about real change. However there was a widespread view that organisational awareness of mental health problems and the willingness to do something to tackle them was increasing. Take-up of Mind's training for line managers in itself was seen as evidence of a shift in culture.

Some interviewees did in fact report that the training had already had a direct impact on their whole organisation. For example, an interviewee from the fire service reported that as a result of the training his organisation had taken part in a 'Time to Talk' day and had been more proactive at organising events for staff to foster wellbeing, such as tai chi and circuit training, to encourage people to socialise more and take a break from work. To

date, participation rates had been encouraging amongst uniform and non-uniformed staff. The same individual reported that staff had been more open to discussing mental health issues since the training. More people had volunteered to help with mental health promotion, and greater numbers appeared to be seeking help with their mental health.

Similarly, an individual working for the police believed the line manager training had made staff more open to talking about mental health, including senior managers.

"I've certainly seen quite a few changes in recent months…people are feeling more open to talking about mental health, including senior leaders, so I think that is really useful… [and] a real change, certainly in the last 3-5 months, of people talking about it and accepting that some people have difficulties at some point in their lives, and it's not something to be ashamed of but something to be talked about. There is some stigma still there, but I'm starting to see some difference."

(Face-to-face training participant, Police)

However, some participants felt that the impact of the training on their organisation had been limited to date or found it difficult to assess this level of impact. Some thought that a greater number of individuals needed to receive face-to-face training for there to be a noticeable change at an organisational level. An interviewee from the police thought the line manager training had definitely impacted on those who attended, who were all very engaged and positive about it, but overall more people needed to receive it. Another participant from the police felt the same and believed it would take a long time to achieve change in his organisation.

"In order for it to impact this organisation, the training needs to be very widespread so all managers are aware and have an understanding, because whilst you have a large number which aren't aware and don't have an understanding, it makes it harder to do anything… I can influence things in my immediate vicinity, but it's a massive organisation."

(Face-to-face training participant, Police)

An interviewee from the ambulance service believed that providing webinar links during staff inductions had led to more open discussion amongst staff but was hesitant to attribute this solely to the webinars.

"I can only go on the small group of people who have watched them and reported back, and it did have an impact on them [in this respect]."

(Webinar viewer, Ambulance)

In the above example, an enlightened approach to mental wellbeing in the organisation had been adopted by a new Chief Executive and it was felt that a recent shift towards greater openness was primarily attributable to this. However, the webinars were seen as complementary to this and as reinforcing positive messages.

An ambulance service professional felt that the BL programme as a whole was helping to change organisational culture through encouraging more open dialogue about mental health.

> *"Having these conversations will ultimately change the culture."*
>
> (Webinar viewer, Ambulance)

In another example, positive changes in the culture of the fire service were attributed to the presence of BL programme but not necessarily to the webinars. It was felt that increased openness about mental health had given rise to discussions which highlighted untapped resources in-house: for instance, in conversation it had been discovered that a colleague was an experienced Samaritans counsellor and, with his permission, the organisation had started referring people (where appropriate) to this individual for specialised support. One interviewee, who had appeared in a webinar, reflected that speaking about his experiences had given him more confidence to be open about his illness.

> *"I encountered the black dog of depression a bit myself, and I would know what to do and there's no shame in it."*
>
> (Webinar viewer and on-screen participant, Ambulance)

As a 'public face' of the programme that particular individual had been invited to speak at Blue Light seminars and had gained recognition. His disclosure that he had experienced a depressive illness had surprised some of his colleagues, and he felt that in itself had broken down some of the stigma around this issue in his own work environment. He had been thanked personally for making the webinar and for giving colleagues the confidence to seek support for themselves in similar circumstances.

In contrast, a number of interviewees from the police and fire service noted that they were yet to see any change in behaviour amongst staff as a consequence of either format of Blue Light training and felt there was still a great deal of stigma surrounding mental health. The macho culture within their organisations was frequently viewed as a key challenge (see next chapter regarding organisational context).

Some individuals reported that they could see an impact at the individual level among colleagues who attended the face-to-face training; however they were doubtful as to the impact the training had on the organisation as a whole.

> *"Organisationally, I don't see it so much. But yes, it has changed them (the colleagues who attended the course) personally and how they manage their staff and their welfare"*
>
> (Face-to face training participant, Police)

Some organisations were involved with several mental health initiatives, and within those it was felt that the Blue Light training was one among several factors that had brought about positive changes at organisational level. For example, a participant within the fire service viewed that the 'Campaign Against Living Miserably' (CALM), a charity for male suicide, had already brought about positive changes. The same participant had also been funded to attend a two-day Mental Health First Aid England course, and had also led on the recruitment of mental health ambassadors for the organisation. Therefore, although he felt qualified to draw conclusions about changing attitudes to mental health within his organisation, he felt unable to specify the level of impact of the Mind training in precise terms.

Other interviewees from organisations that had already made significant progress towards supporting better mental health and wellbeing felt that the Mind training had reinforced the knowledge base that many of those attending had already acquired and provided valuable reassurance. For example, within one ambulance service, although the training did not appear to have instigated visible additional change, it had confirmed that the organisation was already taking the right approach to mental health.

"It's hard to say because [County Ambulance Service) have been doing this kind of stuff for quite a while."

(Face-to-face training participant, Ambulance)

One view was that the line manager training could have been more useful if it had been better integrated with their own organisation's polices. It was suggested that if an HR or OH team member had been present, they could have helped participants understand how the training should be applied in their specific organisational context. Some participants viewed that a partnership approach to training could have enabled a more bespoke approach and could have ultimately enabled implementation of the training.

"It wasn't integrated with our own force policies. It would have been much more constructive if the session had been with some of our HR team or employment relations team."

(Face-to-face training participant, Police)

Similarly, specific feedback was provided by a line manager from the fire service who viewed that the return to work (ie after a period of absence due to mental health reasons) information provided was not consistent with the organisation's internal procedures. She felt this had left her unclear on how she could implement Mind's advice alongside her organisation's set procedures.

5.7   Closing comments on impact

Given the timeframe of this evaluation, the findings above represent early indications of impact. It was clear that both types of training were received well and resulted in a considerable amount of learning (Level 1 and Level 2 impacts). Changes to workplace management practices and ultimately improvements in workforce wellbeing (Level 3 and Level 4) would generally be expected to occur when there has been an opportunity for learning to become embedded: further research would be needed to establish this.

Perhaps unsurprisingly, participants found it difficult to isolate observed organisational changes to the impact of the training programmes. Many reported a perceptible shift in culture whereby their organisations were more aware of mental health problems and were willing to do something to tackle them but usually this had started before the training was introduced. Accounts from participants suggested that the webinar and face-to-face training helped build on an existing momentum for change and solidify learning.

6   Organisational and Contextual Factors Affecting Uptake and Implementation of Training

- Whilst the majority of individuals contributing to the Strand 2 evaluation believed that their organisations had the desire to facilitate better employee wellbeing, certain organisational factors were identified that were felt to help or hinder change.

- Resourcing issues appeared to have impacted on the availability of staff for face-to-face training, as in some cases this required them to be released from duties that could not be covered by others. The possibility was raised that Mind could sell the potential organisational benefits of the training (i.e., the benefits of managing mental health well) more strongly to help senior managers make a case to send their staff.

- Where organisations were undergoing restructuring and/or with requirements to make cost savings, there was a background of uncertainty. This was seen as a potential barrier to implementation of wellbeing strategies due to the instability of those in decision making positions.

- Findings suggested that professionals involved in the post-incident care process could benefit from the Blue Light webinars or face-to-face training offered to line managers in order to learn more about contextual factors arising from everyday stressors.

- Occupational health departments were viewed as mainly reactive with respect to mental health although some OH professionals had actively promoted the training. The 'tone at the top', ie senior management was viewed as influential in driving uptake of Blue Light training.

- In interviews which focused on the webinars, positive change was frequently attributed to other aspects of the Blue Light campaign. More generally the way the different elements were complemented each other was acknowledged.

- 'Unhealthy' working cultures persist and pressure to conform to out-of-date stereotypes can present a challenge to those seeking change. There was however, a recognition that unhealthy aspects of working culture exist can create an appetite for training among managers and individuals who are keen to see change.

- In some cases, a particularly traumatic event or cluster of events had served as a catalyst for an organisation to become more aware and proactive about working towards better employee mental health.

- There was a view that the needs of non-frontline middle managers could "fall through the gaps". It was felt that their role in competing forms and signposting others to appropriate support could mean their own needs were overlooked.

- The peripatetic nature of Blue Light workers jobs proved to be a barrier for some; finding the time and space to watch a webinar was not always possible due to combination of being on the move (ie to respond to emergency calls) and/or high work demands.

This chapter addresses background factors that served to facilitate or challenge impact. The content goes beyond areas covered by the survey data (which focused on individual views and circumstances) and primarily reports on findings from qualitative elements of the study. As a result of its focus on contextual factors it draws predominantly from case studies, although findings from one-to-one interviews are also included where relevant.

6.1   Structural factors

Whilst the majority of individuals contributing to the Strand 2 evaluation believed that their organisations had the desire to facilitate better employee wellbeing, certain organisational factors were identified that were felt to help or hinder change. Among line managers participating in Mind's face-to-face training, these factors could leave them feeling to some extent that "*their hands were tied*".

6.1.1   Time available for training

Resourcing issues appear to have impacted on the availability of staff for line manager training, as in some cases this required them to be released from duties that could not be covered by others. For example, an individual from the ambulance service reported that while opportunities for free training were welcomed, operational demands and staff shortages would limit uptake of this.

> "*Release of staff is an issue for face-to-face training as there are just not enough resources for cover even for training [ie areas directly related to their job]. Because of this there is no managerial appetite to release staff for long training. [But] if you have someone off with PTSD for a year this can cost a lot so this stimulates interest and we need to change the mindset of people on mental ill health and there needs to be support from Senior Leaders. Everyone is trying but as soon as pressures happen the training falls by the wayside. There is an issue about releasing people for long training in particular.*"

> (Case study research participant, Ambulance)

There was widespread recognition that staff absence is not without cost to the organisation (for example necessitating cover) and that provision of occupational health support should someone become ill can also be expensive. As a result it was felt that taking a proactive approach to supporting the mental wellbeing of employees makes

sense financially: a short-term "sacrifice" for training can potentially lead to gains in operational effectiveness and organisational costs in the longer term. The possibility was raised that Mind could sell the potential cost savings offered by training more strongly to help managers make a case to send their staff.

> *"Training understood as cost saving, rather than resource draining, would get senior management on board and make staff more likely to be released for training. "*

> (Case study research participant, Ambulance)

6.1.2 Organisational restructures/mergers

Perhaps not surprisingly given pressures on economic factors, all organisations participating as case studies reported reductions in staff numbers, some severe, as a result of redundancies and/or restructuring. An individual from the police reported that at one point, they had lost one quarter of their team to another unit. This reduction in the number of posts and the job instability accompanying this has made some interviewees feel anxious and uncertain about their future within the organisation.

Of those who reported restructuring, many understood this to be an attempt to utilise staff better in order to fill the gaps where shortages of staff were causing strain on the organisation. Although this was often seen to be a pragmatic response from management, this instability was viewed by some as detrimental to employee wellbeing.

For one individual from the fire service, restructuring had a direct detrimental impact on her mental health as she was moved into a role which she did not wish to undertake. The respondent's role had changed from client facing to largely administrative in content, and whilst she had raised concerns about the impact this was having on her, she did not feel that her concerns were taken seriously.

Within an ambulance service case study it was reported that restructuring was happening from the executive level downwards, resulting in senior HR staff being shifted around. A respondent affected by this explained that before a wave of restructuring a few years ago, there were six individuals in her team; now there were three yet they were still expected to conduct the same amount of work. There was a view that these higher level changes were creating uncertainty among those working lower down the management chain, making it more difficult for staff to raise issues about wellbeing because they were unsure of whom to approach. It was also felt that securing the go-ahead for implementation of a wellbeing strategy was problematic when the positions of those in decision making roles were in flux.

"I'm having meetings about board level support for wellbeing initiatives but there's no movement on these at the moment because of the changes. I'm on the cusp of being able to get on with it but we're not quite there yet. "

(Case study participant, Ambulance)

Organisational changes had resulted in knock-on changes to occupational health provision in some cases (eg changes in outsourcing arrangements/merging of services) although there was no hard evidence of adverse effects of this. Also change was not always seen as negative. In one organisation, a change in Chief Executive had been instrumental in improving the support offered to staff with mental health problems.

6.2   Within-organisation factors

As well as background factors arising from the wider economy, political 'in-house' factors were also seen as influential in progress towards improving management of mental wellbeing at work.

6.2.1   Current work, health and wellbeing priorities

Perhaps unsurprisingly some case study participants viewed that within their organisation there was an assumption that mental wellbeing issues were only triggered by the most obviously challenging aspects of front line service provision, such as attending a traumatic incident, rather than a build-up of everyday operational pressures. In general, it was felt that their professional training equipped Blue Light staff well to cope with distressing situations that can arise when attending emergencies (such as the death of a child), but that it was the operational workings of the organisation, such as long shifts, few breaks to unwind and staff shortages which "*pushed people over the edge*".

"The PIC (Post Incident Care)[14] system is not necessarily focussed around (the organisational) triggers of stress and that may be an issue "

(Case study participant, health and safety officer, Ambulance)

Amid the high praise for the training on offer from the Blue Light Programme some concern was raised that professionals involved in the post-incident assessment did not understand the everyday pressures some individuals experienced and therefore could lack insight into why a particular incident (perhaps not one normally regarded as "traumatic") had affected an individual more than one might expect. There was a view

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[14] One of a number of similar procedures used by emergency services in England designed to help people cope with their feelings in the immediate aftermath of a major incident and to assist them in deciding whether and when to seek further help.

that these professionals were not always aware of important contextual factors affecting an individual's ability to cope. This suggests (although this was not raised explicitly by participants) that professionals involved in the post-incident process could benefit from the Blue Light webinars or face-to-face training offered to line managers.

Involvement of OH professionals

Among staff working at organisations where the Blue Light face-to-face training had been rolled out, the role of OH in promoting mental health was mixed. Some described their OH departments as reactive rather than preventative, and with respect to mental wellbeing, were associated with the provision of counselling. One interviewee from the police explained that his OH department seemed to be more focused on return to work than mental health promotion. There were some exceptions to this; some participants reported that their OH departments played a key role in promoting mental health in their organisations. An interviewee from the police described his organisation's welfare department as proactive in encouraging staff to attend relevant training courses. In another example a police OH department was actively promoting the Blue Light Programme.

> *"They're very proactive at the moment, but they've always been good anyway."*

(Face-to-face training participant, Police)

An interviewee from the fire service highlighted the role of his Chief Officer in driving mental health initiatives within the organisation and in making it clear to staff that there was more to supporting mental health than counselling. He had publically declared support for the face-to-face training and had helped publicise Mind's work more generally.

6.2.2   Other Blue Light initiatives

At all case study organisations there appeared to be good awareness of the Blue Light Programme as a whole and its various components such as the organisational pledge, Blue Light Champions, and Blue Light Time to Talk Day. Awareness of each element was variable but there appeared to be a 'snowball effect': once an organisation got on board for one initiative, awareness and participation in related initiatives followed.

Among those who had participated in either type of training the other material provided by Mind was viewed as complementary. There was praise for the BL leaflets as an accessible and useful resource, especially as a reminder about sources of further help to signpost others too. As a small and portable resource they could be taken to meetings or carried around.

"The leaflets are good … they give you something to talk about/focus the conversation on."

(Case study research participant, Search and Rescue)

In the evaluation interviews focused on the webinars, change was more likely to be attributed to other aspects of the Blue Light campaign than the webinars, possibly because other elements received more exposure. For some organisations, the Champion role was felt to be key to positive organisation-wide changes, in particular in fostering trust and encouraging those with current lived experience of mental health problems to self-identify. For those who had seen webinars or attended line manager training, the work of the Blue Light Champions was felt to be complementary to each.

6.2.3   General 'baseline' awareness of mental health

There was a strong feeling among staff operating on the frontline that senior management were not sufficiently aware or concerned about the challenges that they faced with potential implications for mental wellbeing. Some individuals from the fire service felt that there was complacency among staff occupying higher ranks, whose absence at training events (ie those in connection with mental health, not just Blue Light) arguably signalled a lack of commitment regarding the prioritising of mental health awareness to other members of the team. Likewise, an interviewee from the police thought senior managers needed to be more actively involved in interventions for there to be an impact on the organisation.

"My perception is that first and second line managers have a real concern to look after their staff. Organisationally, I don't see it so much… I hope that there will be organisational change but I think it will be patchy due to some people buying in and some not."

(Face-to-face training participant, Police)

Within a case study fire service, one individual noted that two managers who "*didn't seem to get it*" (ie the importance of mental health) sat at the front of a mental health first aid course she had organised. Their presence at the event was considered a real achievement.

A respondent from the ambulance service viewed that senior leaders in her own organisation were not proactive about mental health. Rather than offering tools that would enable the team to be better prepared to support each other should a particularly traumatic event occur, they would wait until after the event to give reactive support. Some respondents from other services felt that the reactive support on offer was not adequate. An example was provided of a particularly traumatic and high profile incident attended by the fire service. It was not until two months later that the Watch Manager received an email offering his team a debrief; this was considered to be too late to be effective.

Among some Blue Light frontline workers there was a view that because management did not attend incidents, nor "stuck around" for debriefing sessions, they did not understand the situations faced by the team on the ground and therefore could not offer the appropriate support. Some individuals felt that whilst awareness of mental health and wellbeing was moving in the right direction there needed to be more visible intervention from senior leaders if initiatives like the Blue Light Programme were to reach their full potential.

> *"It really needs the executive team on board to take ownership for wellbeing changes and push from the top."*

(Case study interviewee, Ambulance)

> *"We don't do it for cake or medals, but some recognition (from management) would have been nice for morale."*

(Case study interviewee, Fire)

> *"The stigma is being addressed, but I'm not sure how high up it goes."*

(Case study interviewee, Police)

In contrast with this view of senior management, many of the Blue Light professionals who were interviewed (who tended have middle-management or frontline roles) felt that they had good awareness of mental health issues in their workplace, often as a result of personal experience and/or training. This awareness arguably gave them more insight into the problems within their organisation, in particular that of people not disclosing to each other that they had experienced mental health problems. An interviewee from the ambulance service who had formal qualifications in trauma management believed that she had never met anyone who would immediately openly admit that they were suffering from a mental health issue, and that when she had raised concerns with people it was not uncommon for them to be brushed off.

> *"The key is that you don't just assume that people need help only after traumatic incidents, it could just be a basic CPR resuscitation, but it could really affect someone, you don't know how something will affect someone."*

(Case study participant, Ambulance)

Among the reports of less than ideal attitudes towards mental health, there were nevertheless some examples of positive, supportive cultures.

"There isn't the expectation for people to deal with things on their own but people sometimes think they should. Fourteen years ago managers would say "you can deal with this, you are strong". Now their first question is: "how are you doing, are you OK? People ask others if they need help, they offer helpline numbers, a real shift."

(Case study participant, Fire)

6.2.4 Stigma and attitudinal barriers to change

Whilst it was apparent that many Blue Light organisations were making positive steps towards tackling stigma around mental health issues, it was clear that many had some way to go, particularly those where there was the continued existence of a 'macho' culture. In this respect the various services appeared to differ and it was felt by some that particular trends or stereotypes applied to the service they worked for.

With respect to the fire service, there was a view that the traditional 'macho' culture appeared to be somewhat resistant to being challenged, and with that, an underlying belief that "*men don't get mental health issues*" and that therefore to visit a health professional about such matters would not be a 'manly' thing to do. An interviewee from the fire service had seen little uptake of the enhanced support that now available in her organisation for those with mental health problems, despite her own efforts to boost awareness. Since fire fighters were resistant to seeking help with physical health issues, it was felt to be an even bigger challenge to encourage them to seek help to manage their own mental wellbeing.

The same case study participant from the fire service highlighted the findings of an independent report on organisational culture within a fire service[15] in England (not her own) and felt those issues existed and persisted in her own service; she described what she felt was a "*toxic culture*" of "*jobs for the boys*". Bullying of those perceived to be weaker by colleagues was said to persist despite efforts to modernise attitudes and promote inclusivity.

Within the ambulance service, negative aspects of the culture were described in a different way. Notably gender-oriented terms did not feature to the same extent: in particular a reported sense of 'shame' about letting the sometimes visually distressing elements of the job 'get to you': essentially a resistance to admitting potentially traumatic scenes can adversely impact on an individual's mental health. A potential consequence of this is 'self-stigmatisation' (highlighted in Mind's own research) when an individual experiences this themselves.

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[15] http://www.essex-fire.gov.uk/_img/pics/pdf_1441197562.pdf

"There is a lot of peer pressure on people in the ambulance service that says you shouldn't be in this job if you can't deal with the blood and gore. There is a lot of stigma about having a mental illness – it is seen as not coping."

(Case study participant, Ambulance)

"There is a macho culture, academic or soft skills are not recognised, rank markings have a lot of influence."

(Case study participant, Ambulance)

An interviewee from the police with lived experience of PTSD had observed no tangible change in the behaviour of staff, despite the organisation signing up to the BL pledge and disseminating the webinars. She still felt stigmatised and treated like a "*loony*", although she was confident that the culture was improving slowly. In her words she viewed that "*you can lead a horse to water, but you can't make it drink*" ie, while you could provide the information to staff, you could not force them to take it on board.

An observation within the police and ambulance service was that mental health training was seen as important in the context of dealing with members of the public appropriately, but was not given the same priority as a staff issue. Some felt that their managers were less comfortable viewing mental wellbeing as a personnel or management issue.

"They only want Mind to come in and discuss patient welfare rather than staff welfare. [I] wasn't aware of the face-to-face training for Line Managers."

(Case study participant, Ambulance)

It was felt that recognition that unhealthy aspects of working culture exist can create an appetite for training among managers and individuals who are keen to see change. Where such cultures were described there tended to be few other resources in place and the Mind Blue Light training was perceived as filling a void.

"People will find the time for training, they are enthusiastic and proactive. People are sneaking out to the training."

(Case study participant, Ambulance)

"It ticks all the boxes because there are people you treat who have mental health issues too. It's very cost effective to do training because you can use it on the road as well as helping you to cope."

(Case study participant, Ambulance)

Some respondents had experienced worryingly negative reactions in the past when they had tried to raise the profile of mental health within their organisation. Among those whose organisations were not receptive, a fire service training participant reported a

pronounced lack of mental health support structures or policies in place. She had personally experienced resistance when she had offered to put time into improve existing processes. Another individual had experienced her organisation as "*controlling*" regarding the dissemination of mental health awareness information, and was told that she was not allowed to share information unless it was verified by the management team. Experiences such as this had left some individuals who had taken the initiative to promote staff wellbeing feeling demotivated, all the more so when they felt they could productively draw on their own lived experiences to bring about positive changes.

> *"I felt people wanted to close me down."*

> (Case study participant, Fire)

According to some case study reports, a particularly traumatic event or cluster of events was the catalyst for their organisation to become more aware and proactive about working towards better employee mental health.

> *"We lost four people recently. One of them was a very fit person who had a cardiac arrest. It was a great shock for people and they want to do something about it. People are now prepared to engage with mental health and wellbeing issues. Mind can help bring the message home."*

> (Case study participant, Ambulance)

> *"Since the [incident] I do think the service has become more open. The people we thought would be affected were people who regularly attended debriefs in the past, but actually they managed to sort everything out and get their heads around it. The people that did need help and were affected were those who didn't attend debriefs and came running saying they needed assistance."*

> (Case study participant, Fire)

6.2.5   Individual factors/ job characteristics

The case studies shed some light on factors that were felt to moderate the degree of direct benefit an individual experienced from the training, and in particular who saw their roles as a determining factor in this.

Among some case study respondents in specialist or line manager roles, there was a view that the needs of non-frontline middle managers could "*fall through the gaps*". Their role in completing forms and signposting others to appropriate support could mean their own needs were overlooked.

> *"There seemed to be an assumption [in the Mind Blue Light face-to-face training] that stress comes from poor management, but often managers themselves lack support."*

> (Face-to-face training participant, Fire)

"[Clinical supervisors] signpost others but they don't get this for themselves."

<div align="right">(Health and Safety Officer, Ambulance)</div>

"Clinical supervisors have to attend all cardiac arrests because they carry an extra piece of equipment that is needed and so they could attend 4-5 cardiac arrests in a shift. They are expected to then give support to the crews and go home alone."

<div align="right">(Clinical Supervisor, Ambulance)</div>

Within a fire service case study there was concern that professionals involved in debriefing did not receive a debrief themselves, despite involvement in the same incidents as the crews. This is in part due to a lack of time, but also due to the absence of a formal requirement.

There was a more general concern that the needs of those responsible for the welfare of staff were overlooked because of the requirements on them to help others cope rather than focus on their own coping. This underlined the importance of ensuring they were, where possible, included in training opportunities such as the Blue Light training for line and shift managers.

Individuals volunteering for the fire service (but employed by the ambulance service) and search and rescue were represented in the interview sample and were able to provide relevant insights from that perspective: it was felt that the experiences of volunteers within the Blue Light service are similar to full-time employees in many ways, but there were important differences in their schedules that potentially affect their access to training. In one case the respondent believed that volunteers did not get the same access to Mind's Blue Light training (as well as other elements of the initiative) as full time employees. As highlighted in Chapter 4, professionals from search and rescue reported barriers to attending training, arising from the voluntary nature of employment of many of their staff and the fact that they often lived and worked remotely from available training locations.

Some logistical issues around accessing resources were identified for particular types of BL professionals. Ambulance service staff in particular found it difficult to access information, whether in paper or electronic format, because of the peripatetic nature of their jobs. Not having a desk or personal workspace presented a barrier to looking at material after a shift. The physical presence of any material was less likely to be obvious to them because of the inability to display or store material. Similar issues were raised by search and rescue staff but it was acknowledged that they did at least have a base where material could be displayed.

"The booklets that have been produced are exactly what we needed. They can go in a cupboard in the team base. They raise people's awareness about the issues and how to spot them."

(Case study research participant, Search and Rescue)

7   Conclusions and Learning Points

7.1   Conclusions

This section is structured around the research issues that emerged inductively through our data analysis and themes identified as of key interest to Mind for this particular evaluation strand, and in doing so, integrates and synthesises findings presented in previous chapters.

7.1.1   Reach of the training

In total just over 400 face-to-face training sessions took place with more than 1600 Blue Light professionals attending[16]. This exceeded Mind's expectations: demand was high and bookings reached capacity. There was evidence of a small amount of deadweight due to the tendency of those who attended to have a pre-existing interest or specialism in mental health issues.

In contrast viewing numbers for the webinars were disappointing. Figures provided by Mind indicate the webinars received views from 190 individuals[17] (the total number of complete or partial views reaching 482[18]), however expectations were that viewing figures would be much higher.

Findings from this evaluation suggest access to the webinars was hindered by IT-related difficulties such as not having access to the right software (in many organisations unauthorised downloading of software is prohibited) or hardware (the webinars worked best on PCs and laptops which were not available to all potential users). The peripatetic nature of Blue Light workers jobs proved to be a barrier for many; finding the time and space to watch a webinar was not always possible due to combination of being on the move (ie to respond to emergency calls) and/or high work demands.

[16] Figures provided by Mind, January 2016.

[17] More recent figures reported by Mind indicate a cumulative total of 364 views (reported 3 March 2016)

[18] Note that an individual may have watched one or more webinar or the same one(s) repeatedly.

7.1.2 Awareness and understanding of mental health problems at work

According to the survey findings, self-reported understanding of mental health problems and relevant work factors increased as a consequence of the face-to-face line manager training and there also was also evidence of important attitudinal changes. Significant increases were seen in participants' assessment of their ability to recognise signs and symptoms of common mental health conditions. The high response rate for the various evaluation surveys administered by face-to-face training participants signals that these findings can be interpreted with confidence.

Qualitative findings indicated that managers came away from the training with a new appreciation of the prevalence of mental health problems in their profession and an understanding of the elements of their own service's work that put people's mental health at risk. Follow-up survey findings indicate this learning was sustained over subsequent months.

The low number of responses to the webinar surveys hinders a reliable conclusion being drawn about their impact in this respect. Among those who participated in the evaluation interviews, the inclusion of Blue Light professionals' own stories in the webinar was felt to bring issues to life and underline the importance to take action to support affected workers. There was a strong feeling that the material presented in the webinars would be beneficial to colleagues who had not seen them, particularly those with relatively low levels of awareness of mental health issues.

7.1.3 Confidence to manage own mental health

Self-reported confidence to manage one's own mental health was found to increase among those who attended the face-to-face training. Participants in the qualitative research element felt they had gained a new awareness of the importance of taking breaks from work, taking steps to manage their workload more effectively and of seeking support where necessary. The training sessions were successful in encouraging participation from trainees who had experienced mental health issues themselves, who were able to disclose what had helped them recover and stay well.

There was weaker evidence that the webinars had made a difference in this respect but trends in the data suggested they had a positive influence. The relevant 'Awareness' video presented high quality, relevant content but its potential impact on a across the Blue Light services on a national basis is likely to have been limited as a result of low viewing numbers.

7.1.4   Confidence to support colleagues around their mental health

With respect to the face-to-face training, findings unambiguously indicated positive impacts with respect to self-reported confidence to support others. Significant positive changes were observed for measures related to communication; in particular confidence around starting conversation with people who may be showing signs and symptoms of a mental health problem. Following the line manager training there was also significantly better awareness of sources of support and information. In considering these findings the potentially confounding 'background' effect of the Blue Light programme as a whole should also be considered; other strands may have contributed to these positive changes. However the qualitative work was successful in drawing out evidence of increased confidence that could be specifically attributed to the training.

There was less indication that webinar users feel more confident about these issues following the webinars: the number of participants who provided comments on relevant 'Supporting Others' webinar was low making it difficult to assess impact. There was a view among participants who already had a basic knowledge of the area that the webinar was helpful in to confirming and clarifying prior understanding of what to do if a colleague appeared to be in need of support.

7.1.5   Using the training

There was strong evidence that the face-to-face training for line managers was viewed as useful and relevant. Immediately after the training, 95 per cent reported that they had found it useful. Three months after the training, 90 per cent held this view. Due to the short-nature of the Blue Light programme and delays to the start of training delivery the follow-up period was short so participants in the qualitative work had not always had the opportunity to apply what they had learnt. Nevertheless examples were provided of managers initiating open discussions about mental health within teams for the first time. There were also reported instances where managers felt that they had been able to spot warning signs in staff that they might otherwise have missed and who had acted on these concerns to support them. Other tangible impacts included more active monitoring of one's own mental health and that of others. Over time this would be expected to result in positive health effects.

There was some evidence that the webinars were appeared to be useful as 'refreshers' for those with pre-existing knowledge: this finding possibly arises from the fact that many research participants who watched the webinars appeared to have relatively advanced knowledge about the management of mental health issues already. For this population they appeared to be successful in re-enforcing other messages, and as a good reference source complementary to other Blue Light support.

7.2   Learning points for future consideration

1. Both types of training met with high approval rating with respect to quality, breadth of content and format. Overall there was appreciation of the bespoke approach that had been taken to ensure a 'fit' with each of the four Blue Light services and this was viewed as a very important aspect.

2. The evaluation findings unambiguously support the use of face-to-face to as an effective means of reaching line managers in the Blue Light services and of equipping them to feel more confident about managing and responding mental health issues. Positive changes in awareness, knowledge and workplace behaviour were all reported to have occurred as a direct result of the training.

3. The scenario with respect to the webinars is more complex: logistical issues around IT and computer access were found to be a barrier to access and to an extent the opportunity to reach significant numbers of Blue Light staff was missed. There appear to be some potential lessons for Mind in regard to piloting web-based material in diverse contexts before making them available to particular user groups. Options such as access via YouTube and/or in formats compatible with many types of smartphone and tablet could increase accessibility.

4. Even with sufficient consideration of IT-related access issues, it is clear that web-based materials need to be tailored to meet the working patterns of Blue Light staff. On the basis of feedback obtained in the evaluation this could mean making them shorter, providing an overview of contents at the beginning, segmenting them into sections that can be viewed separately, and making registration faster or dispensing with it all together.

5. Organisational context is an important factor in determining attendance at face-to-face training sessions and the impact of new learning. The easier an organisation makes it to 'opt-out' of training the more likely those who are arguably most in need of it will not attend. This is important to bear in mind when promoting training and working with organisations to encourage uptake. Also, if senior management were helped to have a better understanding of the potential operational benefits of managing mental health well this could help them make a business case for attendance being mandatory.

Appendix 1: Statistical Significance

In this evaluation, we have reported changes in attitudes or behaviour over time where results were statistically significant. The threshold for statistical significance used was $p < .05$. However, where results were highly significant we have indicated this in our reporting, eg $p < .01$.

Appendix 2: Face-to-face Training Baseline Survey Data Tables

Introduction

The face-to-face training baseline survey comprised 1,631 respondents who had participated in the face-to-face training for line managers in the Blue Light services. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100% in some cases.

About you and your work

Table A2 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	53.6
I am a member of the fire service	25.6
I am a member of the ambulance service	16.1
I am a member of the search & rescue service	3.7
None of the above	0.6
Missing	0.3
Total (N=1,631)	100.0

Table A2 2: What is your employment status?

	%
I am an employee	93.1
I am a volunteer	4.4
None of the above	0.5
Retained	1.5
Missing	0.5
Total (N=1,631)	100.0

Table A2 3: How long have you worked for the emergency services?

	%
Less than one year	1.5
1 - 5 years	6.6
6 - 10 years	15.1
11 - 20 years	37.6
More than 20 years	38.7
Not applicable	0.1
Missing	0.4
Total (N=1,631)	100.0

Table A2 4: Where do you work?

	%
South West England	10.1
South East England	24.8
London	7.6
East England	7.7
East Midlands	6.1
West Midlands	7.4
Yorkshire and the Humber	2.3
North East England	14.2
North West England	18.4
Other	0.9
Missing	0.5
Total (N=1,631)	100.0

Personal information

Table A2 5: What is your gender?

	%
Male	60.6
Female	39.2
Transgender	0.0
Prefer not to say	0.1
Missing	0.1
Total (N=1,631)	100.0

Table A2 6: Is your gender identity the same as you were assigned at birth?

	%
Yes	99.1
No	0.3
Prefer not to say	0.3
Missing	0.3
Total (N=1,631)	100.0

Table A2 7: What is your age?

	%
19 or under	0
20-24	0.9
25-34	12.4
35-44	34.2
45-54	44.3
55-64	7.5
65 and over	0.2
Prefer not to say	0.2
Missing	0.2
Total (N=1,631)	100.0

Table A2 8: Which ethnic group do you identify with? (aggregated: five categories)

	%
White	94.8
Asian	1.3
Black or Black British	0.4
Mixed	1.3
Any other group	0.3
Prefer not to say	0.9
Missing	1.0
Total (N=1,631)	100.0

Table A2 9: How would you describe your sexuality?

	%
Heterosexual	92.3
Gay	1.4
Lesbian	1.4
Bisexual	0.8
Other	0.1
Prefer not to say	3.1

Missing	0.9
Total (N=1,631)	100.0

Table A2 10: What is your religion or belief?

	%
Christian	61.6
Buddhist	0.7
Hindu	0.4
Jewish	0.1
Muslim	0.4
Sikh	0.5
Any other religion	0.7
No religion	32.4
Prefer not to say	2.8
Missing	0.5
Total (N=1,631)	100.0

Table A2 11: Do you consider yourself to be disabled?

	%
Yes	3.2
No	95.1
Prefer not to say	1.2
Missing	0.4
Total (N=1,631)	100.0

About you

Table A2 12: Personal experience of mental health

	Yes (%)	No (%)	Not sure (%)	Prefer not to say (%)	Missing (%)	Total %
I have personal experience of mental health problems	41.4	49.9	5.8	1.6	1.3	100.0
I use/have used mental health services	23.4	72.3	.7	1.1	2.5	100.0
I am a family member of somebody who has experienced mental health problems	53.0	40.8	3.6	.9	1.8	100.1
I am currently living with, or have previously lived with, someone with a mental health problem	27.4	67.6	2	1.1	1.8	99.9

Question						
Are you currently working with, or have you ever worked with, someone with a mental health problem?	68.5	19.2	10.7	.8	.9	100.1
Are you currently managing, or have you ever line managed, someone with a mental health problem?	54.9	35.4	7.7	1.0	1.0	100.0

Note: Total N=1,631

Table A2 13: Have you experienced stress, low mood, or poor mental health while in employment?

	%
Yes, only while working/volunteering for my current employer	52.1
Yes, only while working/volunteering for a previous employer	5.6
Yes, both at this employer and at a previous employer	17.0
No, never	22.3
Prefer not to say	2.1
Missing	0.9
Total (N=1,631)	100.0

Table A2 14: Have you ever taken time off from work as a result of stress, low mood, or poor mental health?

	%
Yes	24.6
No	73.5
Not sure	0.5
Prefer not to say	0.9
Missing	0.6
Total (N=1,631)	100.0

Table A2 15: How would you describe your current mental health?

	%
Very good	27.1
Good	49.0
Moderate	18.2
Poor	2.5
Very poor	0.6
Don't know	0.7
Prefer not to say	1.1
Missing	0.9
Total (N=1,631)	100.0

Your views

Table A2 16: General views on mental health (aggregated)

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
Most people with mental health problems want to have paid employment	72.5	20.8	5.4	1.3	100.0
If a friend had a mental health problem, I know what support to give them	49.9	31.6	17.6	0.9	100.0
Medication can be an effective treatment for people with mental health problems	70.6	23.7	4.6	1.2	100.1
Psychotherapy eg talking therapy or counselling can be an effective treatment for people with mental health problems	90.4	6.9	1.7	1.0	100.0
People with severe mental health problems can fully recover	52.5	35.6	10.5	1.4	100.0
Most people with mental health problems go to a healthcare professional to get help	10.1	21.6	67.0	1.3	100.0

Note: Total N=1,631

Table A2 17: Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population?

	%
Less likely	1.6
About the same	28.1
More likely	64.1
Don't know	5.3
Missing	1.0
Total (N=1,631)	100.0

Dealing with mental health issues at work

Table A2 18: Awareness and knowledge of mental health issues at work (aggregated)

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
I have a good understanding of mental health issues	42.6	38.6	17.9	0.9	100.0
I can recognise signs that a colleague may be experiencing a mental health problem	58.7	28.3	12.1	0.9	100.0
I know/understand what factors at work can have a negative effect on mental health	72.9	19.3	6.9	1.0	100.1
I know where to find information about mental health	65.8	21.9	11.5	0.8	100.0
I know where I can access support or advice regarding my own mental health	74.1	14.8	10.2	0.9	100.0
I know ways to manage stress or difficult emotions at work	65.9	23.7	9.4	0.9	99.9
I feel confident that I am able to have a conversation about mental health	67.5	19.2	12.2	1.1	100.0
I feel confident that I could support a colleague experiencing a mental health problem at work	65.5	24.6	9.0	0.9	100.0
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	70.0	19.7	9.4	0.9	100.0

Note: Total N=1,631

Table A2 19: Promoting and supporting mental health

	Yes (%)	No (%)	Not sure (%)	Missing (%)	Total %
I pay attention to my mental health and wellbeing at work	67.0	18.3	12.6	2.1	100
I pay attention to the mental health and wellbeing of my colleagues at work	85.0	3.6	9.2	2.1	99.9
I take steps to manage stress and look after my health and wellbeing at work	67.1	19.0	11.8	2.1	100.0
I have accessed the Blue Light infoline phone/text/email for myself/ for a friend	6.8	87.9	3.3	2	100.0
I have accessed/used mind Blue Light information booklets	16.5	79.9	1.6	2	100.0
I have attended mental health awareness training	46.2	50.2	1.6	2	100.0
I have accessed other sources of information about mental health and wellbeing	53.3	42.8	2.0	2.0	100.1
I have participated in a Mind resilience course for Blue Light workers	11.5	84.4	1.9	2.2	100.0
My organisation has signed up to the Blue Light pledge	60.5	6.1	31.1	2.3	100.0

Note: Total N=1,631

Appendix 3: Face-to-face Training Post-Training Survey Data Tables

Introduction

The face-to-face training post-training survey comprised 1,597 respondents who had participated in the face-to-face training for line managers in the Blue Light services. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100% in some cases.

About you and your work

Table A3 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	41.7
I am a member of the fire service	19.1
I am a member of the ambulance service	12.5
I am a member of the search & rescue service	2.4
None of the above	0.4
Missing	23.9
Total (N=1,597)	100.0

Training format and delivery

Table A3 2: Views on the information provided (aggregated)

	%
The information given was clear and easy to understand	
Strongly agree or agree	94.2
Neutral	2.7
Strongly disagree or disagree	2.8
Missing	0.3
The information was presented at a pace I could follow	
Strongly agree or agree	91.3
Neutral	4.1
Strongly disagree or disagree	3.7
Missing	0.9
The information provided was relevant to my workplace	

	%
Strongly agree or agree	89.1
Neutral	6.4
Strongly disagree or disagree	3.5
Missing	1.0
The information provided will be useful in my work	
Strongly agree or agree	90.8
Neutral	5.4
Strongly disagree or disagree	3.0
Missing	0.8
The information provided will be useful in my personal life	
Strongly agree or agree	84.5
Neutral	10.9
Strongly disagree or disagree	3.7
Missing	0.9
Total (N=1,597)	100.0

Table A3 3: Views on format and delivery

	%
The length of the training was:	
Too long	6.6
About right	81.3
Too short	9.9
Not Sure	1.8
Missing	0.4
The amount of information provided in the training was:	
Too much	4.3
About right	86.7
Not enough	6.4
Not Sure	1.9
Missing	0.6
Total (N=1,597)	100.0

Table A3 4: The balance between presentations and interactive elements (such as discussions)

	%
There was too much time spent listening to presentations	19.7
The balance was about right with a mix of presentations and interactive elements	74.1
There was too much time spent on interactive elements	2.3
Not sure	3.4
Missing	0.6
Total (N=1,597)	100.0

Table A3 5: What were your reasons for participating in this training

	Selected (%)	Did not select this option (%)	Total (%)
It was part of a training programme	33.6	66.4	100.0
I have a personal interest	51.3	48.7	100.0
I was encouraged by colleagues	8.8	91.2	100.0
I was encouraged by managers/HR	28.6	71.4	100.0
I have participated in and support the blue light programme	6.3	93.7	100.0
I viewed the mind blue light webinar on managing wellbeing in the workplace and wanted to find out more	4.3	95.7	100.0
Other	13.5	86.5	100.0

Note: Total N=1,597

Table A3 6: Linking the face-to-face training with the online webinar for Blue Light line managers, 'Managing mental wellbeing'

Comparing the content of the webinar and the training course you have participated in today, do you think:	%
The training course has given me new, useful information in addition to the webinar	16.5
There was too much overlap between the webinar and the training course	0.6
Not sure	5.2
I have not watched the webinar	76.0
Missing	1.7
Total (N=1,597)	100.0

Table A3 7: Overall views on the training

	%
Overall, did you find this training useful?	
Yes	94.7
No	1.8
Not sure	2.9
Missing	0.6
Would you recommend the training to others?	
Yes	90.2
No	2.0
Not sure	5.2
Missing	2.6
Total (N=1,597)	100.0

Dealing with mental health issues at work

Table A3 8: Awareness and knowledge of mental health issues at work (aggregated)

	%
I have a good understanding of mental health issues	
Strongly agree or agree	83.8
Neutral	12.6
Strongly disagree or disagree	1.6
Missing	1.9
I can recognise signs that a colleague may be experiencing a mental health problem	
Strongly agree or agree	91.0
Neutral	6.3
Strongly disagree or disagree	0.9
I know/understand what factors at work can have a negative effect on mental health	
Strongly agree or agree	95.2
Neutral	2.3
Strongly disagree or disagree	0.8
Missing	1.8
I know where to find information about mental health	
Strongly agree or agree	93.7
Neutral	3.8
Strongly disagree or disagree	0.6
Missing	1.9
I know where I can access support or advice regarding my own mental health	
Strongly agree or agree	93.4
Neutral	3.7

	%
Strongly disagree or disagree	1.0
Missing	1.9
I know ways to manage stress or difficult emotions at work	
Strongly agree or agree	87.5
Neutral	9.5
Strongly disagree or disagree	1.1
Missing	1.9
I feel confident that I am able to have a conversation about mental health	
Strongly agree or agree	87.5
Neutral	9.1
Strongly disagree or disagree	1.6
Missing	1.8
I feel confident that I could support a colleague experiencing a mental health problem at work	
Strongly agree or agree	87.9
Neutral	9.5
Strongly disagree or disagree	0.8
Missing	1.8
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	
Strongly agree or agree	89.4
Neutral	7.4
Strongly disagree or disagree	1.1
Missing	2.1
I understand what a wellness action plan is and how this can be used with a person I supervise to manage mental health and wellbeing in the workplace	
Strongly agree or agree	85.2
Neutral	11.2
Strongly disagree or disagree	1.6
Missing	2.1
I understand what steps I can take to promote mental health and wellbeing at my workplace	
Strongly agree or agree	90.2
Neutral	6.7
Strongly disagree or disagree	0.9
Missing	2.2
Total (N=1,597)	100.0

Appendix 4: Face-to-face Training Three Month Pulse Survey Data Tables

Introduction

The face-to-face training three-month pulse survey comprised 261 respondents who had participated in the face-to-face training for line managers in the Blue Light services. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100% in some cases.

About you and your work

Table A4 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	57.5
I am a member of the fire service	23.0
I am a member of the ambulance service	18.0
I am a member of the search & rescue service	0.0
None of the above	0.0
Missing	1.5
Total (N=261)	100.0

Participating in training

Table A4 2: What were your reasons for participating in Mind's Blue Line Manager training 'Managing mental health at work'?

	Selected (%)	Did not select this option (%)	Missing (%)	Total %
It was part of a wider programme of training I was offered	26.8	72.0	1.1	99.9
I have a personal interest	55.6	43.3	1.1	100.0
I was encouraged by colleagues	8.4	90.4	1.1	99.9
I was encouraged by managers/ HR	32.6	66.3	1.1	100.0
I saw Blue Light Programme promotional materials	19.5	79.3	1.1	99.9
I have participated in and support the Blue Light programme	8.0	90.8	1.1	99.9

	Selected (%)	Did not select this option (%)	Missing (%)	Total %
I viewed the Mind Blue Light webinar on Managing Wellbeing in the Workplace and wanted to find out more	4.6	94.3	1.1	100.0
I viewed one of the other Mind Blue Light webinars and wanted to find out more	1.5	97.3	1.1	99.9
Other	10.3	88.5	1.1	99.9

Note: Total N=261

Table A4 3: Views on the information provided (aggregated)

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
The information provided in the training was relevant to my workplace	92.0	5.7	2.3	0.0	100.0
The information provided in the training will be useful in my work	90.8	5.7	3.1	0.4	100.0
The information provided in the training will help me support my staff	86.6	8.0	4.6	0.8	100.0
The information provided in the training will be useful in my personal life	72.8	20.7	4.6	1.9	100.0

Note: Total N=261

Table A4 4: Have you used any elements of the training to support your staff?

	%
Yes	34.1
No	19.5
No, but I intend to	42.5
Missing	3.8
Total (N=261)	100.0

The majority of respondents found the training useful, 90 per cent, and would recommend it to others, 89 per cent.

Table A4 5: Overall views on the training

	Yes (%)	No (%)	Not sure (%)	Missing (%)	Total %
Overall, did you find the training useful?	90.4	6.1	3.1	0.4	100.0
Would you recommend the training to others?	88.5	5.0	5.4	1.1	100.0

Note: Total N=261

Table A4 6: Do you intend to watch the Mind Blue Light webinars?

Webinar	Yes (%)	No (%)	Unsure (%)	I have already watched this webinar (%)	Missing (%)	Total %
'Managing mental health at work'	57.5	13.0	27.6	1.5	0.4	100.0
'Mental health awareness'	55.2	13.4	29.5	1.5	0.4	100.0
'Looking after your mental health'	54.4	14.2	30.3	0.8	0.4	100.1

Note: Total N=261

About you

Table A4 7: Personal experience of mental health

	Yes (%)	No (%)	Not sure (%)	Missing (%)	Total %
I have personal experience of mental health problems	48.7	46.7	3.8	.8	100.0
I use/have used mental health services	26.1	71.6	.8	1.5	100.0
I am a family member of somebody who has experienced mental health problems	53.3	44.1	1.5	1.1	100.0
I am currently living with, or have previously lived with, someone with a mental health problem	29.5	66.3	2.7	1.5	100.0
Are you currently working with, or have you ever worked with, someone with a mental health problem?	80.1	14.9	4.2	.8	100.0
Are you currently managing, or have you ever line managed, someone with a mental health problem?	72.0	23.0	4.6	.4	100.0

Note: Total N=261

Table A4 8: Have you experienced stress, low mood, or poor mental health while in employment?

	%
Yes, only while working/volunteering for my current employer	51.7
Yes, only while working/volunteering for a previous employer	8.0
Yes, both at this employer and at a previous employer	20.7
No, never	19.5
Total (N=261)	100.0

Table A4 9: Have you ever taken time off from work as a result of stress, low mood, or poor mental health?

	%
Yes	28.3
No	69.0
Not sure	2.7
Total (N=261)	100.0

Table A4 10: How would you describe your current mental health?

	%
Very good	27.2
Good	44.4
Moderate	23.8
Poor	4.2
Very poor	0.4
Total (N=261)	100.0

Your views

Table A4 11: General views on mental health (aggregated)

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
Most people with mental health problems want to have paid employment	89.3	8.4	2.3	0	100.0
If a friend had a mental health problem, I know what support to give them	87.4	11.1	1.5	0	100.0

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
Medication can be an effective treatment for people with mental health problems	70.1	26.8	2.7	.4	100.0
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems	91.6	7.3	.8	.4	100.1
People with severe mental health problems can fully recover	55.9	33.3	10.3	.4	99.9
Most people with mental health problems go to a healthcare professional to get help	8.8	16.9	74.3	0	100.0

Note: Total N=261

Table A4 12: Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population?

	%
Less likely	3.1
About the same	13.4
More likely	81.6
Don't know	1.5
Missing	0.4
Total (N=261)	100.0

Dealing with mental health issues at work

Table A4 13: Awareness and knowledge of mental health issues at work (aggregated)

	Strongly agree or agree (%)	Neutral (%)	Strongly disagree or disagree (%)	Missing (%)	Total %
I have a good understanding of mental health issues	78.9	18.8	2.3	0.0	100.0
I can recognise signs that a colleague may be experiencing a mental health problem	87.0	12.3	0.8	0.0	100.1
I know/understand what factors at work can have a negative effect on mental health	94.3	5.7	0.0	0.0	100.0
I know where to find information about mental health	96.6	3.1	0.4	0.0	100.1

I know where I can access support or advice regarding my own mental health	95.8	3.4	0.8	0.0	100.0
I know ways to manage stress or difficult emotions at work	86.6	10.3	3.1	0.0	100.0
I feel confident that I am able to have a conversation about mental health	85.8	11.5	2.7	0.0	100.0
I feel confident that I could support a colleague experiencing a mental health problem at work	90.0	9.2	0.4	0.4	100.0
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	89.3	9.2	0.4	1.1	100.0
I understand what a Wellness Action Plan is and how this can be used with a person I supervise to manage mental health and wellbeing in the workplace	75.5	18.0	5.7	0.8	100.0
I understand what steps I can take to promote mental health and wellbeing at my workplace	87.0	10.0	3.1	0.0	100.1

Note: Total N=261

Table A4 14: Promoting and supporting mental health

	Yes (%)	No (%)	Not sure (%)	Missing (%)	Total %
I pay attention to my mental health and wellbeing at work	78.5	11.1	10.3	0.0	99.9
I pay attention to the mental health and wellbeing of my colleagues at work	97.7	.8	1.5	0.0	100.0
I take steps to manage stress and look after my health and wellbeing at work	74.7	14.6	10.7	0.0	100.0
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend	11.5	88.1	0.4	0.0	100.0
I have accessed/used Mind Blue Light information booklets	53.3	46.4	0.4	0.0	100.1
I have attended mental health awareness training	95.8	3.8	0.4	0.0	100.0
I have accessed other sources of information about mental health and wellbeing	70.9	27.6	0.8	0.8	100.1
I have participated in a Mind resilience course for Blue Light workers	39.1	56.3	4.6	0.0	100.0
My organisation has signed up to the Blue Light pledge	75.9	3.1	21.1	0.0	100.1

Note: Total N=261

Table A4 15: Have you directed your staff (ie 'signposted' them) towards any information highlighted by the training?

	%
Yes	42.9
No	19.5
No, but I intend to	36.8
Total (N=261)	99.2

Appendix 5: Webinar Baseline Survey Data Tables

Introduction

The Mind Blue Light Webinars platform was open to users who were employees of Blue Light services as well as friends, family or other associates. Data is presented for both the whole sample and for Blue Light workers only.

The webinar baseline survey comprised 286 respondents. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100.0% in some cases.

About you and your work

Table A5 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	39.2
I am a member of the fire service	30.8
I am a member of the ambulance service	16.4
I am a member of the search & rescue service	8.0
None of the above	5.6
Total (N=286)	100.0

Table A5 2: Do you have a management role in the emergency services? (eg line or team management)

	All respondents (%)	Blue Light service respondents only (%)
Yes	62.9	62.9
No	37.1	37.1
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 3: When were you a member of the emergency services?

	All respondents (%)	Blue Light service respondents only (%)
I am a current member of the emergency services	90.6	95.9
I am a former member of the emergency services	1.0	1.1
Neither of the above	8.4	3.0
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 4: What is your employment status?

	All respondents (%)	Blue Light service respondents only (%)
Employee	89.9	91.1
Volunteer	6.3	6.3
Retained	0.3	0.4
None of the above	3.5	2.2
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 5: How long have you worked for the emergency services?

	All respondents (%)	Blue Light service respondents only (%)
less than one year	3.5	3.7
1-5 years	14.0	14.4
6-10 years	19.6	20.7
11-20 years	26.9	28.5
More than 20 years	30.8	32.6
Not applicable	5.2	0
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 6: Where do you work?

	All respondents (%)	Blue Light service respondents only (%)
South West England	11.2	11.9
South East England	24.8	25.9
London	10.8	9.6
East England	5.9	5.9
East Midlands	6.3	6.7
West Midlands	7.0	7.4
Yorkshire and the Humber	8.7	8.9
North East England	6.3	6.7
North West England	9.8	9.3
Other	9.1	7.8
Total N=286 Blue Light respondents N=270	100.0	100.0

Personal information

Table A5 7: What is your gender?

	All respondents (%)	Blue Light service respondents only (%)
Male	52.8	54.4
Female	45.5	43.7
Transgender	0.0	0.0
Prefer not to say	0.3	0.4
Missing	1.4	1.5
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 8: Is your gender identity the same as you were assigned at birth?

	All respondents (%)	Blue Light service respondents only (%)
Yes	97.2	97.0
No	0.3	0.4
Prefer not to say	0.7	0.7
Missing	1.7	1.9
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 9: What is your age?

	All respondents (%)	Blue Light service respondents only (%)
19 or under	0.3	0.4
20-24	2.1	2.2
25-34	14.0	13.7
35-44	31.1	32.2
45-54	41.6	41.9
55-64	9.1	8.1
65 and over	1.0	0.7
Missing	0.7	0.7
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 10: Which ethnic group do you identify with? (aggregated: five categories)

	All respondents (%)	Blue Light service respondents only (%)
White	93.4	94.1
Asian	1.0	0.7
Black or Black British	1.4	1.1
Any other group	0.7	0.4
Prefer not to answer	2.4	2.6
Missing	1.0	1.1
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 11: What is your religion or belief?

	All respondents (%)	Blue Light service respondents only (%)
Christian	46.9	47.4
Buddhist	1.4	1.5
Jewish	0.3	0.0
Muslim	0.3	0.4
Any other religion	1.4	1.5
No religion	43.0	42.6

Prefer not to say	4.2	4.1
Missing	2.4	2.6
Total N=286 Blue Light respondents N=270	100.0	100.0

Note: There were not any respondents who selected the categories 'Hindu', or 'Sikh'

Table A5 12: How would you describe your sexuality?

	All respondents (%)	Blue Light service respondents only (%)
Heterosexual	86.0	86.3
Gay	1.4	1.5
Lesbian	2.8	2.6
Bisexual	1.7	1.9
Other	0.3	0.4
Prefer not to say	5.6	5.2
Missing	2.1	2.2
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 13: Do you consider yourself to be disabled?

	All respondents (%)	Blue Light service respondents only (%)
Yes	9.8	9.6
No	86.4	86.7
Prefer not to say	2.8	2.6
Missing	1.0	1.1
Total N=286 Blue Light respondents N=270	100.0	100.0

About you

Table A5 14: Personal experience of mental health

All respondents (%)		Blue Light service respondents only (%)	
I have personal experience of mental health problems		I have personal experience of mental health problems	
Yes	57.0	Yes	57.0
No	29.7	No	30.0
Not Sure	8.7	Not Sure	8.5

All respondents (%)		Blue Light service respondents only (%)	
Missing	4.5	Missing	4.4
I use/have used mental health services		I use/have used mental health services	
Yes	37.8	Yes	37.4
No	50.7	No	51.5
Not Sure	1.4	Not Sure	1.5
Missing	10.1	Missing	9.6
I am a family member of somebody who has experienced mental health problems		I am a family member of somebody who has experienced mental health problems	
Yes	49.7	Yes	48.5
No	33.2	No	33.7
Not Sure	4.5	Not Sure	4.8
Missing	12.6	Missing	13.0
I am currently living with, or have previously lived with, someone with a mental health problem		I am currently living with, or have previously lived with, someone with a mental health problem	
Yes	32.5	Yes	33.0
No	50.4	No	50.4
Not Sure	4.5	Not Sure	4.8
Missing	12.6	Missing	11.9
Are you currently working with, or have you ever worked with, someone with a mental health problem?		Are you currently working with, or have you ever worked with, someone with a mental health problem?	
Yes	70.3	Yes	70.0
No	15.7	No	15.6
Not Sure	10.5	Not Sure	11.1
Missing	3.5	Missing	3.3
Are you currently managing, or have you ever line managed, someone with a mental health problem?		Are you currently managing, or have you ever line managed, someone with a mental health problem?	
Yes	42.3	Yes	43.3
No	43.4	No	6.3
Not Sure	5.9	Not Sure	42.6
Missing	8.4	Missing	7.8
Total (N=286)	100.0	Total (N=270)	100.0

Table A5 15: Have you experienced stress, low mood, or poor mental health while in employment?

	All respondents (%)	Blue Light service respondents only (%)
Yes, only while working/volunteering for my current employer	49.3	50.7
Yes, only while working/volunteering for a previous employer	11.5	9.6

Yes, both at this employer and at a previous employer	24.1	25.2
No, never	11.5	11.1
Missing	3.5	3.3
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 16: Have you ever taken time off from work as a result of stress, low mood, or poor mental health?

	All respondents (%)	Blue Light service respondents only (%)
Yes	44.4	43.0
No	48.6	49.6
Not sure	3.1	3.3
Missing	3.8	4.1
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 17: How would you describe your current mental health?

	All respondents (%)	Blue Light service respondents only (%)
Very good	20.3	20.0
Good	42.7	41.9
Moderate	25.2	25.6
Poor	5.9	6.3
Very poor	2.1	2.2
Missing	2.1	2.2
Total N=286 Blue Light respondents N=270	100.0	100.0

Your views

Table A5 18: General views on mental health (aggregated)

All respondents (aggregated) %		Blue Light service respondents only (aggregated) %	
Most people with mental health problems want to have paid employment		Most people with mental health problems want to have paid employment	
Strongly agree or agree	80.4	Strongly agree or agree	80.4

All respondents (aggregated) %		Blue Light service respondents only (aggregated) %	
Neutral	10.8	Neutral	11.1
Strongly disagree or disagree	3.8	Strongly disagree or disagree	3.7
Missing	4.9	Missing	4.8
If a friend had a mental health problem, I know what support to give them		If a friend had a mental health problem, I know what support to give them	
Strongly agree or agree	55.9	Strongly agree or agree	54.8
Neutral	24.8	Neutral	25.9
Strongly disagree or disagree	13.6	Strongly disagree or disagree	13.7
Missing	5.6	Missing	5.6
Medication can be an effective treatment for people with mental health problems		Medication can be an effective treatment for people with mental health problems	
Strongly agree or agree	66.4	Strongly agree or agree	66.3
Neutral	23.4	Neutral	23.3
Strongly disagree or disagree	4.9	Strongly disagree or disagree	5.2
Missing	5.2	Missing	5.2
Psychotherapy eg talking therapy or counselling can be an effective treatment for people with mental health problems		Psychotherapy eg talking therapy or counselling can be an effective treatment for people with mental health problems	
Strongly agree or agree	54.5	Strongly agree or agree	53.7
Neutral	30.1	Neutral	30.4
Strongly disagree or disagree	9.8	Strongly disagree or disagree	10.4
Missing	5.6	Missing	5.6
People with severe mental health problems can fully recover		People with severe mental health problems can fully recover	
Strongly agree or agree	54.5	Strongly agree or agree	53.7
Neutral	30.1	Neutral	30.4
Strongly disagree or disagree	9.8	Strongly disagree or disagree	10.4
Missing	5.6	Missing	5.6
Most people with mental health problems go to a healthcare professional to get help		Most people with mental health problems go to a healthcare professional to get help	
Strongly agree or agree	10.8	Strongly agree or agree	10.7
Neutral	23.1	Neutral	21.5
Strongly disagree or disagree	60.5	Strongly disagree or disagree	62.2
Missing	5.6	Missing	5.6
Total (N=286)	100.0	Total (N=270)	100.0

Table A5 19: Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population?

	All respondents (%)	Blue Light service respondents only (%)
Much Less	1.7	1.9
A bit less likely	2.1	2.2
About the same	14.7	14.8
A bit more likely	33.2	33.3
Much more likely	43.0	42.6
Missing	5.2	5.2
Total N=286 Blue Light respondents N=270	100.0	100.0

Table A5 20: If you felt that you had a mental health problem, how likely would you be to tell the following people at work?

All respondents %		Blue Light service respondents only %	
A colleague at work?		A colleague at work?	
Definitely	15.0	Definitely	14.4
Probably	37.8	Probably	37.4
Unlikely	30.4	Unlikely	30.7
Definitely not	8.4	Definitely not	8.9
Don't know	3.1	Don't know	3.3
Missing	5.2	Missing	5.2
A manager/supervisor at work?		A manager/supervisor at work?	
Definitely	18.9	Definitely	18.5
Probably	34.3	Probably	34.4
Unlikely	26.6	Unlikely	27.0
Definitely not	11.9	Definitely not	12.2
Don't know	2.4	Don't know	2.2
Missing	5.9	Missing	5.6
HR at work		HR at work	
Definitely	8.0	Definitely	7.0
Probably	21.3	Probably	21.5
Unlikely	36.7	Unlikely	37.0
Definitely not	23.1	Definitely not	23.7
Don't know	3.5	Don't know	3.7
Missing	7.3	Missing	7.0
Occupational Health at work?		Occupational Health at work?	
Definitely	25.2	Definitely	24.8

All respondents %		Blue Light service respondents only %	
Probably	35.0	Probably	35.2
Unlikely	19.9	Unlikely	20.0
Definitely not	9.4	Definitely not	10.0
Don't know	3.5	Don't know	3.3
Missing	7.0	Missing	6.7
A Chaplain at work?		A Chaplain at work	
Definitely	9.1	Definitely	8.1
Probably	13.3	Probably	13.3
Unlikely	36.7	Unlikely	37.4
Definitely not	26.2	Definitely not	26.7
Don't know	7.0	Don't know	7.0
Missing	7.7	Missing	7.4
Total (N=286)	100.0	Total (N=270)	100.0

Dealing with mental health issues at work

Table A5 21: Awareness and knowledge of mental health issues at work (aggregated)

All respondents (aggregated) %		Blue Light service respondents only (aggregated) %	
I have a good understanding of mental health issues		I have a good understanding of mental health issues	
Strongly agree or agree	65.4	Strongly agree or agree	64.8
Neutral	18.9	Neutral	19.6
Strongly disagree or disagree	9.8	Strongly disagree or disagree	10.0
Missing	5.9	Missing	5.6
I can recognise signs that a colleague may be experiencing a mental health problem		I can recognise signs that a colleague may be experiencing a mental health problem	
Strongly agree or agree	67.8	Strongly agree or agree	67.4
Neutral	17.5	Neutral	18.1
Strongly disagree or disagree	8.0	Strongly disagree or disagree	8.1
Missing	6.6	Missing	6.3
I know/understand what factors at work can have a negative effect on mental health		I know/understand what factors at work can have a negative effect on mental health	
Strongly agree or agree	75.5	Strongly agree or agree	75.9
Neutral	14.0	Neutral	13.7
Strongly disagree or disagree	4.9	Strongly disagree or disagree	5.2
Missing	5.6	Missing	5.2
I know where to find information about mental health		I know where to find information about mental health	
Strongly agree or agree	73.4	Strongly agree or agree	72.6

All respondents (aggregated) %		Blue Light service respondents only (aggregated) %	
Neutral	13.6	Neutral	14.4
Strongly disagree or disagree	7.0	Strongly disagree or disagree	7.4
Missing	5.9	Missing	5.6
I know where I can access support or advice regarding my own mental health aggregated.		I know where I can access support or advice regarding my own mental health aggregated.	
Strongly agree or agree	74.8	Strongly agree or agree	74.4
Neutral	12.2	Neutral	12.6
Strongly disagree or disagree	7.0	Strongly disagree or disagree	7.4
Missing	5.9	Missing	5.6
I know ways to manage stress or difficult emotions at work		I know ways to manage stress or difficult emotions at work	
Strongly agree or agree	56.3	Strongly agree or agree	55.9
Neutral	27.3	Neutral	27.4
Strongly disagree or disagree	10.5	Strongly disagree or disagree	11.1
Missing	5.9	Missing	5.6
I feel confident that I am able to have a conversation about mental health		I feel confident that I am able to have a conversation about mental health	
Strongly agree or agree	71.0	Strongly agree or agree	70.4
Neutral	12.2	Neutral	12.6
Strongly disagree or disagree	10.8	Strongly disagree or disagree	11.5
Missing	5.9	Missing	5.6
I feel confident that I could support a colleague experiencing a mental health problem at work		I feel confident that I could support a colleague experiencing a mental health problem at work	
Strongly agree or agree	68.9	Strongly agree or agree	68.5
Neutral	17.5	Neutral	17.8
Strongly disagree or disagree	5.9	Strongly disagree or disagree	6.3
Missing	7.7	Missing	7.4?
I feel confident that I am able to have a conversation about mental health with someone experiencing problems		I feel confident that I am able to have a conversation about mental health with someone experiencing problems	
Strongly agree or agree	76.2	Strongly agree or agree	75.9
Neutral	12.6	Neutral	13.0
Strongly disagree or disagree	4.2	Strongly disagree or disagree	4.4
Missing	7.0	Missing	6.7
Total (N=286)	100.0	Total (N=270)	100.0

Table A5 22: Promoting and supporting mental health

All respondents %		Blue Light service respondents only %	
I pay attention to my mental health and wellbeing at work		I pay attention to my mental health and wellbeing at work	
Yes	68.2	Yes	68.9
No	14.0	No	14.0
Not sure	12.6	Not sure	12.2
Missing	5.2	Missing	4.8
I pay attention to the mental health and wellbeing of my colleagues at work.		I pay attention to the mental health and wellbeing of my colleagues at work.	
Yes	81.1	Yes	82.2
No	4.9	No	4.4
Not sure	8.7	Not sure	8.5
Missing	5.2	Missing	4.8
I take steps to manage stress and look after my health and wellbeing at work.		I take steps to manage stress and look after my health and wellbeing at work.	
Yes	66.4	Yes	67.0
No	15.0	No	15.2
Not sure	12.6	Not sure	12.2
Missing	5.9	Missing	5.6
I have accessed the Blue Light Infoline phone/text/email for myself/for a friend.		I have accessed the Blue Light Infoline phone/text/email for myself/for a friend.	
Yes	15.0	Yes	15.2
No	78.0	No	78.1
Not sure	1.4	Not sure	1.5
Missing	5.6	Missing	5.2
I have accessed/used Mind Blue Light information booklets.		I have accessed/used Mind Blue Light information booklets.	
Yes	44.8	Yes	46.3
No	47.9	No	46.7
Not sure	1.7	Not sure	1.9
Missing	5.6	Missing	5.2
I have attended mental health awareness training.		I have attended mental health awareness training.	
No	50.7	Yes	40.7
Not sure	2.8	No	51.5
Yes	40.9	Not sure	2.6
Missing	5.6	Missing	5.2
I have accessed other sources of information about mental health and wellbeing.		I have accessed other sources of information about mental health and wellbeing.	
Yes	71.3	Yes	71.9
No	22.4	No	22.2
Not sure	0.3	Not sure	0.4
Missing	5.9	Missing	5.6

All respondents %		Blue Light service respondents only %	
I have participated in a Mind resilience course for Blue Light workers.		I have participated in a Mind resilience course for Blue Light workers.	
Yes	7.7	Yes	8.1
No	85.7	No	85.6
Not sure	1.0	Not sure	1.1
Missing	5.6	Missing	5.2
My organisation has signed up to the Blue Light pledge.		My organisation has signed up to the Blue Light pledge.	
Yes	37.4	Yes	39.3
No	22.7	No	20.4
Not sure	33.9	Not sure	34.8
Missing	5.9	Missing	5.6
Total (N=286)	100.0	Total (N=270)	100.0

Appendix 6: Webinar Post-viewing Survey Data Tables

Introduction

The Mind Blue Light Webinars platform was open to users who were employees of Blue Light services as well as friends, family or other associates. Data is presented here for the whole sample including one respondent who did not identify as belonging to one of the Blue Light services.

The webinar post-viewing survey comprised 18 responses which represented surveys completed by 12 unique individuals. An individual could fill out a form for each of the webinars they watched up to a maximum of three per person, and because of this there are more 'responses' than individuals who completed the surveys. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100.0% in some cases.

Where a sample is small, results may be taken as indicative of possible trends but care must be taken when interpreting or reporting such data as small samples can be greatly affected by what may be normal variation in the data.

Where the total sample for a question is small and data should be interpreted with caution, percentages are given in standard brackets "( )"for a small sample comprising 30 to 49 responses and in triangular brackets "< >" for a very small sample comprising less than 30 responses.

Viewer information

Table A6 1: Please let us know which Blue Light service you are (or were) a member of

	%
Ambulance	<22.2>
Fire	<27.8>
NA	<5.6>
Police	<38.9>
Search & rescue	<5.6>
Total (N=17)	100.0

Table A6 2: Do you have a management role in the emergency services? (eg line or team management)

	All responses %
Yes	<77.8>
No	<22.2>
Total (N=18)	100.0

Table A6 3: Which webinar did you view?

	All responses %
Looking after your Mental Health	<33.3>
Managing Mental Health at Work	<16.7>
Mental Health Awareness	<50.0>
Total (N=18)	100.0

Webinar format and delivery

Table A6 4: Views on the information provided (aggregated)

	Strongly agree or agree %	Strongly disagree or disagree %	Neutral %	Total %
The information given was clear and easy to understand	<77.8>	<16.7>	<5.6>	100.0
The information was presented at a pace I could follow	<66.7>	<27.8>	<5.6>	100.0
The information provided was relevant to my workplace	<72.2>	<16.7>	<11.1>	100.0
The information provided will be useful in my work	<55.6>	<27.8>	<16.7>	100.0
The information provided will be useful in my personal life	<66.7.	<16.7>	<16.7>	100.0

Note: Total N=18

Table A6 5: Views on format and delivery

	About right %	Not sure %	Too long %	Too short %	Missing %	Total %
The length of the webinar was:	<44.4>	<16.7>	<33.3>	0.0	<5.6>	100.0
The amount of information provided in the webinar was:	<72.2>	<11.1>	<5.6>	<11.1>	0.0	100.0

Note: Total N=18

Table A6 6: What were your reasons for viewing this webinar?

	Selected %	Did not select this option %	Total %
It was part of a training programme	<16.7>	<83.3>	100.0
I have a personal interest	<50.0>	<50.0>	100.0
I was encouraged by colleagues	<5.6>	<94.4>	100.0
I was encouraged by managers/HR	<5.6>	<94.4>	100.0
I have participated in and support the Blue Light programme	<61.1.	<38.9>	100.0
Other	<22.2>	<77.8>	100.0

Note: Total N=18

Table A6 7: Overall views on the webinar

	Yes %	No %	Not sure %	Total %
Overall, did you find this webinar useful?	<77.8>	<5.6>	<16.7>	100.0
Would you recommend the webinar you have just seen to others?	<77.8>	<16.7>	<5.6>	100.0

Note: Total N=18

Table A6 8: Do you think you will watch further webinars?

	%
Yes	<77.8>
No	<11.1>
Not sure	<11.1>
Total (N=18)	100.0

Dealing with mental health issues at work

Table A6 9: Awareness and knowledge of mental health issues at work (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Missing %	Total %
I have a good understanding of mental health issues	<44.4>	<44.4>	<11.1>	0.0	100.0
I can recognise signs that a colleague may be experiencing a mental health problem.	<55.6>	<27.8>	<16.7>	0.0	100.0
I know/understand what factors at work can have a negative effect on mental health.	<66.7>	<11.1>	<22.2>	0.0	100.0
I know where to find information about mental health	<66.7>	<16.7>	<16.7>	0.0	100.0
I know where I can access support or advice regarding my own mental health.	<50.0>	<27.8>	<22.2>	0.0	100.0
I know ways to manage stress or difficult emotions at work.	<44.4>	<27.8>	<22.2>	<5.6>	100.0
I feel confident that I am able to have a conversation about mental health	<27.8>	<22.2>	<16.7>	<33.3>	100.0
I feel confident that I could support a colleague experiencing a mental health problem at work.	<33.3>	<22.2>	<11.1>	<33.3>	100.0

Note: Total N=18

Appendix 7: Webinar Three Month Pulse Survey Data Tables

Introduction

The Mind Blue Light Webinars platform was open to users who were employees of Blue Light services as well as friends, family or other associates. Data is presented here for the whole sample including one respondent who did not identify as belonging to one of the Blue Light services.

The webinar three-month pulse survey comprised 27 responses. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100.0% in some cases.

Where a sample is small, results may be taken as indicative of possible trends but care must be taken when interpreting or reporting such data as small samples can be greatly affected by what may be normal variation in the data.

Where the total sample for a question is small and data should be interpreted with caution, percentages are given in standard brackets "( )"for a small sample comprising 30 to 49 responses and in triangular brackets "<>" for a very small sample comprising less than 30 responses.

About you and your work

Table A7 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	<40.7>
I am a member of the fire service	<33.3>
I am a member of the ambulance service	<11.1>
I am a member of the search & rescue service	<11.1>
None of the above	<3.7>
Missing	<0.0>
Total (N=27)	100.0

Table A7 2: Do you have a management role in the emergency services? (eg line or team management)

	All respondents %
Yes	<55.6>
No	<44.4>
Total (N=27)	100.0

Viewing the webinars

Table A7 3: Have you watched (part or all) of any of the Mind Blue Light webinars?

	%
Yes	<70.4>
No	<29.6>
Total (N=27)	100.0

Respondents who had watched the webinars

Table A7 4: Which of the webinars have you viewed? '

	'Mental Health Awareness' %	'Looking after your Mental Health' %	'Managing Mental Health at Work' %
A bit	<10.5>	<5.3>	<10.5>
Some of the way through	<21.1>	<21.1>	<10.5>
Most of the way through	<15.8>	<15.8>	<15.8>
All of the way through	<42.1>	<31.6>	<21.1>
Haven't seen	<5.3>	<5.3>	<21.1>
Missing	<5.3>	<21.1>	<21.1>
Total (N=27)	100.0	100.0	100.0

Table A7 5: Do you intend to watch further Mind Blue Light webinars?

	%
Yes	<78.9>
No	<5.3>
Not sure	<10.5>
I have watched all available webinars	<0.0>
Missing	<5.3>
Total (N=27)	100.0

Table A7 6: Have you watched any of the Mind Blue Light webinars more than once?

	%
Yes	<15.8>
No, but I intend to in future	<52.6>
No, and I do not intend to in future	<31.6>
Missing	<0.0>
Total (N=27)	100.0

Table A7 7: What were your reasons for viewing the Mind Blue Light webinars?

	Selected %	Did not select this option %	Total %
It was part of a training programme	<5.3>	<94.7>	100.0
I have a personal interest	<94.7>	<5.3>	100.0
I was encouraged by colleagues	<10.5>	<89.5>	100.0
I was encouraged by managers/ HR	<0.0>	<100.0>	100.0
I saw Blue Light Programme promotional materials	<21.1>	<78.9>	100.0
I have participated in and support the Blue Light programme	<52.6>	<47.4>	100.0
Other	<10.5>	<89.5>	100.0

Note: respondents could select more than one option
Note: Total N=27

Table A7 8: Views on the information provided (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Total %
The information provided in the webinars was relevant to my workplace	<89.5>	<5.3>	<5.3>	100.0
The information provided in the webinars will be useful in my work	<78.9>	<10.5>	<10.5>	100.0
The information provided in the webinars will be useful in my personal life	<73.7>	<21.1>	<5.3>	100.0

Note: Total N=27

Table A7 9: Overall views on the Mental Health Awareness webinar

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<68.4>	<5.3>	<10.5>	<10.5>	<5.3>	100.0
Would you recommend this webinar to others?	<63.2>	<5.3>	<15.8>	<10.5>	<5.3>	100.0

Note: Total N=27

Table A7 10: Overall views on the Your Mental Health webinar

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<63.2>	<5.3>	<5.3>	<21.1>	<5.3>	100.0
Would you recommend this webinar to others?	<63.2>	<5.3>	<10.5>	<15.8>	<5.3>	100.0

Note: Total N=27

Table A7 11: Overall views on the Managing Mental Health at Work

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<57.9>	<10.5>	<5.3>	<21.1>	<5.3>	100.0
Would you recommend this webinar to others?	<57.9>	<10.5>	<10.5>	<15.8>	<5.3>	100.0

Note: Total N=27

Respondents who had not watched a webinar

Table A7 12: Why haven't you viewed a Mind Blue Light webinar at this time?

	Selected %	Did not select this option %	Total %
I haven't had time	<50.0>	<50.0>	100.0
I forgot about them	<25.0>	<75.0>	100.0
I have not been able to view the webinars because of problems with my internet connection	<12.5>	<87.5>	100.0
I have not been able to view the webinars because of problems with my computer	<12.5>	<87.5>	100.0
I have not been able to view the webinars because of problems with the website	<12.5>	<87.5>	100.0
I have not been able to find a suitable/quiet place to view the webinars	<12.5>	<87.5>	100.0
I have had problems getting access to a computer	<0.0>	<100.0>	100.0
I will watch them as part of training at work at a later date	<21.5>	<87.5>	100.0
I am worried that I may become upset as a result of viewing the webinars	<0.0>	<100.0>	100.0
I no longer feel I need to watch these webinars.	<0.0>	<100.0>	100.0
I am no longer interested in viewing these webinars	<0.0>	<100.0>	100.0
Other	<12.5>	<87.5>	100.0

Note: Total N=27

Table A7 13: Do you still intend to view one or more of the Mind Blue Light webinars?

	%
Yes	<62.5>
Not sure	<21.5>
Missing	<25.0>
Total (N=27)	100.0

About you

Table A7 14: Personal experience of mental health

	Yes %	No %	Not sure %	Missing %	Total %
I have personal experience of mental health problems	<70.4>	<25.9>	<0.0>	<3.7>	100.0
I use/have used mental health services	<29.6>	<66.7>	<0.0>	<3.7>	100.0
I am a family member of somebody who has experienced mental health problems	<70.4>	<22.2>	<3.7>	<3.7>	100.0
I am currently living with, or have previously lived with, someone with a mental health problem	<44.1>	<51.9>	<0.0>	<3.7>	100.0
Are you currently working with, or have you ever worked with, someone with a mental health problem?	77.8	<7.4>	<14.8>	<0.0>	100.0
Are you currently managing, or have you ever line managed, someone with a mental health problem?	<48.1>	<44.4>	<7.4>	<7.4>	100.0

Note: Total N=27

Table A7 15: Have you experienced stress, low mood, or poor mental health while in employment?

	%
Yes, only while working/volunteering for my current employer	<55.6>
Yes, only while working/volunteering for a previous employer	<14.8>
Yes, both at this employer and at a previous employer	<14.8>
No, never	<14.8>
Total (N=27)	100.0

Table A7 16: Have you ever taken time off from work as a result of stress, low mood, or poor mental health?

	%
Yes	<51.9>
No	<44.4>
Not sure	<3.7>
Total (N=27)	100.0

Table A7 17: How would you describe your current mental health?

	%
Very good	<18.5>
Good	<33.3>
Moderate	<29.6>
Poor	<11.1>
Very poor	<7.4>
Don't know	<0.0>
Total (N=27)	100.0

Your views

Table A7 18: General views on mental health (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Total %
Most people with mental health problems want to have paid employment	<88.9>	<7.4>	<0.0>	100.0
If a friend had a mental health problem, I know what support to give them	<81.5>	<11.1>	<7.4>	100.0
Medication can be an effective treatment for people with mental health problems	<66.7>	<22.2>	<11.1>	100.0
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems	<100.0>	<0.0>	<0.0>	100.0
People with severe mental health problems can fully recover	<59.3>	<29.6>	<11.1>	100.0
Most people with mental health problems go to a healthcare professional to get help	<7.4>	<33.3>	<59.3>	100.0

Note: Total N=27

Table A7 19: Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population?

	%
Less likely	<3.7>
About the same	<7.4>
More likely	<88.9>
Don't know	<0.0>
Total (N=27)	100.0

Table A7 20: If you felt that you had a mental health problem, how likely would you be to tell the following people at work?

	Definitely %	Probably %	Unlikely %	Definitely not %	Don't know %	Missing %	Total %
Colleague	<14.8>	<44.4>	<29.6>	<7.4>	<3.7>	<0.0>	100.0
Manager/ Supervisor	<14.8>	<37.0>	<33.3>	<11.1>	<0.0>	<3.7>	100.0
HR	<3.7>	<11.1>	<48.1>	<29.6>	<3.7>	<3.7>	100.0
Occupational Health	<25.9>	<37.0>	<25.9>	<7.4>	<0.0>	<3.7>	100.0
Chaplain	<3.7>	<22.2>	<37.0>	<18.5>	<14.8>	<3.7>	100.0

Note: Total N=27

Dealing with mental health issues at work

Table A7 21: Awareness and knowledge of mental health issues at work (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Total %
I have a good understanding of mental health issues	<81.5>	<18.5>	<0.0>	100.0
I can recognise signs that a colleague may be experiencing a mental health problem	<77.8>	<18.5>	<3.7>	100.0
I know/understand what factors at work can have a negative effect on mental health	<85.2>	<14.8>	<0.0>	100.0
I know where to find information about mental health	<96.3>	<3.7>	<0.0>	100.0
I know where I can access support or advice regarding my own mental health	<100.0>	<0.0>	<0.0>	100.0
I know ways to manage stress or difficult emotions at work	<81.5>	<3.7>	<14.8>	100.0
I feel confident that I am able to have a conversation about mental health	<81.5>	<11.1>	<7.4>	100.0
I feel confident that I could support a colleague experiencing a mental health problem at work	<88.9>	<7.4>	<3.7>	100.0
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	<85.2>	<3.7>	<11.1>	100.0

Note: Total N=27

Table A7 22: Promoting and supporting mental health

	Yes %	No %	Not sure %	Missing %	Total %
I pay attention to my mental health and wellbeing at work	<85.2>	<7.4>	<7.4>	<0.0>	100.0
I pay attention to the mental health and wellbeing of my colleagues at work	<88.9>	<7.4>	<3.7>	<0.0>	100.0
I take steps to manage stress and look after my health and wellbeing at work	<81.5>	<11.1>	<7.4>	<0.0>	100.0
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend	<18.5>	<77.8>	<0.0>	<3.7>	100.0
I have accessed/used Mind Blue Light information booklets	<74.1>	<25.9>	<0.0>	<0.0>	100.0
I have attended mental health awareness training	<59.3>	<37.0>	<0.0>	<3.7>	100.0
I have accessed other sources of information about mental health and wellbeing	<88.9>	<11.1>	<0.0>	<0.0>	100.0
I have participated in a Mind resilience course for Blue Light workers	<7.4>	<92.6>	<0.0>	<0.0>	100.0
My organisation has signed up to the Blue Light pledge	<48.1>	<14.8>	<37.0>	<0.0>	100.0

Note: Total N=27

Appendix 8: Webinar Six Month Pulse Survey Data Tables

Introduction

The Mind Blue Light Webinars platform was open to users who were employees of Blue Light services as well as friends, family or other associates. Data is presented here for the whole sample including one respondent who did not identify as belonging to one of the Blue Light services.

The webinar six-month pulse survey comprised 45 responses. Results are reported using percentages rounded to one decimal point. Please note that as a result of this percentages may add up to slightly more or less than 100.0% in some cases.

Where a sample is small, results may be taken as indicative of possible trends but care must be taken when interpreting or reporting such data as small samples can be greatly affected by what may be normal variation in the data.

Where the total sample for a question is small and data should be interpreted with caution, percentages are given in standard brackets "( )"for a small sample comprising 30 to 49 responses and in triangular brackets "< >" for a very small sample comprising less than 30 responses.

About you and your work

Table A8 1: Please let us know which Blue Light service you are (or were) a member of

	%
I am a member of the police service	(35.6)
I am a member of the fire service	(35.6)
I am a member of the ambulance service	(20.0)
I am a member of the search & rescue service	(6.7)
None of the above	(2.2)
Missing	(0.0)
Total (N=45)	100.0

Table A8 2: Do you have a management role in the emergency services? (eg line or team management)

	All respondents %
Yes	(66.7)
No	(33.3)
Total (N=45)	100.0

Viewing the webinars

Table A8 3: Have you watched (part or all) of any of the Mind Blue Light webinars?

	%
Yes	(55.6)
No	(44.4)
Total (N=45)	100.0

Respondents who had watched the webinars

Table A8 4: Which of the webinars have you viewed?

	%
'Mental Health Awareness'	
A bit	<8.0>
Some of the way through	<16.0>
Most of the way through	<21.0>
All of the way through	<48.0>
Missing	<16.0>
'Looking after your Mental Health'	
A bit	<12.0>
Some of the way through	<12.0>
Most of the way through	<4.0>
All of the way through	<40.0>
Haven't seen	<12.0>
Missing	<20.0>
'Managing Mental Health at Work'	
A bit	<16.0>
Some of the way through	<20.0>
Most of the way through	<12.0>
All of the way through	<28.0>
Haven't seen	<20.0>
Missing	<4.0>
Total (N=45)	100.0

Table A8 5: Do you intend to watch further Mind Blue Light webinars?

	%
Yes	<52.0>
No	<4.0>
Not sure	<40.0>
I have watched all available webinars	<4.0>
Missing	<0.0>
Total (N=45)	100.0

Table A8 6: Have you watched any of the Mind Blue Light webinars more than once?

	%
Yes	<16.0>
No, but I intend to in future	<64.0>
No, and I do not intend to in future	<20.0>
Missing	<0.0>
Total (N=45)	100.0

Table A8 7: What were your reasons for viewing the Mind Blue Light webinars?

	Selected %	Did not select this option %	Total %
It was part of a training programme	<12.0>	<88.0>	100.0
I have a personal interest	<52.0>	<48.0>	100.0
I was encouraged by colleagues	<4.0>	<96.0>	100.0
I was encouraged by managers/HR	<4.0>	<96.0>	100.0
I saw Blue Light Programme promotional materials	<32.0>	<68.0>	100.0
I have participated in and support the Blue Light programme	<60.0>	<40.0>	100.0
Other	<12.0>	<88.0>	100.0

Note: Total N=45

Table A8 8: Views on the information provided (aggregated)

The information provided in the webinars:	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Missing %	Total %
Was relevant to my workplace	<88.0>	<8.0>	<0.0>	<4.0>	100.0
Will be useful in my work	<88.0>	<4.0>	<4.0>	<4.0>	100.0
Will be useful in my personal life	<84.0>	<8.0>	<4.0>	<4.0>	100.0

Note: Total N=45

Table A8 9: Overall views on the Mental Health Awareness webinar

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<72.0>	<4.0>	<12.0.	<12.0>	<0.0>	100.0
Would you recommend this webinar to others?	<64.0>	<8.0>	<12.0>	<12.0>	<4.0>	100.0

Note: Total N=45

Table A8 10: Overall views on the Your Mental Health webinar

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<56.0>	<4.0>	<12.0>	<28.0>	<0.0>	100.0
Would you recommend this webinar to others?	<56.0>	<8.0>	<4.0>	<24.0>	<8.0>	100.0

Note: Total N=45

Table A8 11: Overall views on the Managing Mental Health at Work webinar

	Yes %	No %	Not sure %	I did not view this webinar %	Missing %	Total %
Overall, did you find this webinar useful?	<68.0>	<4.0>	<8.0>	<20.0>	<0.0>	100.0
Would you recommend this webinar to others?	<68.0>	<8.0>	0	<20.0>	<4.0>	100.0

Note: Total N=45

Respondents who had not watched a webinar

Table A8 12: Why haven't you viewed a Mind Blue Light webinar at this time?

	Selected %	Option not selected %	Total %
I haven't had time	<30.0>	<70.0>	100.0
I forgot about them	<35.0>	<65.0>	100.0
I have not been able to view the webinars because of problems with my internet connection	<0.0>	<100.0>	100.0
I have not been able to view the webinars because of problems with my computer	<15.0>	<85.0>	100.0
I have not been able to view the webinars because of problems with the website	<0.0>	<100.0>	100.0
I have not been able to find a suitable/quiet place to view the webinars	<10.0>	<90.0>	100.0
I have had problems getting access to a computer	<0.0>	<100.0>	100.0
I will watch them as part of training at work at a later date	<20.0>	<80.0>	100.0
I am worried that I may become upset as a result of viewing the webinars	<0.0>	<100.0.	100.0
I no longer feel I need to watch these webinars	<0.0>	<100.0>	100.0
I am no longer interested in viewing these webinars	<0.0>	<100.0>	100.0
Other	<15.0>	<85.0>	100.0

Note: Total N=45

Table A8 13: Do you still intend to view one or more of the Mind Blue Light webinars?

	%
Yes	<65.0>
No	<5.0>
Not sure	<20.0>
Missing	<10.0>
Total (N=45)	100.0

About you

Table A8 14: Personal experience of mental health

	Yes %	No %	Not sure %	Missing %	Total %
I have personal experience of mental health problems	(66.7)	(26.7)	(4.4)	(2.2)	100.0
I use/have used mental health services	(40.0)	(51.1)	0	(8.9)	100.0
I am a family member of somebody who has experienced mental health problems	(75.6)	(17.8)	(4.4)	(2.2)	100.0
I am currently living with, or have previously lived with, someone with a mental health problem	(44.4)	(51.1)	0	(4.4)	100.0
Are you currently working with, or have you ever worked with, someone with a mental health problem?	(82.2)	(8.9)	(2.2)	(6.7)	100.0
Are you currently managing, or have you ever line managed, someone with a mental health problem?	(48.9)	(42.2)	(2.2)	(6.7)	100.0

Note: Total N=45

Table A8 15: Have you experienced stress, low mood, or poor mental health while in employment?

	%
Yes, only while working/volunteering for my current employer	(62.2)
Yes, only while working/volunteering for a previous employer	(13.3)
Yes, both at this employer and at a previous employer	(15.6)
No, never	(8.9)
Total (N=45)	100.0

Table A8 16: Have you ever taken time off from work as a result of stress, low mood, or poor mental health?

	%
Yes	(51.1)
No	(48.9)
Total (N=45)	100.0

Table A8 17: How would you describe your current mental health?

Very good	(20.0)
Good	(44.4)
Moderate	(20.0)
Poor	(13.3)
Don't know	(2.2)
Total	99.9

Your views

Table A8 18: General views on mental health (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Missing %	Total %
Most people with mental health problems want to have paid employment	(91.1)	(8.9)	0	0	100.0
If a friend had a mental health problem, I know what support to give them	(91.1)	(4.4)	(2.2)	(2.2)	100.0
Medication can be an effective treatment for people with mental health problems	(68.9)	(28.9)	(2.2)	0	100.0
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems	(91.1)	(6.7)	(2.2)	0	100.0
People with severe mental health problems can fully recover	(60.0)	(33.3)	(6.7)	0	100.0
Most people with mental health problems go to a healthcare professional to get help	(11.1)	(26.7)	(62.2)	0	100.0

Note: Total N=45

Table A8 19: Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population?

	%
Less likely	(4.4)
About the same	(8.9)
More likely	(82.2)
Don't know	(4.4)
Total (N=45)	100.0

Table A8 20: If you felt that you had a mental health problem, how likely would you be to tell the following people at work?

	Definitely %	Probably %	Unlikely %	Definitely not %	Don't know %	Missing %	Total %
Colleague	(24.4)	(42.2)	(20.0)	(8.9)	(2.2)	(2.2)	100.0
Manager/ Supervisor	(20.0)	(46.7)	(22.2)	(8.9)	0	(2.2)	100.0
HR	(11.1)	(24.4)	(48.9)	(13.3)	0	(2.2)	100.0
Occupational Health	(24.4)	(40.0)	(28.9)	(2.2)	(2.2)	(2.2)	100.0
Chaplain	(11.1)	(20.0)	(33.3)	(24.4)	(8.9)	(2.2)	100.0

Note: Total N=45

Dealing with mental health issues at work

Table A8 21: Awareness and knowledge of mental health issues at work (aggregated)

	Strongly agree or agree %	Neutral %	Strongly disagree or disagree %	Missing %	Total %
I have a good understanding of mental health issues	(84.4)	(11.1)	(4.4)	0	100.0
I can recognise signs that a colleague may be experiencing a mental health problem	(82.2)	(11.1)	(6.7)	0	100.0
I know/understand what factors at work can have a negative effect on mental health	(93.3)	(4.4)	(2.2)	0	100.0
I know where to find information about mental health	(93.3)	(4.4)	(2.2)	0	100.0
I know where I can access support or advice regarding my own mental health	(91.1)	(8.9)	0	0	100.0
I know ways to manage stress or difficult emotions at work	(82.2)	(17.8)	0	0	100.0
I feel confident that I am able to have a conversation about mental health	(86.7)	(8.9)	(4.4)	0	100.0
I feel confident that I could support a colleague experiencing a mental health problem at work	(86.7)	(8.9)	(2.2)	(2.2)	100.0
I feel confident that I am able to have a conversation about mental health with someone experiencing problems	(88.9)	(4.4)	(4.4)	(2.2)	100.0

Note: Total N=45

Table A8 22: Promoting and supporting mental health

	Yes %	No %	Not sure %	Missing %	Total %
I pay attention to my mental health and wellbeing at work	(84.4)	(8.8)	(4.4)	(2.2)	100.0
I pay attention to the mental health and wellbeing of my colleagues at work	(86.7)	(4.4)	(6.7)	(2.2)	100.0
I take steps to manage stress and look after my health and wellbeing at work	(77.8)	(8.9)	(8.9)	(4.4)	100.0
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend	(13.3)	(77.8)	(4.4)	(4.4)	100.0
I have accessed/used Mind Blue Light information booklets	(75.6)	(20.0)	0	(4.4)	100.0
I have attended mental health awareness training	(68.9)	(26.7)	0	(4.4)	100.0
I have accessed other sources of information about mental health and wellbeing	(80.0)	(17.8)	0	(2.2)	100.0
I have participated in a Mind Blue Light training course on 'Managing mental health at work'	(33.3)	(53.3)	(8.9)	(4.4)	100.0
I have participated in a Mind resilience course for Blue Light workers	(24.4)	(64.4)	(6.7)	(4.4)	100.0
My organisation has signed up to the Blue Light pledge	(62.2)	(20.0)	(15.6)	(2.2)	100.0

Note: Total N=45

Appendix 9: Face-to-face Training Baseline Survey Questionnaire

This survey was delivered on paper.

> Introduction
>
> Thank you for participating in the Blue Light training on Managing Wellbeing in the Workplace. We would like to ask you a few questions to ensure that the content is relevant and helpful. They will also help us to understand the usefulness of the training and improve it for your colleagues. The registration questions should take around ten minutes to complete.
>
> Your answers are completely confidential and you will never be identified, so please feel free to answer fully and openly. Your answers will not be discussed during the training session.
>
> The data will be used by Mind and its research partner, the Institute for Employment Studies, for research purposes only and the findings will be reported anonymously.

About you and your work

Please write your email address here IN BLOCK CAPITALS:

Please let us know which Blue Light service you are [or were] a member of.
Please select one only
I am a member of the police service
I am a member of the fire service
I am a member of the ambulance service
I am a member of the search & rescue service
None of the above

What is your employment status?
I am an employee
I am a volunteer
Retained
None of the above

How long have you worked for the emergency services? *Please select one only*
Less than one year
1-5 years
6-10 years
11-20 years
More than 20 years
Not applicable

Where do you work? *Please select one only*

South West England
South East England
London
East England
East Midlands
West Midlands
Yorkshire and the Humber
North East England
North West England
Other

Personal information

What is your gender? *Please select one only*
Male
Female
Transgender
Prefer not to say

Is your gender identity the same as you were assigned at birth? *Please select one only*
Yes
No
Prefer not to say

What is your age? *Please select one only*
19 or under
20-24
25-34
35-44
45-54
55-64
65 and over

Which ethnic group do you identify with? *Please select one only*
White: British
White: Irish
Any other White background
Asian: Indian
Asian: Pakistani
Asian: Bangladeshi
Any other Asian background
Black or Black British: Caribbean
Black or Black British: African
Any other Black background
Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Any other Mixed Background
Any other group
Prefer not to say

What is your religion or belief? *Please select one only*
No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Any other religion

Prefer not to say

How would you describe your sexuality? *Please select one only*
Bisexual
Heterosexual
Gay
Lesbian
Other
Prefer not to say

Do you consider yourself to be disabled? *Please select one only*
Yes
No
Prefer not to say

About you

Please select one answer for each statement.
I have personal experience of mental health problems
I use/have used mental health services
I am a family member of somebody who has experienced mental health problems
I am currently living with, or have previously lived with, someone with a mental health problem
Are you currently working with, or have you ever worked with, someone with a mental health problem?
Are you currently managing, or have you ever line managed, someone with a mental health problem?
Options:Yes/No/Not sure/Prefer not to say

Have you experienced stress, low mood, or poor mental health while in employment?
Please select one only
Yes, only while working/volunteering for my current employer
Yes, only while working/volunteering for a previous employer
Yes, both at this employer and at a previous employer
No, never
Prefer not to say

Have you ever taken time off from work as a result of stress, low mood, or poor mental health?
Please select one only:
Options: Yes/No/Not sure

How would you describe your current mental health? *Please select one only*
Options: Very good/Good/Moderate/Poor/Very poor/Don't know

Your views

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer from each row.*
Most people with mental health problems want to have paid employment
If a friend had a mental health problem, I know what support to give them
Medication can be an effective treatment for people with mental health problems
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems
People with severe mental health problems can fully recover
Most people with mental health problems go to a healthcare professional to get help
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population? *Please select one only*
Less likely
About the same

More likely
Don't know

Dealing with mental health issues at work

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer from each row.*
I have a good understanding of mental health issues
I can recognise signs that a colleague may be experiencing a mental health problem.
I know/understand what factors at work can have a negative effect on mental health.
I know where to find information about mental health.
I know where I can access support or advice regarding my own mental health.
I know ways to manage stress or difficult emotions at work.
I feel confident that I am able to have a conversation about mental health
I feel confident that I could support a colleague experiencing a mental health problem at work
I feel confident that I am able to have a conversation about mental health with someone experiencing problems
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Please select one answer for each statement
I pay attention to my mental health and wellbeing at work.
I pay attention to the mental health and wellbeing of my colleagues at work.
I take steps to manage stress and look after my health and wellbeing at work
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend'
I have accessed/used Mind Blue Light information booklets.
I have attended mental health awareness training
I have accessed other sources of information about mental health and wellbeing.
I have participated in a Mind resilience course for Blue Light workers.
My organisation has signed up to the Blue Light pledge.
Options: Yes/No/Not sure

> Thank you for answering these questions. You will be asked to complete a second, shorter questionnaire immediately following today's training.

Appendix 10: Face-to-face Training Post-Training Survey Questionnaire

This survey was delivered on paper.

> Introduction
>
> Thank you for participating in our Blue Light training, Managing Wellbeing in the Workplace. Please could you take two or three minutes to give us your feedback? Your answers are completely confidential and this information will be used by Mind and its research partner, the Institute for Employment Studies, to evaluate and improve these resources.

Please write your email address here IN BLOCK CAPITALS:

Training format and delivery

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer from each row.*
The information given was clear and easy to understand
The information was presented at a pace I could follow
The information provided was relevant to my workplace
The information provided will be useful in my work
The information provided will be useful in my personal life
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

How did you feel about the training? *Please select one only*
The length of the training was …

The amount of information provided in the training was …
Options: Too long/About right/Too short/Not sure

Thinking about the balance between presentations and interactive elements (such as discussions), do you feel that: *Please select one only*
There was too much time spent listening to presentations.
The balance was about right with a mix of presentations and interactive elements
There was too much time spent on interactive elements
Not sure

What were your reasons for participating in this training? *Please select all that apply*
It was part of a training programme
I have a personal interest
I was encouraged by colleagues
I was encouraged by managers/ HR
I have participated in and support the Blue Light programme
I viewed the Mind Blue Light webinar on Managing Wellbeing in the Workplace and wanted to find out more
Other

The Mind Blue Light programme has also produced an online webinar about Managing Mental Wellbeing. Comparing the content of the webinar and the training course you have participated in today, do you think:
The training course has given me new, useful information in addition to the webinar.
There was too much overlap between the webinar and the training course.
Not sure.
I have not watched the webinar.

How did you find the training?
Overall, did you find this training useful?
Would you recommend the training to others?
Options: Yes/No/Not sure

Dealing with mental health issues at work

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer from each row.*
I have a good understanding of mental health issues
I can recognise signs that a colleague may be experiencing a mental health problem.
I know/understand what factors at work can have a negative effect on mental health.
I know where to find information about mental health
I know where I can access support or advice regarding my own mental health.
I know ways to manage stress or difficult emotions at work.
I feel confident that I am able to have a conversation about mental health
I feel confident that I could support a colleague experiencing a mental health problem at work.
I feel confident that I am able to have a conversation about mental health with someone experiencing problems.
I understand what a Wellness Action Plan is and how this can be used with a person I supervise to manage mental health and wellbeing in the workplace
I understand what steps I can take to promote mental health and wellbeing at my workplace.
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Thank you for providing us with feedback. IES will be in touch with you in a few weeks to ask more about your thoughts on this training and whether it has been useful.

In the meantime, if you would like to discuss anything further as a result of completing this questionnaire, please approach your trainer.

Appendix 11: Face-to-face Training Three Month Pulse Survey Questionnaire

This survey was hosted on IES' online survey platform.

Please log on using your email address here

Thank you for participating in Mind's Blue Light Line Managers training on 'Managing mental health at work'. We would like to ask you a few questions to ensure that the content is relevant and helpful. They will also help us to understand the usefulness of the training and improve it for your colleagues. This survey should take around 10 minutes to complete.

Your answers are completely confidential and you will never be identified, so please feel free to answer fully and openly. The data will be used by Mind and its research partner, the Institute for Employment Studies, for research purposes only and the findings will be reported anonymously.

Participating in the training

What were your reasons for participating in Mind's Blue Light Line Managers training 'Managing mental health at work'? *Please tick all that apply*
It was part of a wider programme of training I was offered
I have a personal interest
I was encouraged by colleagues
I was encouraged by managers/HR
I saw Blue Light Programme promotional materials
I have participated in and support the Blue Light programme
I viewed the Mind Blue Light webinar on Managing Wellbeing in the Workplace and wanted to find out more
I viewed one of the other Mind Blue Light webinars and wanted to find out more
Other

Please answer each statement on a scale from strongly disagree to strongly agree
The information provided in the training was relevant to my workplace
The information provided in the training will be useful in my work
The information provided in the training will help me support my staff
The information provided in the training will be useful in my personal life
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Have you used any elements of the training to support your staff? *Please select one only*
Yes
No
No, but I intend to

Please select one answer to each of the following questions
Overall, did you find the training useful?
Would you recommend the training to others?

Options: Yes/No/Not sure

Mind have created a series of three webinars about mental health and awareness for the Blue Light services, including one specifically for managers/supervisors about managing mental health at work. Do you intend to watch the 'Managing mental health at work' webinar or others from the series?
Managing mental health at work
Mental health awareness
Looking after your mental health

Options: Yes/No/Unsure/I have already watched this webinar

About you

Please select one answer for each statement
I have personal experience of mental health problems
I use/have used mental health services
I am a family member of somebody who has experienced mental health problems
I am currently living with, or have previously lived with, someone with a mental health problem
Are you currently **working with**, or have you ever worked with, someone with a mental health problem?
Are you currently **managing**, or have you ever line managed, someone with a mental health problem?

Options: Yes/No/Not sure

Have you experienced stress, low mood, or poor mental health while in employment? *Please select one only*
Yes, only while working/volunteering for my current employer
Yes, only while working/volunteering for a previous employer
Yes, both at this employer and at a previous employer
No, never

Have you ever taken time off from work as a result of stress, low mood, or poor mental health? *Please select one only*

Options: Yes/No/Not sure

How would you describe your current mental health? Please select one only

Options: Very good/Good/Moderate/Poor/Very poor/Don't know

Your views

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer in each row*
Most people with mental health problems want to have paid employment
If a friend had a mental health problem, I know what support to give them
Medication can be an effective treatment for people with mental health problems
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems
People with severe mental health problems can fully recover
Most people with mental health problems go to a healthcare professional to get help

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population? *Please select one only*

Options: Less likely/About the same/More likely/Don't know

Dealing with mental health issues at work

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer in each row*

I have a good understanding of mental health issues
I can recognise signs that a colleague may be experiencing a mental health problem
I know/understand what factors at work can have a negative effect on mental health
I know where to find information about mental health
I know where I can access support or advice regarding my own mental health
I know ways to manage stress or difficult emotions at work
I feel confident that I am able to have a conversation about mental health
I feel confident that I could support a colleague experiencing a mental health problem at work
I feel confident that I am able to have a conversation about mental health with someone experiencing problems
I understand what a Wellness Action Plan is and how this can be used with a person I supervise to manage mental health and wellbeing in the workplace
I understand what steps I can take to promote mental health and wellbeing at my workplace
Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Please select one answer for each statement:
I pay attention to my mental health and wellbeing at work
I pay attention to the mental health and wellbeing of my colleagues at work
I take steps to manage stress and look after my health and wellbeing at work
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend
I have accessed/used Mind Blue Light information booklets
I have attended mental health awareness training
I have accessed other sources of information about mental health and wellbeing
I have participated in a Mind resilience course for Blue Light workers
My organisation has signed up to the Blue Light pledge
Options: Yes/No/Not sure

Have you directed your staff (ie 'signposted' them) towards any information highlighted by the training? *Please select one only*
Options: Yes/No/No, but I intend to

Further research

As part of this evaluation, IES is also conducting qualitative research through in-depth interviews and case studies. We would like to speak to individuals to find out more about their views and experiences of the Mind Blue Light Webinars and mental health in the workplace. These will be reported in an anonymous way and your identity will not be revealed to your employer or Mind.

Are you happy to be contacted for future research?
Options: Yes/No

Please enter your preferred contact email here:

Thank you for attending Mind's Blue Light Line Managers training and answering these questions.

If you would like more information, please visit the Mind website at www.mind.org.uk/bluelight

Appendix 12: Webinar Baseline Survey Questionnaire

This survey was hosted on the webinar platform.

Login details

Email address:

> Introduction
>
> Thank you for registering for the Blue Light webinars. We would like to ask you a few questions to ensure that the content is relevant and helpful. They will also help us to understand the usefulness of the webinars and improve them for your colleagues. The registration questions should take around ten minutes to complete.
>
> Your answers are completely confidential and you will never be identified, so please feel free to answer fully and openly. The data will be used by Mind and its research partner, the Institute for Employment Studies, for research purposes only and the findings will be reported anonymously.

About you and your work

[Mandatory] Please let us know which of these statements applies to you. *Please select all that apply*
I am a current member of the emergency services
I am a former member of the emergency services
Neither of the above, please specify

[Mandatory] Do you have a management role in the emergency services? (eg line or team management)
Options: Yes/No/Not applicable

[Mandatory] Please let us know which Blue Light service you are [or were] a member of.
Please select all that apply
I am a member of the police service
I am a member of the fire service
I am a member of the ambulance service
I am a member of the search & rescue service
None of the above

[Mandatory] What is your employment status? *Please select all that apply*
I am an employee
I am a volunteer
Retained
None of the above

[Mandatory] How long have you worked for the emergency services? *Please select one only*
Less than one year
1-5 years
6-10 years
11-20 years
More than 20 years
Not applicable

[Mandatory] Where do you work? *Please select one only*
South West England
South East England
London
East England
East Midlands
West Midlands
Yorkshire and the Humber
North East England
North West England
Other

Personal information

What is your gender? *Please select one only*
Male
Female
Transgender
Prefer not to say

Is your gender identity the same as you were assigned at birth? *Please select one only*
Yes
No
Prefer not to say

What is your age? *Please select one only*
19 or under
20-24
25-34
35-44
45-54
55-64
65 and over

Which ethnic group do you identify with? *Please select one only*
White:
British
Irish
Any other White background
Asian:
Indian
Pakistani
Bangladeshi
Any other Asian background
Black or Black British:
Caribbean
African
Any other Black background
Mixed:
White and Black Caribbean
White and Black African

White and Asian
Any other Mixed Background
Any other group:
Any other
Prefer not to answer

What is your religion or belief? *Please select one only*
No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Any other religion
Prefer not to say

How would you describe your sexuality? *Please select one only*
Bisexual
Heterosexual
Gay
Lesbian
Other
Prefer not to say

Do you consider yourself to be disabled? *Please select one only*
Yes
No
Prefer not to say

About you

You are now more than halfway through the questions

I have personal experience of mental health problems
I use/have used mental health services
I am a family member of somebody who has experienced mental health problems
I am currently living with, or have previously lived with, someone with a mental health problem

Options: Yes/No/Not sure

Are you currently working with, or have you ever worked with, someone with a mental health problem?
Are you currently managing, or have you ever line managed, someone with a mental health problem?

Options: Yes/No/Not sure

Have you experienced stress, low mood, or poor mental health while in employment? *Please select one only*
Yes, only while working/volunteering for my current employer
Yes, only while working/volunteering for a previous employer
Yes, both at this employer and at a previous employer
No, never

Have you ever taken time off from work as a result of stress, low mood, or poor mental health? *Please select one only*

Options: Yes/No/Not sure

How would you describe your current mental health? *Please select one only*

Options: Very good/Good/Moderate/Poor/Very poor/Don't know

Your views

Most people with mental health problems want to have paid employment
If a friend had a mental health problem, I know what support to give them
Medication can be an effective treatment for people with mental health problems
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems
People with severe mental health problems can fully recover
Most people with mental health problems go to a healthcare professional to get help

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly disagree

Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population? *Please select one only*
Less likely
About the same
More likely
Don't know

If you felt that you had a mental health problem, how likely would you be to tell the following people at work?
Colleague
Manager/ Supervisor
HR
Occupational Health
Chaplain

Options: Definitely not/ Unlikely/ Probably/Definitely/Don't know

Dealing with mental health issues at work

I have a good understanding of mental health issues
I can recognise signs that a colleague may be experiencing a mental health problem.
I know/understand what factors at work can have a negative effect on mental health.
I know where to find information about mental health.
I know where I can access support or advice regarding my own mental health.
I know ways to manage stress or difficult emotions at work.
I feel confident that I am able to have a conversation about mental health
I feel confident that I could support a colleague experiencing a mental health problem at work
I feel confident that I am able to have a conversation about mental health with someone experiencing problems

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

I pay attention to my mental health and wellbeing at work.
I pay attention to the mental health and wellbeing of my colleagues at work.
I take steps to manage stress and look after my health and wellbeing at work.

Options: Yes/No/Not sure

I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend'
I have accessed/used Mind Blue Light information booklets.
I have attended mental health awareness training
I have accessed other sources of information about mental health and wellbeing.
I have participated in a Mind resilience course for Blue Light workers.
My organisation has signed up to the Blue Light pledge.

Options: Yes/No/Not sure

Thank you for registering for the Blue Light webinars and answering these questions.

You can now access a number of webinars that will provide useful information and support. Your answers have helped us to choose the most relevant content for you. If you would like more information, please visit the Mind website at www.mind.org.uk/bluelight

Appendix 13: Webinar Post-viewing Survey Questionnaire

This survey was hosted on the webinar platform.

> Introduction
>
> Thank you for watching our Blue Light webinar, Managing Mental Health at Work. Please could you take two or three minutes to give us your feedback? Your answers are completely confidential and this information will be used by Mind and its research partner, the Institute for Employment Studies, to evaluate and improve these resources.

Webinar format and delivery

The information given was clear and easy to understand
The information was presented at a pace I could follow
The information provided was relevant to my workplace
The information provided will be useful in my work
The information provided will be useful in my personal life

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

The length of the webinar was:

Options: Too long/About right/Too short/Not sure

The amount of information provided in the webinar was:

Options: Too much/About right/Not enough/Not sure

What were your reasons for viewing this webinar? *Please tick all that apply*
It was part of a training programme
I have a personal interest
I was encouraged by colleagues
I was encouraged by managers/ HR
I have participated in and support the Blue Light programme
Other

Overall, did you find this webinar useful?
Would you recommend the webinar you have just seen to others?

Options: Yes/No/Not sure

Do you think you will watch further webinars?

Options: Yes/No/Not sure/I have viewed all available webinars

Dealing with mental health issues at work

I have a good understanding of mental health issues

I can recognise signs that a colleague may be experiencing a mental health problem.
I know/understand what factors at work can have a negative effect on mental health.
I know where to find information about mental health
I know where I can access support or advice regarding my own mental health.
I know ways to manage stress or difficult emotions at work.
I feel confident that I am able to have a conversation about mental health
*I feel confident that I could support a colleague experiencing a mental health problem at work.
*I feel confident that I am able to have a conversation about mental health with someone experiencing problems.

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree
*These statements were asked after the 'Mental health awareness' and 'Managing mental health at work' webinars only.

Thank you for taking the time to share your feedback. We will use this information to improve our resources. You can find further Blue Light webinars on our website. If you would like further information about mental health or you require support, please visit www.mind.org.uk/bluelight or telephone the Blue Light Infoline 0300 303 5999

Appendix 14: Webinar Three-month and Six-Month Pulse Survey Questionnaires

These surveys were hosted on IES' online survey platform. The questionnaires for the three-month and six-month pulse surveys were identical.

Please log on using your email address here

> Thank you for your interest in the Blue Light webinars. We would like to ask you a few questions to ensure that the content is relevant and helpful. They will also help us to understand the usefulness of the webinars and improve them for your colleagues. This survey should take around 10 minutes to complete.
>
> Your answers are completely confidential and you will never be identified, so please feel free to answer fully and openly. The data will be used by Mind and its research partner, the Institute for Employment Studies, for research purposes only and the findings will be reported anonymously.

Viewing the webinars

[Mandatory] Have you watched (part or all) of any of the Mind Blue Light webinars? *Please select one only*
Options: Yes/No

Respondents who have viewed webinars

Which of the webinars have you viewed? Please indicate how much you have watched of each one.
Mental Health Awareness
Looking after your Mental Health
Managing Mental Health at Work – *this webinar provides guidance specifically for staff who manage others*
Options: A bit/Some of the way through/Most of the way through/All of the way through/Haven't seen

Do you intend to watch further Mind Blue Light webinars? *Please select one only*
Options: Yes/No/Not sure/I have watched all available webinars

Have you watched any of the Mind Blue Light webinars more than once? *Please select one only*
Options: Yes/No, but I intend to in future/No, and I do not intend to in future

What were your reasons for viewing the Mind Blue Light webinars? *Please select all that apply:*
It was part of a training programme
I have a personal interest
I was encouraged by colleagues
I was encouraged by managers/ HR
I saw Blue Light Programme promotional materials
I have participated in and support the Blue Light programme
Other

Please rate the following statements against a scale from strongly disagree to strongly agree.
The information provided in the webinars was relevant to my workplace
The information provided in the webinars will be useful in my work
The information provided in the webinars will be useful in my personal life

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Thinking about the webinar '**Mental Health Awareness'**, please answer the following questions.
Overall, did you find this webinar useful?
Would you recommend this webinar to others?

Options: Yes/No/Not sure/I did not view this webinar

Thinking about the webinar '**Looking after your Mental Health**', please answer the following questions.
Overall, did you find this webinar useful?
Would you recommend this webinar to others?

Options: Yes/No/Not sure/I did not view this webinar

Thinking about the webinar '**Managing Mental Health at Work**', please answer the following questions.
Overall, did you find this webinar useful?
Would you recommend this webinar to others?

Options: Yes/No/Not sure/I did not view this webinar

Respondents who have not viewed webinars

Why haven't you viewed a Mind Blue Light webinar at this time? *Please tick all that apply:*
I haven't had time
I forgot about them
I have not been able to view the webinars because of problems with my internet connection
I have not been able to view the webinars because of problems with my computer
I have not been able to view the webinars because of problems with the website
I have not been able to find a suitable/quiet place to view the webinars
I have had problems getting access to a computer
I will watch them as part of training at work at a later date
I am worried that I may become upset as a result of viewing the webinars
I no longer feel I need to watch these webinars.
I am no longer interested in viewing these webinars
Other

Do you still intend to view one or more of the Mind Blue Light webinars?

Options: Yes/No/Not sure

About you

Please select one answer for each statement
I have personal experience of mental health problems
I use/have used mental health services
I am a family member of somebody who has experienced mental health problems
I am currently living with, or have previously lived with, someone with a mental health problem
Are you currently working with, or have you ever worked with, someone with a mental health problem?
Are you currently managing, or have you ever line managed, someone with a mental health problem?

Options: Yes/No/Not sure/Prefer not to say

Have you experienced stress, low mood, or poor mental health while in employment? *Please select one only*
Yes, only while working/volunteering for my current employer
Yes, only while working/volunteering for a previous employer
Yes, both at this employer and at a previous employer
No, never

Have you ever taken time off from work as a result of stress, low mood, or poor mental health? *Please select one only*

Options: Yes/No/Not sure

How would you describe your current mental health? *Please select one only*
Options: Very good/Good/Moderate/Poor/Very poor/Don't know

Your views

Please rate the following statements against a scale from strongly disagree to strongly agree. Please select one answer in each row
Most people with mental health problems want to have paid employment
If a friend had a mental health problem, I know what support to give them
Medication can be an effective treatment for people with mental health problems
Psychotherapy (eg talking therapy or counselling) can be an effective treatment for people with mental health problems
People with severe mental health problems can fully recover
Most people with mental health problems go to a healthcare professional to get help

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Do you think people working in the emergency services are more or less likely to experience a mental health problem than the general population? *Please select one only*

Options: Less likely/About the same/More likely/Don't know

If you felt that you had a mental health problem, how likely would you be to tell the following people at work? Please select one answer in each row
Colleague
Manager/Supervisor
HR
Occupational Health
Chaplain

Options: Definitely/Probably/Unlikely/Definitely not/Don't know

Dealing with mental health issues at work

Please rate the following statements against a scale from strongly disagree to strongly agree. *Please select one answer in each row*
I have a good understanding of mental health issues
I can recognise signs that a colleague may be experiencing a mental health problem
I know/understand what factors at work can have a negative effect on mental health
I know where to find information about mental health
I know where I can access support or advice regarding my own mental health
I know ways to manage stress or difficult emotions at work
I feel confident that I am able to have a conversation about mental health
I feel confident that I could support a colleague experiencing a mental health problem at work
I feel confident that I am able to have a conversation about mental health with someone experiencing problems

Options: Strongly disagree/Disagree/Neutral/Agree/Strongly agree

Please select one answer for each statement:
I pay attention to my mental health and wellbeing at work
I pay attention to the mental health and wellbeing of my colleagues at work
I take steps to manage stress and look after my health and wellbeing at work
I have accessed the Blue Light Infoline (phone/text/email) for myself/ for a friend
I have accessed/used Mind Blue Light information booklets
I have attended mental health awareness training
I have accessed other sources of information about mental health and wellbeing
I have participated in a Mind resilience course for Blue Light workers
My organisation has signed up to the Blue Light pledge

Options: Yes/No/Not sure

Further research

As part of this evaluation, IES is also conducting qualitative research through in-depth interviews and case studies. We would like to speak to individuals to find out more about their views and experiences of the Mind Blue Light Webinars and mental health in the workplace. These will be reported in an anonymous way and your identity will not be revealed to your employer or Mind.

Are you happy to be contacted for future research?
Yes/No

Please enter your preferred contact email here:

Thank you for registering for the Blue Light webinars and answering these questions.

If you would like more information, please visit the Mind website at www.mind.org.uk/bluelight