



Blue Light Mental Health Networks

Pilot year evaluation report

Front cover image: West Midlands Police

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About the Blue Light Programme

Mind's vision is for everyone with a mental health problem to get the support and respect they deserve. The management of workplace wellbeing is critical to that, and emergency service (blue light) staff and volunteers are in one of the most challenging workplace environments. But it is also an environment where they have limited support.

Based on Mind's own independent Blue Light Programme research¹, there is evidence of significant and increasing pressure on staff and volunteers in the emergency services. Research revealed a culture that does not encourage discussion of mental health problems, where there is significant stigma around mental health and a pressure to 'just get on with the job'. This research also showed that many blue light staff and volunteers are not looking after their own mental health and wellbeing, that they are unwilling to approach their line manager about it, and that line managers themselves may not consider mental health as a priority.

In this context, Mind launched the Blue Light Programme in March 2015 after receiving £4m of government London Interbank Offered Rate (LIBOR) funding. Since then, Mind has worked in collaboration with emergency services staff and volunteers to continue the development and delivery of the programme, and a further £3m has been awarded to extend the programme until March 2019, including rolling it out to Wales.

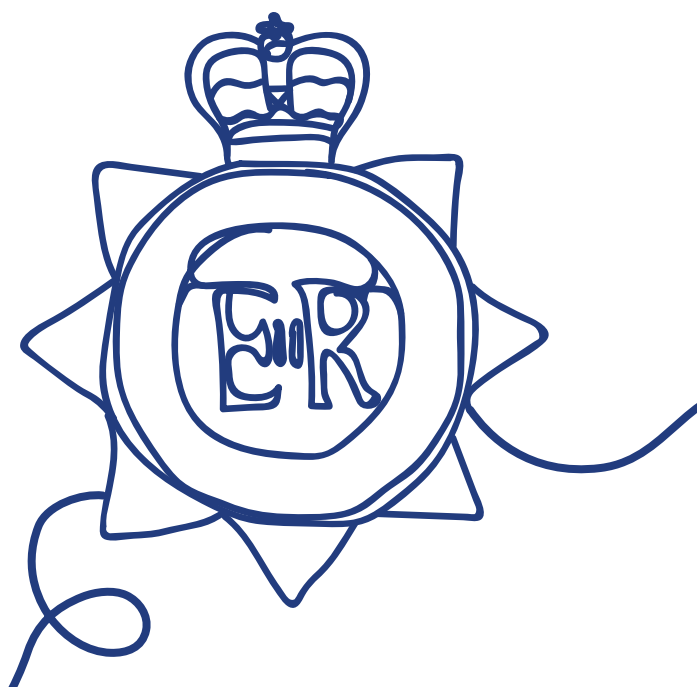
The programme has continued to work towards two overarching aims:

1. That blue light staff and volunteers are more aware of and responsive to their own and their colleagues' mental health, more resilient and better able to manage their own mental health, and have improved access to information and support.

2. That blue light employers are more aware of the importance of employee mental health, better equipped to support the mental health of their staff and volunteers, and prepared to address mental health stigma and discrimination.

In order to achieve these aims, the programme has delivered a range of activity across five different strands of work:

1. Tackling mental health stigma
2. Improving workplace wellbeing
3. Building resilience
4. Improving access to information
5. Improving pathways to support.



¹ Mind Blue Light Initial Scoping Survey January 2015, mind.org.uk/media/4527950/scoping-survey.pdf.





About this report

This report summarises the results of an evaluation that was carried out between June to August 2017 to test the effectiveness of four pilot Blue Light Mental Health Networks, led by six local Minds across England. The aim of each network was to facilitate local emergency services working together to improve staff and volunteers' mental wellbeing, making the Blue Light Programme sustainable into the future. Mind commissioned Sam Mountford, an independent researcher, to undertake this evaluation.

The four pilot networks were funded from April 2016 to March 2017, however three of them continued to deliver activity beyond this point. Each had investment available to support a programme of activity designed to collectively improve access to mental health information and support for all employees across emergency services in their local area.

The networks were built on what Mind had learned in year one of the Blue Light Programme across its key strands of activity. They were designed to ensure a joined-up approach to working with mental health support in the community, promote collaboration, share knowledge, resources and budgets across services and sectors, and improve mental health support pathways for blue light employees and volunteers, from prevention and early intervention through to recovery and rehabilitation.

The networks were:

- London Blue Light Mental Health and Wellbeing Network (led by Mind in the City, Hackney and Waltham Forest and Hammersmith and Fulham Mind)
- Cambridgeshire and Peterborough Blue Light Mental Health and Wellbeing Network (led by Cambridgeshire, Peterborough and South Lincolnshire Mind)
- North East Blue Light Mental Health and Wellbeing Network (led by Tyneside and Northumberland Mind)

- Merseyside Blue Light Mental Health and Wellbeing Network (led by Wirral Mind).

The findings detailed in this report are based on primary and secondary research.

First, a document review was conducted of the regular quarterly reporting and end-of-year evaluations supplied to national Mind by the four coordinating local Minds, as well as key project documentation.

Then, a series of 17 in-depth interviews were conducted with all eight local Mind network coordinators and nine representatives of the participating emergency services who played a leading role in implementing the Blue Light Programme within their organisations. These interviews were conducted either over the phone or in person, and structured around topic guides, which were developed by Sam Mountford in collaboration with Mind. They are included as an appendix to this report (p.58).

The key priority of this report is to evaluate the success of the pilot networks against Mind's objectives. These objectives are to develop a Blue Light Programme Blueprint to support a local delivery model for Blue Light Programme activities and a case for support for sustainable delivery into the future.



Executive summary

Overall key learning from the pilot networks

The pilot of the Blue Light Mental Health Networks has been highly successful.

Local Minds and participating emergency services agree that it has raised the profile of mental health significantly, normalised discussion of the issue among blue light staff and volunteers, helped to foster effective cross-service working in many areas, and helped to deliver better mental health support to those working in the emergency services.

While these findings suggest that emergency services do not tend to clearly differentiate the networks from previous experience they may have had of the wider Blue Light Programme², they clearly show that the experience of locally-delivered Blue Light Programme activity through the networks has been a positive one. Local Minds are clearly in a better position than national Mind to understand the needs and priorities of local blue light services.

The networks' Champions programme has exceeded the expectations of many. It has established a team of mental health advocates within the emergency services that stretches across many different functions and levels of seniority. Blue Light Programme service leads have remarked both on the number of Champions recruited and their passion and commitment to the mental health cause. They are an important reason why both local Minds and emergency service Blue Light Programme leads are optimistic about the future of the initiative. If staff in hard-to-reach functions can be successfully engaged as Champions, the remit of Champions can be more closely defined, and challenges around data-sharing can be resolved.

Mind's training, provided through the networks, has helped build the capacity of these blue light services to promote positive mental health among their staff and volunteers. The sessions have been mostly well-attended, and positively received by staff and volunteers who have largely overcome their caution to talk openly about mental health. Some networks have seen extensive take-up of the line manager training (Managing Mental Health in the Emergency Services), while other services have incorporated mental health awareness sessions into their training for new recruits. Resilience training appears so far to have been less successful, due to issues with the design of the intervention. The scheduling of the sessions over several weeks caused logistical problems, the pilot nature of the training was not well understood and many did not find the prospect of doing online-only training appealing.

A range of network activities have successfully raised awareness among blue light staff and volunteers, and the wider world. Blue Light Mental Health Networks have secured coverage in local media, and made extensive use of digital media and high-profile events to boost staff engagement over the course of the pilot year.

Securing time and attention for mental health among overstretched staff in under-resourced services has often been challenging for both local Mind coordinators and service leads.

While they responded well to the national pilot of the Blue Light Programme, ambulance services (at least in some areas) proved difficult to engage in the networks, mainly because their regionally-based management structure did not mesh well with the local approach of the pilot. Volunteer services, with different work patterns and decision-making structures, were sometimes unresponsive, but some embraced the initiative when it was adapted to their needs.

² An evaluation of the national pilot of the Blue Light Programme was conducted prior to the launch of the Blue Light Mental Health Networks. It is accessible at mind.org.uk/bluelightresources.



The process of cultural change is a long-term one. It is hard to demonstrate clear progress in changing organisational culture over a single year. But there is evidence that the Blue Light Programme has given added impetus to a generational shift in attitudes and practices that was already underway.

Making an impact in large, geographically dispersed and structurally complex services is not easy, even for a local network. The Metropolitan Police is one example of this, where responsibility for mental health is

shared across many areas. It is not yet clear that Blue Light Programme activity of the network has cut through to the most pressured parts of the force. But thanks to the persistence and commitment of local coordinators, the local Mind has achieved notable successes, securing a presence on key steering groups and forums within the Met where mental health and staff wellness policy is set.





Credit: Metropolitan Police



Key learning for the Blue Light Programme Blueprint

The Blue Light Programme Blueprint is a step-by-step guide to setting up and delivering Blue Light Programme activity in the emergency services.

1. Financial pressures on the emergency services are acute, and there is no guarantee that budget will be made available for additional external training if there is no further external funding. While in many cases front line staff valued the professional and independent approach that Mind brought to training, some took the view that a peer support approach, with ongoing training delivered through Blue Light Champions, would now be enough to ensure that the impact of the initiative is sustained. This perception shows why Mind needs to continue to advocate among senior service personnel for investment in mental health support and training to be prioritised over the long term, and to argue why a strategic rather than a 'sticking plaster' approach needs to be taken to mental health as an issue.

2. For the Blue Light Champions initiative to fulfil its potential, it needs to penetrate into the most highly pressured teams within the emergency services, where mental health problems are also likely to be most acute. This will require finding energetic advocates within those teams, and identifying these individuals needs to be an early priority when the Blue Light Programme is implemented in other areas.

3. Continuing to build on the passion and commitment of the Blue Light Champion network is clearly key to the Blue Light Programme's sustainability. When future Champions are recruited, it needs to be clear that their details will be shared both with other Champions and with senior managers within their service. This will allow their activity to be coordinated, and a self-sustaining community to be created.

4. The ambulance service's structure, based on large geographical regions, does not integrate well with the Blue Light Programme network model as it stands. Previous evaluations show that the Blue Light Programme initiative itself was well received by the ambulance service. But to successfully engage them in future, neighbouring local Minds may need to collaborate to adapt Blue Light Programme activities. This is so they better meet the needs of a service that manages its staff and resources in a different way from other emergency services.

5. Given the challenges in keeping some services engaged due to restructuring and changes in personnel, participating services should be encouraged to create a management structure for mental health that puts the emphasis on key roles that need to be staffed at all times, rather than on specific individuals. With much of the Blue Light Programme momentum being due to collaboration between like-minded individuals with an interest in mental health, this presents a real risk to sustainability if people move on.





Baseline attitudes

Scoping research commissioned by national Mind in late 2014 and early 2015 ahead of the launch of the Blue Light Programme gave an indication of the scale of the mental health challenge within emergency services.

The research revealed the following findings:

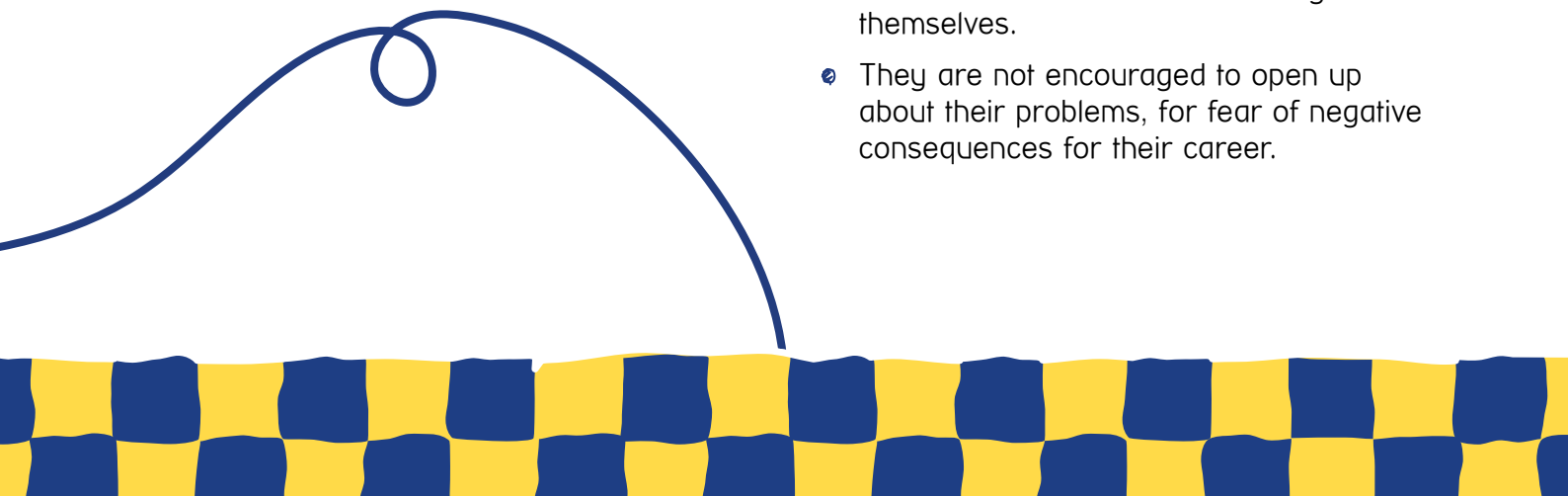
- ❶ Emergency services staff and volunteers experience more mental health problems than the general workforce, but are less likely to take time off, and more likely to identify problems at work as the cause of their mental health problems.
- ❷ Two in five emergency service staff and volunteers consider exposure to traumatic incidents as a trigger of poor mental health, but other factors are even more important – workload, management pressure, organisational upheaval and long hours.
- ❸ 71% of emergency service staff and volunteers do not believe that their organisation encourages them to talk about mental health, and 44% believe they would be treated more negatively if they disclosed a mental health problem at work.
- ❹ Most (54%) are unaware of mental health support offered by their organisation, and nearly half of those aware of it think the support available is poor.
- ❺ Only 15% say they would feel comfortable talking to their manager about mental health.
- ❻ There is a high demand for more information about mental health, and particularly information on how to support a colleague with mental health problems.

These findings were reinforced by a baseline study conducted among 435 emergency service staff and volunteers in one pilot area – Cambridgeshire and Peterborough – which revealed that:

- ❶ Most emergency service staff and volunteers in the region had not heard of the Blue Light Programme.
- ❷ Those who would feel comfortable approaching their line manager about their mental health were in the minority.
- ❸ Only a third were familiar with the warning signs that someone was suicidal.
- ❹ Nearly half did not think that their colleagues would speak up if they were struggling with mental health.

The insight these findings give into why the Blue Light Programme is needed is further supported by comments from both local Mind coordinators and blue light service leads during these interviews. They describe an environment where:

- ❶ Staff, particularly in certain roles, are routinely exposed to distressing and traumatic scenes.
- ❷ At the same time, they face huge pressure on workload, with an acute lack of staff in key areas, and are continually being asked to do more with less.
- ❸ People are expected to simply tolerate the difficult environment in which they find themselves.
- ❹ They are not encouraged to open up about their problems, for fear of negative consequences for their career.





Motivations, expectations and areas of risk

Local Minds

A range of factors encouraged the participating local Minds to get involved in the pilot Blue Light Mental Health Networks.

- Local Mind coordinators often saw it as an opportunity to bring emergency services together, and to collaborate with them in a new way on an issue that was an emerging challenge for all of them.
- Several of the local Mind coordinators had worked with statutory services prior to the pilot, but anticipated that being part of a major initiative like this would allow them to develop work they had already undertaken, as well as see closely the sorts of pressures that the services are under.

What [national Mind] were proposing wasn't far from what we were delivering already. With Mind being a nationally recognised brand, we felt it was a good inroad for us to work with emergency services.

Merseyside Blue Light Mental Health and Wellbeing Network

Cambridgeshire and Peterborough Mind were one example of this. They already had strong links with emergency services through the Crisis Care Concordat, which had been co-chaired by Mind, with police, fire and ambulance represented. They saw the opportunity to come together in the context of a larger initiative and have a greater impact by working together.

- Geographical issues also played a role in prompting some of the local Minds to get involved. In the Wirral, coordinators pointed out that their area contained large numbers of poor and disadvantaged communities, where the emergency services had been hit particularly hard by austerity cuts. They noted that, in this context, statistics showed that the need in their area was particularly high, with mental health problems appearing to be more prevalent among blue light staff in the North West than in some other regions.



Emergency services

Leads within the participating emergency services, many of whom were already involved in mental health networks within their service, also had a range of motivations and expectations of their involvement. Among the reasons they gave for getting involved were:

- **To learn from other services.** The issue of mental health was not a 'new' issue for the services, and each participating service was already having to find a way to address it that made sense in their own organisational context. They were doing their best, but wanted to identify potential areas of collaboration and be exposed to ideas and new approaches from their peers in other services that they could, if appropriate, adapt and embrace within their own service. The idea of doing this in the context of a government-funded initiative was particularly appealing.

We got the impression from Wirral Mind that their aim was to have all the blue light services cooperating to one main goal. That was great, that's what happened.

Fire and rescue staff member, Merseyside

- **To access resources to help push mental health up the agenda at a time of significant cuts.** Some had limited expectations, and only anticipated that the Blue Light Programme would be a way of raising awareness somewhat. But on talking with local Minds, and having the Blue Light Programme explained to them, some of the leads realised that it might be a way to provide their service with training that they could not otherwise afford and have a visible pool of internal ambassadors for mental health. They realised it could also increase the capacity of emergency service staff and volunteers at all levels to help themselves by building their level of knowledge through training and enabling line managers to support their team better.

Before the cuts came in, we had our own occupational health unit, our own wellbeing adviser, people could access talking therapies, there was training and representation on strategic board meetings to influence policy. All of it went away following the cuts. As a workforce, we were left with rising demand, but reduced resource. Then Mind came along and said, "We want to offer you all that support for free." That was amazing, exactly the right time.

Police staff member, Cambridgeshire and Peterborough

- **To respond to an increasingly changing workplace.** Other services were motivated to participate because they were aware the kind of work their staff were doing was changing, and presenting new challenges to which they needed to adapt. London Fire Brigade (LFB) observed that they were increasingly being required to co-respond to community safety incidents that might in the past have been attended only by the ambulance service. These incidents presented a different type of challenge, and were causing a different type of trauma among LFB staff.

As well as these expectations and hopes for the Blue Light Mental Health Networks pilot, both local Mind coordinators and service leads saw some potential risks:

- **Potential lack of engagement with senior management.** Given the intense financial and operational pressure on the emergency services, both sides perceived a risk that senior managers would not see mental health as a top priority in the context of other more immediate challenges. They feared that this buy-in would be necessary if the pilot was to be successful, and local Minds feared that some services might approach it as a 'tick-box exercise'.



❶ **The time pressure of the pilot, and what this meant for relationship-building.**

Local Minds were concerned that there was inadequate time before the pilot got underway to discuss with services what their needs were and how to reflect this in the design of the pilot. Coordinators who took over from predecessors also worried they would not be able to build relationships and win trust with key service personnel rapidly, and that this might undermine success. Given these short lead-in times, there was also concern among local Minds about the risk of planned Blue Light Programme activities not being ready to be rolled out, and of underspend during the pilot year.

❷ **Potential mismatch between supply and demand.** There were contrasting worries about the level of interest that there would be among emergency services staff and volunteers. Some were concerned that there might be a lack of engagement from Blue Light Champions, or that the target numbers of training participants would not be achieved. Conversely, other local Mind coordinators were worried that the level of demand for workshops might outstrip their ability to deliver them.

❸ **Funding and sustainability issues.** Both local Mind coordinators and network service leads were keenly aware of the budget challenges that services faced. They often feared that these acute financial pressures would mean that the pilot initiative would not be sustainable beyond March 2017.



Credit: Metropolitan Police



Credit: Metropolitan Police



Engagement with local employers, governance and project oversight mechanisms

Employer engagement

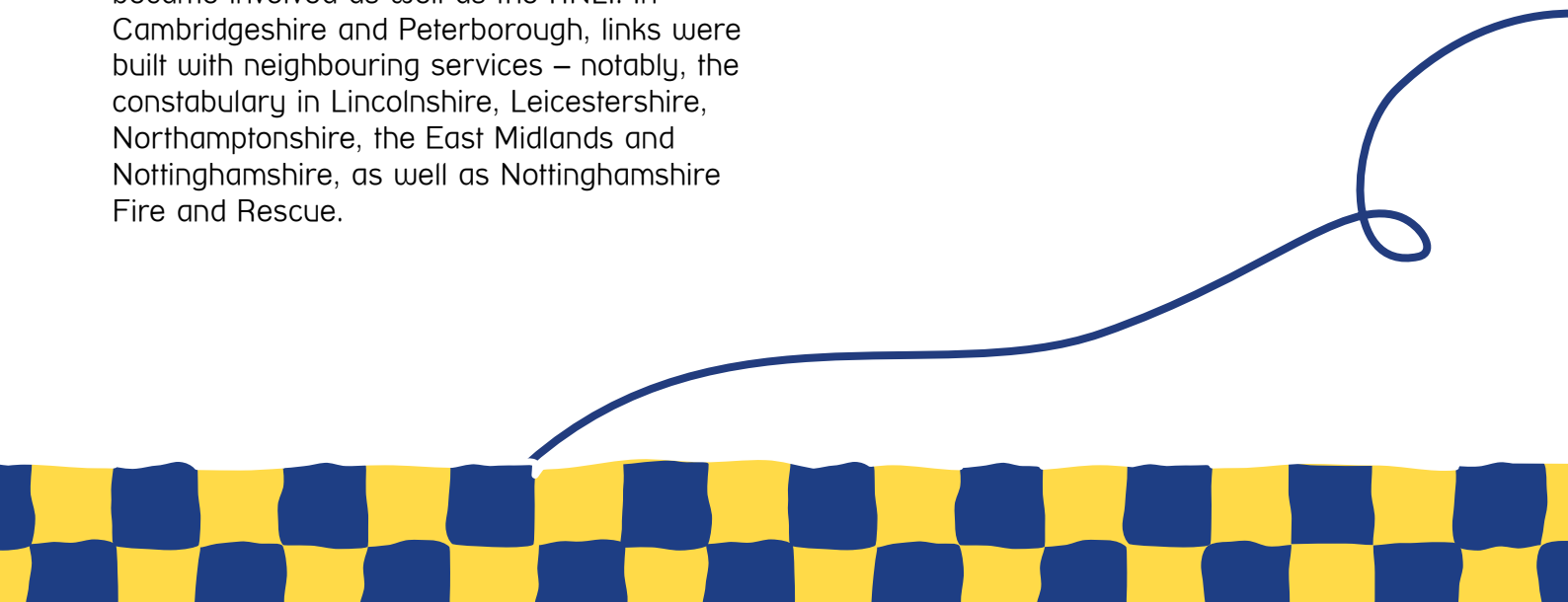
Across all four pilot networks, the local Minds had established relationships across a range of emergency services before the start of the pilot year. These comprised the following:

- ❶ **In London:** City of London Police, Metropolitan Police, London Ambulance Service, London Fire Brigade, South East London Search and Rescue and British Transport Police.
- ❷ **In the Wirral:** Merseyside Police, Merseyside Fire and Rescue, North West Ambulance Service, HM Coastguard (Merseyside) and RNLI (Wirral).
- ❸ **In Tyneside:** Northumberland Fire Service, Durham Constabulary, Durham and Darlington Fire and Rescue, Tyne and Wear Fire and Rescue, Northumbria Police and Northeast Ambulance Service.
- ❹ **In Cambridgeshire and Peterborough:** Cambridgeshire Constabulary, Cambridgeshire Fire and Rescue, East of England Ambulance Service and Cambridgeshire Search and Rescue.

These networks grew over the course of the pilot year. In Tyneside, Cleveland Police became involved as well as the RNLI. In Cambridgeshire and Peterborough, links were built with neighbouring services – notably, the constabulary in Lincolnshire, Leicestershire, Northamptonshire, the East Midlands and Nottinghamshire, as well as Nottinghamshire Fire and Rescue.

In London, engagement deepened over the course of the year in services that were large and complex, notably within the Metropolitan Police. The local Minds in London (Mind in the City, Hackney and Waltham Forest, and Hammersmith and Fulham) successfully brought in different parts of the Met – the Forensics Service, the Firearms Unit and Medical Services Ltd. Furthermore, being made known to the Wellbeing Steering Group (WSG), the team coordinating wellbeing support across London with access to significant budget, proved to be of critical importance. The WSG reports into a board that the Met Commissioner sits on, and over the course of the pilot year recruited more than 200 Blue Light Champions.

In other regions, meanwhile, the network extended over the course of the year to take in other local support services and initiatives that help emergency services staff and volunteers, including Police Treatment Centres and the Local Suicide Reduction and Prevention Strategy.



Governance and project oversight

In all networks, a steering group was established including representatives of all participating services to oversee and direct Blue Light Programme activity during the pilot year. In some cases, this included key individuals responsible for mental health policy within their services. Usually, this group had a mission statement, and aimed to meet at least quarterly, and in some cases bi-monthly (Cambridgeshire and Peterborough) or monthly (Tyne-side).

Across all areas, there was a very positive assessment of how well the joint steering groups were working. Services reported being very comfortable working together, and the meetings were felt to be well-structured. They were supported in some cases by systems for sharing information accessible to all participating services – in the case of Wirral, a page on the Wirral Mind website; elsewhere, a specific Yammer group.

With local Mind coordinators present as facilitators, the steering group meetings' primary objective was to empower the services to take ownership of the Blue Light Programme – to make connections, have cross-service discussions, share good practice and maintain motivation. Services with less robust systems of mental health support could use the meetings to get input and assistance from others.

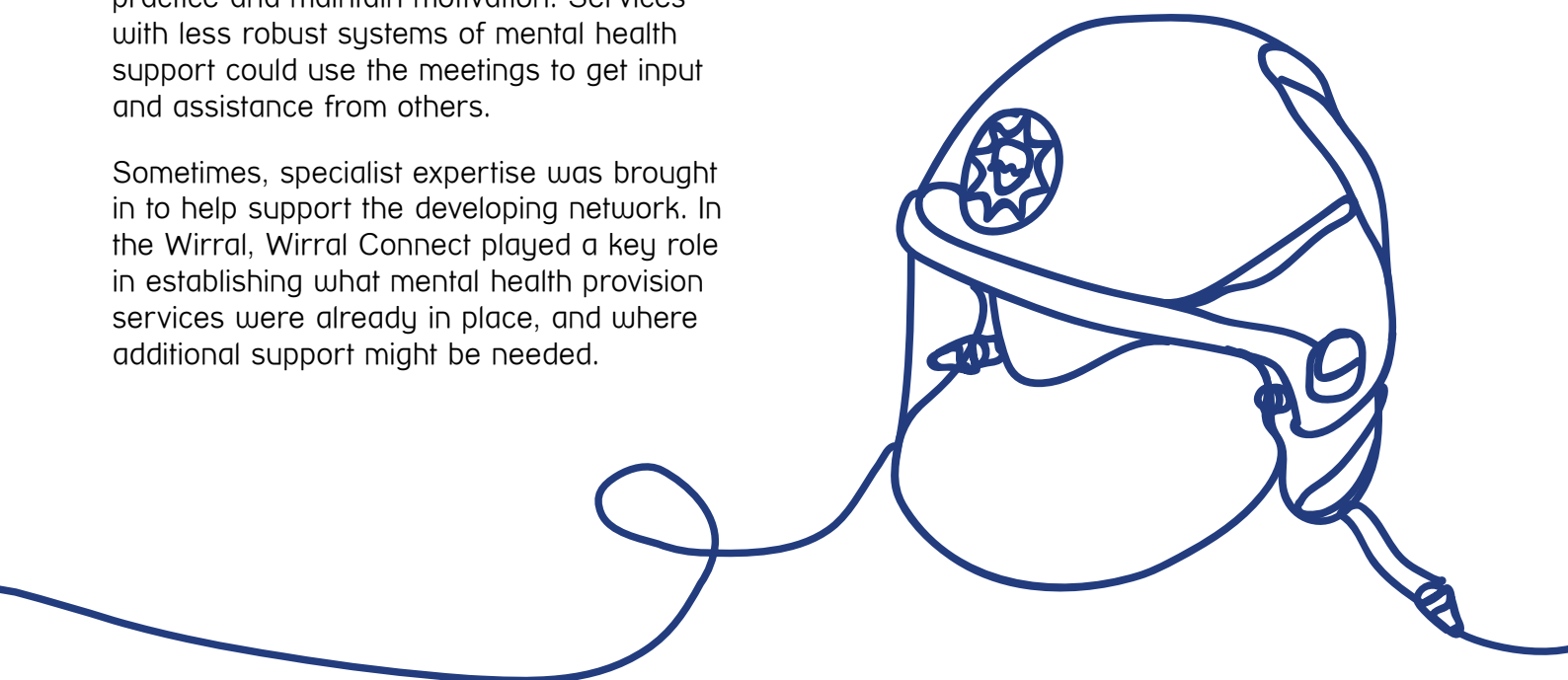
Sometimes, specialist expertise was brought in to help support the developing network. In the Wirral, Wirral Connect played a key role in establishing what mental health provision services were already in place, and where additional support might be needed.

The agendas for the steering group meetings were often related to the Blue Light Time to Change pledge and action planning, with services able to talk about specific activities in their own organisation. Towards the end of the pilot year, the focus moved more towards business planning, and a discussion of whether services were able to take the initiatives forward on their own.

The steering group meetings were generally seen as vital to the success of the project, and essential for building a sense of common purpose and driving progress:

People brainstormed, they were intrigued to hear how other organisations had particular obstacles and how they were getting around them. It was a useful, supportive group. Nothing would have happened without the steering group. There was pretty good attendance – if the lead couldn't attend, 75% of the time they would send somebody else.

North East Blue Light Mental Health and Wellbeing Network



The relationship with Mind

Without exception, the participating emergency services were highly complimentary about the relationship they developed with the local Minds during the Blue Light Mental Health Networks' pilot year. There was real appreciation for Mind investing money and effort into a problem that one network lead described as a 'ticking time bomb'. Even when they had criticism of specific elements of the way the Blue Light Programme was configured, they felt that the local Mind coordinators in their region were proactive, highly committed, responsive, empathetic, patient and good at keeping them up to date on progress.

I can't praise local Mind highly enough. Jenny and Jo have been absolutely amazing, I don't really have any feedback other than positive for those guys.

Police staff member, Cambridgeshire

The way Hebba and Elizabeth have tackled it is so great. They have come in, they're in the meetings they should be in; with management, board level, the wellbeing forum, diversity and HR. They've come into a huge, complex organisation and gone to all the right places to build up a team that can help support and direct the programme.

Police staff member, London

They were a very good team, informative, they kept you up to date with what's going on. They've been very patient with me because I was difficult to get hold of.

Ambulance staff member, North West

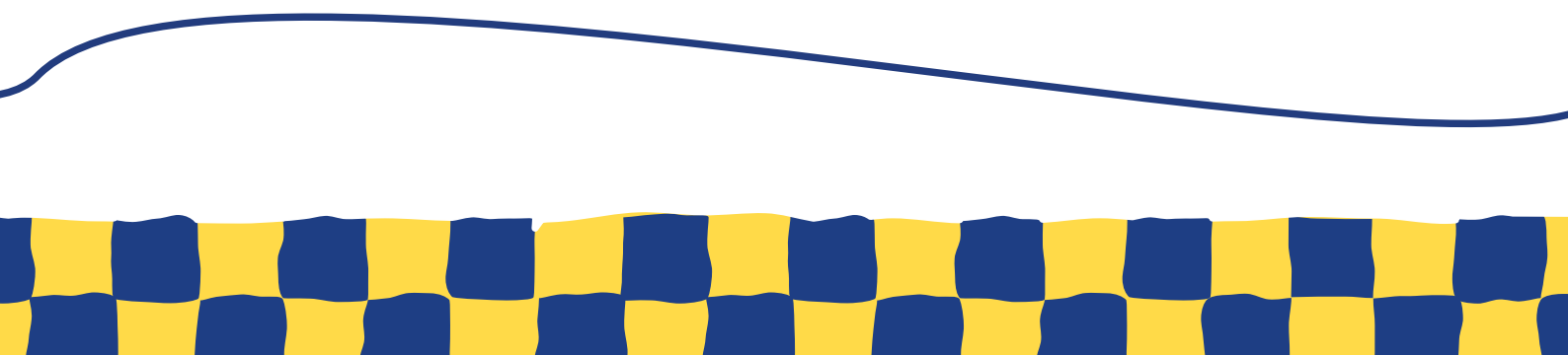
They've been very supportive – always there, always willing to come up and help at a moment's notice. I can't think of anything that would improve it – though it's only two people that I've had contact with and it would be better if it were four, six or eight! It's been very successful, and disappointing now to lose the coordination from the network. But I know that all I have to do is pick up the telephone and they will signpost me in the right direction.

Fire and rescue staff member, Northumberland

While service leads felt they had had minimal interaction with national Mind, they were a little more critical. They did not always feel that national Mind understood their needs locally, whether in terms of the materials that were made available, or unrealistic deadlines for recruitment for a course.

In addition, emergency services sometimes felt that they saw an overly restrictive attitude towards the use of some pieces of collateral – in particular not being able to use Mind's proprietary training slides in their own training. This was seen as a reflection of national Mind policy that was somewhat unhelpful.

When it came to local Minds' relationship with national Mind, the feedback was generally positive. Local coordinators reported that colleagues at head office were always on the end of the phone if needed, generally forthcoming with information and receptive to honest and open feedback (for instance, on the problems with the resilience training). They did, however, echo the emergency services' frustrations at what they felt was sometimes a lack of awareness of the lead time needed to set up activities locally, given scheduling constraints.





Key achievements

Overwhelmingly, both local Mind coordinators and service leads were proud of what the Blue Light Mental Health Networks had been able to achieve over the course of the pilot year. Service leads did not regret having taken part, and felt that, even over the relatively limited time period of the pilot, a range of important achievements were already apparent. These were diverse, but the most significant ones fell into a few key areas.

Increased profile for mental health within services

Without exception, service leads felt that the effect of the Blue Light Mental Health Network pilot had been to raise the profile of mental health as an issue within their organisation. This was both in terms of informal discussions among staff (see next page) and also more formal explorations within a range of influential forums. Local Mind coordinators confirmed this:

They're telling us what they're doing with their services, how they're broaching [mental health], they're reporting that more people are accessing some of their services. There's a lot of presence on social media, people talking about it, the chiefs talking about it at the learning event.

Merseyside Blue Light Mental Health and Wellbeing Network

Examples of this raised profile include:

- a high-profile signing of the Blue Light Time to Change pledge at police headquarters in the Wirral
- the inclusion of mental health on regular management team meeting agendas across a number of services
- in the case of the Metropolitan Police, a presence for Mind on an influential steering group and the inclusion of mental health training for the first time within the standard officer training course.

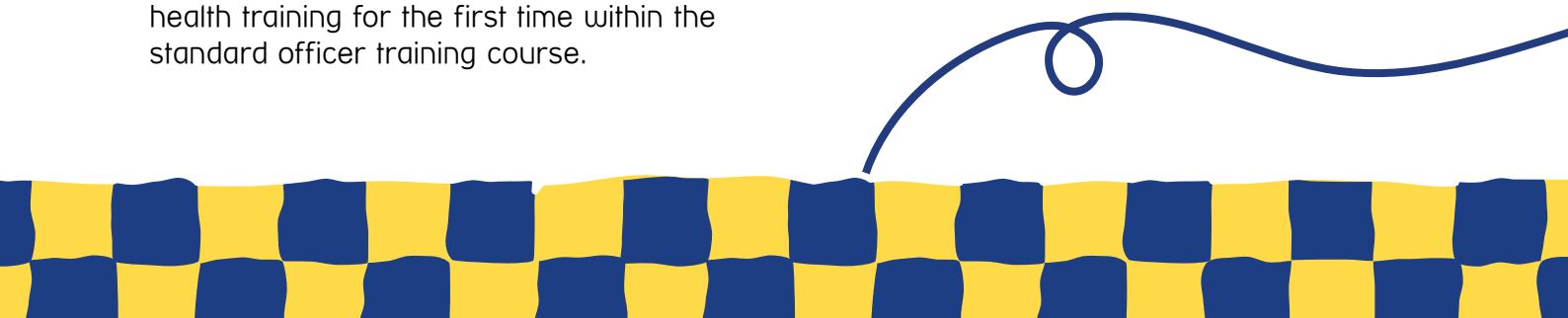
At the moment, we have a CPD day and it brings managers together to talk about the important issues, what's coming up. On the next one, there'll be a session on mental health awareness aimed at managers. Two or three years ago, you'd never have got that.

Fire and rescue staff member, North East

In large part, this success was a consequence of the energy and commitment of local Mind coordinators and service leads in engaging key individuals and persuading them to take the issue seriously. But some service leads were also keen to point out that the resources that Mind could make available also played a role in raising the profile of mental health:

The fact that Mind resources have given information to people that you can present outside service walls for confidentiality is good. It's made the topic of mental health and wellbeing much more [of a] conversation, much more informal, much less stigmatised compared to the formal way that we used to approach it, combined with the professional independent branding and support underpinning it.

Fire and rescue staff member, London



This raised profile was not always without its problems. An ambulance service indicated that a short-term consequence of raising the profile of the issue within their service appeared to be an increase in the prevalence of mental health sickness absences. This was not fully understood and could have been a consequence of people realising that they were ill, but it had the potential to be a politically difficult issue.

Normalising of mental health discussion within services

Along with the raised profile of mental health generally within services, almost all participating services reported that the Blue Light Programme was 'making it okay' for people to discuss their mental health. While in most cases this normalising of mental health discussion was a trend that was already underway, many were clear that the Blue Light Programme activity had given it important added impetus and encouraged even unlikely individuals to open up:

Once we started down the Blue Light Programme route I was amazed how many people supported us. Even to the extent that people attending the events were people I never thought I'd see, characters I never thought would be part of something like that.

Fire and rescue staff member, North East

Mind coordinators reported that they had seen a real evolution over the course of the pilot year in staff and volunteers' willingness to open up about their own experience of mental health problems. They sometimes felt this was due to Mind's status as an outside agency that was not reporting back to managers, and the informal drop-in sessions that they had been running.

A similar story was reported by the emergency services themselves. Some staff admitted that they were unsure about talking about their own problems at the outset, but found the courage to do so when they saw how colleagues were embracing the culture of openness:

When you think about training a year ago and training now with the police, there's a huge difference in people's ability to bring up their own and colleagues' mental health issues. In the beginning, you might have had three or four people saying they'd had a personal experience. Now it's completely different, people are really open.

North East Blue Light Mental Health and Wellbeing Network

Several mentioned that, because of the Blue Light Programme, colleagues were now regularly coming forward to disclose current or past mental health problems.



I manage a team of investigative CID – it's a high-profile, stressful role to do with criminality. I had a member of staff come to me to say, "I'm starting to struggle." He'd noticed emotional changes, he couldn't cope, he couldn't prioritise effectively. But he felt like he could come to tell someone at this stage, because it's a supportive environment. I've been in my job nearly 17 years and I can remember times when you wouldn't do that.

Police staff member, Cambridgeshire and Peterborough

More and more enlightened officers are putting their hands up. One Blue Light Champion is ex-Marine, but he had serious mental health issues along the way. He's willing to say he fell apart, he's happy to talk to colleagues. That thing within the service, that you can't be seen to be the weak link, that's changing.

Fire and rescue staff member, London

Despite the Blue Light Programme's striking success at getting people to talk about mental health, some service leads cautioned that, particularly in larger services, the picture was still a patchy one. They suspected that for some departments or functions, probably those under the most pressure and the hardest to reach with internal initiatives, Blue Light Programme activity had passed by completely unnoticed.

Better cross-service working and initiatives

Service leads were quick to point out that they were increasingly being expected to collaborate more with their peers in other services. Pressure was coming from above to work together to make things more efficient and mitigate the effect of reduced budgets.

It was clear that the Blue Light Mental Health Networks, however, gave this additional impetus. Starting from a conversation around supporting staff with their mental health, services were beginning to explore how they could work together to best service the public – to unlock resources that they otherwise would struggle to access.

In the initial stages, we were sharing policies around absence management and HR, identifying best practice with each, then TRIM – we have a good process and [the fire service] didn't have one. There are tentative discussions around shared gym membership and occupational health support – fire and rescue services still have a decent one.

Police staff member, Cambridgeshire and Peterborough

It's very much at the beginning stages, but there is the appetite to work much more closely together. The Blue Light Mental Health Network has really supported that. We know that the services are going to be required to work much more closely together.

Fire and rescue staff member, London

We're doing a lot more now with Merseyside Police than we've ever done. The relationship is a lot closer, working at the command centre. We're working very closely with occupational health leads at Merseyside Police.

Fire and rescue staff member, Merseyside

In the Wirral, a centrepiece of the Blue Light Mental Health Network pilot was the Joint Network Mental Health Strategy. Through this, the services ensured that their wellbeing strategies were fully aligned, while still bespoke and reflecting what they individually had to offer personnel.

There's definitely been positive development between the police and the fire service. It's given them a good starting point from the point of view of regulatory changes – they're going to have to work together more. They fed back to us that they recognised that those relationships developed, and that that was a positive thing.

Merseyside Blue Light Mental Health and Wellbeing Network

In Tyneside, both local Mind coordinators and service leads commented that a real bond had been generated between the services over the course of the year. Northumberland Fire Service had been asked to join the Police's Workforce Wellbeing Group, and indeed there was evidence across a number of the pilot areas that the police and fire services were working well together.

Across all four networks, it appeared that as a result of the pilot, services now know who to talk to in other services about mental health. However, because of its structural complexity, other services reported that the liaison with the Metropolitan Police was more difficult.

This closer relationship between the services was apparent not just in formal work practices and resource sharing but through informal initiatives. A good example of this was the Tyneside Blue Light Choir. This started off as the Tyneside Fire Choir, but because of the Blue Light Programme, it was opened up to other services. It is now an intra-regional choir, which has given concerts at the new Sage regional music centre in Gateshead. It was largely an initiative of the services themselves, with Mind having done little more than put the services in touch with each other. Also in the North East, a joint-service knitting group was set up, producing and selling blue and white angels and chicks for Christmas and Easter.

A note of caution was sounded that collaboration remains mostly between like-minded colleagues within each service. This is clearly useful, but has its limits. Cross-service collaboration may not be seen as such a priority in an organisation like the Metropolitan Police, where the internal engagement challenge is enormous.



Better support structures within services

Beyond the areas of profile, staff discussion and cross-network collaboration, the Blue Light Mental Health Networks also seemed to be prompting changes to the support structures themselves that were available for staff and volunteers within services experiencing problems with their mental health.

- In Tyneside and Cambridgeshire, police services have introduced Mind's Wellness Action Plans during the pilot year. The intention is that each member of staff will have one, and that while not officially mandated, these are a 'gentle' mandate to encourage open discussion between managers and staff about mental health on a daily basis. They ask staff, if they start to feel unwell, how they should be treated, and what they need.
- In Cambridgeshire, meanwhile, the fire service has instituted 'My Hour' – a replacement for a physical training hour that had been cut due to resource constraints. This allows staff, both operational and non-operational, to spend an hour doing something for their own wellbeing.

Services were keen to stress how important good line management is in supporting staff effectively. In London, the Metropolitan Police committed to offering Managing Mental Health in the Emergency Services training for line managers (see p.45) to all London boroughs, and all five strategic commands.

In some services, formal initiatives have been combined with more informal ones. Merseyside Fire sees Blue Light Champions as key to its approach to peer support:

It's clear that not everyone with a mental health problem wants to report it to a manager, they want a friend. Blue Light Champions are key – they can report it without going through a formal process, they can do it on an informal basis. It's become clear that people do want to know about mental health, and to support their own staff.

Fire and rescue staff member, Merseyside





Key challenges

The Blue Light Mental Health Networks are an ambitious initiative, and both local Mind coordinators and service leads experienced some overarching challenges when rolling out the pilot year. Some of these had been anticipated and planned for, others emerged as the pilot progressed.

Making and retaining engagement with services is difficult

Local Mind coordinators reported that their main challenge was to make contact with the right people within the emergency services in their area, and to retain their engagement for the duration of the project.

In the first instance, particularly in London, it was not always clear who the right strategic contact was, as organisations did not always publicise the roles of their staff. From the outside, it could be hard to understand how the services actually worked.

But even once the right person had been identified, due to a pressurised and short-staffed environment within emergency services, many individuals had competing priorities, were spread too thinly, and found it difficult to respond promptly to communications from the local Mind coordinators. Often, mental health was only one part of their diverse role. Local Mind coordinators reported that because of these blockages, during busy times, progress between steering group meetings could be limited.

Internal changes could make coordination particularly difficult. This could be due to a key individual moving on, or a complete internal reorganisation of the force structure during the pilot period (as was the case with Merseyside Police). Local Minds came to realise that such frequent changes were also significant causes of added stress for the staff in question.

In particular, local Mind coordinators sometimes struggled to get service leads to respond to emails. Some reported that they ended up condensing their communications into one weekly bulletin, and trying to identify the right time of the week to send it to maximise the chance of a response.

Emergency services acknowledged that their responsiveness was a significant challenge:

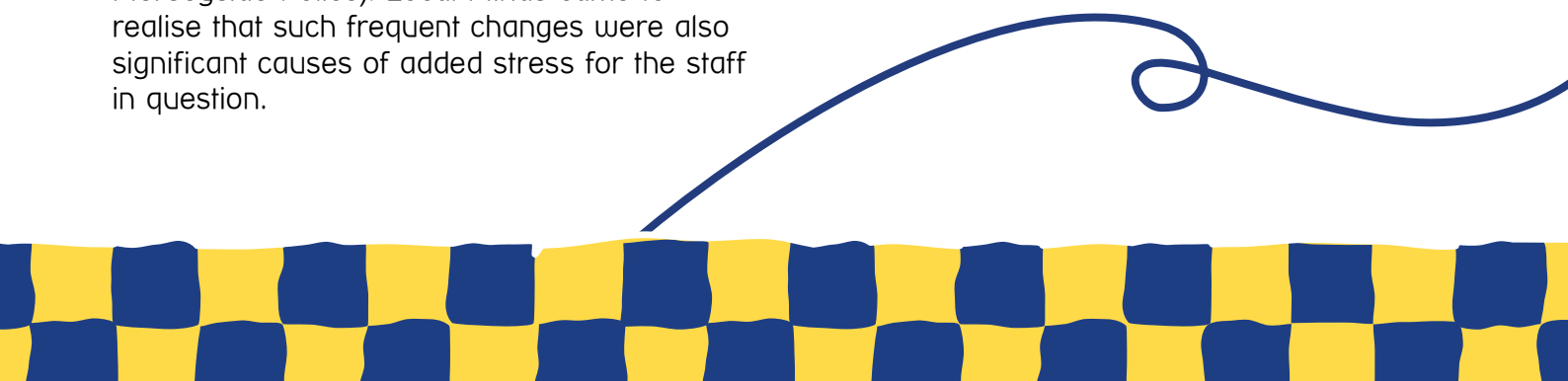
[Local Mind] tried as hard as they could – they were trying to run a project in the services they didn't work in. Rachel spent a lot of time waiting for people to get back to her. She was very patient; it's difficult for us to get people on board, and we know the people.

Fire and rescue staff member, Merseyside

To compound this, different services also had different starting points on mental health issues, and different approaches to collaboration:

Some services wanted to collaborate straight away, while others were happy to let others lead on it, and were waiting for direct instruction about what to do.

Merseyside Blue Light Mental Health and Wellbeing Network



Often, local Minds had to liaise extensively with HR or occupational health leads within services, and this could be particularly challenging. These functions are outsourced in some areas, and very hard to engage. In Cambridgeshire, for instance, the HR function is an outsourced call centre, requiring people to phone a central number and obtain a job number, rather than talk to one specific individual. This relative inaccessibility of the HR function may be a reason for the lack of confidence in HR among emergency services staff and volunteers noted in previous research.

Engaging the right people and driving progress appeared to be most challenging of all in the Metropolitan Police. With 32 boroughs and 15 strategic commands, it is the biggest police force in Europe. It is so large that, in many cases, it is unclear who holds the responsibility for coordinating activity in a particular area.

Local Mind coordinators in London pointed out that, while their counterparts in other areas of the country could speak to relevant senior management to coordinate delivery of training, the Metropolitan Police has so many ranks and layers of senior management that access is difficult.

Within the area of mental health, there are working groups on wellbeing, diversity forums and occupational health. All of these groups have an interest in the issue of mental health, and all have a degree of responsibility for driving progress. While Mind achieved significant success in gaining access to these networks over the course of the year, this was a lengthy and time-consuming process.

To some degree, local Minds felt that, although this relationship-building took a lot of effort, it was an essential part of the process. And it did in some cases pay dividends by ultimately securing traction higher up in the organisation.

We underestimated how much time it takes to build relationships with people, particularly Champions. They asked for support from us, and we've both found the amount of work quite overwhelming. But [that effort] has had an impact in terms of brokering access to the Commissioner. Relationship building is something that takes time.

London Blue Light Mental Health and Wellbeing Network

Other local Minds also concluded that face-to-face contact was critical in driving progress. This is something they plan to prioritise for year three of the Blue Light Programme:

For year three, we're making sure we go out and meet everyone, so they can put a face to the email. The human touch can't be underestimated. People want to discuss things face-to-face. They're an overwhelmed group, and it's good to have people listening to their concerns.

North East Blue Light Mental Health and Wellbeing Network



Volunteer-led services can be hard to engage

Several local Mind leads reported that volunteer-led services were particularly hard to engage. In several cases, they were unresponsive to repeated contact, particularly search and rescue. Various reasons were suggested for this:

- ❖ Compared to other services, they have a completely different organisational structure.
- ❖ Some are run on a national, rather than a local level, meaning that those who are locally-based have limited decision-making autonomy.
- ❖ There may not be any money within their budget to pay volunteers to attend training, leading to lack of interest.
- ❖ They are less able to attend events and training that occur in office hours during the working week, with most volunteers also holding down regular jobs.

It was also suggested that the mental health challenge for volunteer services may be fundamentally different and perhaps less acute than for other services. This supports the findings of Mind's initial scoping research into the mental health needs of search and rescue volunteers. To some degree, the traumatic situations that they witness is why their volunteers have signed up, and they may be more prepared to face the unexpected whenever they attend an incident.

There's a high level of resilience within volunteers. When we delivered the training...they seemed to have a high awareness of the need for self-care, their attitudes were less self-stigmatising, they had a supportive team and lots of camaraderie. Teams elsewhere were less communicative.

Merseyside Blue Light Mental Health and Wellbeing Network

However, the success of the Cambridgeshire and Peterborough Blue Light Mental Health and Wellbeing Network in engaging their local search and rescue service shows that successful engagement on this issue is possible. The local Mind coordinators were able to deliver training on a Sunday, rather than during a working week, to take account of volunteer work patterns. Feedback from search and rescue in this area on the training was extremely positive.

This suggests that the ability to significantly tailor and adapt the Blue Light Programme approach may be key to successful engagement with volunteer services. Wirral Mind reported that volunteer services became more receptive when their offer was adjusted to make it more appropriate for their needs. In this case, it was not possible to facilitate training, but that did not mean that an awareness session couldn't be run.





Engaging senior stakeholders can be difficult

As anticipated prior to the start of the pilot year, securing senior engagement within the participating services was challenging, but also critical to overall success. Lack of active endorsement and commitment from the top of the organisation can lead to limited profile and cut-through. There was suspicion among some service leads that senior managers sometimes considered engaging with Blue Light Programme activity as a 'tick-box exercise'. That is, being done for show rather than coming from a genuine commitment to change.

Cambridgeshire Police gave insight into some of the factors that may make senior management reluctant to give enthusiastic backing. Much of it centred around capacity challenges in the context of severe budget and resource pressures.

When you have an organisation that is struggling in terms of demand on resource, trying to get buy-in for a huge programme that involves releasing staff for training, people coming in for peer support networks, in addition to doing their day jobs, buy-in by senior management is going to be a problem.

Police staff member, Cambridgeshire and Peterborough

Unforeseen major events sometimes meant that senior individuals became less engaged over the course of the pilot. In London, the multiple terrorist attacks and the Grenfell fire had an impact on the Blue Light Champions and end-of-year events that followed them, with more senior people unable to attend.

Change in personnel in some cases led to less senior engagement over time. Local Minds highlighted cases where senior members of staff with a strategic overview had been replaced as service leads by more junior colleagues, sometimes with a specifically HR focus, whose priority was chiefly on reducing staff absence.

In most cases, however, senior management often proved to be more receptive than had been feared, particularly when the case for support for the Blue Light Programme had been made in a comprehensive and persuasive way. In some cases – Cambridgeshire Constabulary being one – participating forces had worked closely with Mind to ensure that it was as easy as possible for senior managers to approve the project, and had presented them with a fully-developed implementation plan. In others, senior management was highly and visibly committed. For instance, in Northumbria, the Assistant Chief Constable is the lead Blue Light Champion.



Culture change is a slow process

Both local Mind coordinators and service leads were keen to point out that the process of cultural change is a long one. From a project perspective, local Minds observed that it takes time to understand an organisation and how it operates, and to build up trust and personal rapport with key individuals. This is required in order to be effective in changing the way the organisation operates.

Emergency services, while acknowledging the progress that was being made, also made the point that Blue Light Programme activity is facilitating a generational shift in attitudes, not delivering an overnight transformation. There is, indeed, some risk in trying to push things too hard, as this may provoke resistance.

We've seen some progress. But it'll take a generation – we're talking about a 30-year turnaround. We can't dictate the cultural change, or there will be pushback.

Fire and rescue staff member, Merseyside

Changing culture is a bit like a supertanker trying to turn around. But every half a degree it turns matters.

Cambridgeshire and Peterborough Blue Light Mental Health and Wellbeing Network

Service leads within the Metropolitan Police also observed that success in effecting cultural change requires working at every level. This is difficult for a programme such as the Blue Light Programme, being facilitated from outside the organisation, with limited time and resource. It also requires support from senior management that goes beyond supportive statements and ensures that training is put in place across the organisation – not just for more junior line managers, but for their managers.

In an organisation like the Metropolitan Police, it also requires well-timed, highly-targeted and concise communications. This could mean a key email at a key time, flagging up the role of a mental health Champion within the organisation, that ultimately empowers people to embrace the role and to see its value.



The Blue Light Mental Health Networks model may not fit the ambulance service very well

While only one participating ambulance service was interviewed for this evaluation, there was some evidence that, even if they are receptive to the Blue Light Programme itself, the current Blue Light Mental Health Networks model may not be a particularly good fit with the needs of ambulance services.

In particular, the relatively narrow geographic focus of the pilot Blue Light Mental Health Networks appeared to make it difficult for an ambulance service to engage fully with it. Ambulance services cover a much wider geographical area than police constabularies or fire services, and making mental health services available only to a small subset of staff within that area was problematic. Consequently, some of those participating in the Blue Light Mental Health Networks felt that there was a limited amount that they could learn from their peers in other services.

Although [the Blue Light Mental Health Network] was focused on the Wirral area, politically you have to be careful if you're providing support just for one area of staff, and not for the rest of the organisation. It became apparent early on that [while] it was interesting to see how similar organisations were adopting things, and you could get some ideas, you were limited as to what you could take from that.

Ambulance staff member, North West

There are other differences in the way that ambulance services operate that, service leads felt, made it more challenging to deliver mental health services in the way envisaged by the Blue Light Mental Health Networks. The absence of a dedicated internal occupational health function within ambulance services is one complicating factor. Limited staff contact with line managers is another:

It would have been better just looking at ambulance services with a similar setup, understanding the pressures, the geography, where staff all have different bases because they're on the road all the time. How do you deal with the barriers that are put up with comms? They might not see a manager for months if they're on the road.

Ambulance staff member, North West

Ambulance services appeared to be more interested in Train the Trainer services, resilience training and resources that were more flexible in how they could be applied to their own circumstances. Given these challenges, progress in the ambulance service was sometimes limited, with fewer Blue Light Champions recruited, and less collaboration with other services.





Blue Light Champions

Blue Light Champions are individuals within the services who raise the profile of mental health as an issue, support their colleagues, act as internal advocates and signpost staff to sources of support. They are one of the key pillars of the Blue Light Programme.

Both local Mind coordinators and service leads viewed the Champions initiative as critical to ensuring its long-term sustainability and success. They could cite many examples of how the Champions activity had achieved its goals, but also a number of challenges and obstacles that may need to be addressed as the Blue Light Programme moves into its next phase.

Successes of the Champions activity

The clear consensus among both Mind and emergency services staff and volunteers was that the Champions activity had been a striking success. All areas showed progress in identifying and recruiting Champions, particularly in the latter stages of the pilot year. This progress often outstripped the expectations of both local Minds' Blue Light Programme coordinators and service leads.

[The Champions] have been hugely successful. We wouldn't have had a project without them.

North East Blue Light Mental Health and Wellbeing Network

In general, it was apparent that many of the key achievements described in this report (p.23), such as the increased profile for mental health, normalisation of discussions and better cross-service working, were largely because of the activity and energy of Champions within each service.

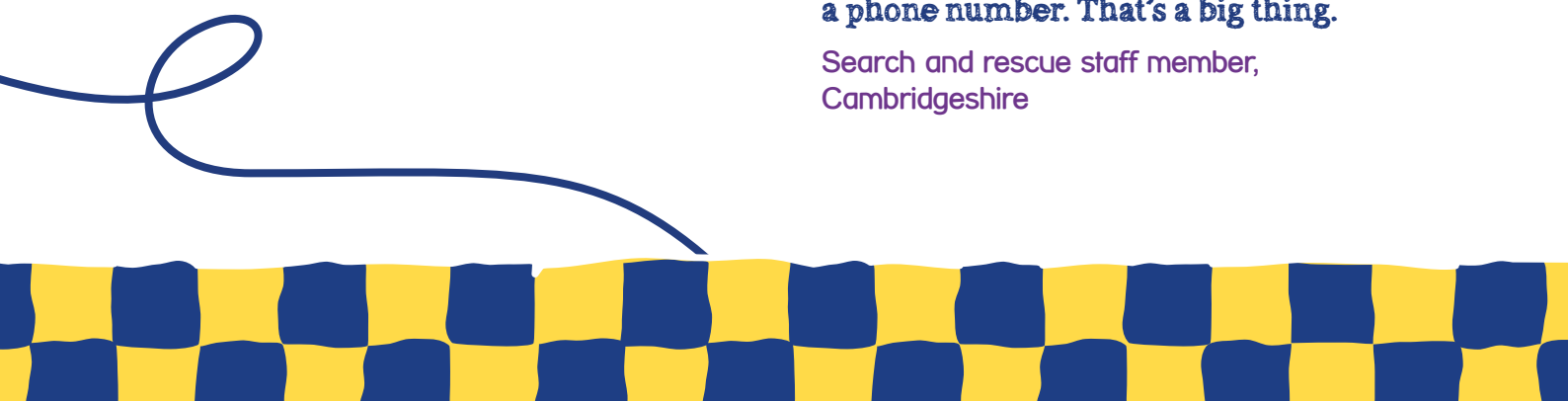
Here are some examples of the wide range of Champion activities that took place:

- ❖ **In London:** Champions signposted colleagues to mental health support, facilitated mental health conversations at work, ran drop-in support groups and looked into making changes for new recruit training. Within London Fire Brigade, they facilitated mental health sessions for the crews that attended the Grenfell fire shortly after the pilot period, trained counsellors doing short sessions with crews while Champions kept people chatting.
- ❖ **In the North East:** Setting up Champions' breakfasts, providing bacon butties and holding a mindfulness walk afterwards.
- ❖ **In Cambridgeshire:** Champions played a major role in putting out leaflets and flyers.
- ❖ **In the Wirral:** Champions were willing to talk about their own experiences with mental health problems and spread the word.

Champions had a particularly pronounced impact on the working environment in volunteer services with small numbers of personnel but large numbers of Champions:

If people understood they can make a difference, they'd be more willing to get involved...with a team of 40/45 [the impact] is massive. You can go out on a call-out of 30 people, and you're likely to have 10 champions, who can give people support there and then, not a phone number. That's a big thing.

Search and rescue staff member,
Cambridgeshire



In addition to working within their own services, Champions across the networks formed peer groups that crossed service boundaries. In Cambridgeshire, these networks, and the close proximity of different services' headquarters to each other, meant that facilities could be opened up to staff from the other services.

A number of factors made it possible for the Champions activity to have a significant impact.

The broad profile of Champions, drawn from all levels of their organisation, was often cited as an important strength.

Champions included some fairly senior members of staff. This was put forward in some places (in Cambridgeshire Police, for instance) as a factor that enabled progress to be made. It ensured that, where there was learning for service policy, Champions were in a position to press for change.

Management and bosses know that we're under pressure, that people are struggling; but the Champion network has helped us to feed back to them elements of the frontline provision – now people are able to take breaks because of demand.

Police staff member, Cambridgeshire and Peterborough

In other areas, the fact that many Champions were not managers, but at the same level as those on the front line, was cited as a reason for the sense of ownership that the organisation as a whole was starting to feel of the mental health issue.

It opened [mental health] across the board – it became a workforce issue, not a management issue. Everybody's issue, not managers trying to sort something out.

Fire and rescue staff member, Northumberland

The personal commitment of Champions to the cause of mental health was clearly critical. Service leads often commented that Champions were very passionate about running with the Blue Light Programme initiative, and real advocates for it within their services.

The materials distributed by the Champions was cited on several occasions as being very effective. There were case studies of the direct impact that Champions' awareness-raising activity could have. A service lead in Cambridgeshire highlighted an instance where an officer suffering from problems with their mental health had initially felt uncomfortable seeking help for it. However they picked up a leaflet left by a Champion, which then gave them confidence to go to their line manager. The manager was then able to support their recovery.

Now that a large number of Blue Light Champions had been established across the pilot networks, services were keen to ensure that they were well supported, had a high profile, and were easy to contact by those who needed help. Several services commented that they were now committed to upskilling their Champions, and in some cases (Cambridgeshire Fire and Rescue and the Metropolitan Police, for instance) had put dedicated forums in place to help them discuss, interact and share information.



Challenges of the Champion activity

Inevitably, services encountered some challenges in supporting and managing Champion activity.

Perhaps the most significant issue was the database of Champions – the fact that the Blue Light Programme leads within each service did not receive a list of the names and contact details of their staff who had signed up to be a Champion. Many service leads complained that this meant they were unable to effectively coordinate Champion activity within their service unless the Champions chose to make themselves known to them, which in many cases they did not do.

While services understood that Mind was unable to share the names for reasons of data protection, this still caused significant frustration and confusion as service leads generally took the view that in signing up to be a Champion, people would have expected their details to be made public.

An annoyance at both year one and year two was that we were not told who the Blue Light Champions are. So we can't contact them to do stuff. The leads don't get to know who they are, just national Mind – it stays there, unless they've come and told us who they are.

Fire and rescue staff member, Merseyside

There has been a silly spat about wanting to know who the Blue Light Champions were. Going forward, we need to get the sign-up right – that you sign up on the understanding that this can be shared with your employer. I would presume that people who put themselves forward want to be useful.

Fire and rescue staff member, London

When people first signed up, there was no expectation or discussion that their names wouldn't be given to anybody to coordinate it. Unless there's a list of names, there's a worry that it will fade away.

Police staff member, London



While some thought that the issue had been resolved by national Mind during the course of the year, and a decision had been taken that there was no data breach involved in sharing the names, they complained that details of Champions were still not being shared effectively with them.

Logistical challenges were a major complicating factor in several respects. Some of the Blue Light networks spanned large geographical areas (taking in Tyneside and Northumberland, for instance) and it was often difficult to get Champions together. Shift patterns also made convening meetings of Champions difficult. In this context, a lot of pressure ended up being put on the Blue Light Programme coordinating leads within each service to chase Champions in their area and keep up the momentum. Some said that the interest was there, but maintaining it required significant effort.

The environment of the Metropolitan Police, being very large and diverse, with departments often working separately from each other, presented unique challenges for the Champions activity there, as it did for other elements of the Blue Light Programme.

Service leads within the Met commented that the success of Champions within the organisation was patchy. While there were many Champions, for instance, within the forensics service, it had yet to cut through to some of the most pressurised and time-poor staff, notably detectives, who would be too busy to read information on the intranet relating to the Blue Light Programme. Blue Light Programme leads within services felt that it would require a highly committed, passionate individual within that area to drive it, if the Champion activity was to achieve critical mass.

I've never had a hand go up when I've done four sessions [on mental health to an audience of detectives]. It's trying to penetrate into a really complex, busy organisation – it's not always getting through. But you have to start somewhere and each step is a step forward.

Police staff member, London

It was also apparent that there were different visions of what a Champion could or should be. Some services wanted them to be representatives of the network, while others saw it as a more strategic role. Some service leads also commented that while Mind had a relatively inclusive vision of being a Champion – that it should be open to all comers – they themselves were keener to retain some control for the service over the process of recruitment and training. This was to ensure that those who became Champions were doing it for the 'right' reasons and understood their role. Some services cited examples of individuals who had just become a Champion 'for show' (or to position themselves for a promotion), had not recovered sufficiently well from their own mental health problems to help others effectively, or had not sufficiently understood how they should operate.

You can't just give someone a badge and say "You're a champion." How do you ensure you've got the right person? You've got to put something in place. And people will retire, have children and leave.

Police staff member, Northumbria

You need to make sure that Champions are doing it for the right reasons...that they aren't doing it for a promotion. You don't know what someone's motives are when they sign up. Some will help you to progress things, to arrange events, others won't.

Police staff member, London



Initially we had difficulties because a couple of Blue Light Champions didn't understand what their role was – to heighten awareness of mental health issues, reduce stigma and signpost services. But some of them started signposting people to services outside the Trust and the first I knew was when I got invoiced.

Ambulance staff member, North West

Finally, there was evidence that Champions' line managers were not always fully on board. There could sometimes be a mismatch between the initiatives that Champions themselves wished to run within their services, and what their line managers were prepared to endorse. Merseyside Blue Light Mental Health and Wellbeing Network cited an example of a Champion who found her activity curtailed

when she returned to her service from training. She had ideas for fundraising opportunities and mindfulness tables, but was told that she would not be able to pursue them.

Emergency services acknowledged that this was sometimes a tension, particularly when the desire to run extra activities conflicted with operational imperatives:

When people do innovative, creative things, you've got to manage that. You'd like to enable them to do more, but you struggle with that. Working with emergency services, the things that are suggested are sometimes difficult to practically run. We can't always apply things because you have to staff things operationally.

Fire and rescue staff member, Merseyside





Blue Light Programme training

The overall picture

Another key component of the Blue Light Mental Health Networks was the programme of training that was offered to participating emergency services. This varied between the pilot networks but generally comprised:

- mental health awareness training for all staff
- training for line managers
- a pilot of a resilience training intervention
- other courses offered on an ad hoc basis by individual local Minds.

In some areas, the range of training offered was particularly wide. For instance, in Cambridgeshire and Petersborough, the following training was delivered during the pilot year: resilience courses, Blue Light Managing Mental Health in the Emergency Services training, STOP suicide workshops, Peer Support Champion training, Speaking Up, Speaking Out workshops and bite-sized hour long briefing sessions on a range of mental health and wellbeing topics.

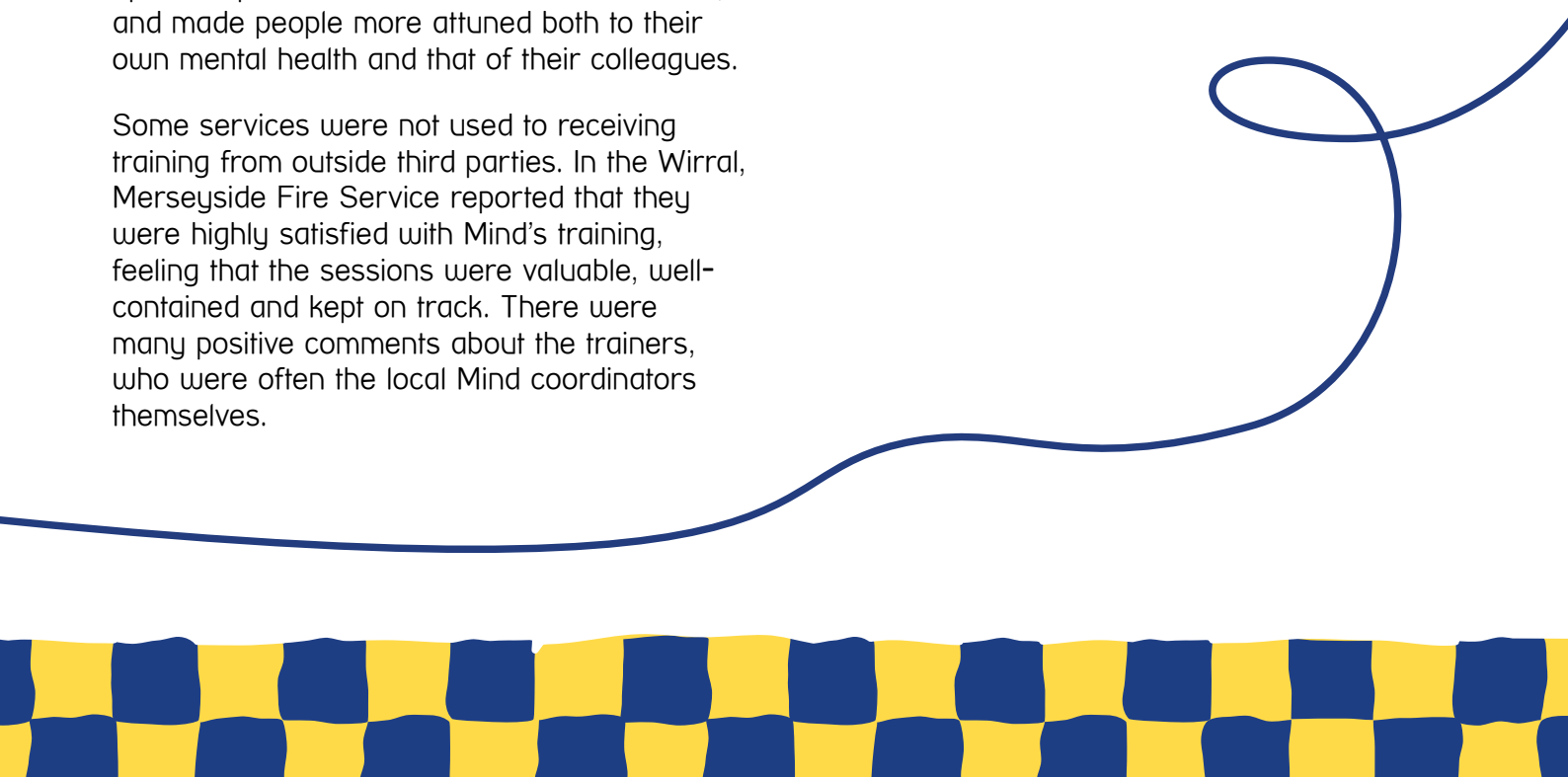
Feedback overall was very positive. Comments from participants, and those relayed through Blue Light Programme leads within the services, reflected that those taking the training generally found it beneficial, participative, that it opened up discussion of mental health issues, and made people more attuned both to their own mental health and that of their colleagues.

Some services were not used to receiving training from outside third parties. In the Wirral, Merseyside Fire Service reported that they were highly satisfied with Mind's training, feeling that the sessions were valuable, well-contained and kept on track. There were many positive comments about the trainers, who were often the local Mind coordinators themselves.

I'd like to think that all the trainers Mind was working with would have that compassion and empathy to what they do. She talked to us about what we needed, what would help us. It was our training, she made it all about us. No one was ever told that their comments weren't appropriate, were invalid. There was a huge take-up – people confronted some of their inner demons but have now been empowered by getting it off their chest.

**Search and rescue staff member,
Cambridgeshire**

As a result of the training received in the context of the Blue Light Mental Health Networks pilot, there is now an aspiration in some areas to incorporate mental health training into the basic training that all service recruits receive – in some cases, this took in mental health awareness, stop-suicide or personal boundaries. There is a growing awareness that such training is an essential part of ongoing culture change.



Challenges with training

Despite this very positive overall picture, there were some challenges with the delivery of training in general:

- ❖ In London, the London Fire Brigade were unable to accept any training sessions due to having signed a 25-year exclusive contract with another organisation. 'Awareness sessions' were run instead.
- ❖ Also in London, sessions with the London Ambulance Service were particularly challenging because many participants wouldn't attend the session due to work pressure or attending incidents.
- ❖ It was sometimes difficult to engage different audiences within the same training. Those who would not recommend the course sometimes indicated that they needed training that was better tailored to their particular situation.
- ❖ There was some danger of the training 'preaching to the converted'. In London, the local Minds found that outreach at the borough level was needed to ensure that the training was not only delivered to those who were already engaged, or who had an established interest in mental health.
- ❖ There were some concerns expressed about disclosure and confidentiality during the training sessions. This highlighted the pervasive scepticism that remained about the potential consequences of disclosing mental health problems.
- ❖ Some services were critical of Mind for being unwilling to share the slides from the training sessions. They felt this showed a lack of trust, and limited the usefulness of the sessions.
- ❖ In the Wirral, it was noted that longer-serving personnel were less open to recognising their own need for training as they had 'managed' throughout their career.





Training for line managers

As part of the Blue Light Programme suite of training, emergency services were offered training for their line managers – a course that evolved into the Managing Mental Health in the Emergency Services (MMHES) course. This was delivered to emergency services across all four pilot networks. It was a particular focus in London, where services felt it offered a potentially better return on investment than other communications tools.

The Managing Mental Health in the Emergency Services course was very well received. The view was, everyone needs to have this training. They felt that it was a more effective use of money than other communications tools – equipping the line managers with practical knowledge.

London Blue Light Mental Health and Wellbeing Network

There was in some cases a very high level of interest. The Metropolitan Police committed to rolling out MMHES training to all London boroughs and five strategic commands. A total of 28 sergeants, inspectors and

equivalent police staff grades were trained, with very good feedback received. Service leads within the Met commented that the training was ‘massively needed and wanted’. Managers, they said, were aware of the issues and clearly saw the potential benefits of being trained. They were keen to support their staff, but were not clear how to do so, and the training was a great help.

In several areas, Blue Light Champions were active in supporting the setting-up of training courses. It was integrated in some areas with the new Wellness Action Plans, which resulted in 700 line managers in the North East Network receiving MMHES training.

Where formal evaluations were conducted, feedback was very positive. In Cambridgeshire, 91% of MMHES participants said they felt more confident in tackling the causes of mental health-related problems, and 94% that they understood what steps they could take to promote mental health and wellbeing at their workplace. The experience prompted a positive comment from the Peterborough and Cambridgeshire Deputy Chief Constable on the course’s value for all supervisors.



There were a number of challenges specific to MMHES, and some potential solutions identified:

- Negativity from participants.** In the early days of the pilot, local Mind coordinators in Cambridgeshire reported a mixed response from participants. Attendance at the training had been mandated, and some individuals did not appear to want to be present. There was evidence of mistrust, with some asking to see the trainer's notes and concern that information might be passed to supervisors. Some were negative in their overall outlook, and were reluctant to believe that emergency services might change. However, over time, trainers said that they felt better able to understand the pressures that staff were under, manage their expectations and challenge negativity. This was combined with more comprehensive communications ahead of time, setting out the objectives of the session.
- Questions about internal process.** The sessions in London provoked recurring questions from staff about the level of support available to line managers on mental health issues, which trainers were not always able to answer. It was identified that more resources for trainers were needed, and more information on policy and process. A suggestion was that, in future, the training should be delivered in pairs, with one trainer being employed by the service in question.
- Concern about the potential reach of the training.** This was partly in terms of overall numbers trained. Met Police service leads pointed out that their organisation contained many thousands of supervisors, and that this was only scratching the surface.

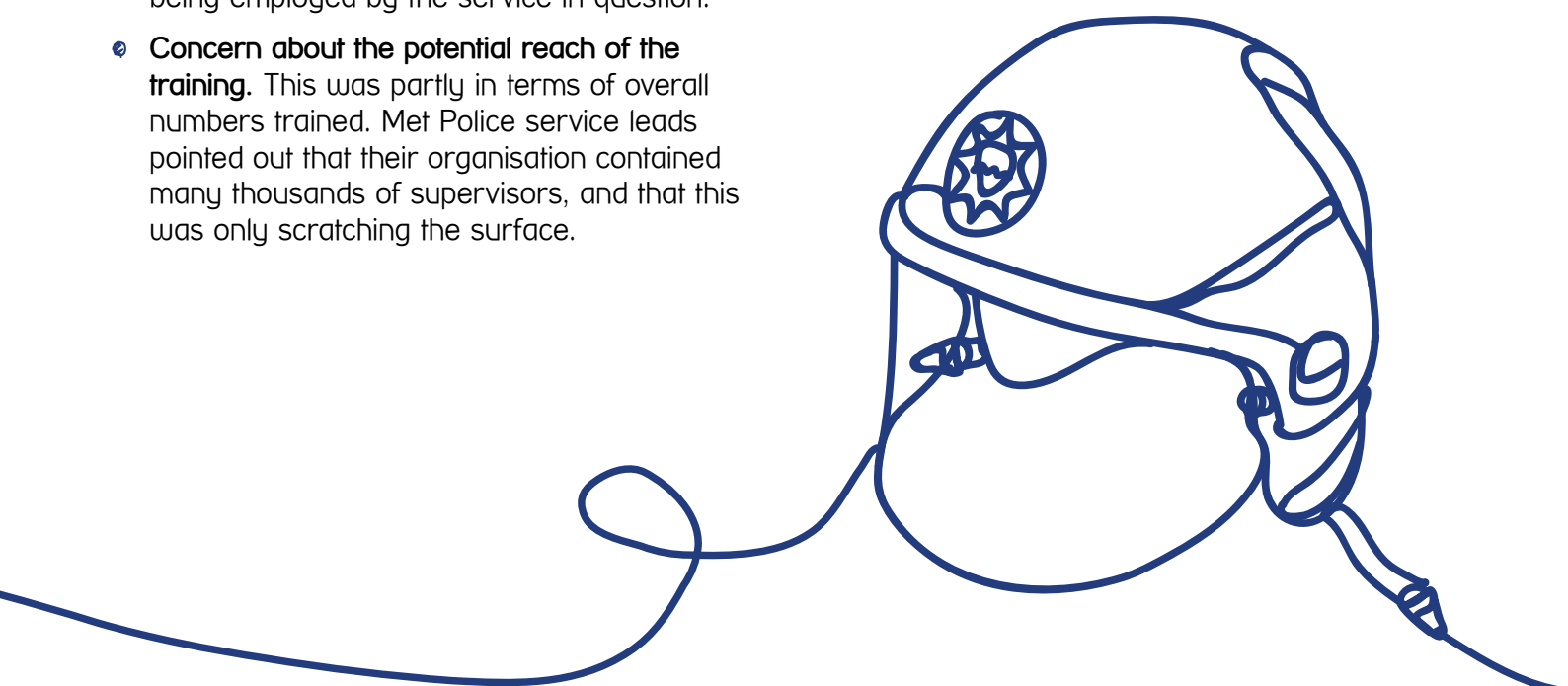
It was seen as critical to get senior managers to buy into it and look more systematically at how its managers are trained across the service. But in addition, police services in particular pointed out that the training was reaching only those who were like-minded on the issue of mental health, and potentially not reaching those who were more sceptical. Making the training compulsory, despite the challenges, was seen as essential.

There will be people who need more coaxing towards having a healthier perspective on how they manage their staff, how they communicate. That's my next big challenge.

Police staff member, Cambridgeshire and Peterborough

I know what managers in the police are like – you have to have it thrust upon them. In London, for territorial or uniform policing, you have to go into each borough. If you do the training there, you will capture your audience. If you say to managers, if you want to come, volunteer, people wouldn't do it – it would distract from the day job.

Police staff member, London



Resilience training

The resilience training appears to have been the least successful aspect of the Blue Light Programme training during the pilot period. Where the course ran however, it did generate some positive feedback. For instance, in London, it reached 128 participants from the Met Police over three sessions. Services commented that participants felt the training had successfully addressed different learning styles, and that the peer support aspect of the course in particular was very helpful³.

However, the course was hampered by some significant logistical problems:

- The delays in finalising the design of the course meant that in some areas (notably the Wirral) it was not able to run as planned because of inadequate lead-in time.
- There was confusion and dissatisfaction among staff about what the course involved. Some staff were unaware that, as the training was a pilot, they would not necessarily receive the face-to-face component. Only doing the online training was unappealing to many. The fact of the training being a pilot was also a disincentive for some services to run it – Durham Constabulary being one.
- The training was initially only offered to those who did not have a mental health problem, leading in some cases to low take-up (for example in the Metropolitan Police). Service leads suggested that it would be more appealing to those who knew they had a latent problem that might develop.
- The scheduling of the sessions was problematic. Many emergency service staff found it difficult to commit to attending four weekly sessions given their shift patterns. Additionally, the sessions ran during working hours, meaning that anyone wanting to attend would have to make a disclosure to their line manager – a disincentive for some. Some services commented that a course that ran for two or three days in a row would have been preferable to one that ran every Friday afternoon for six weeks.

Over a long period, every Friday afternoon – it's the beginning of the weekend, the busiest time for an emergency service.

Fire and rescue staff member, Merseyside

³ The resilience course is being separately evaluated, with findings being shared in late 2017.



Credit: Gwasanaeth Tân ac AChub De Cymru / South Wales Fire and Rescue Service

Speaking Up, Speaking Out Champions' training

Speaking Up, Speaking Out, a workshop designed specifically to equip and empower Blue Light Champions, was delivered across all four pilot networks. It was felt to be very successful and encouraged Champions to open up in a safe and planned way. Services reported positive feedback from many of the Champions, particularly the more active ones. In several cases, Champions used the session to share their own lived experience of mental health problems.

Networks reported testimony from emergency services staff and volunteers that colleagues were actively challenging stigma in their workplace as a result of their participation in the course – for instance, in conversations with their colleagues.

Some service leads also commented that the Speaking Up, Speaking Out training was useful in teaching Champions about personal boundaries, and what they could do if a problem they encountered in discussion with a colleague was outside their remit.

It really gives people confidence, upskills them, encourages them, shows them there's nothing to be scared of. They get an information sheet so they know the local organisations [that can provide support on mental health].

Cambridgeshire and Peterborough Blue Light Mental Health and Wellbeing Network



Mental health awareness training

Broader mental health awareness sessions were also run for all staff in some networks, and tailored by local Minds to best meet the needs of the local services. In the North East, they covered the issue of stress in some detail with a view to increasing people's capacity for self-care and also alerted staff to the Blue Light North East Network app that had been developed. While in Cambridgeshire and Peterborough, the awareness training also took in not only stress but depression and psychosis, as well as stop-suicide training.

Feedback suggested that it managed to get people talking and focusing on their lived experience, raising the profile of mental health and making people more sensitive towards it.

Today, a lot more people are aware of the problems, and what exists. People think about what to say before they crack a joke about someone not being right in the head.

Fire and rescue staff member, Northumberland

The awareness training was also felt to cement the role of the Blue Light Champion within services. In some areas it led to some high-profile Champion activity. In the North East, for example, four Champions went on local TV to talk about their experiences, in a culture where this might have been considered 'weak' a decade ago.

In Cambridgeshire and Peterborough, the cross-service nature of the training was felt to be particularly important. Local Minds commented that this helped avoid the sessions descending into the internal politics of the participating organisations – for instance, on sickness procedures.

Participants praised the informal and collaborative ethos that the training encouraged, with people 'leaving their rank at the door'. Anecdotal evidence suggested that it was already having a positive effect, with some service leads citing instances where participants had been prompted by the sessions to go to their GP with an emerging mental health problem.

As with other elements of the training, it was less well received in the ambulance service. One ambulance service mentioned that there had been interest from across the organisation, but that staff were either unable to travel to attend the training, or unwilling to give up a rest day to do so.





Communications and awareness-raising

A key objective of the Blue Light Mental Health Networks pilot was to raise the profile of mental health within the emergency services and spread awareness among staff and volunteers.

Blue Light Champions were clearly a major channel by which this awareness-raising took place. However, in addition to the Champions activity, all participating networks put in place a programme of dedicated communications activities to raise the profile of the Blue Light Programme and its aims, both targeting the services themselves and the outside world.

Digital media

Digital media was used extensively:

- In London, Twitter was used broadly to raise mental health awareness. The network took advantage of services' active social media networks and created podcasts to share information.
- In the Wirral, a joint video to promote positive mental health was funded by the Blue Light Programme and produced by the services. This was then released on YouTube, shared extensively across other social media platforms, and generated significant engagement:

We decided we wanted our own awareness film with people talking about mental health. If you want to promote people talking about mental health, it's most effective to have your own staff talking about it [in the film]. Other services were in agreement. With our people on camera, people want to talk to them now. Lots of people are approaching the Champions in the film, asking them for counselling and support.

Fire and rescue staff member, Merseyside

Additionally, the intranet portal page for Merseyside Fire Service hosted a mental health-related message of the day.

- In Tyneside, a bespoke app was developed for blue light staff and volunteers to help them access mental health information digitally. This has been downloaded 414 times and has had some positive feedback. Champions were also encouraged to use Twitter to keep the network informed of their activity.
- In Cambridgeshire and Peterborough, Cambridgeshire Fire and Rescue Service produced a film for Time to Talk Day that was featured on all social media platforms. Within Cambridgeshire Constabulary, the Chief Constable addressed the force about mental health over the intranet, stressing the importance of looking after one's mental health, taking breaks and building resilience.



Physical media and other collateral

Physical media and other materials were also developed for use at workplaces, and to help Champions in their role:

- ❶ **In London**, Blue Light Programme information booklets were distributed widely across services after each MMHES course to line managers. Posters, pens, contact cards and Champion activity guides were also developed.
- ❷ **In the Wirral**, the network developed posters, flyers as well as booklets to support the anti-stigma campaign and to promote peer support groups. The Blue Light Infoline was promoted using Mind-produced materials, regular articles were written for Merseyside Fire Service's Hot News magazine and local service information booklets were also developed.
- ❸ **In Tyneside**, a monthly newsletter was sent out to Champions to keep them updated locally.
- ❹ **In Cambridgeshire and Peterborough**, a local Mind produced a Champions' phone directory to help Champions find each other, as well as posters to promote recruitment of Champions that were specific to Cambridgeshire Constabulary and Cambridgeshire Fire and Rescue Service.

A potential issue of customisation was flagged by Cambridgeshire Search and Rescue. They observed that promotional materials heavily focused on mountain rescue, rather than lowland rescue services. They felt that changing the imagery where appropriate would drastically improve engagement of lowland rescue services with the Blue Light Programme.

Events

Finally, events were set up to promote the Blue Light Programme, which were often covered by traditional media:

- ❶ **In London**, a Time to Talk Day was held. This was a collaboration between the London Ambulance Service and Heads Together. It was attended by HRH Prince Harry, and featured on national news.
- ❷ **In the Wirral**, It's Good To Talk promotional events were arranged, as well as a football tournament.
- ❸ **In Tyneside**, there were network launch events by various services. A PR company was engaged to help generate coverage, resulting in eight regional TV news items.
- ❹ **In Cambridgeshire and Peterborough**, there was drop-in activity at services and a pledge board event for World Mental Health Day, where staff were taken around by Champions to place stickers on items they would commit to doing in order to improve wellbeing. Cambridgeshire Fire and Rescue Service held a successful dog walk around their headquarters.



Sustainability

A key measure of success of the Blue Light Mental Health Networks – and one that has been at the forefront of the thinking of all involved in the initiative since its outset – has been the issue of sustainability.

To what degree is the Blue Light Mental Health Networks pilot model scalable?
Can it be rolled out across the country?
Can it be maintained over time, even in the absence of dedicated (national) Mind staff to coordinate it and the government LIBOR funding that has supported the pilot?

For the most part, both local Mind coordinators and emergency service Blue Light Programme leads are cautiously optimistic that the initiative can be sustained over the years to come.

Reasons to be hopeful

In some of the pilot areas, Mind coordinators felt that the significant numbers of people engaged over the course of the pilot year would ensure that it continued.

Blue Light Champions are the prime examples of this, and initiatives are underway in a number of areas to help them be effective.

- ❖ **In London**, a mapping exercise of Champions across the city has been undertaken, and services are looking at setting up email groups to allow them to interact.
- ❖ **In Cambridgeshire and Peterborough**, the local Mind reported in the last quarter of the pilot year that Champions were volunteering to take on specific roles and initiatives.
- ❖ **In Northumbria**, they are optimistic that their 80 Champions will ensure sustainability for some time, and that if they are able to secure Train the Trainer courses they could become self-sufficient.

In London, the coordinating local Minds were similarly upbeat:

With the handover of Champions, we're confident that it will continue. It's a great thing for the services – they need to put very little into it, they have people supporting mental health, it's great PR. The Champions are very passionate about running with it.

London Blue Light Mental Health and Wellbeing Network



But service leads also felt that the profile generated by the pilot year had influenced the workforce in general, and not only the Blue Light Champions. In the North West, they commented that Mind funding has got people involved, with initiatives like the Wirral and Merseyside joint video then creating more engagement. They noted that additional funding channelled through Mind after the Grenfell fire is now helping to maintain the momentum.

The funding has been really important with Mind – we tried to create a [mental health] film before the network, but it was too much money. It was really important that Mind came with us with that funding, otherwise we wouldn't have been able to do that kind of thing. But if Mind don't put any more money in this now, it will [still] get done.

Fire and rescue staff member, Merseyside

If Mind do their job correctly, over x amount of years they do themselves out of a job. If people are happier to present, more open to talking... it's got its own momentum.

Fire and rescue staff member, London

External factors were also thought to be potentially significant in supporting sustainability. There was a sense that the high profile of mental health in the media was causing the government and the public at large to start to pay attention to mental health within the emergency services in a way that they had not before. Some services observed that Mind's professionalism, independence and funding had got things moving quicker than might otherwise have been the case, but the trend was happening anyway.

The Blue Light Programme has allowed us to take these steps forward. Without it we would have got there, but it brought independence. The backing of Mind makes it easier to get buy-in from those in authority. It makes it easier to get the message across.

Fire and rescue staff member, London

Service leads also pointed out that external bodies were starting to hold them to account on the issue, which was likely to mean that the money and resources needed to sustain the effort around mental health would have to be found.

The HM Inspector of Constabulary are now holding forces to account around internal wellbeing – that's a significant step forward. So not only does a force have a duty to look after staff, they will be held to account for it.

Police staff member, Cambridgeshire

It was also clear that at least in some regions, network meetings would continue at some level. In the Wirral, they are to be turned into conference days every six to 12 months, initially to be hosted by Merseyside Fire and Rescue. In Cambridgeshire, they will move from monthly to quarterly working group meetings, with the local Mind continuing to chair, but not to follow up on actions as before. However, some said they felt the network meetings had already served their purpose, by acting as a spur to get people to take action at the individual service level.



Areas of concern

But if there is optimism that momentum has been generated and that mental health is now firmly on the radar screen as an issue, there is also anxiety among services about local Mind coordinators disengaging, and a realisation of the breadth of their involvement over the pilot year:

The challenge is sustainability. At the moment, Mind do the heavy lifting around admin, training. That's going to fall away – how do we sustain that? [The Mind coordinator] does a lot of the recruitment, she has an access pass, goes around the station and signs people up, registers them with national Mind, gives every Champion a certificate, a pin badge they can wear on their lanyard. She gives a lot of detail around national initiatives, she gives advice and guidance around resilience. She runs mental health training. How do we as a constabulary take that forward?

Police staff member, Cambridgeshire

Furthermore, while some services also questioned how much additional resource and funding was really needed, with computer systems already in place and staff providing Champion support in their spare time, others highlighted the cost of further training as a potentially significant barrier to progress in an organisation as large as the Met.

If the Met has to pay for courses, it will be a significant issue. They will be looking at numbers of staff and cutting back numbers of police officers, and that will limit their ability to buy courses.

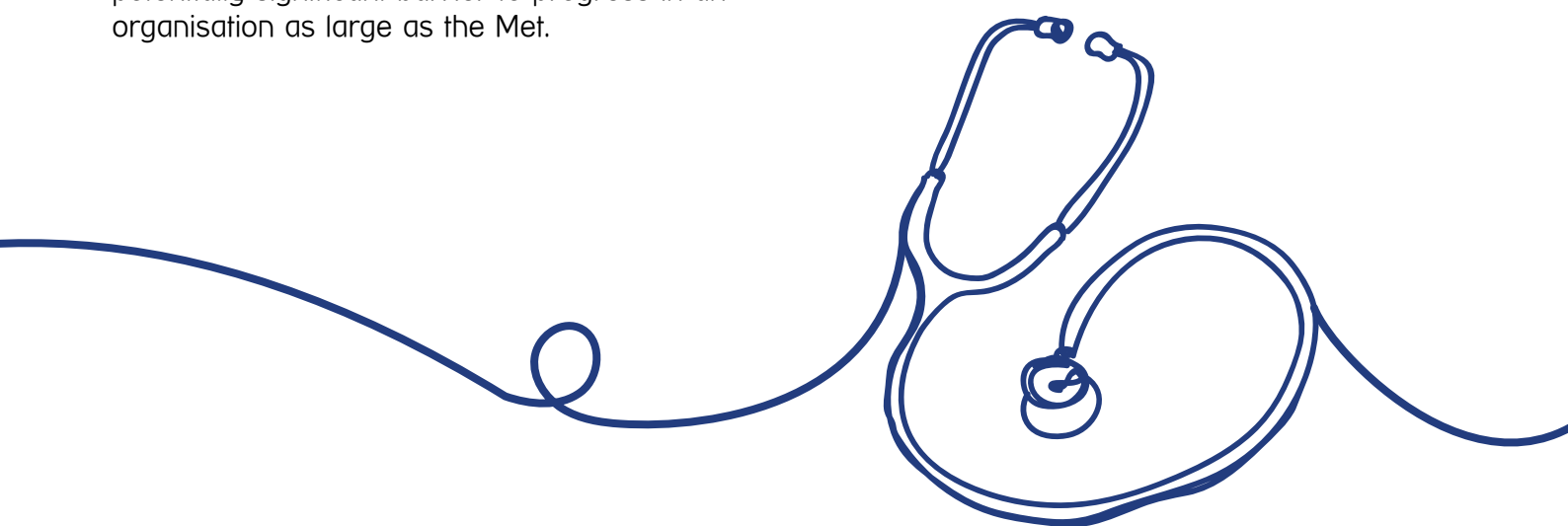
Police staff member, London

Concern over funding was not unique to London. In other regions, the budget to fund ongoing Blue Light Programme coordination had been lost to other priorities. For instance, in Tyneside, it had been diverted to funding emergency telephone call centre staff. But here, even though the pace of progress was expected to slow, service staff were confident it would continue:

The momentum has slowed, not stopped. But that's down to the funding ending. We're in a limbo period of 'where do we go next?'. People within the network need to drive and push it forward. What we've achieved in the 12 months has given us a really good foundation to do that. It might be at a slower pace.

Fire and rescue staff member, Northumberland

In all circumstances, however, securing a sustainable legacy will require significant senior buy-in – an essential dimension that is present in some, but not all, services across the Blue Light Mental Health Networks.





Credit: West Midlands Police



Evaluation

Given the significant amount of money and time invested in the Blue Light Mental Health Networks pilot and the seriousness of the mental health issue within emergency services, both local Minds and emergency services appreciated the importance of evaluating the initiative effectively. However, there was limited consistency in approach to evaluation between the areas, and limited sharing of knowledge.

Predominantly, impact evaluation has been through collecting statistics that log the reach of the project, and qualitative and anecdotal data. In their regular reporting, local Minds captured a wealth of case studies, collected informal feedback from training, noted the number of Champions recruited and individuals trained, and captured filmed footage to provide a compelling record of Blue Light Programme events and activities over the course of the year.

Some networks also collected quantitative data that showed evidence of impact. A Tyneside survey of emergency service staff members in the North East found that 63% reported rising workplace conversation on mental health. While only a minority of staff members in the region had used the services of the Blue Light North East Network, a large majority of them (75%) said they had found them useful.

However, several service leads acknowledged that the lack of clear outcome-focused indicators showing the impact of the Blue Light Mental Health Networks in key areas was a potential problem in persuading senior management to get behind it.

A common desire is for evidence that shows that mental health training impacts on levels of workplace absence due to sickness, and this is an area where a link is difficult to prove. Some pointed out that there is room for improvement in the way that absence data is captured, and that the reason people are off sick is not always correctly recorded.

We've yet to see a change in occupational health information to be able to say: for the amount of money we've spent we've saved it because we've had more working hours out of staff.

Police staff member, Northumbria

It is also challenging to capture the extent of culture change. The networks' evaluation in this area has chiefly focused on proxy measures – on indicators of attitudinal change among staff, evidence of developing systems and measures put in place to encourage disclosure. It is true that national Mind has previously commissioned robust independent evaluations of some of the courses in collaboration with the University of Oxford and the Institute of Employment Studies (for example, the resilience intervention and the managing mental health training). Nevertheless, in time, it may be necessary to find more concrete ways of capturing impact at a local level for one of the central aims of the Blue Light Programme.



Appendix

Blue Light Local Mental Health Networks – pilot year evaluation

Depth interviews with network partners

Discussion guide

1. Introduction and role of respondent (2 mins)

Brief thank you to respondent for giving their time, explanation of purpose of interview, permission to record, explanation of ability to make 'off the record' comments for background if respondent chooses.

Can you introduce yourself, tell us how you got involved in the Blue Light Programme and your role during the pilot year? Did your role change at all as the year progressed?

2. Operational context and design (5 mins)

What do you see as the main challenges facing staff and volunteers in your service? How important is mental health as an issue compared to these other issues? How would you describe the culture around mental health in this service?

Have you tried to measure or evaluate the scale of the issue? Has it got better or worse over time?

What was the first you heard of the Blue Light pilot? What was your initial reaction, and why?

What encouraged you (or colleagues) to agree to be part of the Blue Light Programme?

3. Prior expectations (5 mins)

What expectations did you have for the pilot year? Were those borne out?

And what did you expect to be the major challenges or risks for the pilot year? Were those borne out – and if not, why not? What steps did you put in place to mitigate these anticipated challenges?

4. Top-of-mind views of impacts, successes and challenges (10 mins)

Overall, how successful has the pilot year been, in your view? What makes you say that?

What benefits or positive impacts have you seen internally from being part of the Blue Light network? **Do not prompt**

And what about the main challenges or disappointments? **Do not prompt**

A key objective of the Blue Light Programme is to start to change the culture around mental health in the emergency services. Have you seen any evidence of culture change during the course of this year? What are the main challenges in achieving that kind of culture change?

5. Key areas of success – prompted (5 mins)

In the evaluation reports submitted by the pilot regions so far, some key areas of success have emerged. Have you seen any evidence of each of the following in your service? Can you tell us a little more about each of these?

1. Increased profile for mental health issues within the services
2. Better cross-service working and joint initiatives
3. Better support structures for staff within the services

What more can be done in your service to embed the progress made within each of these areas?



6. Interaction with Mind (5 mins)

How successful has your interaction been with your local Mind? How would you describe the relationship with your key contacts there?

And what about the relationship with Mind nationally? Was there ever any confusion between the two? Can you tell me about that?

Is there anything your local Mind could have done to support you better or to ensure a more successful collaboration?

7. Blue Light Champions (5 mins)

How successful was the idea of creating Blue Light Champions for mental health within this service? Why or why not?

What evidence did you see of the impact that Blue Light Champions were able to have? Are there any other ways in which you think Champions can play an important role going forward?

What obstacles were there to the success of the Champions initiative? What could be done or what was done to try and overcome these?

What else do you think can be done to ensure the Champion model is successful as the project rolls out?

8. Training (5 mins)

How successful was the training programme that was delivered to blue light staff as part of the pilot year? Which elements were most and least successful, and why? Overall, would you say that the training given was high quality, tailored, impactful?

Thinking about the different training offered, are there any specific issues that emerged?:

- Resilience training
- Line manager (MMHES) training
- Other training offered by local Mind

If you could make one or two changes to the training model ahead of the national rollout of the Blue Light Programme, what would they be?

9. Awareness-raising (3 mins)

How successfully did you manage to raise awareness of mental health issues through the Blue Light pilot in your region? What were the most effective ways of doing this?

10. Collaboration with other services (5 mins)

How effective would you say the collaboration was with other blue light services in this region? Why do you say that?

To what extent do you think collaboration with other services on mental health will continue after the pilot year? And what about on other issues? Why do you say that?

What could have been done to ensure better collaboration between services?

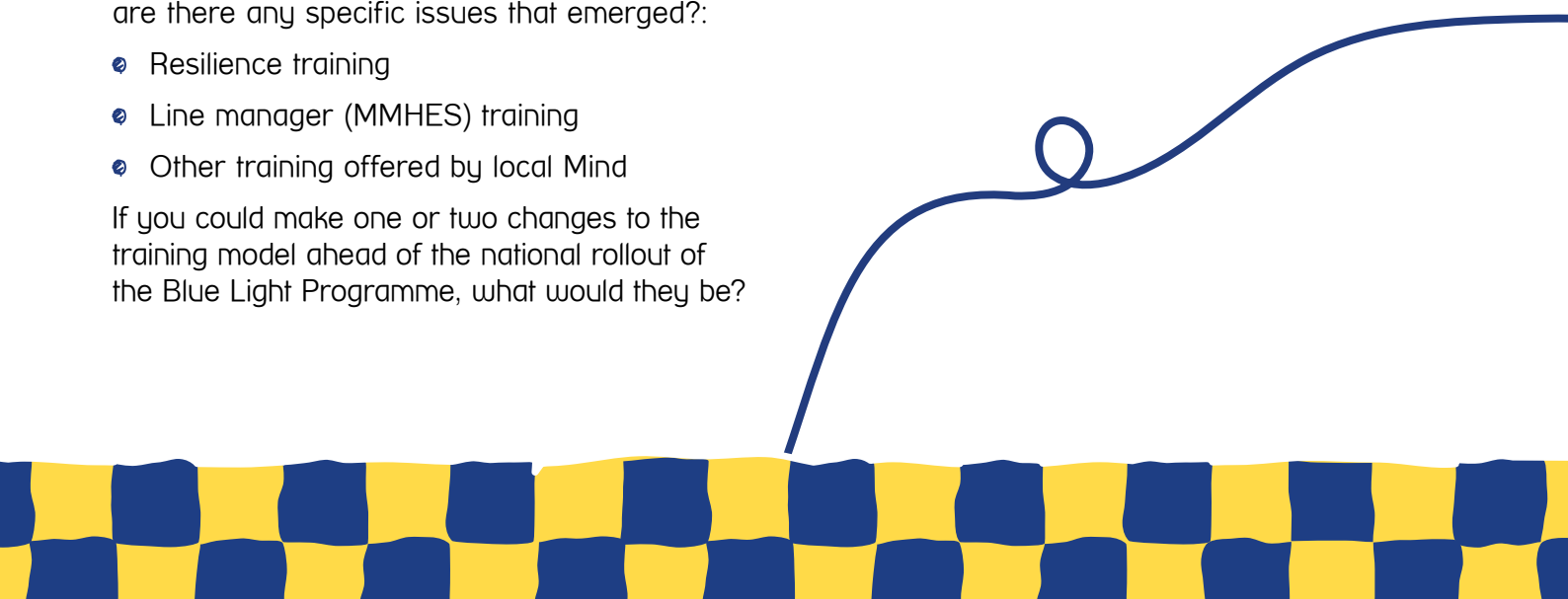
11. Sustainability and lessons learned (5 mins)

How sustainable do you think the Blue Light Programme is in your service? Why do you say that?

What one thing do you think Mind at the (a) national and (b) local level can do to help ensure the sustainability of the Blue Light Programme in the months and years to come as the project rolls out across the country?

Overall, what is the one lesson that Mind needs to learn from your experience with the pilot year of the Blue Light Programme?

Thank and close



Blue Light Local Mental Health Networks – pilot year evaluation

Depth interviews with local Minds

Discussion guide

1. Introduction and role of respondent (2 mins)

Brief thank you to respondent for giving their time, explanation of purpose of interview, permission to record, explanation of ability to make 'off the record' comments for background if respondent chooses.

Can you introduce yourself, tell us how you got involved in the Blue Light Programme and your role during the pilot year? Did your role change at all as the year progressed?

2. Operational context and design (5 mins)

What do you see as the main challenges facing blue light staff in your region? Do they differ in any way from the situation nationally? What evidence about the operational context for mental health in the blue light services did you collect before the start of the pilot?

What encouraged you (or colleagues) to put forward your region for the pilot of the Blue Light Programme? What were the main features of the design of your approach, and what informed that?

3. Prior expectations (5 mins)

What expectations did you have for the pilot year? Were those borne out?

And what did you expect to be the major challenges or risks for the pilot year? Were those borne out – and if not, why not? What steps did you put in place to mitigate these anticipated challenges?

4. Top-of-mind views of successes and challenges (5 mins)

Overall, how successful has the pilot year been, in your view? What makes you say that? What do you regard as the two or three major achievements in this region you'll remember in five years' time? **Do not prompt**

And what do you regard as the two or three major challenges or obstacles to success in this region you'll remember in five years' time? **Do not prompt**

5. Key areas of success – prompted (5 mins)

In the evaluation reports submitted by the pilot regions so far, some key areas of success have emerged. Would you agree that these are the most important areas of success? Can you tell us a little more about each of these in your area?

1. Increased profile for mental health issues within the services
2. Better cross-service working and joint initiatives
3. Better support structures for staff within the services

What more can be done in your region to embed the progress made within each of these areas?



6. Key areas of challenge – prompted (5 mins)

In the evaluation reports submitted by the pilot regions so far, some key areas of challenge have emerged. Would you agree that these are the key areas of challenge? Can you tell us a little more about each of these in your area?

1. Difficulty in making and retaining engagement within the services
2. Internal changes within services causing delays
3. Difficulty of engaging volunteer-led services
4. Difficulties in securing the engagement of senior staff within the services

What can be done to mitigate these problems as the project rolls out? Are there any lessons that other projects can learn from the way you approached these challenges?

7. Blue Light Champions (5 mins)

How successful was the idea of establishing Blue Light Champions within the various services?

What evidence did you see of the impact that Blue Light Champions were able to have within the various services? Are there any other ways in which you think Champions can play an important role?

What obstacles were there to the success of the Champions initiative? What could be done or what was done to try and overcome these?

What else do you think can be done to ensure the Champion model is successful as the project rolls out?

8. Training (5 mins)

How successful was the training programme that was delivered to blue light staff as part of the pilot year? Which elements were most and least successful, and why?

Thinking about the different training offered, are there any specific issues that emerged?:

- Resilience training
- Line manager (MMHES) training
- [...]

If you could make one or two changes to the training model ahead of the national rollout of the Blue Light Programme, what would they be?

9. Awareness-raising (3 mins)

How successfully did you manage to raise awareness of mental health issues through the Blue Light pilot in your region? What were the most effective ways of doing this?

10. Governance and oversight (3 mins)

Can you briefly describe the governance and oversight mechanisms for the Blue Light pilot in your region?

Overall, how effective were the following?:

- Collaboration with the local services
- Collaboration with national Mind

Why do you say that? How could they have been improved?

11. Evaluation (3 mins)

What informed the approach you took to evaluation of the pilot in this region?

How easy or difficult did you find it to evaluate the success of the pilot against the desired outcomes you identified? Are there any lessons to be learned here?

12. Sustainability and lessons learned (5 mins)

What were the main steps you took to make the project sustainable?

How confident are you that the Blue Light Programme will continue in your region? Why do you say that?

What one thing do you think Mind at the (a) national and (b) local level can do to help ensure the sustainability of the Blue Light Programme in the months and years to come?

Overall, what is the one lesson that Mind needs to learn from your experience with the pilot year of the Blue Light Programme?

Thank and close



We're Mind, the mental health charity.
We won't give up until everyone
experiencing a mental health problem
gets both support and respect.

Get involved

Contact us at bluelight@mind.org.uk
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