Behind the Mask

How the coronavirus pandemic impacted the
mental health of emergency responders

Led by

mind
for better mental health

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Contents

Foreword

Our emergency service workers do an incredible job of helping people through some of the worst moments of their lives. Ambulance, fire and police staff are exposed to traumatic, dangerous situations every day and it's their job to save as many lives as possible and keep us all safe. Unsurprisingly, this can take a toll on their mental health.

In 2015, Mind launched the Blue Light Programme with the knowledge that nine out of ten emergency responder staff and volunteers had experienced stress, low mood or poor mental health at some point in their career.

Six years later, and the emergency services have found themselves at the epicentre of the pandemic. This is an unprecedented situation that continues to place increased pressure on the mental health of our emergency responders. Some have developed new mental health problems, whilst those with existing mental health problems may have seen their symptoms worsen. That's why now is the right time for our Blue Light Programme to return

As an initial response to the pandemic, Mind rapidly expanded our mental health support during the first lockdown for all key workers, including emergency responders, through a campaign called Our Frontline. Alongside a coalition of mental health charities, we continue to provide vital round-the-clock support and online resources.

We know that the effects of the pandemic will be long lasting. The unique experiences of the emergency services community need to be heard so that the best support can be provided during this uncertain time. Mind has carried out research on the impact of the pandemic, the challenges emergency responders are facing, the coping strategies they are using, and the support they need from us.

We recognise that work has already begun by organisations and charities across the emergency services to address some of the issues highlighted in this report. We also understand that emergency services are being stretched to new limits. With this in mind, it is vital that we work in partnership with the emergency services community in order to make real change together. That's why we are working closely with our funder, the Royal Foundation, and our charity partners (Police Care UK, Ambulance Staff Charity and Fire Fighters Charity) to help bring tailored mental health support and information to the emergency services via our Blue Light Programme.

Thank you all for your continued support throughout the pandemic and beyond.

You can find out more about the Blue Light Programme at mind.org.uk/BlueLight

Paul Farmer
Chief Executive

A note on terminology

A number of terms are often used to describe people working or volunteering across the emergency services, many of which are felt to be exclusionary. Research by Kings College London and the Open University[1] has suggested the term 'emergency responders' to be most beneficial and inclusive when discussing mental health and wellbeing. It is used expansively throughout this report to refer to anyone working or volunteering within the emergency services, whether as first responders, operational staff, support staff, call operators or any other type of personnel across the 'blue light' services.

In this report, we define 'frontline' staff and volunteers as those who told us that they have contact with the public 'every' or 'most' days in their role.

[1] Kings College London & The Open University (2020): Assessing the mental health and wellbeing of the Emergency Responder community in the UK. Available at: https://kcmhr.org/erreport2020-mentalhealth-wellbeing/

Introduction

Short-term people can step up, push their chest out and we get on with it to serve the public, but there's only so much you can keep going. Your adrenaline runs out, doesn't it? The adrenaline runs out and the exhaustion sets in and I think that's where we are now, we're at exhaustion stage.

Interview Participant, Ambulance Service

Mind launched the Blue Light Programme in 2015 to provide mental health support to emergency services staff and volunteers across England and Wales. Between 2015 and 2019 we:

• **Supported over 100 blue light employers to demonstrate their commitment to better mental health by signing the Blue Light Time to Change pledge**

• **Trained nearly 9,000 line managers in how to better support their direct reports**

• **Encouraged nearly 3,000 passionate Blue Light Champions to speak out about mental health, helping to change the way it's seen within emergency services.**

• **Provided tailored information and support to build resilience, embed wellbeing in training for new recruits and respond to the specific needs of call handlers.**

In 2019, our end of programme survey showed signs of positive change in the culture around mental health and wellbeing. The quality and availability of support available for the mental health of Blue Light personnel was also increasing.

However, in 2020, the coronavirus pandemic struck the UK. We know that the pandemic has placed emergency services professionals in an unprecedented situation, and this has increased the pressure on their mental health.

Funded by The Royal Foundation of The Duke and Duchess of Cambridge's COVID-19 Response Fund, the Blue Light Programme is now developing tailored support for the mental health of ambulance, police and fire service staff and volunteers in the wake of the pandemic.

To help us to offer the most effective support, we carried out a survey and qualitative research with nearly 4,000 emergency services staff and volunteers across England and Wales. This research aimed to understand their experiences during the pandemic, the challenges they have been experiencing, the coping strategies that they are using and the support that they would like to receive. We also conducted in-depth interviews with emergency responders from BAME (Black, Asian and Minority Ethnic) communities who we know have been disproportionately affected by the coronavirus pandemic and other recent events (such as Black Lives Matter protests) and are typically underrepresented in research. This will help us to develop support that is relevant and accessible to all.

This summary report presents the key findings from our survey of 3,812 people working or volunteering in the police, fire and ambulance services and 37 interviews with staff, volunteers and stakeholders. This includes 148 survey responses (5%) and 10 interviews with members of the emergency services workforce from BAME (Black, Asian and Minority Ethnic) communities. The survey was live from December 2020 to January 2021 and interviews conducted from January to March 2021. Therefore, the results provide a snapshot of people's experiences during a changing period of coronavirus restrictions in England and Wales.

We would like to thank everyone who took the time to share their thoughts and experiences with us to inform this research.

Key Findings

The coronavirus pandemic has had a profound impact on the mental health of those working and volunteering across the emergency services. 69% of emergency responders said their mental health had got worse since the start of the pandemic and a quarter described their current mental health as 'poor' or 'very poor'.

69%
of emergency responders said their mental health had got worse since the start of the pandemic

The mental health of staff and volunteers from the ambulance service, as well as those from all three services who have frequent contact with the public, appears to have been impacted most negatively by the pandemic.

There are positive signs that the culture around mental health is changing amongst emergency responders, and more people have felt able to talk openly about their mental health over the last year. However, only 35% of respondents think that their organisation has prioritised mental health and wellbeing during the pandemic. There is a perception that divisions between senior staff and those working on the frontline have been exacerbated as a result.

35%
of respondents think that their organisation has prioritised mental health and wellbeing during the pandemic

Despite high levels of poor mental health, there are still barriers to emergency responders accessing support. These include fears around confidentiality, worries about the impact on their career, and self-stigma. A third of survey respondents told us that they didn't seek support because they did not think their issue was serious enough.

Emergency responders from BAME (Black, Asian and Minority Ethnic) communities who took our survey were less likely than White respondents to say that their mental health had got worse during the pandemic. However, staff and volunteers from ethnic minority communities have experienced unique stressors over the past year which need to be responded to by support services.

There is a widespread concern amongst emergency responders and stakeholders about the longer-term impact of the pandemic on the mental health of the Blue Light workforce. There are particular concerns about burnout and increased rates of PTSD.

Those with prior involvement in the Blue Light programme were more likely be positive about their organisation's efforts to support mental health. 70% said that their organisation has encouraged staff to talk about mental health openly during the pandemic, compared to just half of those with no previous involvement in the programme.

There is a demand for tailored, preventative support and advice that enables people to feel empowered to seek help before they become unwell.

Participant Demographics

Survey

- 3,812 people working or volunteering in the police, ambulance or fire service completed our survey.

- Most survey respondents (61%) were from the police service. 26% were from the ambulance service and 13% were from the fire service.

- The majority of survey respondents (97%) were paid staff. 3% were volunteers.

Which emergency service are you a member of?

⬛ Ambulance Service	26%
⬛ Police Service	61%
⬛ Fire Service	13%
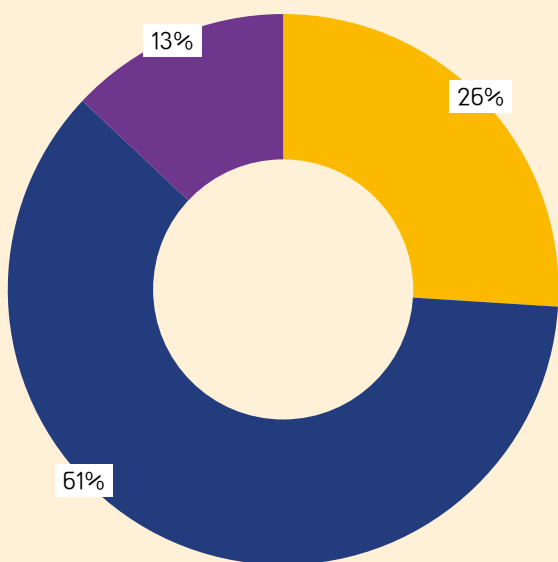
- 24% of overall respondents had line management responsibilities.
  - 48% of respondents from the fire service were line managers

- A third of respondents (33%) had worked or volunteered for the emergency services for 11-20 years.
  - 27% had been in the services for 1-5 years
  - 22% had over 20 years' service
  - 12% had 6-10 years' experience
  - 5% had joined the emergency services less than year ago.

- Respondents from the ambulance service were more likely to be having frequent contact with the public in their roles. 63% of ambulance service respondents said they had contact with the public every day, compared to 41% of police and 26% of fire service respondents.

- 57% of respondents were female, 41% were male, and 2% preferred not to answer

- The majority of respondents (91%) were White. 5% were from Black, Asian or mixed race backgrounds. Whilst this is broadly representative of the makeup of the emergency services, the small sample of BAME respondents (148) makes it difficult to draw confident conclusions from the data.

- 84% of respondents identified as heterosexual, 6% as gay/lesbian and 4% as bisexual.

- 22% reported having a long term health problem or learning difference.

- 35% of respondents had some prior involvement with the Blue Light Programme.

- Two thirds (66%) of respondents have personal experience of mental health problems.
  - This was highest in the ambulance service, where 70% of respondents said they had personal experience of mental health problems.

Credit: South Wales Fire Service

• 10% of survey respondents had tested positive for coronavirus and a further 13% had experienced symptoms, but not been tested. Over three times as many ambulance service staff (22%) had tested positive than police (6%) and fire service (7%) respondents.

Our survey was promoted through a broad range of channels, including: social media, emergency services stakeholders, and partner organisations. However, we know that people who have an existing interest in or experience of mental health problems are more likely to take part in our research and therefore our findings in some areas may not be representative of the entire emergency services workforce.

Qualitative Interviews

• To supplement the findings from the survey, we conducted 11 interviews with stakeholders (including senior managers, wellbeing leads, and Blue Light Champions), 16 interviews with staff and volunteers, and 10 interviews with Blue Light personnel from BAME communities.

• 13 members of the police service, 10 members of the fire service, and 14 members of the ambulance service took part in interviews – a total of 37 interviews.

• 62% of those who took part in interviews were male and 38% were female.

• 84% were from England and 16% were from Wales. Unfortunately, we were not able to interview any personnel from BAME communities in Wales.

• Just over half of staff and volunteers (including those from BAME communities) who took part in interviews have roles which require them to interact with the public all or most days.

• Participants from BAME communities who volunteered to take part in interviews expressed a range of different ethnic and cultural backgrounds and identities which will be explored in more detail within the key findings. However, broadly speaking, four participants described themselves as Asian, two as Black, and four as mixed race.

Research Findings

How has the coronavirus pandemic impacted the mental health of emergency services staff and volunteers?

The pandemic has had a profound impact on the mental health of emergency services staff and volunteers, particularly those working on the frontline of the coronavirus response. Our results show that:

69% of people across the fire, police and ambulance service said that their mental health has gotten worse since the start of the coronavirus pandemic.

Almost a third (32%) of ambulance staff described their mental health as poor or very poor, compared to a quarter (25%) overall and a fifth (20%) of those in the fire service.

People with experience of mental health problems were more likely (71%) to see their mental health worsen as a result of the pandemic than those without (60%).

Younger people aged 24 or under were most likely (32%) to rate their current mental health as poor or very poor, compared to 25% overall.

Since September 2020 I have noticed a decrease in my mental health. I have started to suffer with anxiety again since the most recent lockdown and have found myself crying at work, feeling overwhelmed and that I can't cope at times.

Survey Respondent

Credit: London Ambulance Service

Mental health has declined across the emergency services

Our findings show that mental health has continued to decline across the emergency services since our original scoping survey in 2015 and our Mental Health in the Emergency Services survey in 2019.[2]

In our 2021 survey, only a third of respondents described their mental health as 'good' or 'very good', compared to 45% in 2019 and over half (53%) in 2015. A quarter of respondents described their current mental health as 'poor' or 'very poor' compared to just over a fifth (21%) in 2019 and 14% in 2015.

In our current survey, ambulance service staff were the most likely (32%) to describe their mental health as 'poor' or 'very poor', compared to 25% of respondents from the police service and 20% from the fire service.

Younger people aged under 24 were also more likely (32%) to say their mental health was 'poor' or 'very poor.' This mirrors findings from Mind's coronavirus survey, which illustrated the negative impacts of the pandemic on the mental health of young people. However, those with less than one years' service in their role were far more likely (42%) to say their mental health was 'good' or 'very good.' Again, this mirrors findings from our previous scoping research with new recruits, which suggests that those new to the service are less susceptible to systemic and organisational pressures and feel more supported in their roles.

How would you describe your current mental health?

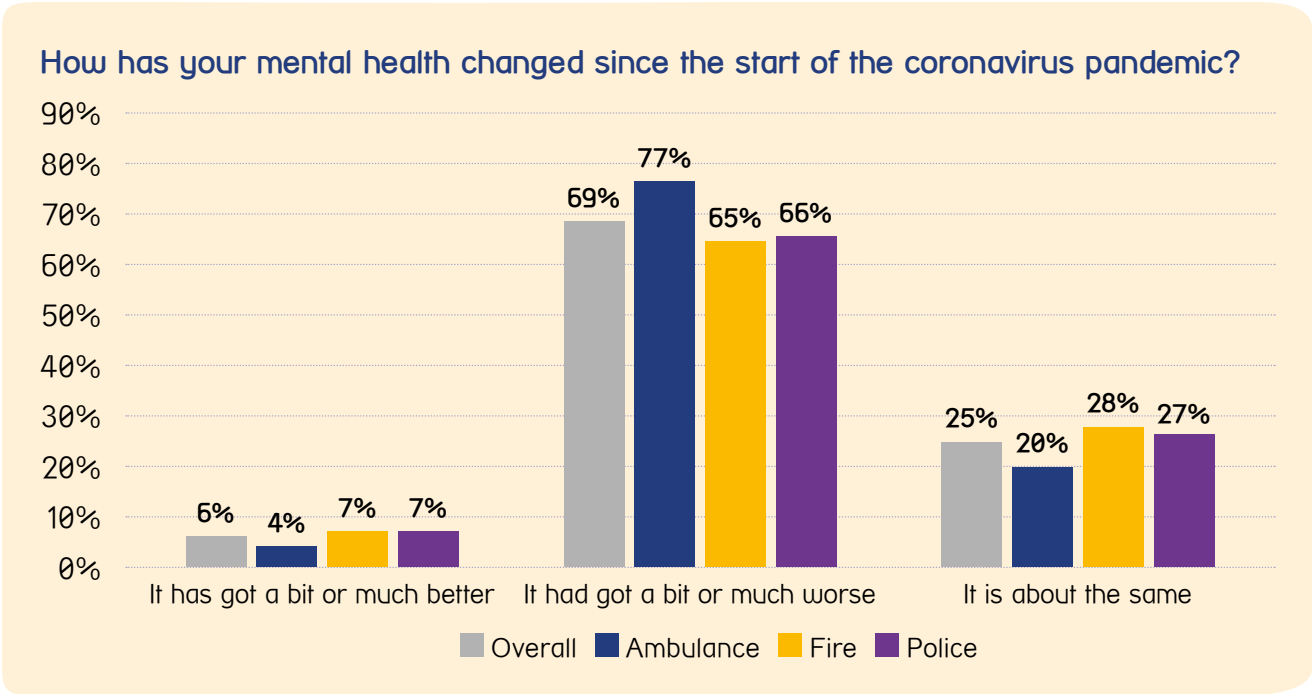| Year	'Good' or 'Very good'	Moderate	'Poor' or 'very poor'
2021	33%	42%	25%
2019	45%	34%	21%
2015	53%	33%	14%
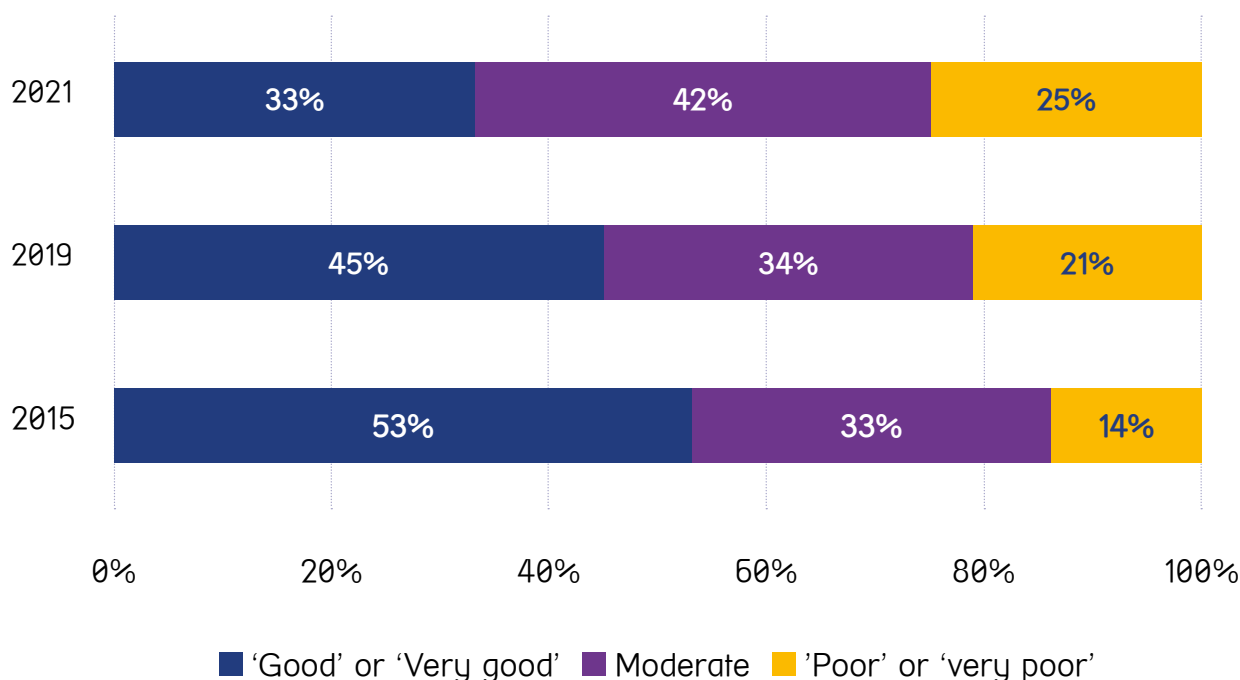
The mental health of most emergency responders has got worse since the start of the pandemic

There was a period of time when I actually took some time off and pretty much just went from the bed to the couch and back to the bed, because I just switched off and couldn't really cope, but I then went back up again. But recently I have noticed my mental health has dwindled slightly, everything's felt a bit overwhelming, and I can't really focus a lot of the time and recently I took some time off again just stayed at home.

Interview Participant, Fire Service

It is impossible to say whether mental health would have continued to decline had the coronavirus pandemic not taken place. However, our findings show that the majority of people (69%) think that their mental health has got worse since the beginning of the pandemic. Emergency responders from BAME backgrounds were less likely (51%) to say that their mental health has got worse. However, these findings should be interpreted with caution due to low sample size of BAME respondents.

How has your mental health changed since the start of the coronavirus pandemic?

Response	Overall	Ambulance	Fire	Police
It has got a bit or much better	6%	4%	7%	7%
It had got a bit or much worse	69%	77%	65%	66%
It is about the same	25%	20%	28%	27%

2 Note that our 2019 and 2015 data contains responses from Search & Rescue staff and volunteers and therefore may not be directly comparable.

Emergency responders from the ambulance service were more likely (77%) to say that their mental health had got worse than those from the police (66%) and fire (65%) services. Emergency responders in Wales were also slightly more likely to say that their mental health had got 'much worse' (23%) than their counterparts in England (19%).

Those with personal experience of mental health problems were also more likely (71%) to say that their mental health had got worse than those without (60%), echoing findings from Mind's coronavirus research, which showed a disproportionate impact on the mental health of people with pre-existing mental health problems during the first lockdown.

Interviews with staff and volunteers highlighted particular groups of people whose mental health seems to have been impacted more negatively by the pandemic. People with OCD, those living alone, managers with a lot of direct line reports and parents are some of those who were highlighted as being particularly at risk of experiencing worse mental health.

I've got a colleague who's got OCD and he's properly stressing over the virus. He's washed his hands that much that they are red-raw and they are bleeding.

Interview Participant, Police

Morale is low, but people are more open to talking about their mental health

Interview participants across the three services reflected a general sense of low morale across the services and a feeling that more people are starting to struggle with their mental health as the pandemic progresses. This was linked to a sense of uncertainty around the length of time that restrictions were expected to be in place, and the continued pressure to maintain an increased workload.

We're coming to the point where everyone is flagging a bit. And when you're tired, I think the first thing that goes is your mood. But it's also not having an end in sight.

Interview Participant, Ambulance Service

However, despite the challenges associated with the pandemic, many interview participants felt that it has had positive impact in terms of normalising and encouraging conversations around mental health. Some also reflected that it had encouraged them to seek the help and support that they needed. Overall, there was a sense that emergency responders were looking out for each other and feeling more able to have conversations about mental health and admit they were struggling.

I think more people are more acutely aware of mental health, I would say, because of Covid and lockdown, and people are understanding that we're living in a really, really difficult time at the moment, so I think people are more acutely aware of it. Which I think is a good thing.

Interview Participant, Police

Credit: Gwent Police

Thinking ahead. What will the longer term impact of the pandemic be on the mental health of emergency responders?

Many of the staff and stakeholders we spoke to were concerned about the longer-term impact of the pandemic on the emergency services workforce, particularly on those who have been working on the frontline of the coronavirus response. There was a sense amongst interviewees that the full impact of the pandemic on the mental health of emergency services staff and volunteers will not be realised until after restrictions end and people had the chance to process what they have witnessed and been through.

There was concern that levels of sickness absence will increase dramatically in the coming months as people who have been 'running on adrenaline' start to burn out. Interviewees also felt that the number of people experiencing PTSD symptoms will increase as things begin to return to 'normal'.

I think it's almost that point where because you're not in the midst of it, you will get the chance to reflect on it. You will get the chance to lie on a sunbed and you will get a chance to not see it on the news, and inevitably, your mind drifts towards some of the stuff you've done, some of the stuff you've seen.

Interview Participant, Fire Service

Some of the people we spoke to were also concerned that the increase in stress and pressure caused by the pandemic will result in staff leaving the services completely, especially if they are not able to access support in the wake of the crisis.

There's probably going to be a lot of people who don't want to work in the emergency service any longer, or feel they need to have a change in career, completely, I think.

Interview Participant, Ambulance Service

What are the factors that have contributed to poor mental health during the pandemic?

I think it's being unable to see friends and family. I think people are fed up of being shut in, and they miss their social life. We miss being able to hug each other.

Interview Participant, Fire Service

We asked emergency responders to reflect on the challenges that they had experienced since the start of the pandemic and how this had impacted on their mental health. They told us about the combined negative impact of: an increased workload; anxiety around catching or passing coronavirus to friends and family; and not being able to socialise or debrief with friends or colleagues.

Overall, the top five concerns negatively affecting mental health were:

1. Being unable to see friends, family or partners that they don't live with (87%)

2. Concerns about passing on coronavirus to friends and family (69%)

3. Feeling anxious about family or friends getting coronavirus (64%)

4. Media/news coverage relating to coronavirus (51%)

5. Feeling anxious about getting coronavirus (48%)

Whilst the top three concerns were the same across the police, fire and ambulance services, there were some key differences in the top five:

	Police	Ambulance	Fire Service
1	Being unable to see friends, family or partners that they don't live with (86%)	Being unable to see friends, family or partners that they don't live with (89%)	Being unable to see friends, family or partners that they don't live with (88%)
2	Concerns about passing on coronavirus to friends and family (67%)	Concerns about passing on coronavirus to friends and family (75%)	Concerns about passing on coronavirus to friends and family (62%)
3	Feeling anxious about family or friends getting coronavirus (64%)	Feeling anxious about family or friends getting coronavirus (67%)	Feeling anxious about family or friends getting coronavirus (59%)
4	Media/news coverage relating to coronavirus (51%)	Feeling lonely, and media/news coverage relating to coronavirus (53%)	Media/news coverage relating to coronavirus (47%)
5	Feeling anxious about getting coronavirus (48%)	Feeling anxious about getting coronavirus and long hours (52%)	Feeling bored/restless (44%)

- Ambulance personnel were most likely to be affected by worries about passing coronavirus onto friends and family. 75% said that this had negatively affected their mental health, compared to 67% of police and 63% of fire service staff and volunteers. Those who had contact with the public every day were also more likely (74%) to say that concerns about passing coronavirus onto friends had family had made their mental health worse.

- Ambulance staff were also more likely to say that their mental health had been affected by pressure from management – 44% said that this had made their mental health worse, compared to 33% overall.

- Staff and volunteers working in the police were more negatively affected by media coverage relating to the emergency services. 42% of police personnel said that this had negatively affected their mental health, compared to 37% of ambulance service and 24% of fire service staff.

Many staff have felt the effects of a 'relentless' workload on their mental health

62% of survey respondents told us that their workload had increased as a result of the pandemic. Unsurprisingly, this was felt most strongly in the ambulance service, where 83% or respondents have experienced an increase in their workload. Managers were also more likely to say that their workload had increased (71% across the three services) and people working in Wales also seemed to be affected more than their counterparts in England (71% vs. 62%).

Interview participants, particularly those working in management roles, emphasised the relentlessness of their workload and the impact it was having on their mental health.

They felt that at the beginning of the pandemic everything was focused on the pandemic response. However, at the time of the survey (Dec 2020 – Jan 2021) there was an expectation to return to 'business as usual' whilst still managing an increased workload as a result of the pandemic.

We've had to return to normal working because you can't just suspend all your projects for a year or two years, so we've got to go back to business as usual. And that started in the summer really, when staff could return to work, but obviously the second wave has come and hit us again now.

Interview Participant, Ambulance Service

With limited opportunities to socialise or informally debrief with colleagues, emergency responders reported feeling the effects of having to respond to a 'relentless' volume of very unwell coronavirus patients. This particularly affected those working on the frontline in the ambulance service.

[Lots of] people really sick, so you, sort of, just, do the job and then just do the next one, do the next one. Whereas normally, if you have a big job, you, sort of, go back to the station and have a bit of a laugh, you know, there's no real time for that, it's just, literally, four days in a row, fourteen hour days.

Interview Participant, Ambulance Service

Frontline staff are feeling the effects of having to make difficult decisions and manage risk

Interview participants, particularly those working in the ambulance service, told us that they were experiencing a degree of 'moral injury' – a term used to describe the psychological effects of witnessing human suffering or failing to prevent outcomes which go against deeply held beliefs. For example, paramedics having to make difficult decisions about whether to admit coronavirus patients to hospital and, in doing so, taking them away from their friends and family who would usually be able to accompany them.

And then just continually having to tell people's family that they can't come with you. And you know that that patient is going to die. And they're going to die alone. It feels sort of like kidnapping them.

Interview Participant, Ambulance Service

Many were struggling with concerns over whether they were making the right decisions about patients' care, the effects of which were exacerbated by the relentless workload and overwhelm felt as a result of the pandemic.

You drop them off, have I done the best for them? I might worry that I didn't do the right thing or, did I do the right thing leaving somebody at home when we should have taken them in? But, I try not to think about it, because it's a recipe for disaster.

Interview Participant, Ambulance Service

This was linked to concerns raised by staff and stakeholders about the longer-term impact of the pandemic on the mental health of emergency responders and fears about the increased rates of staff and volunteers experiencing symptoms of PTSD in future.

Credit: South Wales Fire Service

Emergency responders across all three services felt anxious about the risk of catching coronavirus and passing it onto their friends and family

Many personnel were exposing themselves to the virus on a daily basis and had heard about colleagues who had been very unwell, or even died, as a result. Whilst they did express some concerns about the risk to their own health, their anxiety was primarily centred around worries about passing it onto their friends and family, especially those who were vulnerable or shielding.

We were all just scared of getting it and giving it to people. I didn't want to [visit my parents] because I was scared that I would take it with me and infect them. I didn't want to be around anyone, because I felt like I might be carrying it and I might infect them, or damage them.

Interview Participant, Ambulance Service

These anxieties were exacerbated by concerns about personal protective equipment (PPE); access to vaccines and/or regular testing; and frustration with people not adhering to coronavirus restrictions.

There were particular challenges with the procurement of PPE for ambulance service staff at the beginning of the pandemic. However, those working for the ambulance service were more likely to say that they had been provided with appropriate PPE and that this made them feel safer in their roles. However, the discomfort and inconvenience of working in PPE often contributed to feelings of stress and anxiety in a high-pressure environment.

Conversely, staff working on the frontline of the fire and ambulance services were more likely to say that they had experienced difficulties sourcing PPE or that they did not feel the PPE that they had been provided was adequate. Staff in the police and fire services also expressed frustration that they were not being prioritised to receive the vaccine.

We need the vaccine. Because we're dealing with people that are really ill because there are no ambulances. We're dealing with other people that have got Covid and we can't just say, 'actually no, we're not going into that building because they've got Covid'. We don't get a choice. We're not trying to push the queue or anything like that, but I will be honest, it really annoys me, like really, really annoys me.

Interview Participant, Police Service
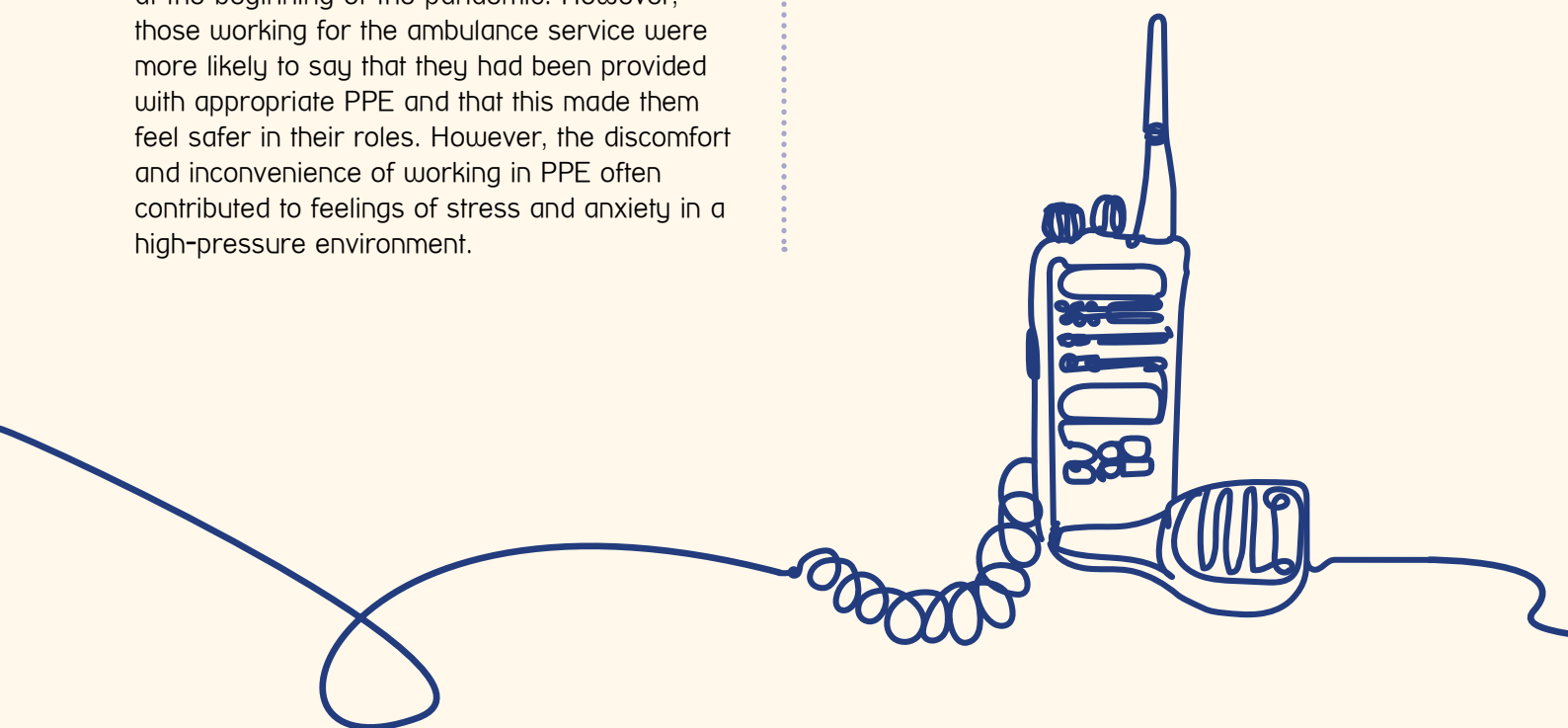
Media coverage had both a positive and negative impact on mental health

Media coverage relating to both coronavirus and the emergency services was experienced differently by those working across the emergency services. Generally, there was a sense that the media coverage relating to coronavirus could have a negative impact on mental health, if not managed properly. Those working on the frontline of the coronavirus response found the extensive media coverage of the pandemic particularly overwhelming.

It [the media] started to become overwhelming, because you did it at work, you went home, you watched the news, it was at home, people were talking about it at home, my partner was talking about it, I've got grown-up children, they were affected by it. I don't think I'm any different from everybody else, it was just everywhere you looked.

Interview Participant, Fire Service

Some interviewees told us they found it frustrating to see news coverage about people not adhering to coronavirus restrictions or social media posts from conspiracy theorists who do not believe that the pandemic is real.

Whilst staff in the ambulance service welcomed and appreciated the support they had received from the public, some felt uncomfortable or embarrassed about the 'hero' narrative that had been portrayed in the media. Some felt that this increased the pressure to keep going and remain silent about their struggles.

It felt like the whole world was behind us and championing us. And that was really nice because you felt really supported. But then if it was a different day and you felt different, you'd be like 'Why is everyone saying that we're heroes? Because I don't want to be here.' And there was so much that we just didn't know, that it almost felt like we were faking it.

Interview Participant, Ambulance Service

Staff and volunteers across all three of the emergency services felt that they were under increased scrutiny by the media to 'not put a foot wrong' in their response to the pandemic.

We all know the media is quite a fickle beast, but you're only as good as your last job, really. They can step up and support, and get Clap for Carers and get all that going, and that's great. Equally, in the same article, they can be sticking a knife in for accusing you of being a super spreader, or accusing us of parking 27 ambulances outside an A&E.

Interview Participant, Ambulance Service

Media coverage relating to the emergency services had the most negative impact on the mental health of those working for the police. Whilst many said that they were used to being portrayed negatively in the media, they felt that the pandemic had increased their awareness of how they were perceived differently to other emergency services at a time when they were working hard to respond to and contain the coronavirus pandemic.

Credit: West Midlands Police

How have emergency responders been coping during the pandemic?

Survey respondents and interview participants told us about a range of ways that they had been coping with the pressures on their mental health during the pandemic. Many of these were positive, including: connecting with friends and family online; exercise; and informal peer support. However, some had also found themselves using negatives strategies to cope, like eating too much or too little.

Fitness was one of the big things that got me through a lot of stuff and so I carried on with my fitness, I made an effort and said look, I'm going to work out three times a week. I'm going to really try and work out three times a week.

Interview Participant, Police

Overall, the top three coping strategies that people were using to cope with pressures they've experienced during the pandemic were:
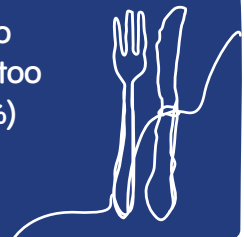
Connecting with friends and family online (58%)

Exercising (55%)

Eating too much or too little (47%)

Staff and volunteers from the ambulance service were more likely to use negative coping strategies to cope with the effects of the pandemic. 52% said that they coped by eating too much or too little, compared to 46% of police and 40% of fire service staff. Ambulance service staff were also more likely to cope by smoking, drinking alcohol, or using recreational drugs. Almost a quarter of those working in the ambulance service said that they had done this, compared to 17% of police and fire service staff and volunteers.

Well, I've put weight on, because I turned to food usually. Usually chocolate, when I'm feeling a bit stressed.

Interview Participant, Police

People with experience of mental health problems were more likely to use negative coping strategies than those without. They were also less likely to use exercise or connect with friends and family online as a way of coping with pressures on their mental health.

Across all of the emergency services, staff, volunteers and stakeholders reflected that it has been more difficult to find ways to cope during the pandemic because many of their usual coping strategies are no longer available. Not having their usual outlets has increased their sense of a relentless workload and made them more susceptible to rumination – the process of repetitive negative thoughts.

When you come home from work you do just want to relax and take your mind off it but if there's nothing that you can actually go out and do then it's kind of, hard to, hard to distance yourself because it does just seem like you go to work, come home, sleep, go back to work.

Interview Participant, Police

As well as connecting with friends and family online, informal peer support from colleagues has been an important coping mechanism during the pandemic, particularly for those working on the frontline. Many talked about their team as being like a family that they can talk to about anything and felt that the shared experience of the pandemic has brought them closer together.

The bond you have with people you work with, I think that helps as well. I think it forms a sort of solidarity and a togetherness type effect which I think has a good positive effect.

Interview Participant, Ambulance Service

Credit: West Midlands Police

How have the emergency services been supporting the mental health and wellbeing of emergency responders during the pandemic?

Emergency services have had to respond quickly to an unprecedented situation that has required them to change their ways of working whilst supporting the mental health and wellbeing of staff and volunteers during a period of significant uncertainty and distress. Our research told us that:

The majority (89%) of our survey respondents are aware of the support their organisation offers to improve the mental health and wellbeing of its personnel. This is an improvement from 65% in our 2019 survey and demonstrates an increased awareness of mental health across the services.

However, only half (53%) of respondents feel that their organisation has supported their mental health well or very well, and only 35% said that their organisation has prioritised their mental health and wellbeing during the pandemic.

Whilst there are some indications of positive culture change, the pandemic has exacerbated existing divides and inequalities within the services – especially between those on the frontline and senior management.

Across the services, those with prior involvement in the Blue Light programme were more likely be positive about their organisation's efforts to support mental health. 70% said that their organisation has encouraged staff to talk about mental health openly during the pandemic, compared to just half of those with no previous involvement in the programme.

I think if you needed it, it would be there. And that's like a lot of things welfare-wise. If you need it, it will be there somewhere, someone will find it for you, but I don't know if they've pushed it. I haven't heard anything anyway.

Interview Participant, Police

Awareness has increased, but emergency responders don't feel as though their organisation has prioritised their mental health during the pandemic

There are some positive signs that the culture around mental health in the emergency services is continuing to change. Our 2021 survey found an increase in the number of people aware of the support on offer for their mental health compared to our survey in 2019. However, there has been a slight decrease in the number of people who feel that their organisation encourages staff and volunteers to talk openly about their mental health.

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel? – % of respondents answering 'yes'

| Year	%
2015	46%
2019	65%
2021	89%
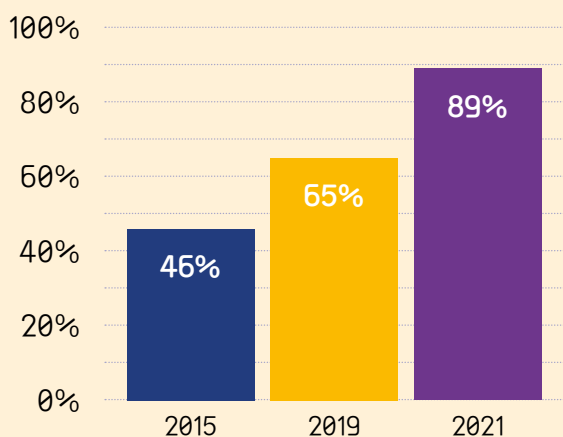
80% of survey respondents said that their organisation had provided guidance and/or resources to help them support their mental health and wellbeing during the pandemic. However, only 52% said that they found these useful. This was higher (67%) amongst those working in the fire service, but dropped to 42% amongst ambulance service staff.

During the pandemic they've brought in a new 'I keep well' system. They've given us no training, nothing. No one has a clue how to use it. I just don't think it's very well done.

Interview Participant, Police

My organisation encourages staff to talk openly about mental health – % of respondents agreeing or strongly agreeing

Year	%
2015	29%
2019	64%
2021	60%
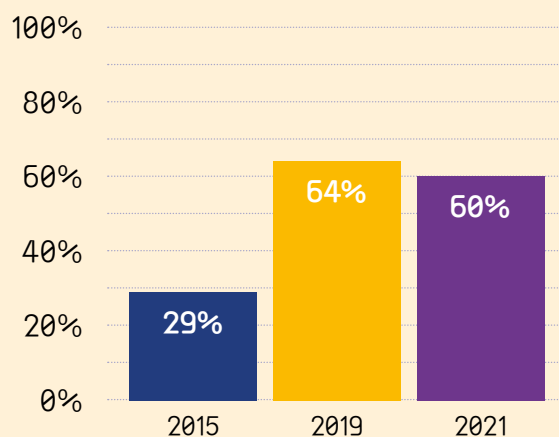
Respondents from the ambulance service were least likely to say that their organisation had supported the mental health of its staff and volunteers well or very well – 44%, compared to 53% overall. Ambulance service staff and those across all three services who have contact with the public every day were also least likely (28% and 24% respectively) to say that their organisation had prioritised the mental health and wellbeing of its staff and volunteers during the pandemic.

My organisation has prioritised the mental health and wellbeing of its staff and volunteers during the coronavirus pandemic – % agreeing or strongly agreeing

Service	%
Police	35%
Ambulance	28%
Fire	53%
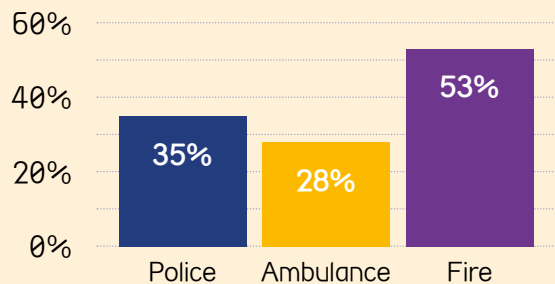
Interestingly, those who shared their experiences with us in interview were more likely to be complimentary about the support received or on offer from their organisation. This could be due to the self-selecting nature of the interview sample, who are likely to be more engaged in or have more positive experiences of mental health support in their organisation. Many shared examples of successful wellbeing initiatives that had been implemented during the pandemic. These included the introduction of a weekly podcast to share updates and tips for managing mental health, and wellbeing 'passports' which enabled open discussions about wellbeing between managers and line reports.

The service that I'm in, we've certainly put measures into place and I think there's been quite a successful uptake on that. I believe it has been quite successful in the way it's been managed and the way it's been run.

Interview Participant, Fire Service

These initiatives were well received and helped to foster a positive and open environment around mental health and wellbeing – if they were extensively promoted and supported by senior staff. However, there was a feeling amongst interviewees that the perception of support available could be heavily dependent on experiences of individual line management or involvement in specific groups or initiatives (e.g. Mind's Blue Light programme), which seems to be reflected in the divergent experiences reflected in our survey results.

Those with prior involvement in the Blue Light programme were more likely to be positive about their organisation's efforts to support mental health. 70% said that their organisation has encouraged staff to talk about mental health openly during the pandemic, compared to just half of those with no previous involvement in the programme. Just over half (55%) of survey respondents told us that they would feel confident to discuss their mental health with their line manager – meaning that there are still many who do not.

Even when I knew I wasn't right, I didn't-, no, no way. There was no way I was going to go and speak to management about it. No chance.

Interview Participant, Ambulance Service

'People before process'

Our previous research has shown that support from senior leadership is required to sustain a positive culture of mental health and wellbeing within the emergency services. This also needs to be embedded within policies and systems across the whole organisation. Whilst the pandemic appears to have encouraged more open discussion around mental health amongst peers, many interviewees reported that the pandemic response had exacerbated existing divides between frontline staff and senior management.

Some interviewees, particularly those working in the police, felt that the experiences of senior management have become increasingly removed from those working on the frontline during the pandemic, and that there is too much focus on process and targets at the expense of wellbeing.

They're sat in a nice little room, or at home with their computers, because they're working from home. But we're still expected to come in and do everything that we do.

Interview Participant, Police

Participants were more positive about their organisation's approach to supporting wellbeing if they felt that senior management encouraged and responded to feedback, are proactive in supporting staff, and put 'people before process.'

If we don't look after our people, we don't have an organisation. Simple as that. And that's the thing for me is, putting our people before the process comes before anything.

Interview Participant, Police Service

How have people been accessing support and what additional support would they like to receive?

Despite more openness about discussing mental health informally during the pandemic, our research showed that there is still a degree of stigma and self-stigma within the emergency services. This is a major barrier to accessing support. Our research also showed that:

Almost a third (32%) of Blue Light personnel did not access support as they did not think their issue was serious enough.

People were most likely to seek advice about how to manage their mental health from friends and family during the pandemic (55%). Employers, charities and GPs were also regarded as important sources of advice.

There is still a lack of trust in organisational support and fears across confidentiality and the impact of disclosing a mental health problem on career progression, which are acting as barriers to seeking support.

Blue Light staff and volunteers want information and support that is preventative and tailored to the context in which they are working.

However, the majority (83%) of people who have accessed support through their organisation have found it helpful.

We're all very good at putting on this work face. The face that we present to patients, because they are people in need and they need to see somebody coming in who is reassuring, who is calm and collected, and got it all together. So, you have that work face, and we don't always see what's behind that face.

Interview Participant, Ambulance Service

Credit: Gwent Police

Despite increasingly poor mental health, the majority of emergency responders have not accessed any support for their wellbeing during the pandemic

Whilst a quarter of those who took our survey described their mental health as poor or very poor, only 16% of people across the services sought support for their mental health during the pandemic.

It is encouraging that only 5% said that they had tried to access support but could not (compared to almost a quarter in our public coronavirus survey). However, a third (33%) said that they did not access support because they did not think their issue was serious enough. This was highest amongst those working or volunteering in the ambulance service, who also rated their mental health worse overall. More ambulance service staff

(38%) said that they did not seek support because they did not think their issue was serious enough than those who said they have not needed support during the pandemic (30%).

Interview participants felt that self-stigma could be related to the frequency with which emergency responders encounter people experiencing a mental health crisis in their roles. This can cause them to minimise and distance themselves from their own challenges, and can prevent them from seeking help until they are in crisis themselves.

We deal with it at such an extreme that our own problems, our own mental health doesn't necessarily seem like such a big problem, because they're the people that have got real mental health issues.

Interview Participant, Police

'Have you accessed (or tried to access) any services for your mental health since the start of the coronavirus pandemic?'

☐ Yes, I accessed support	16%
☐ Yes, I tried to but could not get access	5%
☐ No, I have not needed any support	39%
☐ No, I did not think my issue was serious enough	33%
☐ No, I did not know how to access support	2%
☐ Other	4%

Credit: Paul Wood
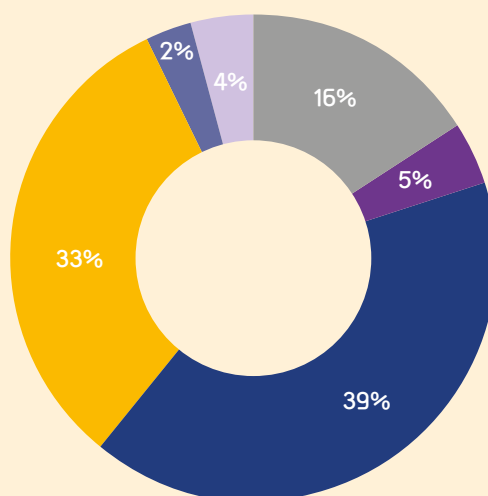
Of those that did access support, the majority did so directly through their employer (43%) or through the NHS (42%). A smaller proportion accessed support through an Employee Assistance Programme (21%), through a private provider (15%) or through a charity (12%). Fire service staff and volunteers were far more likely (32%) to seek support through an Employee Assistance Programme than those working or volunteering in the police (18%) or ambulance service (20%).

Our interviews with staff, volunteers and stakeholders identified a number of barriers to accessing mental health support that still exist within the emergency services. Many reported fears about the stigma related to disclosing a mental health problem and concerns about appearing 'weak'. Some people expressed worries around confidentiality, a lack of trust in the processes, and a perception that disclosing a mental health problem would affect their career prospects.

Even a senior leader said to me, 'Well, I don't think you should be talking about your mental health journey, because that's going to affect your promotion.'

Interview Participant, Police

Those who did seek support through their employer generally found it helpful

83% of the 228 survey respondents who said they had accessed support from their employer, and 84% of the 110 who had used an Employee Assistance Programme, said that they found the support they received 'very' or 'a bit' helpful. This was highest (94% and 91% respectively) amongst those working or volunteering in the fire service.

The perception of organisational support amongst interview participants was also largely positive. Some had accessed counselling through their employer and found it helpful or received positive feedback from line reports. However, others felt that internal support could sometimes be too heavily focused towards single traumatic incidents and did not offer enough ongoing or specialised support, particularly for more complex mental health problems.

The services they offer are very limited. Depression and anxiety - they're able to deal with that, but anything sort of outside the box they say we're not equipped to deal with that, I'm sorry, we can't help you.

Interview Participant, Ambulance Service

Friends and family have been an important source of information and advice during the pandemic, but employers and charities also have a part to play

Staff and volunteers across all three of the services were more likely to seek advice or information from friends and family about how to manage their mental health than any other source. Overall, the top three sources of advice and information were:

Friends and family (55%)

Information provided through your employer (27%

GPs (24%)

There were some variations in the second and third most accessed sources of information and advice across the three services.

People working or volunteering in Wales were more likely to have sought advice or information from friends and family (63%) than those in England (55%). Respondents from Wales were also more likely to have accessed advice through a charity – 29% in Wales vs. 22% in England.

People want information and support that is preventative and tailored to the context of the emergency services

Many of the people we spoke to felt that there is a lack of information and support offers that provide preventative advice and guidance. There was an appetite for practical tools to help emergency responders stay well and empower them to feel able to seek support before they become seriously unwell.

We're not catching them early enough. I think that's the bit we've got to educate on. Speak to somebody, put that phone call in or go online and have a look at what's on offer, or what they're telling you to do to help your mental health. But do it on day one or two when you're not feeling too great, not six weeks in to not feeling great. I don't know how we make that change.

Interview Participant, Police

	Police	Ambulance	Fire Service
1	Friends and family (56%)	Friends and family (55%)	Friends and family (52%)
2	Official government guidance (26%)	GP (30%)	Information provided through your employer (39%)
3	Information provided through your employer (25%)	Charities, e.g. Mind (29%)	Charities, e.g. Mind (26%)

When asked what additional information or guidance they would find useful to support their mental health and wellbeing during the coronavirus pandemic, the top responses selected by our survey participants were:

Information and support that is specific and tailored to the emergency services (51%)

Guidance about how to stay mentally well during the coronavirus pandemic (50%)

Guidance about how to look after your wellbeing whilst coronavirus restrictions are in place (46%)

Those working on the frontline were more likely (63%) to request information and support that is tailored to the emergency services. Interview participants also emphasised the importance of understanding the unique context in which emergency services staff and volunteers operate. The staff and volunteers we spoke to reflected on the similarities and differences between the challenges faced by emergency responders across the three services. Whilst there is still a shared emergency services identity, the specific pressures on the three services during the pandemic suggest that a more targeted approach might be necessary.

Our survey findings showed that staff and volunteers in the ambulance service were far more likely (40%) to want support with managing the impact of responding to distressing or traumatic incidents than those from the police (22%) and fire (19%) services.

It is unique, it is unprecedented and, at the end of the day, people are going to need to talk about it, they are going to need to take the load of their shoulders because it will weigh heavy, to a degree. And, they will need specific help to try and deal with it.

Interview Participant, Ambulance Service

Tied into concerns about the long-term impact of the pandemic on the mental health of staff and volunteers, many participants spoke about the importance of supporting the emergency services workforce to manage the specific pressures associated with the coronavirus pandemic, the continued uncertainty and the transition back to 'normality'.

That transition period, I think that's where Mind can help and our obligation as a service will be most critical. Knowing what the signs are because they probably will be different, because it's something we've never dealt with before, understanding what it looks like when somebody's not really coping with it and doing something positive about it.

Interview Participant, Fire Service

Specific support was requested for those whose mental health has been most affected by the pandemic, such as those with pre-existing mental health problems. 49% of respondents with personal experience of mental health problems said they would find advice about ways to manage specific mental health problems (e.g. health anxiety, eating disorders or obsessive compulsive disorder) useful.

What are the experiences and preferences of emergency responders from Black, Asian and Minority Ethnic (BAME) communities?

The term BAME has been used here for consistency and to ensure benchmarking against other external data sources. Mind recognises the limitations of the use of the term BAME and where possible will seek to add additional detail.

We know that systemic racism has resulted in people from BAME communities being disproportionately affected by the coronavirus pandemic. In particular, they have experienced much higher coronavirus death and infection rates than the general population in England and Wales.[3] We also know that there are deep-rooted racial inequalities within the mental health system, including charities like Mind, and that people from BAME communities have been typically underrepresented in our research and in the Blue Light Programme more broadly.

In striving to become a truly anti-racist organisation, Mind are committed to understanding the experiences of people from minority communities and ensuring that the information and support that we provide is relevant and accessible to all. Therefore, we conducted ten interviews with Blue Light staff and volunteers from BAME communities to help us build deeper insights into their experiences and preferences for support. We also analysed the survey responses (148) from people from BAME communities.

Whilst our sample represents only a small number of people from Black, Asian and other minority Ethnic communities and our survey findings in particular should be treated with caution, we hope that these insights will serve as a useful starting point for a wider conversation about race and mental health in the emergency services.

Ethnic and cultural identities are complex and multifaceted and interact in different ways with a shared 'emergency services' identity

Research participants were keen to emphasise that identity operates at a number of levels and that the generalising term 'BAME' does not adequately capture the complexity of race and cultural background. When asked how they would describe their ethnic or racial identity, many interviewees described varied cultural, religious or ethnic backgrounds which made up a strong part of their identity.

I would say in the way that I carry myself, in the way that I'm perceived, in the food that I eat, in the music that I listen to. The events that I would go to, I would very much say that I am a proud Black firefighter.

Interview Participant, Fire Service

However, others, although aware of the influence it has had on their experiences, identified less strongly with their culture and preferred not to define themselves in terms of race or ethnicity.

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[3] Office for National Statistics, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020. Available at: https://bit.ly/3r9xf4G

> *Well, I think the only time I really talk about that aspect of it is when I'm filling out a form. But, in terms of my identity, would I first and foremost say 'I am a Black man' – it would not be my first port of call to use that as an identifying feature.*

Interview Participant, Police

Those from mixed race backgrounds were more likely to describe their identities in terms of complex intersections of racial and cultural influences.

They were also more likely to describe a sense of not fitting in within their communities. One participant, whose Dad is White and Mum is Asian, described how growing up she struggled to fit in, even when she attended a school where the pupils were predominantly Asian. She feels that, whilst she does not identify as White, the BAME umbrella also doesn't feel relevant to her experiences.

Many of the people that we spoke to said that their role in the emergency services was a defining part of their identity. Some reflected that the shared experience of working in the emergency services helped to transcend cultural barriers and create a common identity and sense of community. However, others reflected that working in an environment largely dominated by White people does result in a different experience for people from BAME backgrounds, and that this can manifest itself in different ways.

Credit: London Ambulance Service

Experiences of racism or micro-aggressions were common amongst our participants

A few of the people we spoke to had experienced direct racism at the hands of their colleagues. However, many had been subjected to racial abuse from members of the public which have negatively impacted their mental health. Within the services themselves, interviewees reported that those working in the emergency services are not always attuned to cultural sensitivities. Where micro-aggressions do exist, these were largely felt to be borne out of ignorance rather than malice.

I have colleagues who have expressed concerns and shared their experiences of having to deal with undertones of whether it be micro-aggressions or whether it be people making comments or remarks. And, that could be maybe targeted but it could also be because they are not culturally aware or culturally sensitive to the way they should engage with people who are from a different background to themselves.

Interview Participant, Police

Nevertheless, many participants from BAME backgrounds described how the fear of experiencing racism or being treated differently because of their race is something that is always at the back of their mind. Working in an environment dominated by White people does result in a different day-to-day experience for people from other racial backgrounds.

I don't go around presuming everyone is racist but it's that little, sort of, niggle in the back of my mind like, 'oh, what if they are a bit'?

Interview Participant, Ambulance Service

Even if two people are being poorly treated, and one was White and one was Black, the Black guy would have that additional pressure or feeling that it's because he's Black.

Interview Participant, Ambulance Service
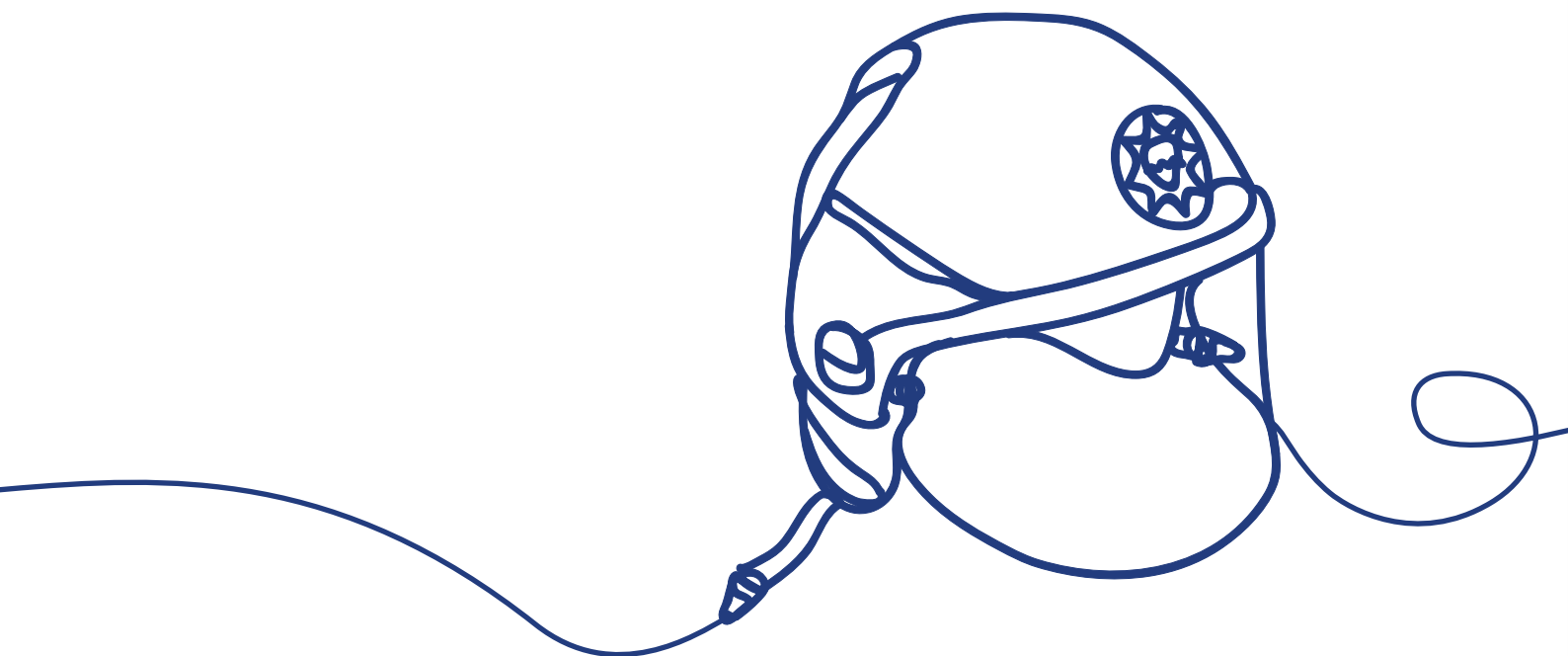
The pandemic has affected the mental health of emergency responders from BAME backgrounds in similar ways to their White colleagues. However, the impact of Black Lives Matter has placed increased strain on those from minority ethnic communities

Our survey findings showed few differences in the mental health experiences of emergency services staff and volunteers from BAME backgrounds during the pandemic. However, we acknowledge that the small sample of BAME respondents who took part in our research limits the conclusions we can make.

Respondents from Black backgrounds were slightly more likely to say that concerns about friends and family getting coronavirus had negatively impacted upon their mental health during the pandemic – 75%, compared to 65% of White respondents. This could be linked to the increased death and infection rates amongst Black communities which were widely referenced amongst interviewees but which did not seem to have affected them directly.

Respondents from Black (22%), Asian (28%) and mixed race (20%) backgrounds, were also slightly more likely than respondents from White (16%) backgrounds to have accessed services for their mental health since the start of the pandemic.

Many of the people we interviewed spoke extensively about the murder of George Floyd at the hands of police officers in the USA and the resulting Black Lives Matter protests. The impact of this was felt most strongly by police officers from BAME backgrounds who often felt conflicted in their response.

Credit: London Ambulance Service

I was at this meeting, where people were saying it really affected them, as fellow Black people, and the affect that had on their families knowing that they worked for the police. So, they're saying, 'How could you still work for the organisation that kills people?'

Interview Participant, Police Officer

Across the services, participants also expressed frustration with the dominant narrative of 'all lives matter' that was perpetuated across the media and often expressed internally amongst their colleagues. They felt that this was borne out of ignorance and often felt obligated to attempt to educate those they work with about the principles of Black Lives Matter.

It's trying to get that simple message across, that we're not trying to say our lives matter more than theirs. Everyone matters equally but it's that principle, it's that thinking which has been dug in over generations and it's not going to change. Even though behaviours have changed, thinking doesn't change overnight.

Interview Participant, Ambulance Service

Networks for BAME personnel within the emergency services are well regarded, but there is limited mental health support that takes into account cultural differences

Many of the people we spoke to as part of this research are part of BAME networks within their organisations. These networks help to provide 'safe places' where they can discuss issues affecting their communities and access support on a range of topics. However, there was limited awareness of any specific mental health support or information for emergency responders from BAME backgrounds.

Interviewees did not have a strong appetite for specifically targeted support for emergency responders from BAME backgrounds. However, they reported that the way in which mental health is spoken about can vary between different cultural backgrounds and that a 'culturally competent' understanding of this would be helpful in reaching those communities that may feel less comfortable accessing traditional mental health services.

I think it's really important that we understand. Again, it comes back to culture. It's using the appropriate language that people understand what is being spoken about. But also getting a sense of how mental health, wellbeing, is viewed in particular communities.

Interview Participant, Police

People from BAME communities want a space to share experiences and to see themselves represented in mental health information and support

Some participants suggested that being under-represented – broadly within the emergency services and in information and materials designed to improve mental health and wellbeing – can make them feel isolated and alone. They would like to see more people from different cultural backgrounds in the services, particularly those in leadership positions, speaking out about their mental health. They would also like to be offered more opportunities to talk about their mental health in a supportive space where they can reflect on the intersectionality of their experiences.

Respondents also said that they would like information, training, and advice about managing mental health to more explicitly acknowledge and reflect their experiences. They wanted these resources to include more representation from a diverse range of people from different communities. Blogs and case studies which speak to the cultural identities of people from a range of backgrounds can help to empower people to speak out and seek support for their own mental health.

Having different voices coming together and all speaking about mental health. Imagine the impact that would have, it would be so, so powerful because it shows that, actually, do you know what, the common theme there is mental health. We're all different colours, we're all different backgrounds and different cultures, yet we all have the same common theme which is mental health.

Interview Participant, Police

Next Steps

We know that it is important to support emergency responders so they are better prepared to support our communities. That is why we want to ensure that those working or volunteering in the emergency services have access to support for their mental health now and into the future. We will use the findings of this research to guide our work. We will also share these insights with those working across the emergency services to ensure that together, we prioritise the mental health of Blue Light personnel now and in the longer term.

Recommendations for Mind's work:

- Mental health support resources should be tailored to the emergency services to ensure that the content feels relevant to the unique context they are operating in.

- There is an appetite for support and advice that is specific to the coronavirus pandemic and offers practical tools to help emergency responders cope with the day-to-day impact of the pandemic on their mental health and wellbeing.

- The impact of the pandemic will be long lasting, and the support and information on offer should reflect and address this, whilst being responsive to an evolving picture of mental health as restrictions ease.

- People working or volunteering in the emergency services often do not seek advice or support until they are very unwell. Preventative resources should focus on challenging self-stigma to help emergency responders to pro-actively manage their mental health and wellbeing and feel empowered to seek support before they become unwell.

- Friends and family are an important source of advice and support to those working or volunteering in the emergency services. Consider providing targeted information to help friends and family of emergency responders feel confident to signpost to appropriate and tailored support.

- Information and support resources should include the voices of a diverse range of communities, to ensure they feel relevant and accessible to all.

- Mind should build stronger relationships with BAME networks within the emergency services to promote services and support and consult with more people from racially diverse to inform and shape our work.

Recommendations for the emergency services and professional bodies:

- Senior leaders should make a clear and genuine commitment to prioritising mental health and wellbeing and ensure that this is communicated and embedded at all levels, with support made accessible to anyone who needs it.

- Our research showed that employers are an important source of information and guidance for those working or volunteering in the emergency services. Ensure that the resources on offer are up to date, relevant and easily navigable through channels that are available to all.

- Collect regular feedback through surveys and temperature checks to understand how the mental health of staff and volunteers is being affected and how the support on offer can be adapted to be more beneficial.

- Create or strengthen peer support networks to help change the way that people think and act about mental health and make use of informal channels to widely promote resources and confidential sources of support.

- Consider where the mental health of certain groups may have been more negatively impacted by the pandemic, and proactively reach out with support and advice.

- Encourage and share learning and best practice across services and forge strong relationships with services, support bodies and charities to ensure that the best possible support is available to those who need it.

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We won't give up until everyone experiencing a mental health problem gets both support and respect.

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