Blue Light: Post Coronavirus Research Findings: Ambulance Service Report







Research Overview

Research Overview



- In 2015, the Blue Light Programme was launched in England to provide mental health support to emergency services staff and volunteers. In 2017, the programme was also launched in Wales.
- In 2019, our end of programme survey showed signs of positive change in the culture around mental health and wellbeing and the support available for the mental health of Blue Light personnel.
- The coronavirus pandemic has placed emergency services professionals in an unprecedented situation, which has placed increased pressure on their mental health.
- Funded by The Royal Foundation of The Duke and Duchess of Cambridge's Coronavirus Response Fund, the Blue Light Programme is now seeking to provide tailored support for the mental health of ambulance, police and fire service staff and volunteers, following the outbreak of coronavirus.
- We invited emergency responders to take part in this research to help us understand their current experiences and how coronavirus has affected the mental health of Blue Light personnel. This will help us and others to shape what we say and how we deliver support.
- The findings from the research will be used to inform the development of tailored information and support through the Blue Light Programme.





Research Overview



- Mind's Research & Evaluation Team led on the development and delivery of a two-nation listening exercise, to help us better understand the need of emergency responders across the emergency services post coronavirus, and test our assumptions.
- Insights drawn from the listening exercise, will feed into the post coronavirus revision of Mind's Mental Health at Work Standards, and the development of programme training, new resources, information navigation and programme communications.
- The listening exercise also included a special focus on the impact of intersectionality on members of the services workforce who are from BAME communities.
- The listening exercise consisted of three components, which were:
 - 1. Interviews with stakeholders and staff working or volunteering within the police, fire and ambulance services.
 - 2. Interviews with staff from Black, Asian and Minority Ethnic communities, working or volunteering within the police, fire and ambulance services.
 - 3. An online survey complete by staff working or volunteering within the police, fire and ambulances services.





A note on Terminology



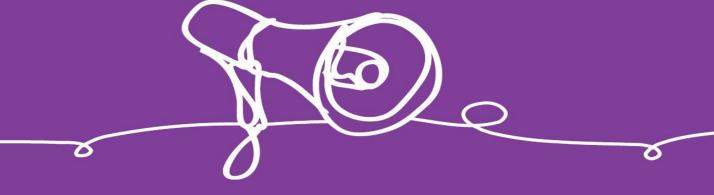


A number of terms are often used to describe people working or volunteering across the emergency services, many of which are felt to be exclusionary. Research by Kings College London and the Open University¹ has suggested the term 'emergency responders' to be most beneficial and inclusive when discussing 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.

The term BAME has been used within this report 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.

TRIGGER WARNING: Please note, that some of the qualitative insights within this report make reference to potentially triggering topics (e.g. suicide and distressing events)





Research Methodology





A full methodological breakdown can be viewed in the Blue Light: Post Covid-19 Research Full report, available internally. For a copy of the full report, please email research@mind.org.uk.

You can also view the summary report on Mind's website in English and Welsh.

This section will provide a brief account of the methodology, providing specific information on participants from the ambulance service.

Methodology: Online Survey



What did we do?

An online survey, hosted through Qualtrics©, was disseminated for completion by emergency responders between December 2020 and February 2021. The purpose of the survey was to broadly explore the impact of the pandemic on emergency responders in terms of job role, job changes and mental health.

What did we ask?

Participants were asked questions on several topics including changes to their job role, changes to their mental health, accessing support, and coping mechanisms.

How did we analyse responses?

Data was analysed in excel, and descriptive statistics were run for quantitative questions. Free text responses were analysed using a light touch approach, and used to illustrate and provide extra support for themes coming through from the survey and interviewees; free text responses can be found in the full internal report.

Who responded to the survey?

In total, 992 staff and volunteers from the ambulance service responded to the survey.





Methodology: Interviews



What did we do?

1-2-1 interviews were conducted with stakeholders (n=4), staff and volunteers (n=6), and staff and volunteers from BAME communities (n=4) from the ambulance services across England and Wales. Interviews were carried out by 2 members of Mind's Research and Evaluation team. On average, interviews lasted around 1 hour.

How were interviewees recruited?

- Stakeholders were identified by the Blue Light Programme Team and selected from a spreadsheet to represent a range of job roles, services, locations etc. Participants for staff and volunteer and intersectionality interviews were recruited through expressions of interest in the survey.
- Potential participants were contacted via email by the research team outlining the purpose of the interviews, and
 asking them if they would like to take part. Those who were interested could book an interview slot using an online
 appointment manager, Appointlet© and interviews took part remotely, using either Microsoft Teams©, Zoom© or over
 the phone. All participants who responded and consented to take part were interviewed.

What did we ask?

A range of questions around changes to their/their colleagues/their staffs job roles and mental health since the start of the pandemic, coping mechanisms and triggers of poorer mental health, awareness of and accessing mental health support, and what additional information and support they would like from a mental health offering from Mind.

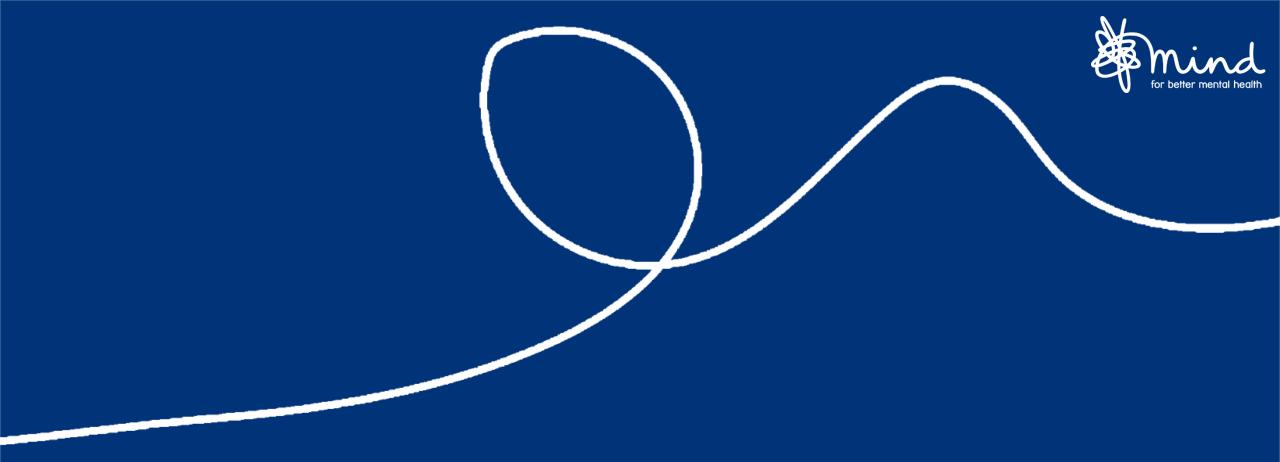
Some additional questions were asked to staff during the intersectionality interviews, including questions around ethnic identity, the day-to-day experiences of people from BAME communities within the emergency services, and experiences of mental health for emergency responders from BAME communities.

How were the interviews analysed?

Following verbatim transcription, interviews were analysed using Thematic Analysis (Braun & Clarke, 2006)² and adopting a framework approach.







Respondent Profile

Job Role: Survey Respondents





Just under a quarter (26%) of survey respondents were from the ambulance service (n=992). In comparison, in Mind's 2019 End of Blue Light Programme Survey, 28% of respondents were from the ambulance service.

Among ambulance service personnel who answered the survey:

- Just 16% were line mangers (compared to 48% of fire and 21% of police personnel).
- 40% had worked for the services for 11 years or over (compared to 62% of fire and 60% of police service personnel) Overall newer recruits were less represented in this survey, but appear slightly more represented within the ambulance service.
- Ambulance service personnel were most likely (63%) to report working with the public every day (compared to 25% of fire and 41% of police personnel).

Job Role: Staff and Intersectionality Interviewees





In total, 38% of interviewees represented the ambulance service (n=10). Of these:

- 40% did not have line management responsibilities. Line mangers were less represented in the intersectionality interviews (25%) compared to the staff interviewees (50%).
- 70% had worked from the emergency services for 10 years or under None of the intersectionality interviewees had worked for the services for 11 years or more.
- 60% had contact with the public for the majority of their working week. Those with less contact with the public were less represented in the intersectionality interviews (25%) compared to the staff interviews (50%).

A sampling framework was used to guide recruitment for interviews, to try and secure a more representative sample. While this was successful for the staff interviews, this was less successful for the intersectionality interviews. This was largely due to the limited number of people working within the ambulance service from BAME communities who consented to be contacted to take part in an interview.

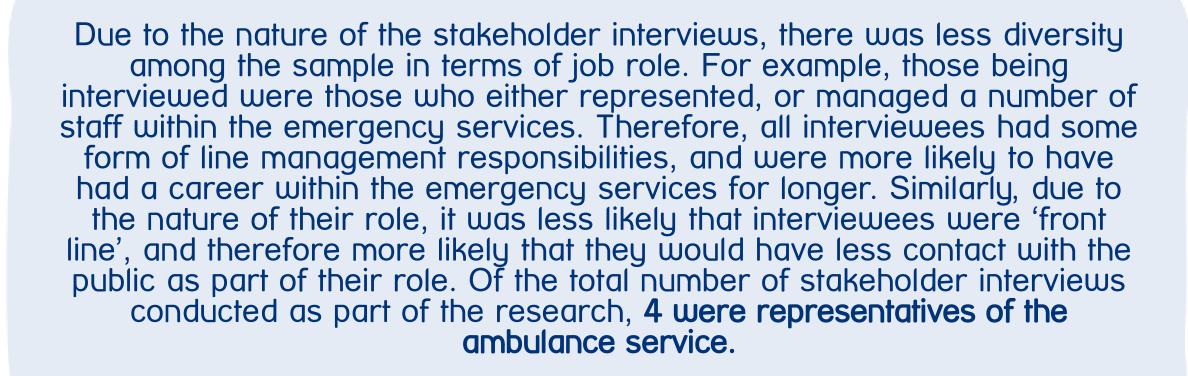
Table 1: Job role characteristics of staff, volunteer and intersectionality interviewees form the Ambulance service

Characteristics		Staff (<i>n</i> = 6)	Intersectionality (<i>n</i> =4)	Total (<i>n</i> =10)
Line Management Responsibilities	Yes	50% (7=3)	25% (7=1)	40% (7=4)
	No	50% (7=3)	75% (<i>r</i> =3)	60% (<i>n</i> =6)
Length of Service	10 years or under	50% (7=3)	100% (7=4)	70% (<i>n</i> =7)
	11 years or more	50% (7=3)	0% (<i>n</i> =0)	30% (7=3)
Contact with Public	Frontline*	50% (7=3)	75% (<i>r</i> =3)	60% (<i>n</i> =6)
	Non frontline	50% (7=3)	25% (7=1)	40% (7=4)

^{*}Frontline staff were classed as those who had contact with the public every or most days.

Job Role: Stakeholder Interviewees



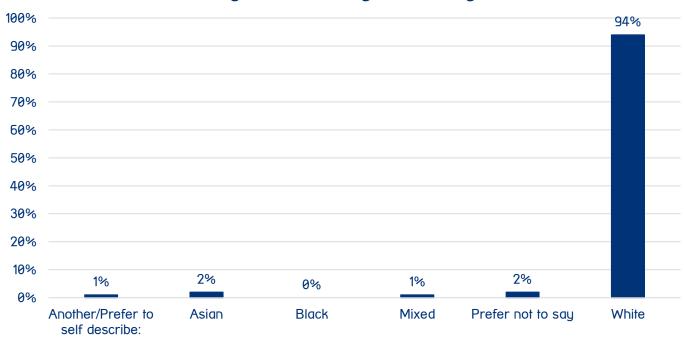


Demographics: Survey Respondents





Figure 1: What is your ethnicity



(Base = 798)

Most ambulance service respondents were **White (94%)** with just 3% from BAME communities.

Respondents from **BAME communities** were slightly **less represented among ambulance respondents** than they were among fire (4%) or police (5%) respondents.

Most ambulance respondents were **Female** (57%), with 41% identifying as Male, less than 1% identifying and Non-binary and less than 2% preferring to self-describe, identifying as 'another' or preferring not to say (base=797).

1% of respondents from the ambulance service identified as Trans (base=796).

Most ambulance respondents identified as heterosexual 82%; 7% identified as gay or lesbian, and 5% as bi (base= 794).

23% of ambulance respondents had a long term health condition or disability (base= 798).

34% of ambulance respondents had some prior involvement in the Blue Light programme (base= 789).

Demographics: Survey respondents





Figure 2: What is your age in years?

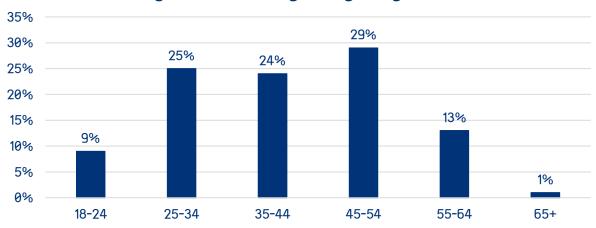
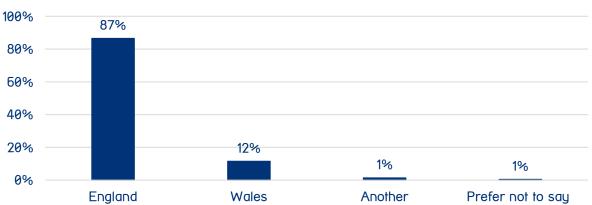


Figure 3: Where do you work/volunteer



Most respondents (58%) from the ambulance service were under the age of 45.

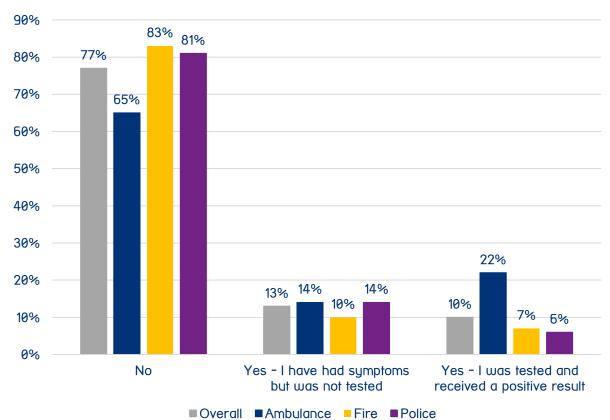
Most respondents (87%) from the ambulance services were working or volunteering in England, but there was good representation from Wales, with 12% of respondents working or volunteering there.

Most respondents from the ambulance service were staff (93%) as opposed to volunteers (7%). However, volunteers were most represented by ambulance respondents opposed to fire (4%) and police (2%) (base=992).

Personal Experience of Coronavirus: Survey Respondents







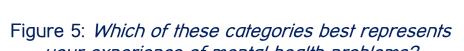
Survey respondents were asked whether they have had, or suspected they had coronavirus, and whether or not they got tested.

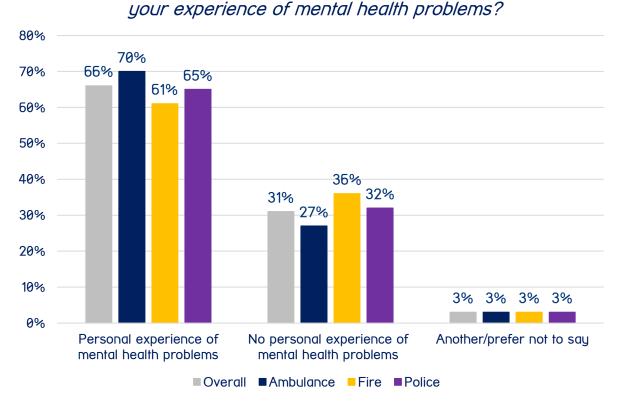
Over 3x as many (22%) ambulance respondents reported receiving a positive coronavirus test result, compared to police (6%) and Fire (7%) respondents – this is not particularly surprising, giving the nature of their job role, and proximity to coronavirus patients.

(Overall base = 2858; Ambulance base = 740; Fire base = 383; Police base = 1735)

Experience of Mental Health: Survey Respondents

for better mental health





Overall, most respondents (66%) reported having personal experience of mental health problems, compared to 31% without personal experience of mental health problems.

However, respondents working within the ambulance service were the most likely to report having personal experience of mental health problems than were those working in the fire (61%) and the police (65%) services.

(Overall base = 3130; Ambulance base = 789; Fire base = 409; Police base = 1932)

Mental Health Experiences: Interviewees





Table 2: Experiences of Mental Health of Interviewees

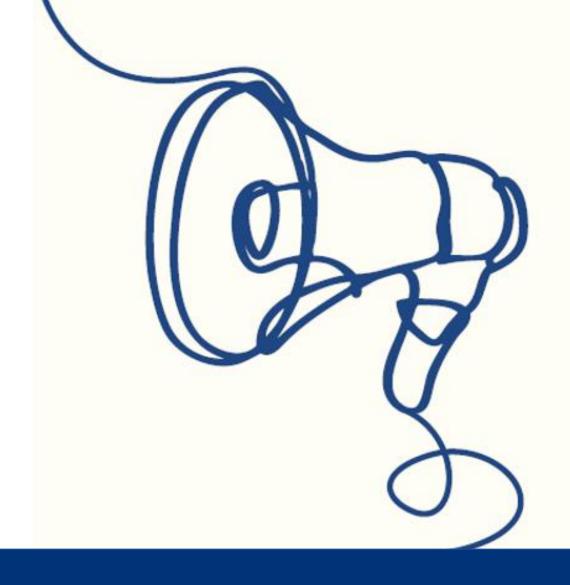
	Personal Exp. of Mental Health Problems	No Personal Exp. of Mental Health Problems
Staff (<i>n</i> =6)	50% (7=3)	50% (<i>n</i> =3)
Intersectionality (17=4)	100% (7=4)	0% (<i>r</i> =0)
Total (<i>n</i> =10)	70% (<i>n</i> =7)	30% (7=3)

Most interviewees (70%) partaking in the staff and intersectionality interviews had personal experience of mental health problems.

Those with and without personal experiences of mental health problems, were better represented within staff interviews, with a 50/50 split.

Staff without personal experience of mental health problems were not represented within the intersectionality interviews for the ambulance service. Again, this can be attributed to less variation in characteristics of those from BAME communities who consented to taking part in the interviews but also, could be reflective of the types of people who would naturally want to share their experiences of mental health in this type of research.

How has the Coronavirus
Pandemic Impacted the
Mental Health of
Ambulance Service
Personnel?





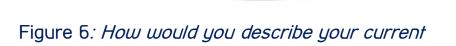
Key Takeaways

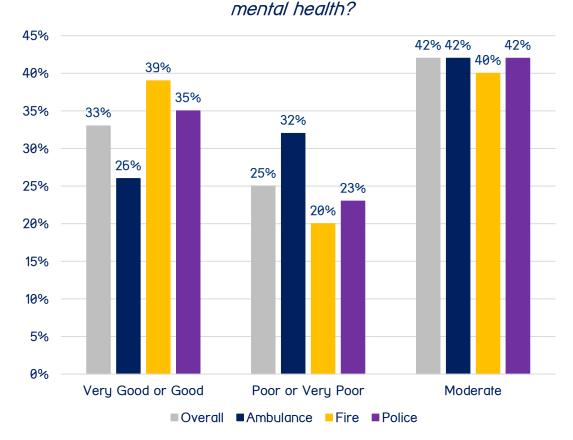


- Survey findings reveal that ambulance service personnel have been the worst impacted by the pandemic in terms of mental health, with 77% stating their mental health has gotten worse since the start of the pandemic.
- Insights gathered from interviews with ambulance service personnel highlighted similar impacts of the pandemic on mental health and wellbeing to those from the police and fire services. For example:
 - Interviewees revealed specific negative impacts of the pandemic on their mental health and wellbeing, including a general feeling of low morale, and an observed increased incidence of PTSD.
 - Interviewees also reported how the pandemic appears to have had a greater impact on specific groups of people working within the service, including those who are shielding, and those with preexisting mental health problems.
 - Interviewees predicted burnout and the loss of staff from the ambulance service as likely longer term impacts of the pandemic.
 - Interviewees highlighted a positive or 'silver lining' to come out of the pandemic in terms of mental health namely, that people appear more willing to speak about mental health and overall, appear to have a greater awareness of mental health problems than they did before the pandemic.

Current Mental Health: Survey Respondents







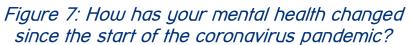
(Base = 3468, Ambulance Base = 885, Fire Base = 451, Police Base = 2132)
*Note that our 2019 and 2015 data contains responses from Search & Rescue staff and volunteers and therefore may not be directly comparable.

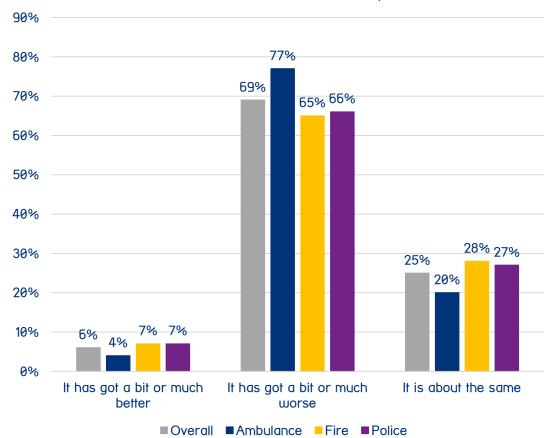
Our findings show that mental health has continued to decline across the emergency services since our original scoping research in 2015 and our Mental Health in the Emergency Services survey in 2019, with 25% of our respondents rating their metal health as poor or very poor, compared to 14% in 2015 and 21% in 2019*.

In our current survey, ambulance service personnel 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.

How has coronavirus impacted mental health?: Survey respondents







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.

While is is impossible to say whether mental health would have continued to decline had the pandemic not taken place, our findings show that the **majority of people (69%)** think that their mental health has got worse since the beginning of the pandemic.

Findings revealed that ambulance service personnel (77%) were most likely to say their mental health has gotten worst since the start of the pandemic compared to police (66%) and fire (65%) service personnel.





Negative Impacts

Insights from interviewees were similar across the services in terms of negative impacts of the pandemic on mental health, with issues such as low morale and PTSD mentioned across the board. Below are some specific examples from members of the ambulance service.

Morale is low, and some are struggling more than others

I've never had that. People only came in when they got issues. They're having little moments but the little moments are becoming more frequent, more staff. Senior staff that everybody respects in the workplace are having ten minutes, they need that ten minutes to come in and have a coffee and a chat, they've had enough. I'm painting quite a grim picture, aren't I? –

Interview participant, Ambulance service personnel

I think at the moment, it would seem to me that morale depends a lot on the kind of support that people are getting behind the scenes - Interview participant, Ambulance service personnel

It will have lowered everybody. They'll be in a more fragile state, they'll be tired everywhere, which is a massive, massive thing. The kind of levels of anxiety, all this sort of thing, depression, you know. As you'd kind of see in a general population, I'd imagine that's all been enhanced with the ambulance service, because of what they've been exposed to, what they've had to see – Stakeholder, Ambulance service personnel

PTSD

I was normal before for the first six months on the road. Never had anything before, never had depression or anxiety or PTSD symptoms at all. Then, I think, after that first wave in March, April, I just started getting flashbacks...it was just before bed so I just thought it would go away. And then we got so busy, I ended up riding with a fireman, and on the first day he said, 'You sure that's not PTSD?' I said, 'No.' And then I tried to get rid of it myself, but didn't. Then got some help...which is good, so, yes. Prior to COVID, I never had any. I just thought I felt a bit off, I didn't think it was that bad - Interview participant, Ambulance service personnel

I know early on, the number of people that were really struggling, you know, just, sort of, anecdotal reports, there were a lot of people that do need a lot of proper psychological support, for a sustained period of time. And one of the initiatives that I've been involved in with TASC and the College of Paramedics, is for those instances of, kind of, PTSD, sort of, sustained PTSD – Interview participant, Ambulance service stakeholder

Positive Impacts





Across the board, emergency responders spoke about the positive impact that the pandemic has had on people's willingness/ability to talk about mental health, attributed to a general increase in awareness of mental health as a result of the pandemic. Ambulance personnel spoke about an increase in both personal willingness to open up and discuss mental health, but also an increase in general conversation about mental health within the workplace, and occurrences of checking in on others.

Being more able to talk about mental health

It's okay not to be okay and for us to say 'no I'm not okay, no I'm not I'm struggling'...since March they're coming forward and saying 'no I'm not okay, I'm struggling, I've got problems' and sometimes it's just a conversation and then it's all okay. Reassuring them. They're doing it more now than they did 18 months ago...as an organisation before I wouldn't, six, seven years ago I would never remove an operational crew because somebody was struggling. They're here for ten hours, you'd expect them to be here for ten hours because of our demand and our performance. I've no qualms now we will never get to everything because of the demand. I've got to protect that individual because I need them next year, I need them next week and I'll remove them. I'll just say 'you're not going back on road' and the good thing is I'll never be judged for doing that - Interview participant, Ambulance service personnel

I think in the past few years obviously there's been a lot more of a focus on mental health and well-being, which the general public are now more aware of it's not just something in your head that you can forget about. It's similar to physical illness in the sense that, you know, it needs treating. So, I think everything that was going on at the time and that increased awareness around mental health is what made me take the step to call the doctor. So, I think that's probably the most positive thing that I did - Interview participant, Ambulance service personnel

Impacts on Specific Groups





Interviewees across all services observed a bigger impact of the pandemic on mental health for people from specific groups more so than others. Such groups included people who were at risk/shielding, people living alone, parents and those with pre-existing mental health problems. In particular, ambulance personnel in management positions spoke about the impact of the pandemic on them, and how there have been additional pressures to provide support for their staff on a frequent basis, and how sometimes, they themselves don't have the answers they need.

People at risk/shielding

It worries everyone. The more senior members of staff that are nearer the high-risk groups...I've had individual people asking for individual risk assessments around what we can do to support them. They're worried...When the shielders are coming back these people are going to be very, very anxious. They're going to be frightened to death that they're coming back in - Interview participant, Ambulance service personnel

Managers

I don't have the answers...I can't give them that glimmer of hope. Before if somebody was really struggling I could say, 'Look, let's put your weeks annual leave in. Go and spend some time with your family'. What am I putting it in now for? - Interview participant, Ambulance service personnel

People with pre-existing mental health problems

It would probably be the people with pre-existing mental health conditions. So a couple of friends have openly disclosed that they already had OCD and depression prior to even this COVID thing happening. So theirs has sort of flared up exponentially to OCD with cleaning and OCD and anxiety passing it to their family - Interview participant, Ambulance service personnel

Also obviously work was a little bit more stressful, because you've got everyone else offloading their worry and their concerns onto you as well. At the time, I'm generally a person that will absorb that and I take on everyone else's worry, which isn't a good thing, it's not helpful at all - Interview participant, Ambulance service personnel

People living alone

I really, really struggled because at the start of the pandemic I lived on my own. and I ended up doing a lot of overtime because I just didn't like being on my own on my days off, my family are all quite far away so it wasn't a case of-, you know, some people can go and see their family and like pop their head over the fence and say hello. I never had that opportunity - Interview participant, Ambulance service personnel

Longer Term Impacts





Interviewees also spoke about the longer term impacts of the pandemic on the emergency service workforce, with most reflecting that due to the relentless workload during the pandemic, the incidence of burnout or a post-pandemic crash is likely. Interviewees also reflected on the likelihood that the emergency services will lose staff post-pandemic, both in terms of being less desirable to new recruits, but also losing current staff who don't want to work there anymore, due to the pressures they faced working during the pandemic. Burnout and the idea of a post-pandemic crash were spoken about by ambulance personnel in particular, who are more likely to have seen their workload increased during this time than their colleagues in the fire and police services, due to the nature of the pandemic and the nature of their roles.

Burnout/Post-pandemic crash

Dealing with an incident like that, short-term people can step up, push their chest out and we get on with it to serve the public but the length of time it's been going, there's only so much you can keep. 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 personnel

I think in some ways like it's having a challenge now, is that people have already eaten their reserves and haven't really had a chance to recharge them much after the first wave and so I think a lot of people are running on empty now-Interview participant, Ambulance service personnel

Losing staff

And I think, you know, people don't come to work to catch diseases, so we need to think about that as well. Like our colleagues in Police and Fire, we are consciously putting our staff in harm's way now, and that's a very different thing to where we've been before. I mean we've done that with our Hazardous Area Response Teams and things like that, but they're very small parts of our workforce, and now we are putting every single person in the front-line at risk. And that's challenging, and that's not just challenging at the operational level, that's challenging up at corporate level as well-Interview participant, Ambulance service personnel

I think we might risk seeing people leave it as a career after this, part of that may be because of burnout. You know, it's going to have been what I imagine will have been a long hard eighteen months, I could see us another six or seven months of recovery in how we come out of this. So, I think we'll probably see, we haven't seen people leave at the moment – Interview participant,

Ambulance service stakeholder

Longer Term Impacts





PTSD was also discussed prominently by ambulance service personnel and identified as a potential longer term impact of the pandemic on the mental health of emergency responders. During the pandemic, ambulance service personnel in particular have had to attend more distressing and traumatic events, while dealing with a relentless workload and lack of downtime. They are concerned about the impact this might have when they have time to process.

PTSD

I don't like using war-like analogy, but there is that thing of coming home, and that re-acclimatization of being back in the real world, and there will be things that you see in the supermarket, or things that, you know, you might be in a restaurant and see something, or notice something which reminds you of something else in the past, or something that you've seen during COVID, which other people won't be able to understand or relate to. In some ways, it will be like when people have come back from World War I or World War II, where they've seen horrible things, they've had to do horrible things, they've had to make peace with some of the decisions that they made, or actions that they've taken or not taken, and I think it will be difficult - Interview participant, Ambulance service personnel

For certain people, if they've had to deal a lot with it, I think it will have quite a dramatic effect on people's minds. Once you've seen something, you can't un-see it, especially for those in hospital settings. To see what they've been seeing day in, day out, that's going to have an effect, as much as you can try and go away and do something nice, that will never disappear - Interview participant, Ambulance service personnel

Impact of extended restrictions

And I think it's the exhaustion of 'It's still going on.' And it's been such a long thing and everyone putting so much energy, and we've done a lot of overtime and we've missed out on a lot of leave. And now 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...And it's multi-faceted, and from a mental perspective, it's so complex and always tied in with that not knowing when the end is. I always think, if they said, 'It'll be up until March,' you'd just go, 'Okay, the last stretch, fine.' But obviously we don't think that and each time we've thought we're coming to the end it's not happened, and you've had to dig deep and find that extra bit - Interview participant, Ambulance service personnel

Job Changes and Triggers of Poor Mental Health for Ambulance Service Personnel







Job Changes

Key Takeaways



- Survey findings reveal that ambulance service personnel were more likely to have had their workloads increased due to the pandemic and due to the nature of their role, and were more likely to have had to attend more distressing or traumatic incidents.
- These findings were supported by insights from interviews, with ambulance service personnel reporting an increase in attending traumatic/distressing events and how the majority of their workload is now focused on the coronavirus response.
- As a result, they are witnessing and tending to a greater number of seriously unwell people. This, coupled with an increased/relentless workload, is having a negative impact on the mental health and wellbeing of ambulance service personnel.
- There is a fear that the true extent of this may not be observed until after the pandemic, when personnel have had a chance to process their experiences.

Changes to Job Role





Across the three services, the top three selected changes to job roles were:

- 1) Working remotely (27%*)
- 2) Being required to take on additional responsibilities (23%)
- 3) Working more hours (17%)

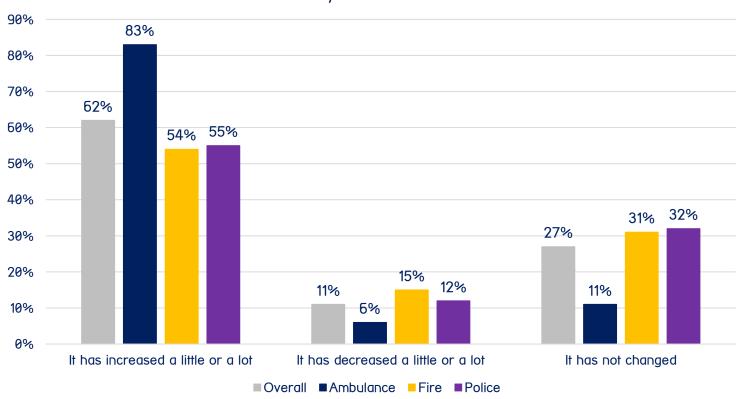
However, there were some differences between emergency services. For example:

- Ambulance service personnel were more likely (27%) to have attended more distressing or traumatic events than police (5%) or fire (5%) service personnel
- Ambulance service personnel were also more likely or report an increase in working hours (26%) compared to police (14%) or fire (16%) service personnel







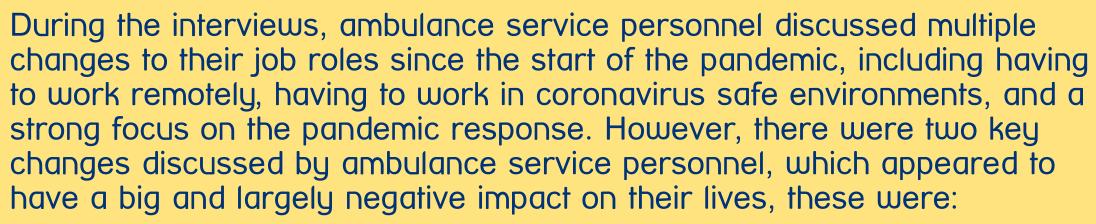


Most respondents (52%) were likely to say that their workload had increased due to the pandemic, with ambulance service personnel more likely to report this (83%) compared to fire (54%) and police (55%) personnel.

(Base = 3457; Ambulance base = 882; Fire base = 449; Police base = 2126)

Changes to Job Role: Qualitative Insights





- 1. Increased working hours
- 2. Attending different types of calls than they were used to

Insights from interviewees from the ambulance service are presented over the next few slides.

Changes to Job Role: Different Types of Calls and Patients



Due to the nature of their jobs, it isn't surprising that ambulance service personnel have seen a big change to their day-to-day roles since the start of the pandemic. Ambulance service personnel described how most of their cases are now coronavirus cases, and that there has been much less variation within their job since the start of the pandemic. Ambulance service personnel also described having to deal with more traumatic/distressing events since the start of the pandemic, and a greater volume of seriously unwell patients.

Coronavirus cases

I think at the moment, a pleasure would be to have a drunk in the street. A pleasant drunk in the street would be an absolute pleasure for them, it's some down time for them. There isn't any of that. It's just ill after ill, after ill. And there's only so much that you can sustain because you just live in a constant state of misery, don't you? Somebody else's misery to be fair-Interview participant, Ambulance service personnel

I went from just doing, just, a variety of normal jobs to, just, basically...carting them, sort of, in and churning through them...It became just, like, a factory...the role changed completely to what anyone had ever known before, so, yes. It completely changed - Interview participant, Ambulance service personnel

Dealing with more distressing incidents

Instead of doing one or two jobs a day of random things...[it] went to just going to job after job of just a dead person. It's called ROLE-ing them, Recognition of Life Extinct. So they'd just ROLE three people, four people in a row. And they'd just do that day after day. And they're just like, not actually helping anyone, we're just the death mobile with our time. So they don't really feel like they're helping...that's all their day was just death, death, death all day - Interview participant, Ambulance service personnel

You take them in with COVID related symptoms and they're desperately ill and the example one of my staff gave me ...was an elderly couple, man and wife, probably 80s, 90s, COVID positive, really desperately ill. Normally you'd put them on the back of an ambulance, you'd give the patient some hope and you would take them to hospital. And the lady was saying goodbye for the last time and the impact on his mental health and that's happening more frequently—Interview participant, Ambulance service personnel

We've got the 999...we've got non-emergency patient transport and then we've got the national 111 service...We operate all of that...so that's a service line where, certainly in the pandemic, they have been hit hard with activity and different types of patients and callers that they wouldn't normally see – Interview participant, Ambulance service stakeholder

Changes to Job Role: Increased Workload





Unsurprisingly, survey findings revealed that ambulance service personnel were the most likely (83%) to report an increase in workload since the start of the pandemic. Qualitative findings supported this idea and provided more insight into the impact that this increased workload is having on the mental health and wellbeing of ambulance service personnel. For example, personnel spoke about how the amount of work they were doing is unsustainable, that they feel unsupported and that there is a lot of pressure on them to perform.

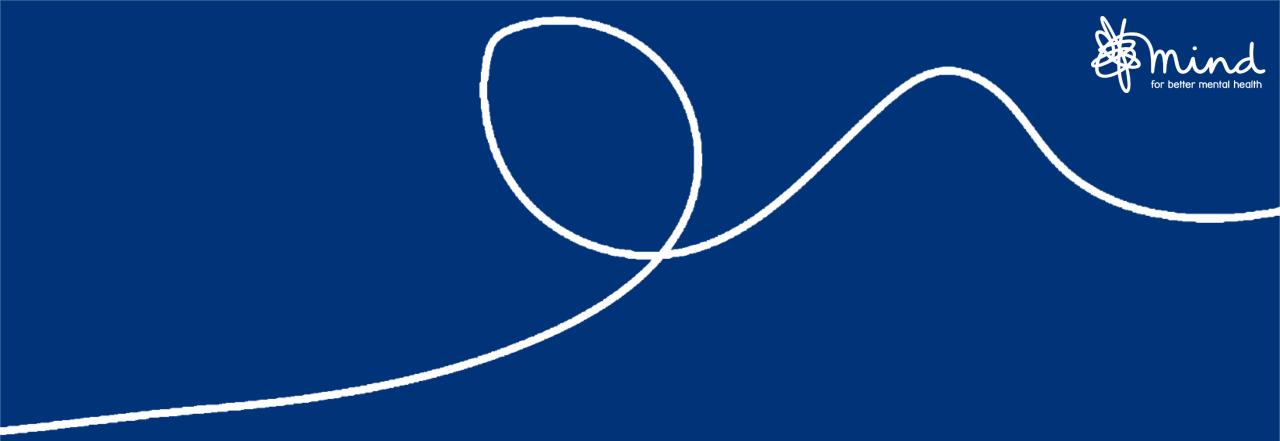
There's only so long you can sustain, as an organisation, putting all the line managers staff facing and being there as a support. We're always there as a support but the day-to-day business has to start and come back in. So your long-term absence meetings, your meeting online with acute trusts just because the pathways still need to be developed for patients in specific groups...You're supporting the staff but you're just not doing anything else, and the trust still has to perform - Interview participant, Ambulance service personnel

A lot of staff members who didn't feel supported, a lot of people who felt that they couldn't come to work or do their role. I think outside of that there was a lot of staff members who felt under pressure to come in on days off or extend shift hours, sometimes with payment or any kind of time off in lieu, but other times, there were members of staff who were having to work and weren't necessarily being compensated - Interview participant, Ambulance service personnel

So a significant change in workload, additional workload, different workload, different working places - Interview participant, Ambulance service stakeholder

I've never experienced anything like it in the NHS. We were asked to work evenings and weekends, I've never done overtime...it's not normal for me to do overtime, but we did during the, sort of, April, May and June months when it was at it worst. Obviously there was a global shortage as well of all the PPE. masks and aprons and things so it was really stressful and we were just doing anything we could to source it and obviously in the ambulance service our usage is, sort of, different to what you'd find in a hospital. So, you've got obviously the crews go to numerous jobs a day so they need a new apron every single time and the quantities that we needed of the PPE was really high - Interview participant, Ambulance service

personnel



Triggers of Poor Mental Health

Key Takeaways



- Survey findings revealed that ambulance service personnel were more likely to be concerned about passing coronavirus onto their friends and family, than their colleagues within the fire and police services. This is unsurprising due to the nature of their roles, and increased likelihood of coming into contact with patients with the virus.
- Insights from interviews revealed how the mental health and wellbeing of ambulance service personnel has been particularly impacted by media/news coverage during the pandemic. Specifically, the 'hero narrative' constructed around NHS staff during the pandemic, whilst appreciated at first, led to feelings of internal conflict for example, not identifying as a hero because they are just doing their job, or because, at times, they would much rather have been somewhere else.
- Another trigger of poor mental health (identified through interviews) that was unique to ambulance personnel, were feelings of moral injury. For example, interviewees expressed feelings of conflict, and questioning what was the right thing to do, when faced with acting quickly or following coronavirus regulations (e.g. wearing PPE) when attending to patients in crisis; this could subsequently cause feelings of guilt or anxiety now, or further down the line.

Key Triggers of Poor Mental Health: Survey Respondents



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:

- Being unable to see friends, family or partners that they don't live with (87%)
- Concerns about passing on coronavirus to friends and family (69%)
- Feeling anxious about family or friends getting coronavirus (64%)
- Media/news coverage relating to coronavirus (51%)
- Feeling anxious about getting coronavirus (48%)

Key Triggers of Poor Mental Health: Survey Respondents



Whilst the top three concerns were the same across the police, fire and ambulance services, there were some key differences in the top five, outlined in table 3.

Table 3: Top three concerns across the emergency service departments

	Police	Ambulance	Fire
1	Being unable to see friends family or partners that they don't live with (85%)	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 (54%)	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 service personnel were most likely to be affected by worries about passing coronavirus onto friends and family, with 75% saying this negatively affected their mental health, compared to 67% of police and 63% of fire service personnel. Ambulance service personnel were also more likely to say that their mental health had been affected by pressures from management, with saying that this had made their mental health worse, compared to 33% overall. Interviewees spoke about several triggers of poor mental health, some of which support the findings from the survey, presented over the following slides.

Key Triggers of Poorer Mental Health



Friends and family, including not being able to see them, were a trigger of poor mental health for emergency responders across the services, including ambulance service personnel. Ambulance service personnel in particular were worried about friends and family getting coronavirus. Specifically, ambulance service personnel were worried about passing coronavirus onto friends and family themselves, with several interviewees discussing how it was a constant worry.

Not being able to see friends and family

At the start I was fine, well I felt fine. Maybe I wasn't. I think it was possibly about midway through I think. It was when we were in the phase of, you can't actually see anyone or anything...I think it was around Easter time and I was dropping some Easter eggs around, you know, my family...and I think after that, without me even realising, that's when it probably hit properly-Interview participant, Ambulance service personnel

I think sometimes that lack of being able to see family and friends has probably really impacted on the teams and yet, some staff feel really fortunate. I feel really fortunate, to get up in the morning and come to work. Some people either don't have a job or don't have that routine – Interview participant.,

Ambulance service stakeholder

Anxiety about friends/family getting coronavirus

And I just became, sort of, a constant, in my brain, like, 'oh what am I going to do' or 'what if this happens' and my sister and my mum work in the NHS and they're actually clinical staff, so that was a big part of it as well, I was worried, sort of, really worried for them, like, 'what if they get COVID'. So, that was a big a part of it as well so I'd, sort of, be driving home and I'd have all of this in mind about you know, 'What about my sister? What about my mum? What's going to happen with them?' and I'd be crying on the way home and, you know, getting stressed all the time - Interview participant, Ambulance service personnel

As a public service there is an element of risk in what we do. And we do put ourselves in harm's way to protect the public...That's what we signed up to...You always heard about it but it was somebody else has, somebody else, this second time around it's our staff catching it. They've been going home, the family's gone home. We've got one member of staff where he caught it at work, took it home to his partner who works on the job - Interview participant,

Ambulance service personnel

Key Triggers of Poorer Mental Health



Survey findings revealed that the news/media about coronavirus was a concern for staff across all emergency services however, interviews revealed there were worries that were specific for ambulance service personnel. Since the start of the pandemic, the general public have been supportive and appreciative of the NHS and everything they have done, demonstrated through initiatives like 'clap for carers'. On top of this, the media have praised the NHS considerably, and portrayed somewhat of a 'hero narrative' around NHS workers. While interviewees suggested they appreciated the kindness demonstrated by the public and the media, they did speak about how they don't feel like they are heroes, that they are just here to do a job, and how this caused personal conflict and a degree of embarrassment.

You need to know that people are behind you, not going to knock you at every turn. That's really important for people, I think. I think that Clap For Carers was psychologically good, I know some people distracted from it, but it was psychologically good because you knew your neighbours were behind you. Whereas with the media, with the inconsistencies, you don't know whether they're for you, against you or whatever - Interview participant, Ambulance service personnel

It depended what mood you were in...it felt like the whole world was behind us and championing us on...you'd see displays outside schools and stuff with rainbows, and everyone literally wishing you well. 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...I would rather be at home and on lockdown, and furloughed and everything else, rather than doing what we're doing' - Interview participant, Ambulance service personnel

There is a real issue with tagging people with a 'heroes' strapline. I think most people would say what we do is just our job, and I see and I hear it all the time, and I do it myself. Because it's just our job, it's just what we decided to do...certainly in the early stages when there was the Thursday evenings, that was quite overwhelming — Interview participant, Ambulance service stakeholder

You're not a hero when you're going in and saying for the fifth or sixth time in a day that, you know, 'I'm sorry, your loved isn't going to make it in the next couple of hours'...I think, kind of, fly-on-the-wall type documentaries and soap operas, I think sometimes they can be more harmful than helpful, because people think they are seeing what reality is, and the reality is that what the emergency services and what the healthcare, well, do on a day to day basis is probably too raw and too unfiltered for people to understand. And I think if people understood then we probably would have had something different to a Clap for Carers, and I think, whilst it was great at that time, you know, there's no clapping going on now, and I understand why...I'm not trying to sound dismissive, but actually we didn't need any of those - Interview participant, Ambulance service personnel

Key Triggers of Poorer Mental Health



Survey findings revealed that ambulance service personnel were most likely to have said their working hours had increased, and also showed that ambulance service personnel were more likely to have contracted coronavirus, which is not surprising given the nature of their roles. Insights from the interviews confirmed that both long hours and fears around catching coronavirus were causes of concern for ambulance service personnel, and things that were negatively impacting their mental health.

Worries about getting coronavirus

And I know that sounds pretty grim but understanding your mortality at a time like that makes it easier to work because if you're constantly fearful then you just couldn't do the job and I think a lot of people went through that thinking, that there's a possibility I might not make it through the next shift, the next week, the next month or whatever, especially as we'd seen some of our colleagues who had caught it and then ended up very poorly with it as well. So, yes, it wasn't an easy time - Interview participant, Ambulance service personnel

The level of risk they're exposed to, even with the full PPE, there's so much for people to deal with and process. And in the context of more people dying, in the context of people being ill, whether somebody will have COVID or not when they're getting in, it's extremely trying circumstances, in the profession that was already extremely trying – Interview participant, Ambulance service stakeholder

Long hours

We just sort of, like, it was so busy. And our general broadcasting, like, arrest after arrest, people really sick, so you, sort of, just, did the job and then just did the next one, did 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, but there was no real time for that, it was just, literally, four days in a row, fourteen hour days for, I don't know, I think we did it for a couple of months - Interview participant, Ambulance service personnel

It was all very go go go...I feel like it just, sort of, hit everyone in March and you know, one day I was doing a normal day to day job and the next I was being asked, sort of, ten questions a minute. I felt like, 'We need this, we need this,' and it was just 'go go go' and it was, sort of, like your mind couldn't keep up with what was happening and tens of emails coming through, like, all the time. So, that wasn't great, like you didn't have a minute to think or you didn't have a minute to feel like you were doing a good job because it was just go go go - Interview participant,

Ambulance service personnel

Other Triggers





There were some other interesting differences in recorded triggers among the three emergency service departments in the survey:

Ambulance service
personnel were more likely
(41%) to report their mental
health being affected by
poor communication of
changes/policies relating to
coronavirus than were
police (29%) or fire (25%)
service personnel

Ambulance service
personnel were more
likely (44%) to report
their mental health being
affected by pressure
from management than
were police (30%) or
fire (29%) service
personnel

Work Related Triggers: Traumatic/distressing events





Survey findings showed that ambulance service personnel were more likely to report having to attend more traumatic or distressing events during the pandemic, likely due to the nature of their role, and this is something that was supported by the findings of the qualitative fieldwork. Interviewees from the ambulance service discussed the presence and impact of 'moral injury' (relating to concerns over whether they were making the right decisions about patients' care) which was associated with dealing with large volumes of very ill patients and taking them away from their families to attend hospital. Interviewees also discussed how in general, the volume of unwell and anxious patients was much higher than it was prior to the pandemic and the impact that this had on them.

Moral injury

The decisions that we had to make about leaving people at home or trying to do all this work, she was unable to cope as well because, again, making the decision to leave a patient at home who you know is going to die, it's not a straightforward-, there is a lot of thought process that needs to go behind it - Interview participant, Ambulance service personnel

So there's a moral pressure and sometimes a moral injury, that you're either doing what you describe as your day job, or you're out there because you need to go out there and make sure the patient is being cared for as well - Interview participant, Ambulance service personnel

This moral injury concept where you've got people, they join the job, they join the ambulance service to go and help people, they join the job to go and respond to people quickly when they need help because they don't know what else to do. They are ill or they are injured and they need someone to come and help them. When they are doing one job a shift because they're stuck in the back of an ambulance for 12 hours or 18 hours with one patient, they get really-, our people get really, kind of anxious, about that - Interview participant, Ambulance service stakeholder

Higher volume of unwell and anxious patients

My last three shifts were just Covid patients, every single one, and really bad Covid as in they couldn't stand, they couldn't walk, they couldn't breathe and you're literally just picking them up and taking them in, there's nothing you can do. Yes, it just gets you down a bit, but I'm not stressed about it, I don't bring it home - Interview participant, Ambulance service personnel

Some of the patients, I think, because I've never seen the fear in the patients' eyes before. Like, young, scared, and then, just the repetitive nature of it - Interview participant, Ambulance service personnel

Work Related Triggers: PPE





At the start of the pandemic, media coverage around PPE was common, with stories reporting on shortages of PPE across emergency services. PPE was discussed by several interviewees across the emergency services including shortages of PPE but also other challenges with PPE including the inconvenience of having to use PPE due to the nature of their roles, and the impact of using PPE in terms of communicating with patients and being able to support families. Insights from ambulance service personnel are presented below.

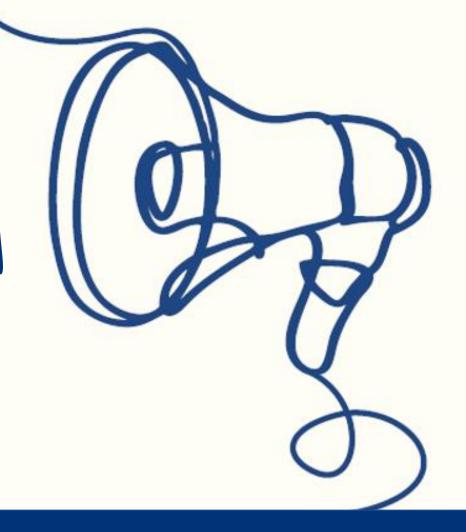
Working in PPE is hard work, you know. I was on a resus [itation] on a beach in the hottest week we had last year, at about 35 degrees, and I had people wearing white suits, face masks, two pairs of gloves, goggles, and I was genuinely scared for their physical safety as well as their mental health, you know. And it's hard work wearing that stuff, you know - Interview participant, Ambulance service personnel

I mean, there's been some research out last week that coughing is ten times more aerosol-generating than CPAP. And, obviously, when they do CPAP in ICU they all have level 3 PPE. We were only given level 2. And we had colleagues falling like flies, we had people off for weeks, months at a time. They'd tried to come back to work, the first job they'd be too breathless, they wouldn't be able to do it - Interview participant, Ambulance service personnel

You might have a kiddy arrest, a paediatric arrest, and you decide, 'You know what, I'm not going to put on all PPE, because there's a dead child in front of me, and I have to get on with doing CPR and doing ventilation, and I think, similarly, there will be situations where people have-, there's a guilt where they're putting on PPE, and they're being us. You know, they've gone through horrendous situations where relatives are telling them to do something and they can't because they've got to look after themselves first, and they've got to put on their PPE first...and there will be that, kind of, spill over effect from that - Interview participant, Ambulance service personnel

There wasn't enough PPE...For the first couple of months, we were just doing cardiac arrests with nothing...But the way I looked at it was, I don't know, it was just building my COVID immunity because I didn't get it for a year, so, something must of, sort of, might have just got small doses of it but I didn't, we were doing arrests back then and suctioning and tubing with no hazmat suits, no face shields, no surgical masks. So, I don't know how we didn't get it - Interview participant, Ambulance service personnel

How have Ambulance Service Personnel Coped During the Pandemic?





Key Takeaways



- Survey findings showed that coping mechanisms adopted by personnel across the three emergency services were similar with connecting with friends and family, eating too much or too little, and exercising being the top three cited mechanisms by ambulance service personnel.
- However, survey findings did reveal that ambulance service personnel were the most likely of personnel from across the services to adopt negative coping strategies during the pandemic, such as smoking, drinking alcohol and using drugs, or self-harming.
- Interview insights revealed similar coping mechanisms among personnel across the three emergency services for example, connecting with friends and family, peer support and engaging with hobbies and interests. However, interviewees from the ambulance service were particularly likely to discuss the use and benefits of peer support during this time, specifically peer support from their colleagues with whom they share unique experiences.

Coping with stressors: Survey Respondents





Respondents were asked the question, "Which of the following have you spent time doing to cope with any pressures you've experienced since the start of the coronavirus pandemic? Please select all that apply". The top three responses are outlined in table 4.

Table 4: Top three coping mechanisms across the emergency service departments

	1st	2 nd	3 rd
Overall	Connecting with friends and family online (58%)	Exercising (56%)	Eating too much or too little (47%)
Ambulance	Connecting with friends and family online (56%)	Eating too much or too little (52%)	Exercising (48%)
Fire	Exercising (67%)	Connecting with friends and family online (56%)	Taking part in a hobby (e.g. gardening, DIY)(41%)
Police	Connecting with friends and family online (50%)	Exercising (57%)	Eating too much or too little (45%)

Negative Coping Strategies: Survey Respondents





	Ambulance	Fire	Police
Eating too much or too little	52%	40%	46%
Smoking, drinking alcohol or using recreational drugs	24%	17%	17%
Self-harming	4%	1%	1%
Gambling	1%	1%	1%
Base	450	178	950

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 personnel.

Ambulance service personnel 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 personnel.





Survey findings suggested that ambulance service personnel were more likely than their colleagues in the fire or police services to use negative coping strategies (e.g. drinking too much alcohol or eating too much) during the pandemic. However, this is not something that was discussed during the interviews, with interviewees discussing largely positive, healthy coping strategies such as sports and exercise.

Sports and Exercise

I go running, I go walking, I've got the dogs...The only one I've carried on with is the running and the exercise, and try to be normal, basically, as normal is at the moment. So, I'm going to go for a run with the dog after this - Interview participant, Ambulance service personnel

One thing that I've found that really works for me is exercise, not obsessively, but a healthy amount. Well, the gyms have been closed since God knows how long, I can't swim anywhere. I've been trying to run outside but it keeps snowing, it's snowing today and it's really icy. I probably will still go for a run later but when there's this much snow you can't - Interview participant, Ambulance service personnel

Hobbies and interests

And personally for me, thank the Lord that I'm still allowed to go fly-fishing, which is my thing, so I go and disappear into the countryside and try and catch a trout or two for my wife's tea. So that's my thing. Whenever I can, I go out and do that and, you know, get away from work, home, everything and spend some hours in some really nice countryside just trying to put the world to rights in my head, and trying to outwit a couple of fish - Interview participant, Ambulance service personnel

I mean, I'll also go down into my garage where I've got a little studio and I'll do a bit of painting for a couple of hours, and just chill, and just take my mind completely off work - Interview participant, Ambulance service personnel

Peer support





Peer support as a coping mechanism was discussed across the emergency services. However, it was a particularly big discussion point for those from the ambulance service, with interviewees speaking about the uniqueness of the bond between emergency services colleagues due to their shared experiences.

I think others, in a way I think it also you know the bond you have with people you work with, I think that helps as well. I think it forms a like sort of solidarity and a togetherness type effect which I think only a good positive effect. It just makes you feel loved doesn't it? It makes you feel wanted and appreciated and in that respect I think it helps in that way. - Interview participant, Ambulance service personnel

I think that is the beauty of having a regular partner. It takes you a while to build that relationship, but when you've got a regular partner to work with, you get to know them. You get to know how they're feeling, despite what they might be saying, despite the look that might be on their face, you know when they're struggling with something because you've got that relationship, you've got an open channel to have the conversation - Interview participant,

Ambulance service personnel

And without their peer groups and without their colleagues to be able to come tow work and know that they're all in the same situation, I don't think some people would have been able to cope with it. It's a weird scenario – Interview participant, Ambulance service stakeholder

I think part of the coping mechanisms and the mental health preservation infrastructure within emergency services is a lot around shared experiences and talking about stuff and socialising. I think probably one of the things that has been a bit of a barrier in the past, particularly for people who don't drink which tends to affect a particular religion more than others - Interview participant, Ambulance service personnel

Coping





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.

Usual coping strategies not available

A large part of my coping strategy that I've used in the past, meeting with people and talking things through, that's become a lot more difficult...I've realised that need a long time ago and started putting stuff like that in place, and that's been beneficial, but obviously with the lockdown, a lot of that is restricted, and if it's restricted for me, it is for other people who need it a lot more than I do, to be honest. So yes, it's bit of a tough one, isn't it - Interview participant, Ambulance service personnel

I think because we are used to having a more stressful job, the stress levels of the job might be here. So the other stuff in your life, seeing your friends and family, your hobbies, your health and fitness, all that kind of stuff, you used to balance it out. You can get a good balance and that's fine, and I feel like I learned how to do that. You can't do those things that balance out the job. So you just have the job and not the other things - Interview participant, Ambulance service personnel

I play sport, and I play a team game called softball...I think not being able to use or get rid of those built up, sort of, feelings didn't help. It, sort of, although I didn't realise it at the time, you know, because you go to work, come home, go to work, come home, you don't realise that you're actually internalising everything, and you've got no escape route... for someone like myself that does that type of thing, there was no way of releasing your emotions - Interview participant, Ambulance service personnel

Organisational and Other Support within the Ambulance Service: Awareness and Accessibility







Awareness of Support

Key Takeaways



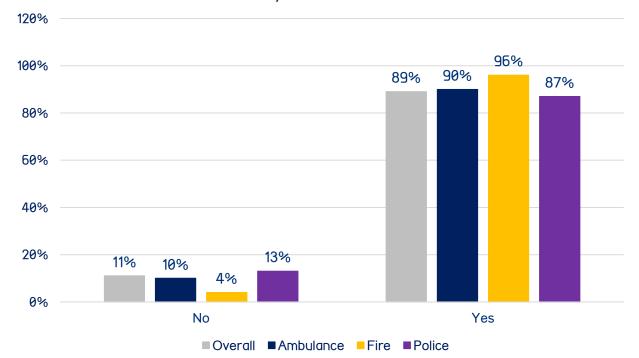
- Survey findings revealed that ambulance service personnel were the least likely to report that their organisation had provided resources to manage their mental health and wellbeing during the pandemic, and the least likely to report organisational support as useful.
- However, interviewees generally spoke positively about their organisations in terms of mental health and wellbeing support and were able to provide several examples of general support that was on offer, but also new initiatives introduced as a response to the pandemic.







Figure 9: Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?



Ambulance respondents were slightly less likely (90%) to be aware of organisational support for their health and wellbeing compared to fire service personnel (95%), but more likely than police service personnel (87%.

Interviewees across the services were also aware of several channels of support available within and outside of their organisation including:

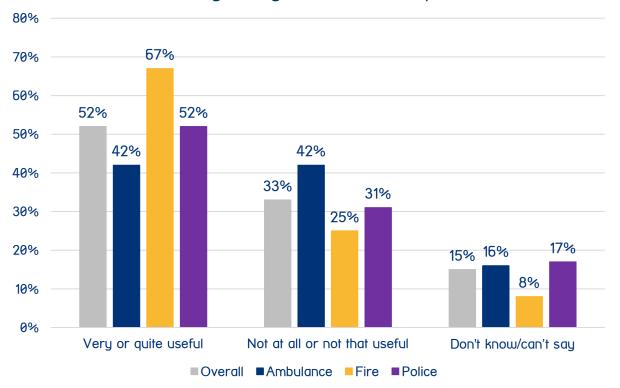
- TRiM (Trauma Risk Management)
- EAP (Employee Assistance Programmes)
- Occupational health
- Emails and signposting
- Mental health first aiders

Organisational Support: Survey Respondents





Figure 10: How useful have you found the guidance and/or resources on how to support your mental health and wellbeing during the coronavirus pandemic?



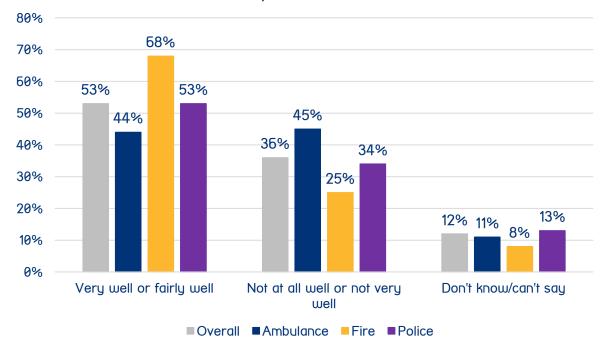
Across the services, ambulance service personnel (78%) alongside police (79%) were less likely to say their employer had provided guidance and/or resources on how to support their mental health and wellbeing during the pandemic compared to fire service personnel (90%).

Interestingly, ambulance service personnel were the least likely to report this support as useful (42%) compared to police (52%) or fire service personnel (67%).





Figure 11: In your opinion, how well has your organisation supported the mental health and wellbeing of staff and volunteers during the coronavirus pandemic?



Ambulance service personnel who responded to the survey were far less likely (44%) than their police (52%) or fire (68%) colleagues to have stated that their organisation supported their mental health and wellbeing during the pandemic well.

Interestingly, the vast majority of interviewees were 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.

Organisational Support: General Support



Across the services, emergency responders demonstrated a good awareness of support that was on offer for their mental health and wellbeing, with two of the most cited channels of support being TRiM and general support from management. While there were no differences between the services, ambulance service personnel who took part in the interviews were particularly vocal about organisational support, and able to offer lots of examples.

Trauma

Yes, so we have a TRiM Team...We're big into TRiM...I've used it a few times, and I'm one of the TRiM practitioners as well, so yes we get use for that - Interview participant,

Ambulance service personnel

So, we have posters up for TRIM meetings, so if we have something traumatic we want to talk to TO about, we will go for TRIM...and we can arrange a TRIM meeting, and we've got...TOs specifically trained in TRIM counselling - Interview participant, Ambulance service personnel

Management support

I'd be willing to go to my line managers and say 'I'm really struggling...I'm struggling, I've had enough.' And she'd say 'hang on then' folder shut, come on. And for me that is a massive change - Interview participant,

Ambulance service personnel

[my manager's] been brilliant, to be fair, and without her I would probably still be in the mess I was, and I would probably be in a lot of trouble by now. Yes, I mean, she knew what issues I had before that anyway, she could see that my coping skills were going downhill dramatically, and my ability to manage my team wasn't working well - Interview participant, Ambulance service personnel

Our managers that are on site, our clinical supervisors, I feel like any single one of them, they all have an open door policy. You could walk in, you could have a conversation, you could say 'I'm struggling.' And they would be brilliant, and I have done that before and they've been great. I know that anyone else that's spoken to me about it has said the same thing - Interview participant, Ambulance service personnel

Organisational Support: Post Pandemic



Interviewees discussed differences in the provision of mental health and wellbeing support within the workplace since the start of the pandemic. While interviewees suggested there has always been support available, the overall feeling was that more resources have been provided, including specific support and wellbeing initiatives, and that there has been greater promotion of these. Interviewees also noted an increase in demand for such services. There were no noticeable differences between the services.

More resources/promotion of resources

Specific support/wellbeing initiatives

It's a whole range of stuff, so again it all basically trundles through the welfare hub. The welfare hub's also got a suicide hotline as well, which is quite good, and you can phone that either for yourself, or on behalf of someone else and that'll trigger our specific response. So there is all that, that ability to actually get help in the emergency as well. Although the well-being hub will kick in, but it's much more slower time. But you know, it's on all our intranet stuff, you know, people know how to get hold of it. There's posters up, back of the loo door, all those things, the posters are out there so people can do it, and you know, it's not a painful process to do it - Interview participant, Ambulance service personnel

Yes, I think within the first couple of months there was a new EAP programme introduced and I think we've got like a newsletter called 'Well-being Wednesday' and that comes out every week and that's got like, mental health resources in so I think it's-, I've definitely noticed more communications coming out about resources for mental health since it started - Interview participant, Ambulance service personnel

Yes, what they did is after the first initial round they wanted everybody's opinion. They categorised it into four different colours. What did we do poorly? What did we do well? What could we improve? I think something like suggestions of how to improve. SO invited every member of staff to put in their opinions and it was all collated so they looked at it and said OK we can do this better and we do this quite well so we'll keep that as it is and they were taking on board what people were saying on how to deal with things. Just listening, I think they've done quite well to be fair. Listening and trying to adapt where they can because some things you can't change. At the end of the day you're in the job you're in and you can't necessarily change a certain process. You can't make it any safer, there's limitation I think sometimes -Interview participant, Ambulance service personnel

Organisational Support: Post pandemic





Stakeholders interviewed were involved with the mental health and wellbeing of ambulance service personnel in some way, whether it be an explicit aspect of their role, or due to their responsibilities as management. Stakeholder interviewees spoke about many initiatives that have been introduced in the workplace since the start of the pandemic, some of which are outlined below.

We've got a wellbeing hub which, again, is an element of what some of the charities have already set, as, sort of, a single point of contact which then signposts into various different aspects and that covers, you know, things like isolation packs. So, people who are isolating and can't get out, you know, there isn't anyone to get them shopping, we get stuff delivered for them. You know, and obviously we check, is it a family we're delivering for, is it just that person – Interview participant, Ambulance service stakeholder

So, something that we did quite early on was, ambulance service stuff, they're recurrently so exposed to traumatic instances, and what we did early on, we had a session on, we called it, 'Compassionate Conversations.' It was the first, sort of, Zoom we did, talking about end of life conversations because paramedics were seeing many more people dying at home and how to deal with those wearing PPE, which obviously adds a whole extra leg to the whole experience and is also very uncomfortable—

Interview participant, Ambulance service stakeholder

We've bought in a tea trolley where staff do that, so it's a peer led element. So, the team on duty will nominate somebody to go round a couple of times a day and, sort of, make tea for people at their work station. And that's not to stop breaks, you know, because we want people to get up and leave that environment and have their breaks...But, you know, sometimes it's just nice to, while you're sitting there, to have someone to come round and top up your cup with a cup of tea or a cup of coffee – Interview participant,

Ambulance service stakeholder

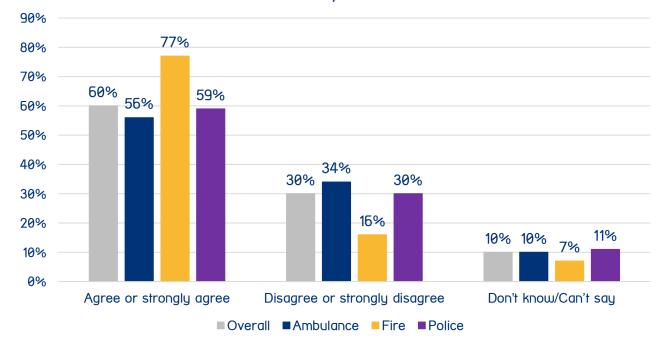
I'm probably going to miss a load of stuff as I rattle this off. I think the single biggest one, so we've stepped up our-, I mean, the obvious thing's we've stepped up so occupational health capacity we've stepped up, you know, so we've got more people there on the end of the phone and proactively reaching out to people, particularly those which are off or have been off long term, you know, with COVID so you've got all those kind of, I guess, traditional things if I could describe it like that, you know, employee support, buddy schemes, all that stuff there – Interview participant, Ambulance service stakeholder

Talking about mental health: Survey Respondents



Respondents were asked to answer, "To what extent do you agree or disagree with the following statements?", in relation to organisational support.

Figure 12: My organisation has encouraged staff to talk openly about mental health and wellbeing during the coronavirus pandemic



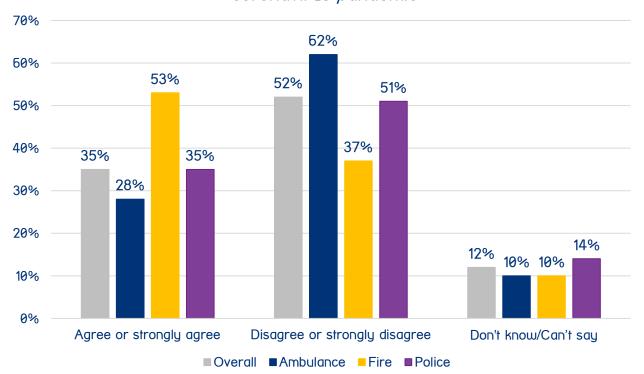
Again, ambulance service personnel were less likely (56%) than their colleagues in the fire (77%) and police (59%) services to agree that their organisations has encouraged staff to talk openly about mental health and wellbeing during the pandemic.

Despite this, interviewees from across the services, including the ambulance service were complementary of their organisations and believe that there has been a culture change since the start of the pandemic in being more able to talk openly about mental health.

Prioritising mental health and wellbeing: Survey Respondents



Figure 13: My organisation has prioritised the mental health and wellbeing of its staff and volunteers during the coronavirus pandemic



Disappointingly, only just over a third of all survey respondents felt their organisations had prioritised the health and wellbeing of its staff during the pandemic, and this was lowest for staff in the ambulance service with just over a quarter agreeing. Again, interviewees including those from the ambulance service were very complimentary about the support received from their organisation during this time, so there is a disconnect between the insights drawn from the interviewees and the survey findings.

Support in the Workplace





Respondents were asked to answer, "To what extent do you agree or disagree with the following statements?", in relation to organisational support. Responses to questions are outlined below in table 12.

Table 6: Percentage of respondents agreeing or disagreeing with the below statements about organisational support by emergency service

	Overall		Ambulance			Fire			Police			
	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say									
I would be able to seek support from my employer if I were experiencing a mental health problem (base = 3306)	73%	19%	8%	68%	24%	8%	83%	11%	5%	72%	19%	8%
Base	3306			831			433			2042		
I would feel confident to discuss my mental health with my line manager	55%	41%	4%	48%	48%	4%	64%	24%	3%	55%	41%	5%
Base	3301			829			432			2040		
My organisation has offered reasonable adjustments to support the mental health and wellbeing of staff and volunteers during the coronavirus pandemic(e.g. flexible working arrangements, homeworking)	58%	34%	17%	31%	50%	21%	62	25%	13%	54%	30%	15%
Base	3297			829			430			2038		

Across all 3 questions, fire service personnel tended to agree with the statements the most, and ambulance service personnel the least, suggesting that fire service personnel feel the most able to seek support from their employer about their mental health, feel confident in discussing their mental health with their line manger, and agreeing that their organisation had offered reasonable adjustments to support mental health during the pandemic.

Support in the Workplace





Table 6: Percentage of respondents agreeing or disagreeing with the below statements about organisational support by emergency service (continued)

	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say									
(Line managers only) I feel confident to promote good mental health and wellbeing in the workplace	83%	13%	4%	80%	15%	4%	80%	16%	5%	85%	12%	3%
Base	795			139			213			443		
(Line managers only) As a line manager, I feel confident that I would be effectively able to support a member of staff who was experiencing poor mental health at work	84%	10%	5%	82%	13%	5%	86%	10%%	4%	85%	9%	6%
Base	795			137			213			445		
(Line managers only) I feel supported by my organisation to promote and support good mental health in the workplace	72%	22%	6%	70%	24%	7%	70%	25%	5%	73%	21%	6%
Base	795			138			212			445		

For all 3 questions, the percentages of line managers from all three services agreeing with the statements was similar.



Accessing Support

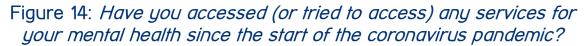
Key Takeaways

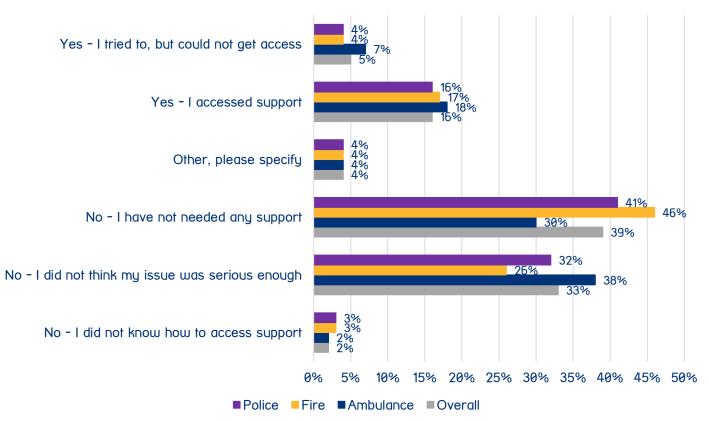


- Survey findings revealed that ambulance service personnel were the most likely to state that they did not seek support for their mental health and wellbeing during the coronavirus pandemic, as they did not think their issues were serious enough. This is particularly concerning as earlier survey findings revealed that ambulance service personnel were the most likely to state that their mental health and wellbeing had gotten worse since the start of the pandemic.
- Interviewees discussed some other barriers to accessing mental health and wellbeing support, with stigma being a big talking point. However, interviewees did discuss how generally speaking, their has been a culture change within the emergency services in terms of a willingness to discuss mental health, with ambulance service personnel in particular discussing this change during interviews.
- While interviewees from the ambulance service noted a culture change, they suggested there is still
 work to be done, and highlighted how such changes should be driven from the top, with senior
 leadership leading the way.
- Survey findings revealed that sources of information and advice were similar for personnel across the emergency services, but that ambulance service personnel were slightly more likely to report having sought advice from charities.
- Survey findings revealed that Mind was the most accessed charity for information and advice among ambulance service personnel, and interview insights revealed that information, advice and support accessed via all charities, was well regarded.

Accessing support: Survey Respondents







Ambulance service personnel were the most likely (38%) to state they did not access support, as they did not think their issue was serious enough — Interestingly, this is a higher percentage than ambulance service personnel who said they did not need support (30%)

Of those who did access support, the top 3 channels for accessing this were:

- 1. Through the NHS (53%) much more likely than police (39%) or fire (34%)
- 2. Directly through my employer (40%)
- 3. Through an employee assistance programme (20%)

Sources of Mental Health and Wellbeing Advice: Survey Respondents



Respondents were asked the question, "Have you used any of the following sources to seek advice or information about how to manage your mental health and wellbeing during the coronavirus pandemic? Please select all that apply". The top three responses are outlined in table 6.

Table 7: Top 3 sources of information and advice across the services

	1st	2 nd	3rd
Overall	Friends and family (55%)	Information provided through your employer (27%)	Your GP (24%)
Ambulance	Friends and family (55%)	Your GP (30%)	Charities (e.g. Mind) (29%)
Fire	Friends and family (52%)	Information provided through your employer (39%)	Charities (e.g. Mind) (26%)
Police	Friends and family (56%)	Official government guidance (26%)	Information provided through your employer (25%)

Advice from Charities: Survey Respondents



Survey respondents were asked, "Which charity/charities have you accessed whilst seeking information or advice to manage your mental health and wellbeing? Please select all that apply?". The top three responses were across the services were:

- 1. Mind (75%)
- 2. An 'other charity' (17%)
- 3. Police Care UK (16%)

The top three responses for ambulance service personnel were:

- 1. Mind (70%)
- 2. The Ambulance Staff Charity (43%)
- 3. An 'other charity' (14%)

Ambulance service personnel were the least likely across the services to have accessed Mind for information and advice during the pandemic (compared to 78% of police and 75% of fire service personnel).

Support from charities is well regarded



Survey findings suggest that ambulance service personnel were more likely than their colleagues in the fire or police services to turn to charities for mental health and wellbeing support during the pandemic. However, ambulance service personnel were the least likely to have used Mind. Despite this, interviewees revealed that charities were well regarded among ambulance service personnel, and those who were interviewed were aware of the work Mind does and spoke very highly of it.

Yes, in terms of sort of, mental health organisations I'd say Mind is probably the big one that comes to my mind about, in terms of what available, I suppose it's quite well publicised and you've got that app as well which I do use. So, I think you know, you're quite well known in that sense, so for me if Mind did come out with a specific tailored offer as you say, or like, small package it's definitely something I'd look into and be interested in finding more about and using potentially—Interview participant, Ambulance service personnel

I'd probably hit the Ambulance
Service Charity, first and
foremost, I think they've got
quite an up and coming thing,
and I know they've got some
reach back into the other
charities as well. So I'd probably
start there and then people like
yourself through the Blue Light
portals and things like that—
Interview participant,
Ambulance service personnel

If a member of staff tells me
they're accessing counselling
through Mind, I
automatically put Mind up at
the top of the list. It's got to
be good, it's got to be quality
otherwise Mind wouldn't do
it, do you know what I mean?
It has a stamp. It has a
brand. It has a quality
marker - Interview
participant, Ambulance
service personnel

Barriers to accessing support





Despite 60% of survey respondents agreeing that their organisation has encouraged them to talk openly about mental health, and interviewees outlining several sources of help available to them, insights from the qualitative fieldwork identified that there are still issues within the emergency services in terms of feeling confident to talk about mental health and accessing mental health services. For interviewees from the ambulance service, three main barriers were discussed:

Not wanting to be viewed as weak

I don't know how honest people are in the emergency services.

I think there's probably a lot of under diagnosed levels of anxiety and depression that exist, that just bumble along, and is there for years, and decades, and you just get used to it—

Interview participant, ambulance service personnel

So, it's not a sign of weakness to talk about mental health but I don't think people choose to, if that makes sense, you know, because it's almost admitting defeat because the job can be so demanding—Interview participant, ambulance service personnel

Not thinking their issue is serious enough to seek support

I think there's also that risk of not having insight into what good mental health is or poor mental health is...then I think it's difficult to understand where you are compared to where you should be, if you get what I mean? — Interview participant, Ambulance service personnel

Stigma, and self stigma

We need to keep working on that stigma bit and that understanding at the most basic level, what's good to say, what's not good to say, so it just doesn't get left unsaid. So, people have a kind of forum and a space to say 'Oh I'm finding it really difficult today.' And that's fine — Interview participant, Ambulance service stakeholder

I wonder, though, if you use those channels, whether there's a certain stigma attached to it because it's something that has been pushed by the ambulance service, that, well, it may not look very good if I actually make use of that service. I may not be right in thinking that or feeling that, but that's what it almost seems to be – Interview participant, ambulance service personnel

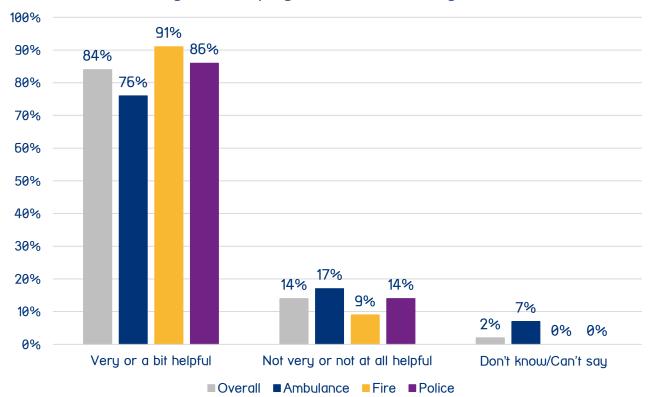
I think people still feel there's a stigma. So, I think where you've seen a real focus on the Mind Programme, and the Mind Principles, the Mental Health First Aid at Work Training, all of those kinds of things, I think people feel a bit more free to speak up, but there is perception that you will be less than superhuman. You know, 'everyone else is fighting the pandemic, what's wrong with you? Why have you got to go off? Why aren't you coping? — Interview participant, Ambulance service stakeholder







Figure 15: How helpful did you find the support you received through the Employee Assistance Programme?



Ambulance service personnel were less likely (83%) to find support directly through employers as helpful as fire service personnel, (94%) but were on par with the overall findings (83%).

Interestingly while 20% of ambulance service personnel who answered the question received help through an EAP, just 76% of those who accessed it found it useful, compared to 86% and 91% of police and fire service staff respectively.

Culture change





Across the services, interviewees spoke about a culture change, and a great willingness to open up and speak about mental health, with ambulance service personnel particularly vocal about noticing this change since the start of the pandemic.

Greater awareness/willingness to discuss mental health

Totally changed. It's changed. 20 years ago nobody spoke about it, nobody acknowledged it, nobody knew anything about it let's be quite honest let alone. We once lost a member of staff at the ...he totally went off, lost, totally went, never came back. Walked out and never came back. There were isolated incidents, people were struggling but didn't say anything, now people talk about wellbeing. I think the national campaigns and the things you see on TV and people talking about it, organisations such as yourselves saying 'it's alright to say I'm not alright'—

Interview participant, Ambulance service personnel

I think people have been much more focused on talking about well-being and getting people to be kinder to each other and checking in on each other. So, I think there's been a much more verbalized element and that's come from our CEO down, so I think that has felt different most definitely, yes. And much more in the positive — Interview participant, Ambulance service stakeholder

I do think it's been quite good, you know, I've noticed a lot more emails being sent out on different initiatives and resources so, I think there's definitely a lot there, available. And as well I've noticed my line manager and my managers above sort of, they've been more aware of the mental health aspect and sort of, insisting that we all take holidays and take breaks and stuff. And I don't know if that's due to NWAS culturally moving more in that direction so that they're more aware as a result but I have noticed that as well, yes—Interview participant, Ambulance service personnel

Culture change





Ambulance service personnel who took part in the interviewees were generally complimentary of their organisations and felt as though mental health and wellbeing had been a priority since the start of the pandemic. However, this was true for most interviewees regardless of service and not something unique to the ambulance service. These overall findings juxtapose those from the survey which suggest that just 28% of ambulance service personnel feel as though their organisation has prioritised the mental health and wellbeing of its staff during this time.

Wellbeing has been prioritised during the pandemic

The 4 o'clock meetings and we have a weekly webinar as well, that it's quite a regular feature of our own personal welfare, staff welfare as well. So I think there's quite a lot in there, and the corporate line of the trust is very aware around us and around our people. I think it was a priority beforehand, but I think it was high and it was up there beforehand and I think it has put the trust in a better place by being that proactive, so they haven't had to suddenly start anything new because basically the structures were already in place -Interview participant, Ambulance service personnel

The brief we got when we started and we managers don't want to stay outside A and E departments but the brief we got was 'This is not going to be good and our staff are going to suffer. Get out there, put your arm around your staff and look after your staff. Clear your diaries, be there, face your staff.'. And if I'm being honest, I can't speak highly enough. On a bad day I can get on about our trust and I can say things but the way they've reacted in pushing the management team and saying 'Get out there and give them support. Give them support' - Interview participant, Ambulance service personnel

At the start, yes I don't think they really knew how big an impact it was having. But then when we-, like when people started saying 'you know, we're not coping,' and then our CEO said 'oh we're coping,' and it caused a bit of World War Three. And then absolutely everything got pumped into 'well tell us what we can do, tell us what you need, tell us' ...you know, give us your advice, let us know, and then they actually have really listened. To try and, you know, just basic things like cups of teas at breaks. and better masks. They did get better masks for us so that was one good thing-Interview participant, Ambulance service personnel

Culture change: Senior leadership





A common theme across emergency services was that a change needs to happen within senior leadership, to better support the mental health and wellbeing of their staff. For example, interviewees discussed how mental health support should be about the people, not just about process and how a change for the better in the workplace needs to come from the top. Interviewees also felt as though their was a disconnect between senior management and staff. Insights from ambulance interviewees are presented below.

And I think from a line management perspective, there is an element of kindness and compassion that comes into it, and I think to be fair, most people do have that, but I think now, particularly, where it feels like we might be nearing towards the end but we're not there yet, we need to dig even deeper for that, purposefully for that, because now is when people are hitting their low, people are running on empty, it's that season where the weather is [rubbish], you can't go anywhere, money is tight, everyone is struggling. So, I think where you can, it's trying to cut people slack where you can, because I think that does pay dividends. Probably quite a few more things I can say - Interview participant, Ambulance service personnel

More senior than that, we get a lot of emails which is so frustrating because in our job, you can't sit and check emails. You're not given any time to do it so you either check them on your phone as you're going about your job, or they build up and then, at some point, someone will say to you 'Have you responded to this email?' Or 'Why haven't you done this thing?' 'Because I haven't had a chance to look at my emails in three weeks — Interview participant, Ambulance service personnel

Having those areas, having decent mess facilities in ambulance stations...those are the things that actually do allow people to do stuff communally...and it's normal, it's allowed, whether it's allowing people to have meal breaks and in some ways forcing people to have meal breaks, rather than just working through it...and I think that comes with leading by example, like, people need to see that it's normal to have a break, people need to see that it's normal to finish on time — Interview participant, Ambulance service personnel

So, it's more it's the sort of middle managers. So, at the top they get it, we've got the buy in there now, to this. We've got that. But it's the people that are managing big teams, and knowing how to have those conversations and to reconcile the operational pressures versus, and it's really, really difficult, but the mental health and wellbeing of their staff. It's that bit, and the basic tools to help them in that –

Stakeholder, Ambulance service

What are the Mental Health Support, Information and Guidance Preferences of Ambulance Service Personnel?





Key Takeaways



- Survey findings revealed some interesting differences between the three emergency services in terms of preferences for information and guidance in relation to their mental health. For example, ambulance service personnel were the most likely to want support and advice for managing the impact of attending to traumatic/distressing events (which is unsurprising given aforementioned findings), and to want information that is tailored and specific to the emergency services.
- Insights from the interviews also evidenced a desire among ambulance personnel for support that is tailored to the emergency services as a whole, but also takes into account the individual differences between the services, due to the variation in their day-to-day roles and experiences.

Additional Information and Guidance Needs: Survey Respondents



Respondents were asked the question, "What additional information or guidance would you find useful to support your mental health and wellbeing during the coronavirus pandemic? Please select all that apply?". The top three across the services 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 (45%)

Interestingly, across the services, those coming into contact with the public every day were more likely (63%), to want information and support that is specific and tailored to the emergency services, than those who do not come into contact with the public every day.

Additional Information and Guidance Needs: Survey Respondents



There were some interesting differences in responses to this question across the three emergency service departments.

Ambulance service
personnel were more
likely (53%) to select
"Information and
support that is specific
and tailored to the
emergency services",
compared to fire (51%)
and police (45%)
service personnel

Ambulance service
personnel were more
likely (40%) to select
"Support with managing
the impact of responding
to distressing or
traumatic incidents",
compared to fire (19%)
and police (22%) service
personnel

Support Preferences: Types of Support



In terms of support preferences, views expressed by ambulance service personnel were similar to fire and police personnel. For example, they expressed a need for support to be confidential, preventative and tailored to the emergency services. Commentary relating to support preferences from ambulance service personnel are presented over the next few slides.

Support should be confidential

I think people absolutely need to know that they can talk about their stresses without somebody looking over their shoulder and saying, 'Well, you're stressed, you're going to have to take some time off, you're going to have to have sick leave' – Interview participant, Ambulance service personnel

I would like everyone to have access to be able to talk to someone without the fear of feeling, you know, like they're useless or that they're worthless, and that is not an issue, that there's someone to talk to if they don't want to talk to their crew mates or, you know, personal issues, maybe, some things you don't want people to know – Interview participant, Ambulance service personnel

Support should be preventative

I think probably just the personal care and fatigue needs to be emphasised you know, and I think we are doing it, but I think just acknowledging those fears and worries – Interview participant, Ambulance service personnel

I think the future needs to be one where we try and embed resilience, and embed support to build a system which can survive the next COVID, or the next respiratory pandemic that happens – Interview participant, Ambulance service personnel

I think that needs to happen right from when people are actually joining the service. so, it needs to be embedded into universities, it needs to be embedded into colleges when people are doing their initial...training courses. These need to be things which people are, you know...you need to be seen as a core part of safe working, you're given the tools and techniques to promote positive wellbeing – Interview participant, Ambulance service personnel

Support Preferences: Types of Support



Need for increased awareness of services and support

Raise awareness of the services that you offer out, absolutely, because I don't think there's enough people that really know about it. I can't say that I know of any Mind champions within the ambulance service, so I think absolutely let's get it out there and make that channel available to people – Interview participant, Ambulance service personnel

I don't see anything for Mind, or Mind Blue Light....bit like when I had ADHD, when I was diagnosed with it, I only went to Mind to have a look at it, because I knew about it. We don't have anything on site advertising Mind or Mind Blue Light – Interview participant, Ambulance service personnel

Coronavirus specific

I think even, because I know there are counsellors out there that have done specific sessions and I think the hospitals have utilised them, where it's specifically aimed towards COVID, and the effects, and what it's done, and how to help yourself, and I think that's quite a good idea. So, it doesn't even have to be a permanent thing, sometimes. You can just have a one off session that people can attend which gives them the tools to be able to deal better with things – Interview participant, Ambulance service personnel

Training for managers

So, I do feel comfortable but at the same time I'm very aware that I'm not an expert, so you know, I can only do so much. So, you know, it could be helpful for me to maybe learn a little bit more about that, how to support people and I have actually seen something advertised on newsletters around managers, like a course I think it is, for managers to help support staff in terms of mental health. So, there are resources available – Interview participant, Ambulance service personnel

We need more training in terms of mental health training for managers sitting down because sometimes I almost feel helpless...I don't know what to say to them, you know. Give them a tissue, sit and listen, that's all I can do...I think we need more support to support them but you can't do that in the middle of a pandemic can you?...I just sit there some days and think I don't know what I've said to them. I don't know if I can make it better. I don't know if the things I'm saying are the right things to say. I don't know if I'm making it worse. It's confidence. They're clearly confident that they can talk to me because they come through in tears but am I supporting them the correct way? - Interview participant, Ambulance service personnel

I think that first line management training would be incredibly useful and probably they would be the people I would want to focus on because I think they're going to be the people over the next year or so who are going to need to have the confidence to have some of those conversations, so they would be my priority in an organisation – Interview participant,

Ambulance service stakeholder

Support Preferences: Tailored Support



Interview participants 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.

it's, you know, 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 feel, well, 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 personnel

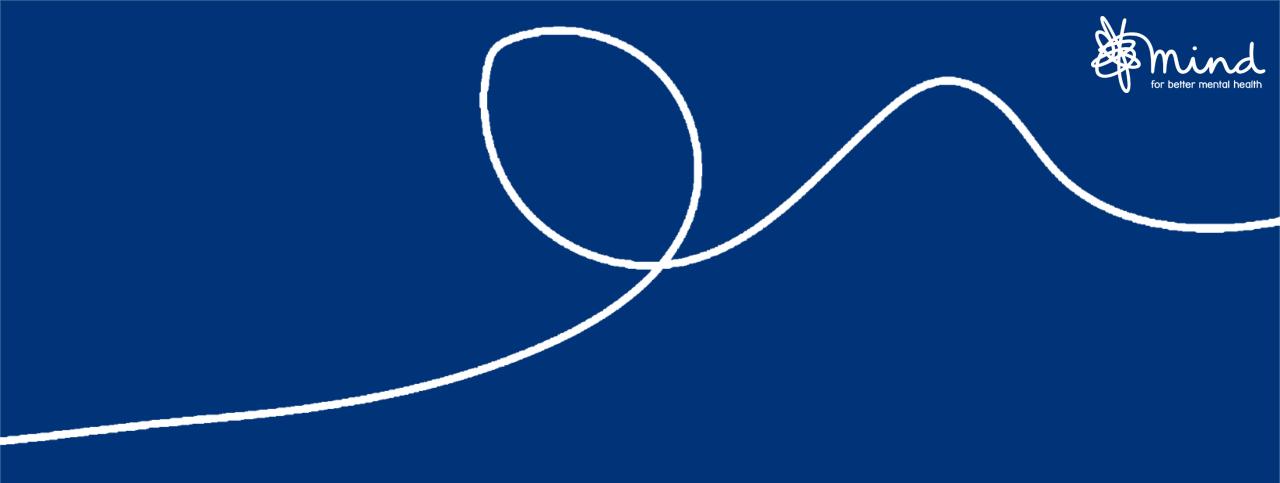
But talking about front line, obviously that's not my role so I can't speak, you know, for people in that role but thinking about it I think it probably would be helpful if they did get something a bit more tailored so the type of thing that go through in their day to day. You know, it is very specific sort of, stressful situations that they end up in and I think learning how to cope with them specifically – Interview participant, Ambulance service personnel

I would say it does need to be more specific because some of the challenges are just completely different in this instance, I think there's a lot of stuff normally where we coincide quite well – Interview participant, Ambulance service personnel

I think there's almost got to be a blended approach. So there's going to be a chunk of it that's absolutely appropriate for all three services...There's a generic pot that I think would be a really good thing to do, but I do think you should probably consider, what are the nuances around the three services that might need something just a little bit different - Interview participant, Ambulance service stakeholder

More specifically towards the ambulance service because we are often a little bit of the forgotten...again going back to our friends in the media-, if you look at a media report, you'll find that police and fire service attend a road accident and then suddenly they got transported to hospital via a time warp or something because no one mentions the ambulance service in there, you know. So we're often viewed very much as a bit of an afterthought sometimes, so I think something that's specifically directed towards the ambulance service would be much appreciated – Interview participant, Ambulance service personnel

There's something about it kind of being sector specific or emergency services, it means more to our people and they kind of 'get it' more they're more likely, I think, to use it and buy into it. So, that, you know, there's something about, again, easy access, confidential, sector specific, easily accessible support - Stakeholder, Ambulance service



Insights from BAME Communities

Intersectionality



<u>Q</u>

As part of the research, we were keen to hear from people from Black, Asian and Minority ethnic backgrounds, who we know have been disproportionately impacted by coronavirus.

Response rates to the survey from people from ethnic minority backgrounds was low. Therefore, the findings are not representative of the BAME emergency services workforce, and may be skewed.

Interviewees were conducted with 10 emergency responders across the ambulance, fire and police services, to explore the intersections between race, mental health, the emergency services and the coronavirus pandemic. Insights from these interviewees contributed to better understanding the experiences of emergency responders from BAME backgrounds during this time but again, should be considered with caution due to sample size.

Holistic findings from all BAME emergency service personnel who completed the survey and/or took part in a interview are presented in the full report which can be found here, and the summary report which can be found here.

Just 26 survey respondents from the ambulance service were Black, Asian or Mixed, and 4 members of the ambulance service from BAME background took part in the intersectionality interviewee. Due to the relatively small sample size at a service specific level, this short section will present the **key findings from the overall** intersectionality piece in relation to the survey, and present key qualitative findings from the interviewees and where possible, provide specific insights from ambulance service personnel.

Key Findings from the Survey





Overall, just 5% of respondents identified as Black (1%), Asian (2%) or Mixed ethnicity (2%), and were better represented among respondents from the police service (5%) compared to the fire (4%) and ambulance (3%) services (Overall base = 3182; Ambulance base = 798; Fire base = 412; Police base = 1972

Over 70% of respondents from Black, Asian or Mixed ethnicity backgrounds rated their current mental health as good or very good (base=148)

51% said their mental health had gotten worse since the start of the pandemic (base = 146)

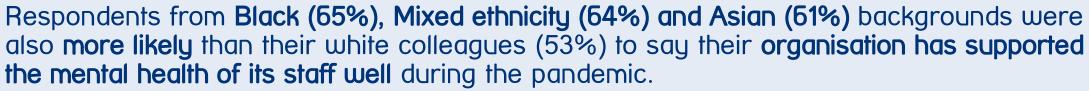
60% of respondents from Black, Asian or Mixed ethnicity backgrounds had prior personal experience of mental health problems (base =148)

Respondents from Black (75%) backgrounds were more likely to feel anxious about friends or family getting coronavirus than were white respondents (65%). This could be linked to disproportionately negative outcomes for people from Black communities with regards to coronavirus. However, this would need further investigation due to sample size (Black respondent base = 20; White respondent base = 2811)

Respondents from Black (22%), Asian (28%) and Mixed ethnicity (20%) backgrounds, were more likely than respondents from White (16%) backgrounds to have accessed services for their mental health since the start of the pandemic (White respondent base = 2838; Black respondent base = 23; Asian respondent base = 57; Mixed ethnicity respondent base = 65)

Key Findings from the Survey





(White base = 2890; Black base = 23; Asian base = 59; Mixed ethnicity base = 66)

Respondents from Black (62%), Mixed ethnicity (65%) and Asian (76%) backgrounds were also more likely than their white colleagues (52%) to find guidance and/or resources on offer to support their mental health useful

(White base = 1954; Black base = 16; Asian base = 42; Mixed ethnicity base = 46)

Respondents from Black (59%), Mixed ethnicity (40%) and Asian (51%) backgrounds were also more likely than their white colleagues (35%) to say their organisation has prioritised the mental health and wellbeing of its staff during the pandemic

(White base = 2876; Black base = 22; Asian base = 59; Mixed ethnicity base = 66)

Key Findings from the Survey





Sources of advice and Information

Respondents were asked the question, "Have you used any of the following sources to seek advice or information about how to manage your mental health and wellbeing during the coronavirus pandemic? Please tick all that apply". There were some differences in answers between ethnic groups.

White respondents were more likely (55%) than those from Black (47%), Asian (46%) and mixed ethnicity backgrounds (47%) to seek advice and information from their friends and family.

Respondents from Black (29%), Asian (31%) and Mixed ethnicity backgrounds (36%) were more likely than White respondents (27%) to seek advice and information from their employer.

(White base = 1833; Black base= 17; Asian base = 39; Mixed ethnicity base = 45)

Additional Information guidance and support

Survey respondents were asked 'What additional information or guidance would you find useful to support your mental health and wellbeing during the coronavirus pandemic? Please select all that apply'. There were some differences in answers between ethnic groups.

Respondents from Black (65%), Mixed ethnicity (62%) and Asian (52%) backgrounds were also more likely than their white colleagues (45%) to want guidance about how to look after your wellbeing whilst coronavirus restrictions are in place.

Black personnel were more likely (70%) than their white colleagues (51%) to want Information and support that is specific and tailored to the emergency services.

(White base = 2477; Black base= 20; Asian base = 54 Mixed ethnicity base = 53)

Key Qualitative Insights





Several key themes were identified by analysing the interviewees were emergency responders from the ambulance, fire and police services. These included:

- Ethnic and cultural identities are complex and multifaceted and interact in different ways with a shared 'emergency services' identity.
- Day-to-day experiences of emergency responders from BAME communities differs to that of their White colleagues.
- Experiences of racism or micro-aggressions were common amongst our participants. Interviewees from also about other forms of stigma and discrimination that they face due to the colour of their skin, including from the public and media.
- 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.
- Interviewees also spoke broadly about the culture change within the emergency service workforce, in terms of racial equality, and how while there is 'still work to be done', steps in the right direction have been made.
- Networks for BAME personnel within the emergency services are well regarded, but there is limited mental health support that takes into account cultural differences.
- People from BAME communities want a space to share experiences and to see themselves represented in mental health information and support.

Some (not all) of these insights are expanded on in the following slides, using quotes from ambulance service personnel to demonstrate these where possible.

Key Qualitative Findings: Identity





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

Interviewees 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. 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. 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.

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.

There're shades of complexity to it, and the layers of it are, in regards to your skin colour which you can't really change, and obviously within that there are some people ...who don't strongly identify with their cultural heritage or their ethnic heritage. Within my family, for example, there'll be relatives who don't speak the language that their parents would've spoken, at home they would just speak English, their cuisine would be British cuisine and that would be it, for example, or they won't necessarily have an interest in what happens in the countries that their parents may have come from - Interview participant, Ambulance service

Yes, there's no actual influence in terms of like, culturally from my Dad, but I know I am still, it's still part of me. So, it's not like I have a community of people who are the same as me, I suppose I don't know if that's just a thing about people who are half and half, sort of, thing – Interview participant, Ambulance service

The ambulance service you kind of see people doing exactly the same job in exactly the same city and their experiences will be vastly different because it very much depends where you get sent to. I don't think that there is any aspect of race, culture or ethnicity that impacts that for the person, if you see what I mean. I don't think in the ambulance service or in the station that I work at that that makes a difference to your experience, I don't think. Which is nice — Interview participant, Ambulance service

Key Qualitative Findings: Stigma and Discrimination





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.

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

When I started here, so as I say, I started two years ago, it was always in the back of my mind 'oh I hope people don't judge me because I'm half Iranian' and then there was an incident, there was something that happened as well when I did tell someone, because I don't always like telling people as well that I'm half Iranian. I just think, 'They could be racist,' and it's not-, 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

Key Qualitative Findings: Culture change



Interviewees also spoke broadly about the culture change within the emergency service workforce, and in society in general, in terms of racial equality, and how while there is 'still work to be done', steps in the right direction have been made. Interviewees also spoke about the murder of George Floyd at the hands of police officers in the USA and the resulting Black Lives Matter protests.

I still have friends who are from loads of different backgrounds as well as BAME backgrounds within the emergency services and it's interesting to see, kind of, how much things have changed and also how much there is left to bridge – Interview participant,

Ambulance service

As has been reported widely in American, all lives matter, but then again it's because people don't understand what the principles of the Black Lives Matter movement is. And, again, 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 again 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

If you look at the adverts now for the Metropolitan Police there're a lot more people from different backgrounds compared to your typical 1960s 'bobby on the beat' advert in the paper – Interview participant, Ambulance service

So, I think hanging on the coattails of the Black Lives Matter, working with the National Ambulance BAME forum, we have been able to do something that has helped, even in a small way, to-, maybe not to correct but to address the situation, to make people who are involved in policy and decision making processes aware of what's happening on the front-line. And that's something that doesn't happen that often - Interview participant, Ambulance service

Key Qualitative Findings: Cultural Differences in Mental Health Support



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 about being aware that things are similar, but totally different. Part of it will be who individuals are and how they see the world and how they think, the phrases that people will use, the different social support networks that they have or the absence thereof in the workplace or at home. People often have dual identities that they occupy or use, and being mindful of how one influences the other, you know, who you are at work and who you are at home – Interview participant, Ambulance service

I guess it's one of those historic ones, you always hear about patients within the BAME communities who've got a crazy cousin or something like that, but they don't understand how much mental health affects people. And it's a very closet issue, so people aren't prepared to open up. And again, it takes a while for people to accept these challenges, you know, it's not seen as a disease, more of a stigma, and so you won't get people to open up straight away – Interview participant, Ambulance service

I don't think there are barriers in terms of them accessing it through work but I think there are obviously-, as with any different culture, different cultures do have an impact on how cultural people feel talking about mental health - Interview participant, Ambulance service

Key Qualitative Findings: Preferences



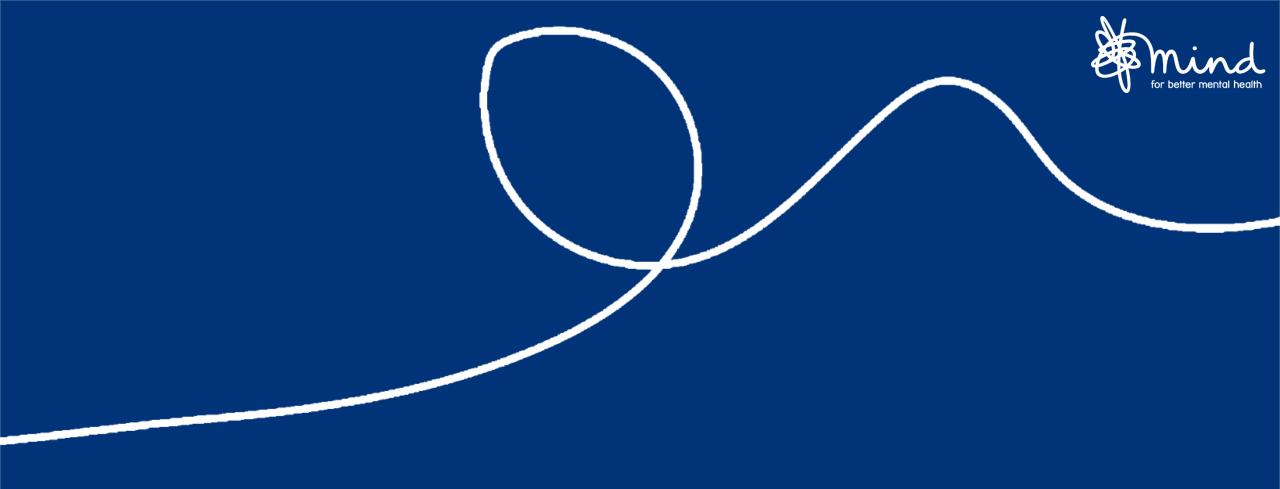
People from BAME communities want a space to share experiences and to see themselves represented in mental health information and support..

Some participants suggested that beina 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.

You'll still find organisations and charities which work within the Blue Light services where in all the photos it's all just white folk, and you just think that someone isn't looking at that with the lenses that I see the world through, and because people can't see the world through my lens, they don't see the world that I do – Interview participant, Ambulance service

It's a well known fact that we tend to empathise with people and relate more with people who are more similar to ourselves, so that plays into that, as to whether you have that shared language or shared experience with others – Interview participant,

Ambulance service



Recommendations

Recommendations



A full list of recommendations for Mind's future work with Blue Light personnel, and for the emergency services and professional bodies can be found in both the summary report (in English and in Welsh) and full

internal report.

The next slide provides some recommendations bespoke to the ambulance services, based on the specific insights provided by ambulance personnel within this research.



Recommendations: For the Ambulance Service

- Survey findings suggest that the mental health and wellbeing of ambulance service personnel has been
 particularly impacted by the pandemic, and also reveal that ambulance service personnel are the most
 likely not to seek support as they do not feel their issues are serious enough. To encourage more
 personnel to seek the support they need, the ambulance service should look to raise awareness of the
 differing levels of support, advice and information that are available, and actively promote the use of such
 resources, regardless of perceived severity of mental health problems.
- Due to the nature of their role and the nature of the pandemic, ambulance service personnel have been exposed to several triggers that can negatively impact their mental health, including an increase in traumatic/distressing events, and an increase in seriously unwell patients. Coupled with the relentless workload of ambulance service personnel during this time, it is possible that issues including PTSD and burnout/a post-pandemic crash could be a reality for the service in the near future. The ambulance service should ensure it can provide/prepare to provide ample support, advice and information for ambulance service personnel during the transition period back to 'normal life' post-pandemic, and ensure that the mental health and wellbeing of its personnel are a priority coming out of the pandemic.
- To ensure the needs of ambulance service personnel are being met, the ambulance service should 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.

Thanks for reading!

For any questions, feedback or further detail on the survey findings, please feel free to contact research@mind.org.uk





References/Links to included Mind research

Mind Coronavirus research:

Mind (2020) The mental health emergency: how has the coronavirus pandemic impacted our mental health? London: Mind. Available at: mind.org.uk. Retrieved from: the-mental-health-emergency a4 final.pdf (mind.org.uk)

Minds 2015 and 2019 Blue Light research (Key papers):

Mind. (2015). Blue Light Scoping Survey. Retrieved from: https://www.mind.org.uk/media-a/4857/scoping-survey.pdf

Mind. (2019). Wellbeing and Mental Health Support in the Emergency Services: Our Learning and Key Recommendations for the sector. Retrieved from: https://www.mind.org.uk/media-a/4572/20046 mind-blue-light-programme-legacy-report-v12 online.pdf

All of Minds Blue Light research can be found here:

https://www.mind.org.uk/news-campaigns/campaigns/blue-light-programme/our-blue-light-research/