Blue Light: Post Coronavirus Research Findings: Fire Service Report

May 2021

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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.
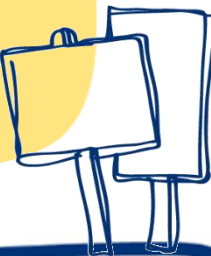
A note on Terminology

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 University[1] has suggested the term 'emergency responders' to be most beneficial and inclusive when discussing mental health and wellbeing. It is used expansively throughout this report to refer to anyone working or volunteering within the emergency services, whether as first responders, operational staff, support staff, call operators or any other type of personnel across the 'blue light' services.

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

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.

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

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)
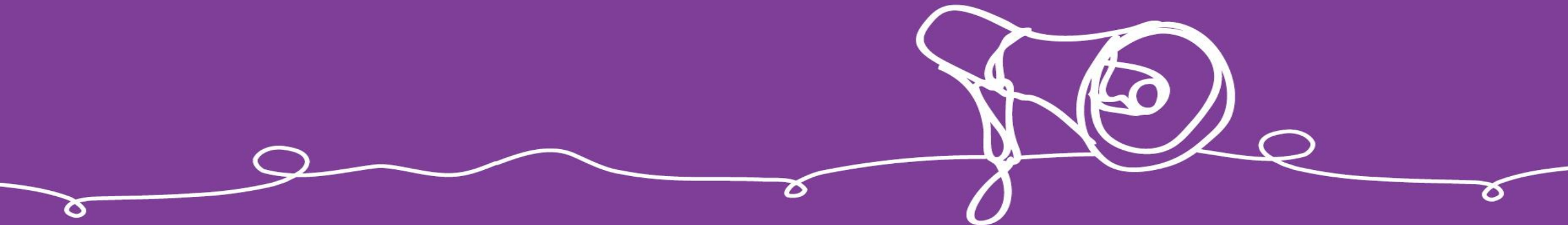
Research
Methodology

Overview

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 fire service.

Methodology: Online Survey
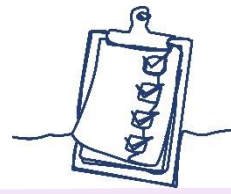
What did we do?

An online survey, hosted through Qualtrics©, was disseminated for completion 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.
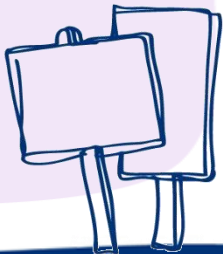
What did we ask?

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, 497 fire service personnel responded to the survey.

Methodology: Interviews

What did we do?

1-2-1 interviews were conducted with stakeholders (n=2), staff and volunteers (n=6), and staff and volunteers from BAME communities (n=2) from the fire service 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, all interviews were analysed using Thematic Analysis (Braun & Clarke, 2006)[2] and adopting a framework approach.

[2]Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.
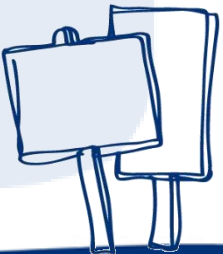
Respondent Profile

Job Role

Survey respondents

Fire service personnel were the least represented within our research with just 13% of respondents working within the fire service. In comparison, in **Mind's 2019 End of Blue Light Programme Survey, 24%** of respondents were from the fire service.

Among fire service personnel who answered the survey:
- **Line mangers were over-represented (48%),** compared to 21% of police and 16% of ambulance service personnel.
- **62%** had worked for the services for **11 years or over** (compared to 40% of ambulance and 60% of police service personnel) – Overall newer recruits were the least represented within the fire service.
- **Fire service personnel** were **most likely (26%)** to report **working with the public every day** (compared to 63% of ambulance and 41% of police service personnel).

Staff and Intersectionality Interviewees

In total, **31% of staff and intersectionality interviewees** represented the fire service (n=8). Of these:
- Of those for whom we have this information (n=7), **57% did not have line management responsibilities.**
- Of those for whom we have this information (n=7), **29% had worked from the emergency services for 10 years or under.**
- Of those for whom we have this information (n=7), **57% had contact with the public for the majority of their working week.**

(Base = 3812)

Job Role: Stakeholder Interviewees

Due to the nature of the stakeholder interviews, there was less diversity among the sample in terms of job role. For example, those being interviewed were those who either represented, or in the very least managed a number of staff within the emergency services. Therefore, all interviewees had some form of line management responsibilities, and were more likely to have had a career within the emergency services for longer. Similarly, due to the nature of their role, it was less likely that interviewees were 'front line', and therefore more likely that they would have less contact with the public as part of their role. Of the stakeholder interviews, **2 were representatives of the fire service.**

Demographics: Survey Respondents

Figure 1: *What is your ethnicity*

White: 92%
Black: 0%
Asian: 1%
Mixed: 3%
Another/Prefer to self describe: 1%
Prefer not to say: 3%
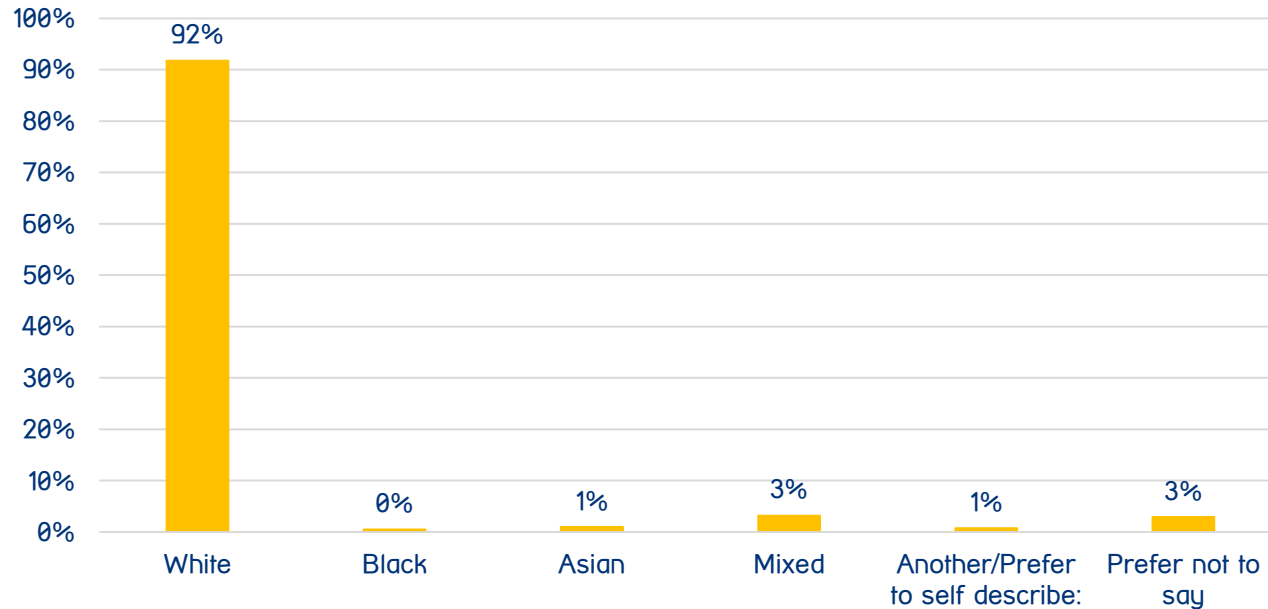
(Base = 798)

Most fire service personnel were **White (92%)** with just 4% from BAME communities.

Respondents from **BAME communities were slightly less represented** among fire personnel than they were the police (5%) and ambulance (3%) services.

Most fire service respondents were **male (57%)**, with 40% identifying as Female, less than 1% identifying as Non-binary and 3% preferring not to say (base=412)

Less than 1% of respondents from the **fire service** identified as **Trans** (base=407)

Most fire service respondents identified as **heterosexual 90%**; 4% identified as gay or lesbian, and 1% as bi.

5% of fire service respondents had a **long term health condition or disability.**

42% of fire service respondents had some prior involvement in the **Blue Light Programme.**

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Demographics: Survey respondents

Figure 2: *What is your age in years?*
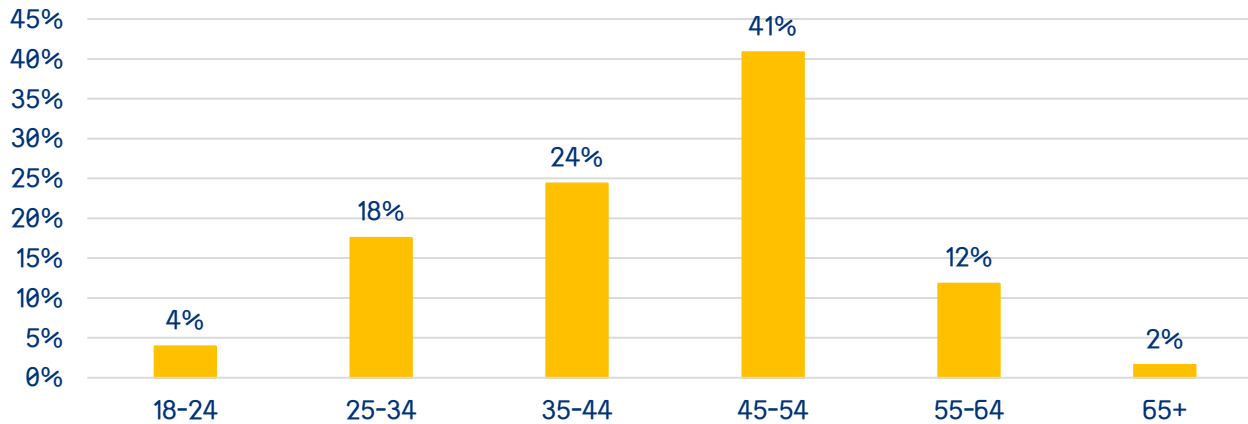
Figure 3: *Where do you work/volunteer?*

(Figure 2 base = 382; Figure 3 base = 493)
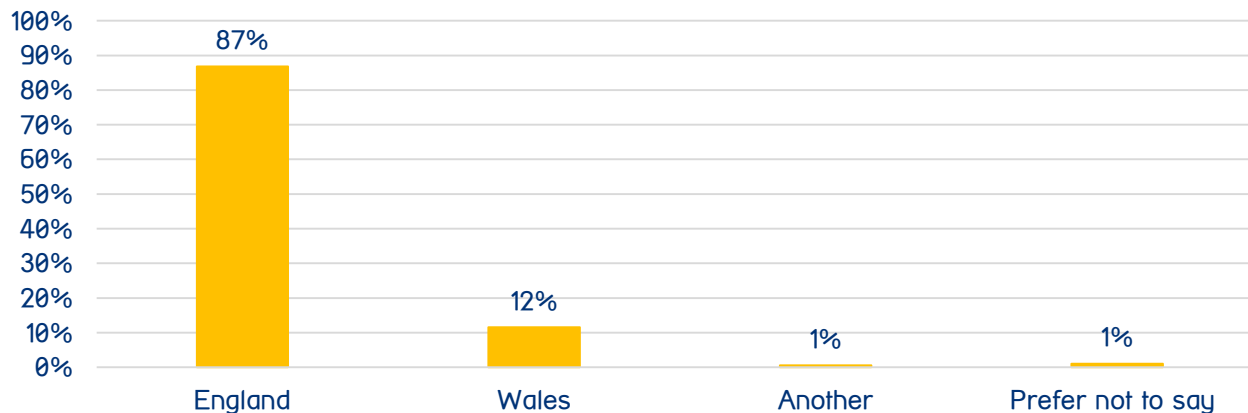
Most respondents from the **fire service (55%)** were **over the age of 45.**

Most respondents **(87%)** from the **fire service** were **working or volunteering in England,** but Wales was represented quite well, with 12% of respondents working or volunteering there.

Most respondents from the **fire service were staff (96%)** opposed to volunteers (4%). Volunteers were less represented than they were by respondents from the ambulance service (7%) but more represented than they were by police respondents (2%).

Personal Experience of Coronavirus: Survey Respondents

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Figure 4: *Have you ever had, or are suspected to have had coronavirus?*
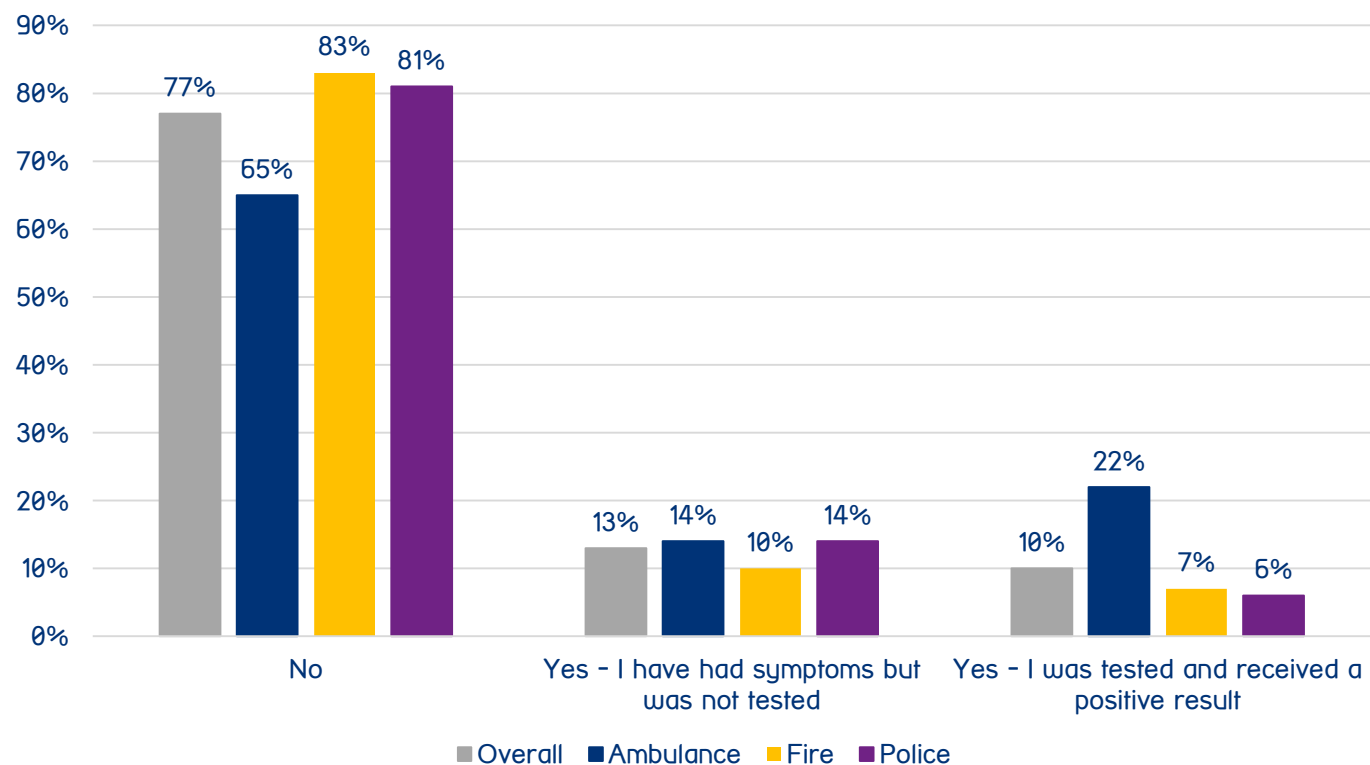
Survey respondents were asked whether they have had, or suspected they had coronavirus, and whether or not they got tested.

Of those who were tested for coronavirus, **7% of fire respondents** reported receiving a **positive coronavirus test result,** compared to 6% of police and 22% of ambulance respondents.

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

Experience of Mental Health: Survey Respondents

Figure 5: *Which of these categories best represents your experience of mental health problems?*
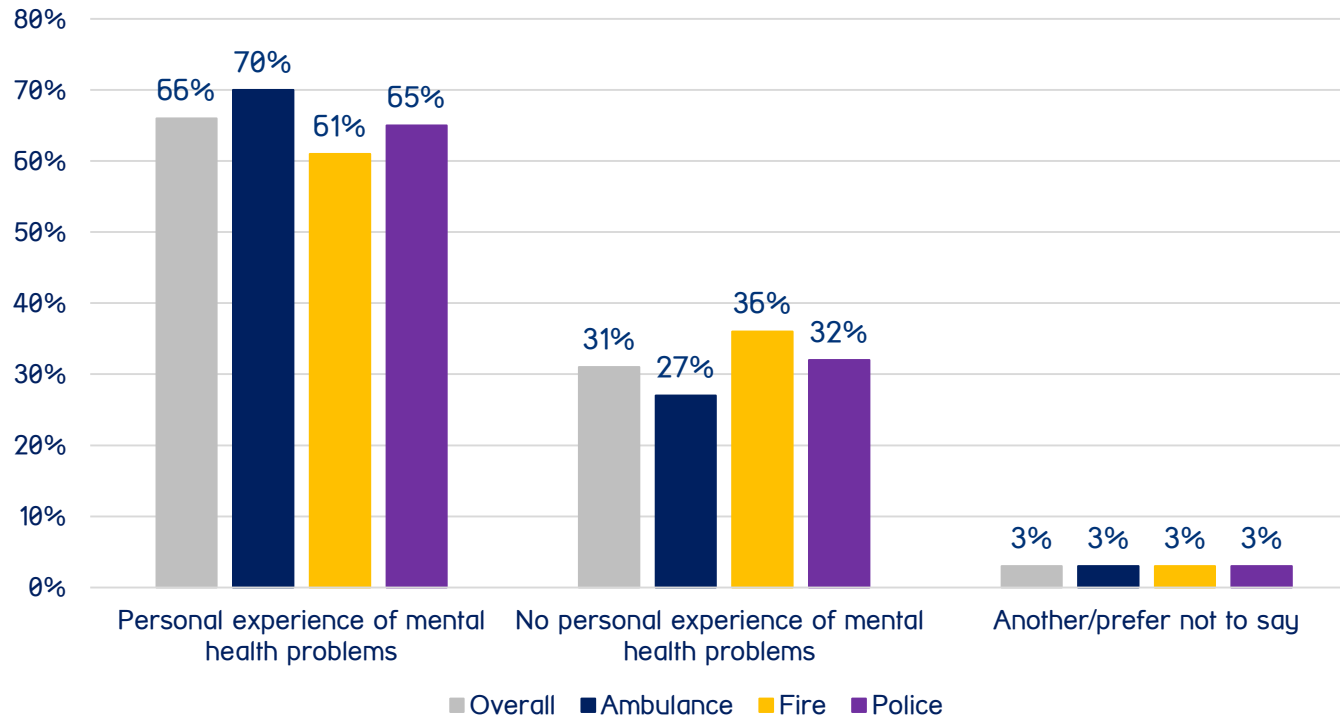
Overall, most respondents **(66%)** reported having **personal experience of mental health problems,** compared to 31% without personal experience of mental health problems.

Respondents working within the **fire service** were the **least likely (61%)** to report **having personal experience of mental health problems** – compared to 65% of police and 70% of ambulance respondents.

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

Mental Health Experiences: Interviewees

Table 1: *Experiences of Mental Health of Fire Service Interviewees*

	Personal Exp. of Mental Health Problems	No Personal Exp. of Mental Health Problems
Staff (n=6)	67% (n=4)	33% (n=2)
Intersectionality (n=2)	100% (n=2)	0% (n=0)
Total (n=8)	75% (n=6)	25% (n=2)

Most interviewees (75%) partaking in the fire staff and intersectionality interviews had personal experience of mental health problems.

Staff without personal experience of mental health problems were not represented within the intersectionality interviews for the fire service. This could be attributed to less variation in characteristics of those from racialised 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 Fire Service Personnel?

Current Mental Health: Survey Respondents

Figure 6: *How would you describe your current mental health?*

	Very Good or Good	Poor or Very Poor	Moderate
Overall	33%	25%	42%
Ambulance	26%	32%	42%
Fire	39%	20%	40%
Police	35%	23%	42%

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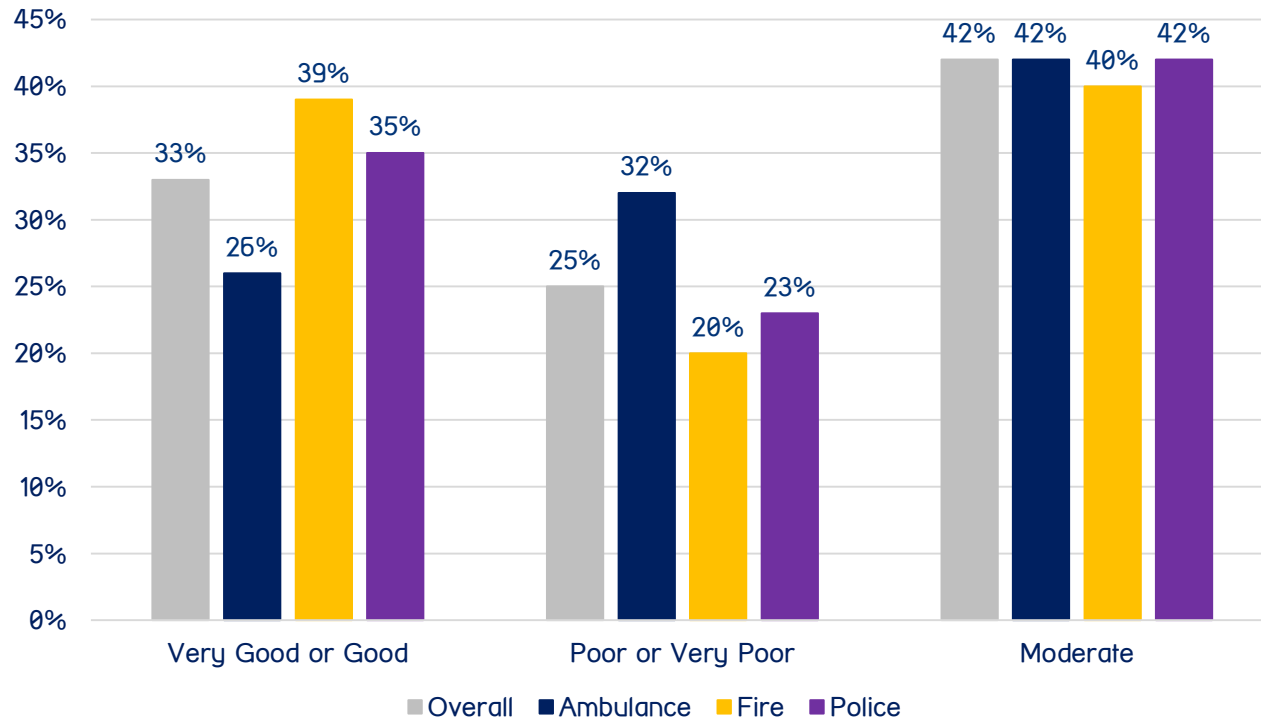
(Overall base = 3468, Ambulance Base = 885, Fire Base = 451, Police Base = 2132)
*Note that our 2019 and 2015 data contains responses from Search & Rescue staff and volunteers and therefore may not be directly comparable.

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, **fire service personnel** were the **most likely (39%)** to describe their **mental health as 'good' or 'very good'**, compared to 35% of respondents from the police and 26% from the ambulance services.

How has coronavirus impacted mental health?: Survey Respondents

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Figure 7: How has your mental health changed since the start of the coronavirus pandemic?

Overall ▪ Ambulance ▪ Fire ▪ Police

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 **fire service personnel (65%)** were **the least likely** to say their **mental health has gotten worst since the start of the pandemic compared** to police (66%) and ambulance (77%) service personnel. However, at just under two thirds this rate is still concerning.

(Overall base = 3447; Ambulance base = 879; Fire base = 448; Police base = 2120)

(Personal Exp. Base = 2258; No Personal Exp. Base = 1067)

Impact of the Pandemic on Mental Health

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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 how some are struggling more than others mentioned. Insights from fire service personnel largely focused on low morale and are outlined below.

Morale is low

Look, it's just got overwhelming... I've heard a lot of people say this, that people had, sort of, built themselves up to getting through Christmas and then it will be all right, and actually it got a bit worse after Christmas, and I think that's not worked for a lot of people, and this particular individual said, 'Look, we're doing all the right things, it's just really tough at the moment,' and I think we have to remember that, don't we – Interview participant, Fire service personnel

I think that, if I'm honest, it's pretty low at the minute. I think that everyone's just feeling like they go home, they go to work, they come home, they go to work, they go shopping, they come home. I think that morale is pretty much low at the minute - Interview participant, Fire service personnel

Lockdown three, I think, has got to everybody I think, because we have already done two of them, it's a lot darker, the weather's not very great, and we are just very tired I think. It's got to that point I think where everybody has kind of reached their limit and they are ready to kind of not do it anymore I think - Interview participant, Fire service personnel

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. Fire service personnel in particular spoke about an increase in openness and how the pandemic has raised the profile of mental health.

Being more able to talk about mental health

People will go 'Actually, yes, you know, I am feeling some of the stresses and strains that I've not experienced before.' I think I've seen that in a few people that I've spoken too. And I think that they can probably relate to it a little bit more than previously, when life was normal. But now everyone's, kind of, in the same situation, I think they're feeling some of the same frustrations and pressures that others are facing, and they actually understand it a little bit better, if that makes sense. So I think that's probably helped the cause a little bit, inadvertently – Interview participant, Fire service personnel

I think it's certainly raised the profile of mental health. I think that you've got people talking about it, like we said earlier in the call, it's probably the first time as a nation that we're all in the same boat. So I think from that aspect, the positive side of it is that you've got people talking about mental health, people are more aware of mental health, I think, yes, there's still a big stigma around it, but I, sort of, think to myself, right, well, if I'm struggling a little bit, how is my neighbour struggling, because they are on their own, they don't see anybody - Interview participant, Fire service personnel

To be proactive in supporting someone's mental health has been the biggest, sort of, positive to come out of this pandemic, that we've found ourselves putting out more, sort of, service-wide emails about wellbeing, about mental health, a dedicated page on the intranet and our external website as well – Interview participant, Fire service stakeholder

I think people are more open actually. Certainly in the last twelve months. Some colleagues you might look and go, 'They have opened up a little bit more.' Probably because they feel a little bit more isolated than they were previously whereas if they're in the office they probably wouldn't mention it - Interview participant, Fire service personnel

Impact on Specific Groups

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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, fire service personnel expressed concern about those who were at risk and shielding, people living alone, and managers. For example, they highlighted being mindful of those who were not able to work/come into work and trying to engage with them as much as possible to ensure they were doing ok.

People at risk/shielding

We've got the two guys who are at home shielding. So, you know, doing little things just like a Teams meeting just to say hello, talk [rubbish]. Pardon the bad language, but do you know what I mean? Just talk about anything and anything. And they don't actively look like they're suffering, but they must be - Interview participant, Fire service personnel

We've got people that are shielding, that are furloughed from their primary employment, and we're trying to do everything to keep them sane, if you like, making sure they've got all their needs, how they're managing financially, how they're managing mentally, do they need any further support. So it's certainly opened up my eyes a little bit to making sure that that there's been a response to people - Interview participant, Fire service personnel

People living alone

Someone who lives on their own. They've found it particularly difficult and they've found it very lonely, and, because they live on their own and they haven't got anybody shielding or they're not caring for anyone, they feel forgotten about. That was the bill there. Because they're still in work and they've got no responsibilities, what they've said is, 'management have focussed on the people who are shielding, caring, or their relatives are in hospital', and they've felt quite neglected, I think, and isolated - Interview participant, Fire service personnel

Managers

As managers, it's been difficult. I've one who's just returned to work after a year off due to stress and she's finding it difficult because she's come back into such a different working environment, with so many other considerations now around staffing. So, if someone tests positive, or someone has symptoms, what's the best course of action, when do we deep clean? It's a difficult environment to come back to if you've been off with anxiety and stress - Interview participant, Fire service personnel

For me, you know, a single person living by myself, is loneliness a factor? I'm pretty, I'd say, fairly resilient in those types of aspects. Summer, a lot easier to deal with loneliness, because you could potter out in the garden, you could do the grass, you could do whatever, whereas now it's a case of, 'I've really got to make that conscious effort of going out for a run, going out for a walk just to get out of the house' - Interview participant, Fire service personnel

Longer Term Impacts

Interviewees also spoke about the impact to the emergency service workforce in general after the pandemic, with most reflecting that due to the relentless workload during the pandemic, the incidence of burnout or a post-pandemic crash was likely. Burnout and PTSD were spoken about by fire service personnel in particular. For example, interviewees were worried about the impact that 'going back to normality' would have for people, with one suggesting that at the moment people are simply running on adrenaline. There was also a sense that right now, in the midst of things, personnel aren't processing the things they've seen/had to cope with, and at the end of the pandemic when people have a chance to reflect, there may be an increased incidence of trauma related symptoms.

Burnout/Post-pandemic crash

The people that have worked at that level that have managed local authorities, that have managed emergency services, you know, the whole concept of burnout, it's not over by the time or as this finishes. I think that there is an element of people running on adrenaline at the moment, you know, I've, kind of, alluded to how much I'm enjoying it. There's potentially a crash at the end of it which we're alive to, so I hope we can manage it because we're alive to it - Interview participant, Fire service personnel

And I think that to a certain degree, going back to normality might affect people in different ways as well. I think that trying to adjust back to what we knew before after so long, is going to be quite strange for people as well, and we may need to look at that - Interview participant, Fire service personnel

One of the things we're hoping for in that post-COVID world, as it hopefully emerges soon, is I've already said to all of them, 'You've all got to take a fortnight. You've got to take a break and get away from it. Don't do your emails. Don't do a damned thing, or we're going to start seeing people fall over.' And it's just sheer commitment. It's brilliant to watch but you know I do fear for people's kind of exhaustion and we've seen some exhaustion issues. There's no doubt about it. We've seen a couple of people burn out - Interview participant, Fire service stakeholder

PTSD

I think it's almost that point where because you're not in the midst of it, you will get the chance to reflect on it. You will get the chance to lie on a sunbed and you will get a chance to not see it on the news, and inevitably, your mind drifts towards some of the stuff you've done, some of the stuff you've seen. You know, I guess this is even more so in the case of NHS workers who really, really are at the front end of it, who, I guess, to some extent, have become desensitised to what happens in front of them. When you get the chance to really consider it, you know, some of that stuff's horrific...I think that's my fear for those people - Interview participant, Fire service personnel

Key Takeaways

- Overall, survey respondents for the fire service were the most likely to report their mental health and wellbeing as good, and the least likely to report their mental health having gotten worse since the pandemic.

- However, interviewees from the fire service did indicate that specific groups of people, such as those who are shielding and managers, do appear to be particularly impacted by the pandemic.

- Interviewees also suggest that post-pandemic, there might be an increased incidence in both PTSD and burnout among fire service personnel, due to the increased workload and responsibilities many have had to undertake during the pandemic.

Job Changes

Key Takeaways

- In addition to job changes mentioned across the emergency services (e.g. increased workloads), fire interviewees highlighted changes specific to the fire service, including having to support other services and think about 'what they could stop doing' as a response to the pandemic and new restrictions.

- Survey findings show that fire service personnel were the least likely to have witnessed an increase in their workload as a result of the pandemic.

- Similarly to their colleagues in the police and ambulance services, not being able to see friends and family, worrying about friends and family getting coronavirus and a lack of access to vaccines and/or testing were key concerns identified by interviewees from the fire service.

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 ambulance, police and fire personnel at a service level. For example:

- **Fire service personnel** were slightly more likely **(35%)** than police (31%) service personnel to have had to **work remotely/from home**, but a lot more likely than those working in the ambulance service (13%)
- **Fire service personnel** were also **more likely (27%)** to have had to **take on extra responsibilities** compared to ambulance (25%) and police (21%) service personnel. Considering interview insights, this is not surprising as many fire service personnel spoke about how they have had to take on additional responsibilities in terms of helping other emergency services during the pandemic, for example by driving ambulances.

*(Base = 3451); * 27.2% selected 'had to work from home remotely', and 23.2% selected 'still working from home remotely' – The later is not reported as these are inextricably linked*
(Ambulance base = 881; Fire base = 447; Police base = 2123)

Workload: Survey Respondents

Figure 8: *How has your workload been affected by the coronavirus pandemic?*
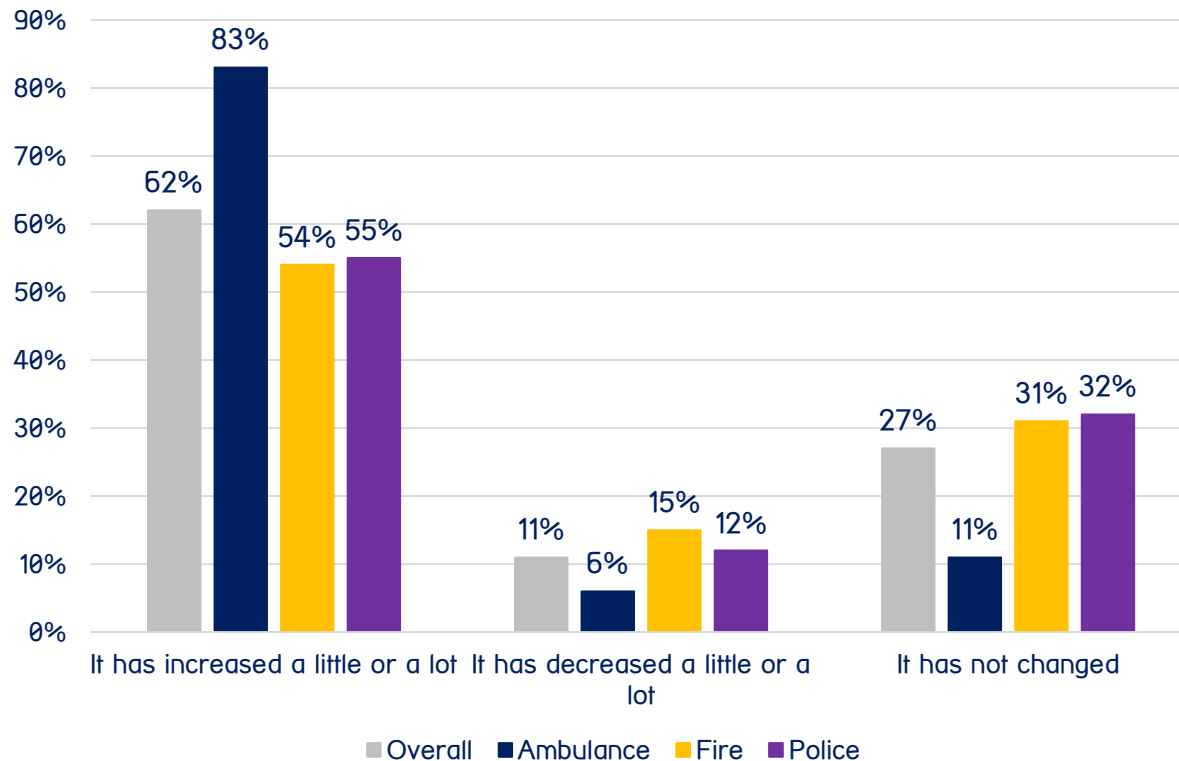
(Overall base = 3457; Ambulance base = 882; Fire base = 449; Police base = 2126)

Most respondents **(62%)** were likely to say that their **workload had increased** due to the pandemic. **Fire service personnel** were the **least likely (54%)** to say this compared to police (55%) and ambulance (83%) service personnel. This is interesting, considering fire personnel were the most likely to report having to take on additional responsibilities.

Changes to Role: Qualitative Insights

During the interviews, fire service personnel discussed multiple changes to their job roles since the start of the pandemic, including having to work remotely, having to work in coronavirus safe environments, and an increased workload. However, there was one key change to their job roles that appeared to have the biggest impact for fire service personnel, which was working or volunteering to support other services during the pandemic.

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

Changes to Job Role:
New ways of Working

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Like their colleagues in the police and ambulance services, fire service personnel indicated changes to the job role since the start of the pandemic, in terms of 'new ways of working' such as having to work in a coronavirus safe way and moving more towards remote working. Insights from interviewees from the fire service are outlined below.

Coronavirus Safe

Our staff are wearing masks 24/7 now, they're in Perspex boxes to try and protect them...we're in banks of three desks, but they sit with the middle one vacant. We split the teams into two, we already had an admin side and an emergency side but they worked together in the same room, so we split them so that if we had an outbreak on one side of the room, we would have another side that could take over the emergency calls, to try and give us more resilience - Interview participant, Fire service personnel

Firefighters and those that work in our fire control system, essentially, nothing much changed for them because they had to come to work and they kept coming to work, and we changed the environment that they worked in. We've largely stuck to the premise of Hands, Face, Space, you know, Covid secure workplaces, and it's served us well - Interview participant, Fire service personnel

Remote Working

Because of my role we have to be in and about so we've done a week in week off, however I live very close to where I work and some of the guys in the office, they've got their wife at home working from home or the kids are at home so they tend to come in the office more, so what I said, when I should be in the office I'll still be at home because there's too many people in the office and being from a Black community you're already at a high risk, there isn't a need for me to be in the office - Interview participant, Fire service personnel

So pretty much all of our support staff have been working from home since March last year, so it's now coming up to a whole year that they haven't had any interaction with any other colleague, only through a screen, which is isolating, you don't really know their personal life, so they might have a lot of stuff in their personal life that is causing issues - Interview participant, Fire service personnel

I think we learnt a lot from the first one, so for instance, all of the home workers out of say headquarters, our training centre, those types of people were set up remotely so we were almost gearing up ready for lots of little lockdowns if that makes sense, so the homeworkers were set up, our line managers were more aware of how they had to check in with their colleagues and their staff - Interview participant, Fire service stakeholder

Changes to Job Role: Supporting other services

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Interestingly, while it could be assumed that the job roles of fire service personnel would be the least impacted by the pandemic due to the nature of their roles, fire service personnel discussed some additional changes that were not referred to by their colleagues in the ambulance and police services. Perhaps most significantly, fire service personnel discussed how they have had to take on additional responsibilities since the pandemic in terms of supporting other emergency services, including the ambulance service, to ensure their level of care provision is adequate, and also discussed some issues with this.

It would be okay for us to go and rush in and answer the calls for help with additional responsibilities, delivering parcels and prescriptions, lateral flow tests and things like that, and there are people out there that are wanting to do it, but there are also people out there who are being restricted by management, or in the fire brigade's case the FBU, because they all want to score points, they all want to make sure that they're seen to be doing the right thing by everyone, but there's got to be risk assessments in place...there have got be things put in place to make sure we're doing the right thing at the right time, without limiting our fire cover which is our core function - Interview participant, Fire service personnel

I don't think the media's picked up on sort of the additional responsibilities we've taken on...for instance supporting Welsh Ambulance Service, supporting the mortuary services within [redacted] board with movement of deceased bodies from, you know, mortuary sites in [redacted] to a temporary mortuary site - Interviews participant, Fire service stakeholder

The workload of the fire service has increased nationally anyway because we've took on extra duties to support the Covid and there's also an element of politics there with unions and the government which doesn't really help the matter for some of us - Interview participant, Fire service personnel

We've not done that much community work around coronavirus. You know, you go to a lot of Brigades, or some of the Brigades, and they're actively helping with the vaccination process or they were actively helping with body removals...we've not really been that much involved with it. So, I feel that we might not have any long-term effect. But definitely in other Brigades, where they've really been out in the community, dealing with the harsh end of this pandemic - Interview participant, Fire service personnel

I think the moral pressure to respond to calls that we don't traditionally respond to is difficult. The control want to send, you know, we get calls from 96-year-olds who've been on the floor for eight to nine hours, and we want to send, but sometimes our policies don't allow us to respond to that, so that's difficult. I know the staff have asked for clarification on what we can and can't send a fire engine in for, so that's affected their mental health, you know, this ambiguity around 'well, what can we do to help?' - Interview participant, Fire service personnel

Changes to Role: What can we stop doing?

Interestingly, fire service personnel discussed how during the pandemic, they often had to consider 'what can we stop doing?' as a response to the pandemic, largely due to the impact that the restrictions placed upon their community based responsibilities, including inspections and training.

I think the instinctive reaction was, 'What can we stop doing?', which is probably where we went first as a service. We accepted that we still have to go to fires, that's beyond question, and, you know, we had to deal with the things like, 'What if you have to give someone CPR? What if you have to give someone mouth-to-mouth?', and we were able to put that in quite quickly. I think largely our staff have taken that side of the business in their stride, quite well. I think what's been more difficult is where we do fire prevention visits, where, you know, we'd go into somebody's home and give fire safety advice. The initial approach was, 'right, stop, let's just not do that and let's have a think about how we're going to do it.' Quite quickly, you know, we've developed into a telephone triage service, so we'll only go to those properties where we feel the risk and the vulnerability presented is at its most extreme, and, you know, they've got all the PPE they need to do it, they've got the ways of working, sort of, asking the individual to move out the room while they fit a smoke detector, stuff like that -
Interview participant, Fire service personnel

We had to take a bit of a risk assessed approach to what type of buildings we still needed to inspect. Some of the big ones that we have are care homes, obviously with the vulnerability of residents, sheltered accommodation, any sort of sleeping risk. So, initially at the first national lockdown we carried on doing remote auditing and ringing premises, just care homes for advice, giving them fire safety advice, saying, 'We can't come at the moment but this is what you should be doing to maintaining staffing levels, making sure that you can still support your evacuation procedures.' So, all the technical fire safety advice that we would give to those premises. And then, during the second and third lockdown we've carried on as we are -
Interview participant, Fire service personnel

Triggers of Poor Mental Health

Key Triggers of Poorer 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 Poorer 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 2.

Table 2: *Top three concerns across the emergency services*

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

Fire service personnel were the least likely to be affected by **worries about passing coronavirus onto friends and family with 62%** said that this had negatively affected their mental health, compared to 67% of police and 75% of ambulance service personnel. **Fire service personnel** were the only service to have 'feeling bored/restless' as one of their top five triggers of poorer mental health (44%).

Key Triggers of Poorer Mental Health

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Friends and family, including not being able to see them and being anxious that they would get coronavirus, were triggers of poor mental health for emergency responders across the services. Specific insights from fire service personnel are highlighted below.

Not being able to see friends and family

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

Suddenly it then dawns on you if something like that happens, and they have a stroke, that you've spent the last six months obeying the rules, protecting people, but ultimately if the outcome had been different for my wife's mum, we've just, not wasted, but we've had six months there where we haven't been, like, a family unit, we haven't kissed, we haven't cuddled, we haven't socialised, and you miss it, you miss months, and I don't think people realise the impact it has until you sit down and evaluate it - Interview participant, Fire service personnel

Anxiety about friends/family getting coronavirus

And, also concern about their relatives, so I've got some in work whose partners are shielding but they're happy to come to work, but obviously they are worried about taking the virus home. People who are caring, obviously because of their anxiety of taking-, so carers, people with elderly parents, or they've got partners waiting for transplants, they've been affected by it - Interview participant, Fire service personnel

It's been up and down. I mean, about three weeks ago...when I did this survey...I was, like, constantly on edge about it, you know, because I have family and people around me that I want to protect as well. Not that I'm seeing them at the moment, it was, kind of pre-lockdown I think, and, you know, I was worried about-, we've got guys on the station who have, kind of, severely ill partners and families and stuff like that. They're obviously worried about their exposure to it and it really, kind of, got to a point, but then I'd just realised that this is part of the role, this is what it is, so you've just got to do it - Interview participant, Fire service personnel

Key Triggers of Poorer Mental Health

Concerns around access to vaccines and/or testing were expressed to varying extents by interviewees across the emergency services. In relation to fire service interviewees, themes discussed included inadequate access to testing kits within the fire service, despite promises that these would be provided, and the lack of prioritisation for vaccinations, despite the fact that many fire service personnel do come into contact with coronavirus patients as part of their role.

Access to vaccines/testing

The whole vaccination thing...we're having some exposure to corona patients without any protection...I understand that there are vulnerable people and elderly people, and all these people who haven't seen their families in a long time and I totally get that, but ultimately, if we're all taken out...then there's no protection, or there's, kind of, very little in the way of a back-up plan. There's always a back-up plan but it usually involves someone doing more than they should be doing or, you know, the numbers aren't there to fill the gaps, if you like...I'm not saying the vaccination is going to fix everything, but it would certainly prevent those, kind of, situations from arising. And from a personal level, yes, it's, kind of, a slap in the face, but then, you know, we all signed up to do this job, so, and it has plenty of good stuff about it as well - Interview participant, Fire service personnel

They're a bit worried there's no mention around vaccinations for the control. We're just trying to get some lateral flow testing for the control so they haven't got to isolate so much. They're a bit worried there's no mention around vaccinations for the control. We're just trying to get some lateral flow testing for the control so they haven't got to isolate so much - Interview participant, Fire service personnel

We were supposed to be getting so many kits to our service, and it hasn't really materialised. And now we're being only given 1000...I think there is a bit of resentment and frustration at the local and national government, that actually they're still not delivering nearly 12 months on, and we're still trying to get hold of testing and making sure that we haven't inadvertently got the virus and are passing it onto people we do come into contact with, regardless of all the other PPE measures that they've got in place. You know, even with the hand washing, the masks and the social distancing, there's still that element of risk in anything we do, and I think that's still a big part of a little bit of anxiety for people as well, that we don't know if we're not being tested - Interview participant, Fire service personnel

Key Triggers of Poorer Mental Health

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Across the services, interviewees discussed the impact of a relentless workload and the lack of opportunity to socialise or debrief with colleagues. For example, fire service interviewees discussed how things feel 'transactional' and are different to how they used to be in terms of being able to socialise or connect with colleagues. Fire service interviewees also discussed long shifts and challenging workloads, and how this can be tiring and have an impact on mental health and wellbeing.

Less opportunities to socialise/debrief with colleagues

Everything's very transactional, very black and white which, if you're very business-focused, is fine, but you lose context, you lose chat, you lose all of that bit in the middle, don't you, by not being here and seeing people - Interview participant, Fire service personnel

When you're at work and you are kind of almost so close but not quite, it can kind of be a bit difficult. If someone is in distress, your natural instinct is to want to give them a hug and tell them it's okay, and you cant do that. Especially recently that's been extremely hard, where the usual forms of comfort that you would give, you cannot do, even though they are, kind of, stood there - Interview participant, Fire service personnel

We're training together...being together in that social bubble, you are pretty much a family. So, I know we are in a pandemic but, you know, those types of summer...going out with your work colleagues couldn't happen, Christmas couldn't happen with work colleagues and I think, if it was a whole office party you could sort of say 'oh that's alright' but you know, we literally live and breath together for those two days and two nights so it's, that, those social interactions are really important for us - Interview participant, Fire service stakeholder

Busy/relentless workload

We work in different shift patterns, but the main shift patterns we do work are twelve hours, so it's a very long shift. If you're doing more than you normally would, yes, that becomes tiring and that can really affect your mental health - Interview participant, Fire service personnel

When I look at [redacted]...his workload is unreal, because he's got all these qualifications and the other two people who had the same qualifications are shielding. So, all of their work is on him and nobody else can do it. So, it's just about, you know, touching base with him. I mean, he's not saying he's stressed and he's not saying he's struggling but you know, he's a bloke, and typically blokes say we're fine - Interview participant, Fire service personnel

Other Triggers: Survey Respondents

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

Fire service personnel were the **least likely (39%)** to feel **anxious about getting coronavirus** (compared to 52% of ambulance, and 48% of police service personnel)

Fire service personnel were the **least likely (24%)** to be impacted by **Media/news coverage relating to the emergency services** (e.g. enforcement of coronavirus restrictions, Black Lives Matter) (compared to 37% of ambulance, and 42% of police service personnel)

(Overall base = 3300; Ambulance base = 864; Fire base = 420; Police base = 2016)

Key Takeaways

- Findings from both the survey and interviews suggest that largely, fire service personnel were able to use a range of healthy, positive and adaptive coping strategies/mechanisms to look after their mental health and wellbeing during the pandemic.

- In particular, fire service personnel turned to friends and family for support and engaged with sports and exercise to cope.

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 3.

Table 3: *Top three coping mechanisms across the emergency service departments*

	1st	2nd	3rd
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 (60%)	Exercising (57%)	Eating too much or too little (46%)

(Overall base = 3374; Ambulance = 863; Fire = 441; Police = 2070)

Coping

One of the biggest coping strategies identified by interviewees from the fire service was being able to partake in sports and/or exercise. Insights from fire service personnel are outlined below.

Sports and Exercise

Exercise, so good for your mental health. Big fan. Been to the gym five times this week and I'm kind of on a bit of a high from it...I've adopted a bit of a 'How dare I' situation, mentality, in that I'm fortunate enough to do the job I do and we have a gym on station. How dare I not use it. There are people who would kill for that, out there at the moment, because they understand the benefits of it, so how dare I not? So, that's helping me at the moment I think - Interview participant, Fire service personnel

I go for a walk. I think fresh air, and I know a lot of the staff walk laps around the grounds on their break to get out from that environment and have fresh air, so that's a really good coping mechanism - Interview participant, Fire service personnel

But, you know, the common things that are in there are exercise, definitely. You know, people are making the effort to get out, people are making the effort to take time out of some very, very busy working days, to be fair, just to stop - Interview participant, Fire service personnel

So I made sure I did some, kind of, socially distant walks to encourage me to go outside and not hide away - Interview participant, Fire service personnel

Peer support

Peer support as a coping mechanism was discussed across the emergency services. In particular, fire service interviewees discussed the closeness of their teams, and how they feel able to talk to each other about anything that is on their minds.

And, then that's a little bit about the very tight peer group that I'm in as well. Which has actually turned into, on a Friday morning, and we'd never done this before, we put ourselves an hour aside on a Friday morning, got a rota for bringing bacon sandwiches into work, and without any structure or any agenda, we just sit down and talk about stuff. And, all the problems that manifest in other meetings, we do at that different conversational level, and just try and thrash them out. And, that was totally unexpected, totally unplanned, just worked really well. Yes. I think, as I say, we didn't start off doing that, but we soon realised what it was turning into, and without being too cheesy, very genuinely, we've asked each other those questions in that setting. Because, we can see who's struggling a bit, you know what kind of a week somebody's had, you know. And we'll say 'Are you alright? Are you coping? What are you doing this week?' Just the really basic chats, but it just gives us the environment to do it in - Interview participant, Fire service personnel

I'm on a station there's only eleven of us, so we're very close, we're very tight. We talk about literally everything. Mental health isn't off the table, or at least it hasn't been since I've been there. It's something I've always had, I've had experiences of in the past...so I've always been pretty open about and I want people to be open about...I think we're lucky in the respect that we can, because we're all inside that building, we all relate to how the other feels, because we're all in the same situation, that it's been pretty good for us to talk, kind of, about it - Interview participant, Fire service personnel

We have a four o'clock every day, that's very good. And we also ring each other if we've got an issue during the day, and we've worked together-, four of us have worked together for twenty-plus years, and one joined with us four years ago, so we've got a good relationship there, where we can offload, and...that's good - Interview participant, Fire service personnel

Coping

Similar to their colleagues in the police and ambulance services, fire service interviewees also highlighted the importance of spending time with/talking to friends and family to cope with the pressures faced during the pandemic. Fire service personnel also discussed taking some preventative measures, such as limiting news and/or social media time, to enable them to cope with the pressures of the pandemic.

Limiting news/social media

It very quickly became apparent to me that I had to manage things like watching the news...I'm an avid news and current affairs follower...it started to become overwhelming, because you did it at work, you went home, you watched the news...people were talking about it at home...I don't think I'm any different from everybody else, it was just everywhere you looked, and we had to build in time to manage it because at that time I don't think even then we knew that we'd still be doing it now - Interview participant, Fire service personnel

I use social media less. Especially looking at mainstream media. I tend to unfollow all of the news that I used to watch because it's all Covid related and you go, 'I've got to hear that again.' I don't really watch the news anymore at all. And I think that's really benefited my mental health, not looking and going, 'Oh that's happening,' and worrying about it and how it's going to impact us as members of the public and also a statutory agency. I think that's a bit important one for me. Social media in general actually. I think I'm on it a lot less...Yes, so that for me has been a big benefit, not being on social media as much - Interview participant, Fire service personnel

Spending time with/talking to friends and family

But yes, spending time with your children and your husband and doing something you enjoy isn't it, that's what keeps you going, I think - Interview participant, Fire service personnel

I was trying to get my wife and my kids out with me as well, just so we could all do it as a family. Yes, I know I just said there some people might be sick of them, but we were all out together, all looking after each other, we were going for a walk. But it's also things like the Teams meetings that we're having with, like, the family...from the first lockdown we've done one for my family...We're actually closer than what we were twelve months ago, and it's not that we always have to involve them in everything, it's just a little bit, say, we might put a funny text message on, we might just check in, we might ask, 'We're going shopping, does anyone need anything?', and it's just about, and I don't want to say, but being in it together, if you like, it's just the way we've done things - Interview participant, Fire service personnel

Coping

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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. Insights from fire service personnel are provided below.

Usual coping strategies not available

In the past we always used to rely on the chat around the tea table on break and it was very easy for the watch-, we used to have a kitchen, a big kitchen with a big table in, and the staff used to cook for each other and they'd go to break and they could sit around that table and chat through concerns - Interview participant, Fire service personnel

And during lockdown, there's not many ideas to come up with other than feeding the ducks or going for a walk. But as long as they're getting out the house for an hour in the afternoon to break the day up. It's good, you know. My expectations are not up there, so I'm not always feeling rejected like, 'Oh, I've not done this this week' - Interview participant, Fire service personnel

I'd like to think that a large part of the low morale is just the fact that it's just a little bit like Groundhog Day at the minute, isn't it? And you're just taking each day as it comes, and hopefully if there is a way, we'll start easing restrictions and people have got a bit more time to do other things that help them to relax, help them to cope with...work and workloads, and morale might increase a little bit more - Interview participant, Fire service personnel
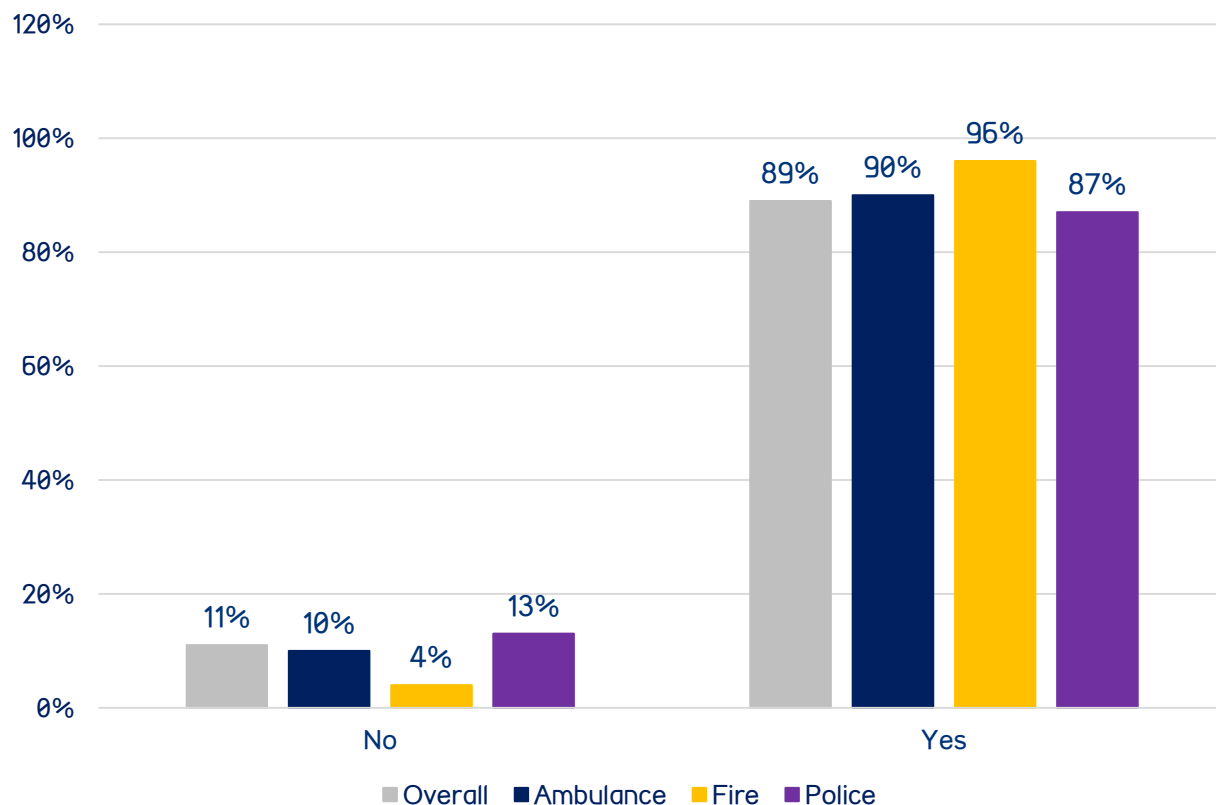
Awareness of Support

Key Takeaways

- Overall, survey respondents from the fire service were more likely to be aware (96%) of the support on offer by their organisation, and far more likely to rate this support as useful if they had accessed it (fire 67%; police 52%; ambulance 42%).

- Interviewees from the fire service were aware of the support on offer by their organisation, including TRiM and support from management, and were generally complementary of this.

- Interviewees also acknowledged an increase in the provision of mental health and wellbeing resources since the start of the pandemic within the fire service, supporting findings from the survey.

- Survey respondents from the fire service were also the most likely to say their organisation encourages them to talk openly about mental health and has prioritised the mental health and wellbeing of their staff since the start of the pandemic.

Awareness of Organisational Support: Survey Respondents

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

Legend: ■ Overall ■ Ambulance ■ Fire ■ Police

No: Overall 11%, Ambulance 10%, Fire 4%, Police 13%
Yes: Overall 89%, Ambulance 90%, Fire 96%, Police 87%

(Overall base = 3387; Ambulance base = 858; Fire base = 439; Police base = 2090)

Fire service personnel were the most likely of all emergency responders to be aware of **organisational support for their health and wellbeing**, with **96%** saying they were aware of the support on offer compared to 90% of ambulance service personnel and 87% of police service personnel.

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 During the Pandemic: Survey Respondents

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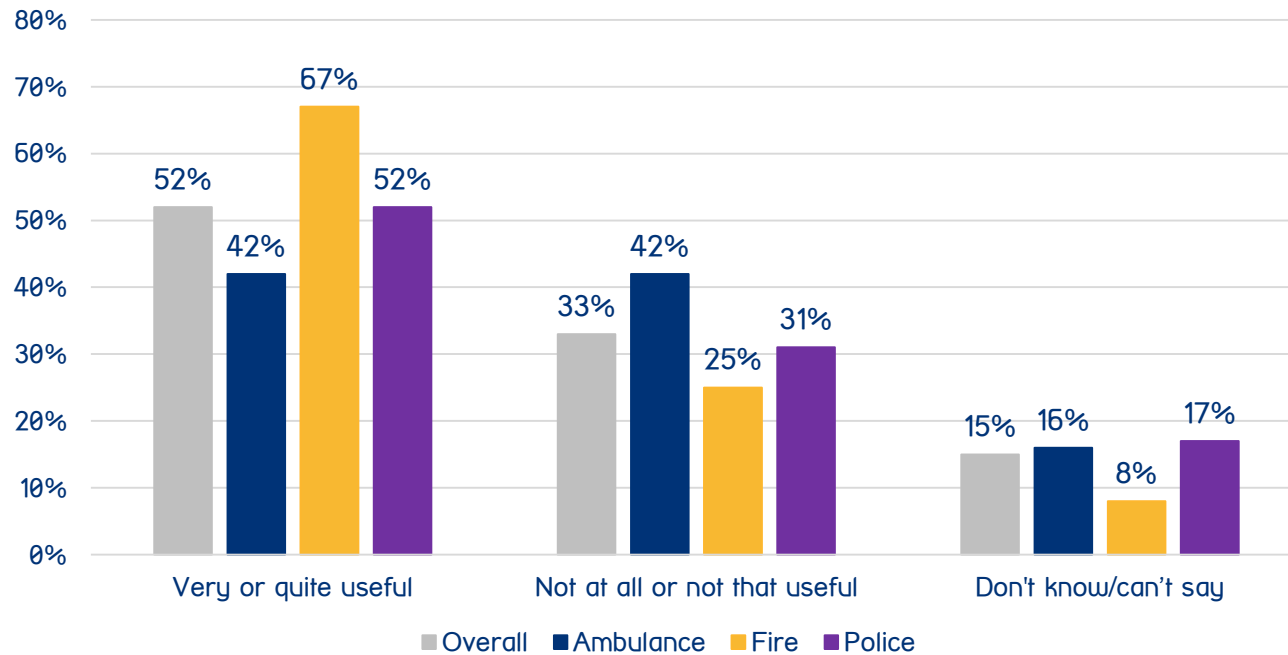
Across the services, **fire service personnel** were the **most likely (90%)** to say their **organisation had provided guidance and/or resources on how to support their mental health and wellbeing during the pandemic,** compared to ambulance (78%) and police (79%) service personnel.

Fire service personnel were also far **more likely (67%)** than police (52%) or ambulance (42%) service personnel **to report this support as useful**

(Overall base = 2230; Ambulance base = 548; Fire base = 349; Police base = 1333)

Organisational Support During the Pandemic: Survey Respondents

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

Fire service personnel who responded to the survey were **far more likely (68%)** than respondents from the ambulance (44%) or police (53%) service to have stated that their organisation supported their mental health and wellbeing during the pandemic well.
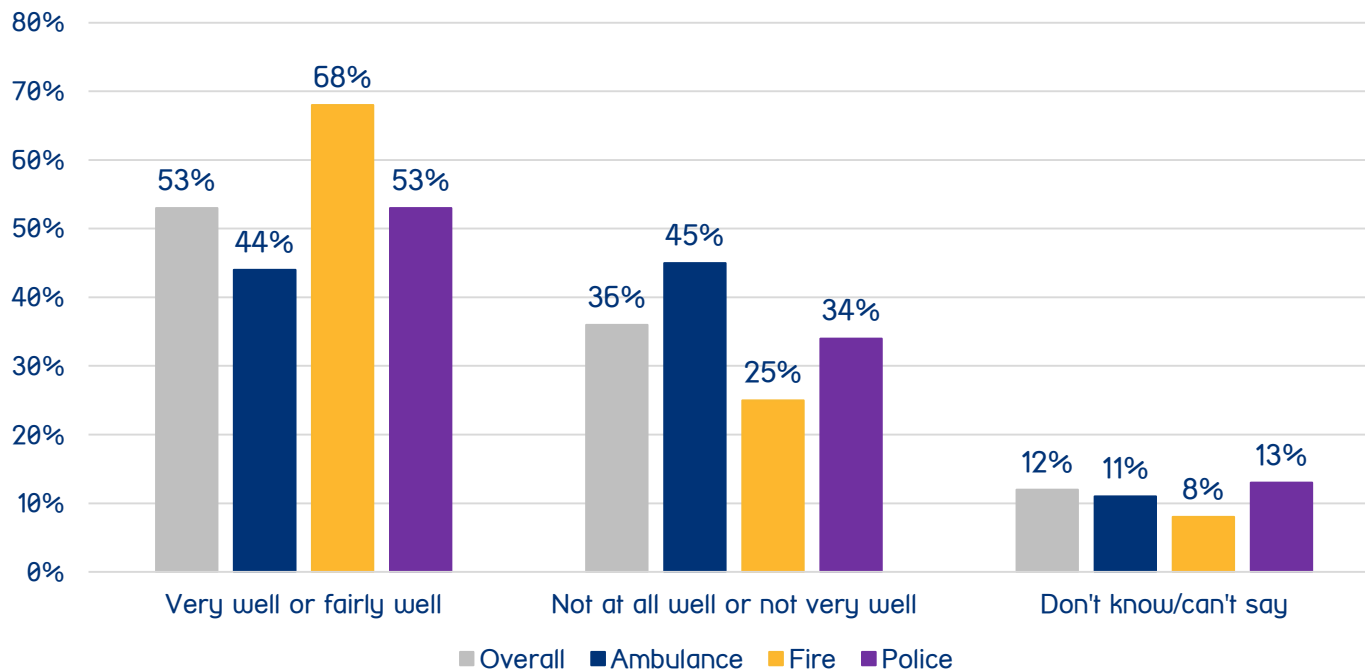
(Overall base = 3434; Ambulance base = 870; Fire base = 444; Police base = 2120)

Organisational Support: General Support

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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. Insights from fire service personnel are provided below.

Trauma

If we have, we've had quite a few traumatic incidents, so we've got a TRiM process in place as well if staff are affected with any of the incidents s we deal with. So, it is improving - Interview participant, Fire service personnel

We did start to introduce TRiM in January last year but that's not really been embedded into the service at the minute due to Covid, it's really difficult to do it over Teams and Zoom so they're kind of holding off on that - Interview participant, Fire service personnel

There's been a real recognition for us within the brigade around mental health and the kind of traumas that people see, and how it can affect them - Interview participant, Fire service personnel

I mean most fire services now are getting so much better at wellbeing, mental health and trauma support. We use PTSD 999 as a charity and they've been superb, they've made such a difference. I think it's-, yes, there's just something about keeping it at the top of the agenda – Interview participant, Fire service stakeholder

Management support

So I think they get it from their line manager more than looking for it themselves. Sometimes they're not even in work to be able to access that intranet, so yes generally I think it's the line manager - Interview participant, Fire service personnel

We have regular team meetings where workload is discussed and obviously we're helping each other out as well - Interview participant, Fire service personnel

Well, you know, a few years ago, or, many years ago, we were very-, we worked in silos, for example, so, if there was an issue at this station, we would discuss it on this station, whereas now, we're being, almost, asked to then go seek professional assistance, someone who has got a qualification in mental health, as opposed to, your peers, that you work with - Interview participant, Fire service personnel

I don't think there's any manager in the organisation now that isn't dealing with either individual well-being issues from their teams – Interview participant, Fire service stakeholder

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

Certainly for work related stuff, and perhaps for corona/work related stuff, I think they try. The message goes out, we get daily corona updates, sort of about where the government is, and where we're at as a service. And there's always at the moment the, 'Call this number, it's okay to talk,' all this sorts of stuff. And I do believe there's an external mental health people who deal-, who our service pays to be a part of...Again, I don't think it would-, just don't think the understanding is there, of the uniqueness or everyone's situation. Even thought we're all going through possibly the same thing, we're not, because we've all got different experiences, and different coping mechanisms - Interview participant, Fire service personnel

A lot of signposting to other local charities as well, so there are a lot of links to Every Mind Matters NHS and obviously our occupational health. We do have everything on Mind as well, and obviously the Blue Light Champions. There are still a few of those within the service, with me being one of them as well. So I think people are more confident in accessing support and signposting - Interview participant, Fire service personnel

Specific support/wellbeing initiatives

I think they did the thing called Ten Minute Takeover, I think it's called. You had a health and fitness guru, if you like, giving tips on health and well-being, essentially, and it was basically just a ten minute sketch. So they did do that, and it was promoted to a certain extent, but I think it wasn't promoted enough - Interview participant, Fire service personnel

Organisational Support: Post pandemic

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Stakeholders interviewed were involved with the mental health and wellbeing of fire 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 put together a well-being checker. So, we would use specific questions that we sent to every manager and every quarter, or more often obviously, than quarter, in-the-moment conversations, so to speak, a formal well-being checker has been sent to everybody and we know that people are doing it – Interview participant, Fire service stakeholder

The fact that we no longer was focused on, sort of, long term it was very much like here and now, so it was a case of with our people that were isolating for fourteen days and those that were shielding for twelve, well the initial twelve week period, we decided to do, like, a supportive contact, sort of, framework so we were contacting those individuals just by telephone or text or email just to see how they were doing – Interview participant, Fire service stakeholder

Our well-being manager and one or two others from the OD team, have been running well-being seminars on a monthly basis and talking about things like sleep, anxiety, how to manage isolation. So, really getting into very specific topics, and we had a brilliant one, and they've done that across all sorts of different groups. So, the corporate teams groups, and the building safety and customer safety teams. So, trying to make it, you know, team contextualized, but a lot of conversations then a powerful one not long ago, where we were talking about holding onto negative feelings and going though some exercises about how you deal with all of that. And we know that people have been finding them very powerful – Interview participant, Fire service stakeholder

We implemented, like, on our initial sickness reporting COVID anxiety, so kind of recognised early on that people would be anxious about whether that was going into an open plan office, whether that was going into the workplace, so throughout the pandemic we had eight people that recognised that 'I don't want to be in work because I'm severely anxious about, you know, COVID, about taking things home' or whatever. So, you know, eight people out of quite a big organisation isn't a lot but they were eight people that had we not of put that filter on there for them to identify, 'do you know what, I need to be away from work', then I think their mental health would have deteriorated massively, you know, really anxious and depressed and stressed as well, you know, going into that workplace – Interview participant, Fire 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*
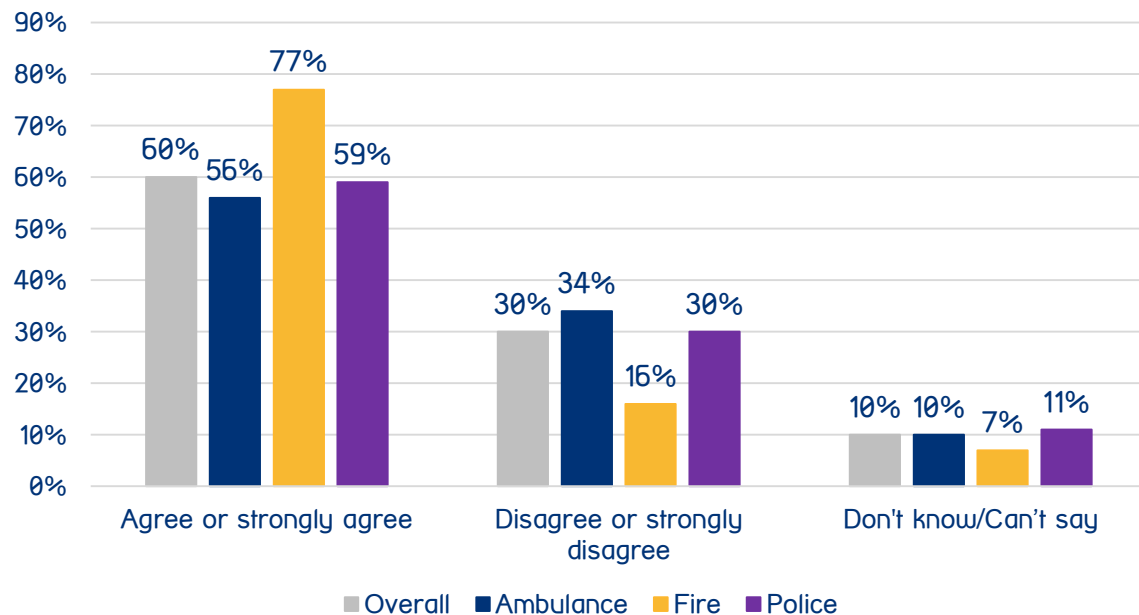
Again, **fire service personnel** were far more likely **(77%)** than their colleagues in the ambulance (56%) and police (59%) services to agree that their organisations has encouraged staff to **talk openly about mental health** and wellbeing during the pandemic.

(Overall base = 3317; Ambulance base = 834; Fire base = 434; Police base = 2049)

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*

Chart data:

	Agree or strongly agree	Disagree or strongly disagree	Don't know/Can't say
Overall	35%	52%	12%
Ambulance	28%	62%	10%
Fire	53%	37%	10%
Police	35%	51%	14%

(Overall base = 3305; Ambulance base = 832; Fire base = 431; Police base = 2042)

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.

However, at a service specific level, **fire service personnel** were far **more likely (53%)** than their colleagues in the police (35%) or ambulance services (28%) to say that **their organisation has prioritised the mental health and wellbeing of its staff and volunteers during the pandemic.**

Support in the Workplace

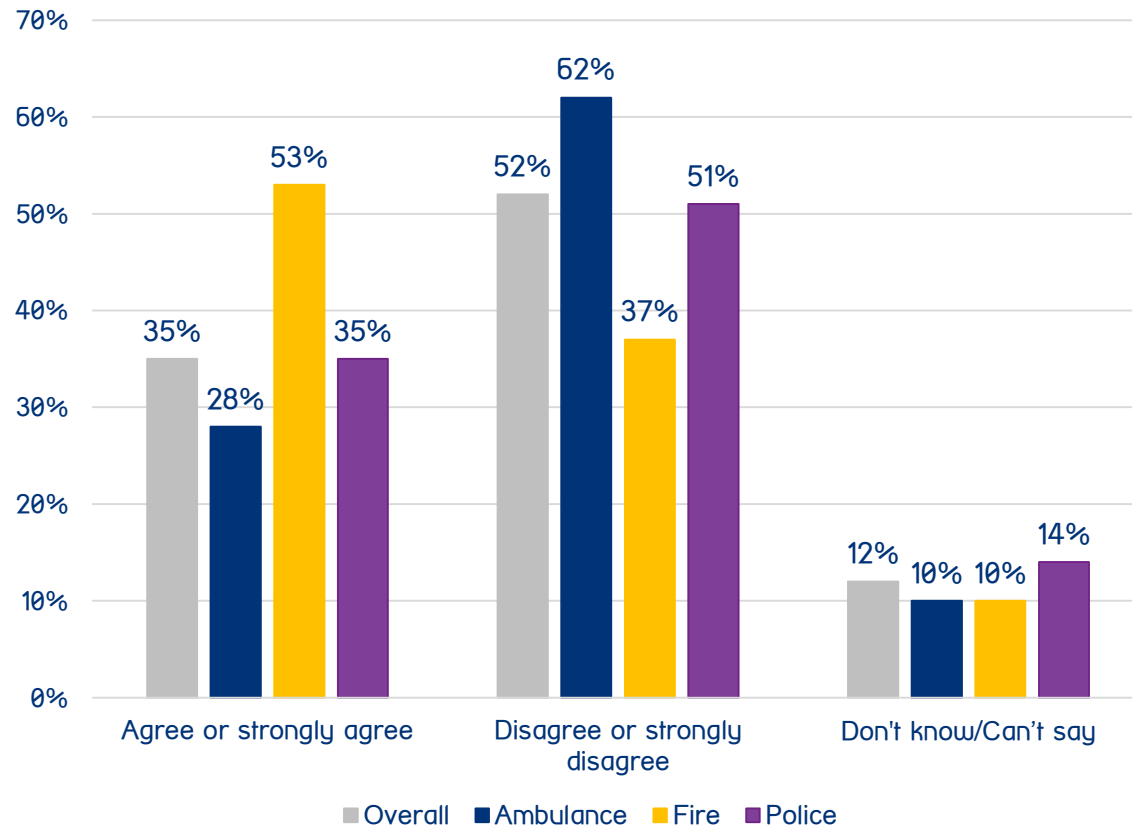Respondents were asked to answer, "To what extent do you agree or disagree with the following statements?", in relation to organisational support. Responses to questions are outlined below in table 12.

Table 4: *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	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	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 4: *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	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	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.
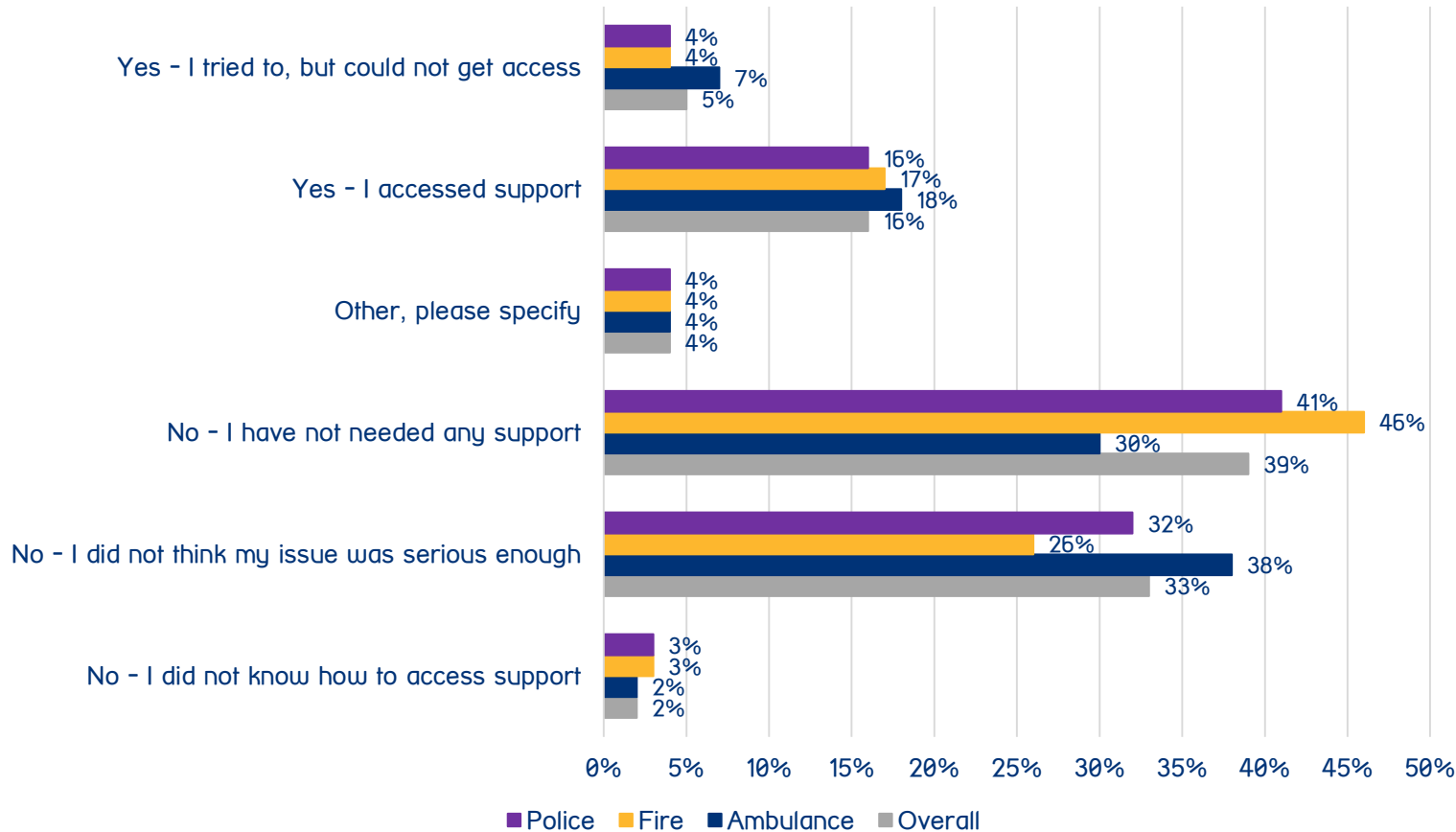
Key Takeaways

- Fire service personnel who responded to the survey were the least likely to say that they didn't access support because they didn't think their issue was serious enough, but were also the least likely to say they needed support.

- Insights from interviewees revealed that despite fire service personnel being the most likely to say their organisation encourages staff to talk openly about mental health, that there is still a perceived stigma around mental health within the fire service that needs addressing, with particular concerns around how disclosing mental health problem could effect future job prospects.

- Interviewees did acknowledge a culture change within the workplace with a greater awareness of and willingness to discuss mental health. However, interviewees identified that for real change to happen, things need to change at a senior leadership level, and wellbeing support should be about the people and not the process.

Accessing support: Survey Respondents

Figure 14: *Have you accessed (or tried to access) any services for your mental health since the start of the coronavirus pandemic?*

Yes – I tried to, but could not get access
- Police: 4%
- Fire: 4%
- Ambulance: 7%
- Overall: 5%

Yes – I accessed support
- Police: 16%
- Fire: 17%
- Ambulance: 18%
- Overall: 16%

Other, please specify
- Police: 4%
- Fire: 4%
- Ambulance: 4%
- Overall: 4%

No – I have not needed any support
- Police: 41%
- Fire: 46%
- Ambulance: 30%
- Overall: 39%

No – I did not think my issue was serious enough
- Police: 32%
- Fire: 26%
- Ambulance: 38%
- Overall: 33%

No – I did not know how to access support
- Police: 3%
- Fire: 3%
- Ambulance: 2%
- Overall: 2%

Legend: Police, Fire, Ambulance, Overall

Fire service personnel were the least likely **(25%)** to state they did not access support for their mental health as they **did not think their issue was serious enough.**

Fire service personnel were also **least likely to say they needed support (30%).**

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

1. Directly through my employer (48%)
2. Through the NHS (34%)
3. Through an employee assistance programme (32%)

Sources of Mental Health and Wellbeing Advice

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 4.

Table 5: *Top three sources of mental health and wellbeing advice across the services*

	1st	2nd	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%)

(Overall base = 2088; Ambulance base = 533; Fire base = 277; Police base = 1278)

Advice from Charities

For respondents who reported having used charities for information and advice were asked the question, "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:

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

The top three responses for fire service personnel were:

1. Mind (75%)
2. The Fire Fighters Charity (57%)
3. Shout (11%)

(Base = 431; Ambulance base = 139; Fire base = 65; Police base = 227)

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 form 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 fire service, four main barriers were discussed and are outlined over the following slides.

Not wanting to be viewed as weak

How is somebody who classes themselves as a big macho male who you can't see cry, you know, mental health is a weakness, how are they going to be able to approach it and deal with it? - Interview participant, Fire service personnel

I think peer pressure can be one of them...there was a bad incident a couple of weeks ago, and, after every single bad incident...the incident commander will offer people a debrief, and it'll be a big group of people, in a semi-circle, and they'll say something along the lines of, 'Does anyone want a critical debrief?' And everybody will look at each other, and just say, 'No, no, we're fine' - Interview participant, Fire service personnel

Stigma, and self stigma

There's still such a taboo, like, there's people who won't let their guard down and just talk about how they feel and you can see it's like, maybe they want to, maybe they don't have to, maybe they've got outside of work, or whatever, but, I don't know - Interview participant, Fire service personnel

I'm a big advocate of mental health, but I'm still well aware that there's stigma, and I'm still well aware and cautious of who I actually share my full story with, for the fear of-, and I'm an advocate of it, so if I'm trying to work out how to break this stigma and I still feel there's stigma there - Interview participant, Fire service personnel

Barriers to accessing support

Fear of affecting job/prospects

There's a stigma around mental health, isn't there? That people might think that you're weak or that you're not able to cope, so I think if you were a supervisor looking for promotion you might be frightened to access support in work because obviously those reports go to your line managers. So, an external organisation might be useful in some cases...I had a member of staff who worked in HR before she came into the control room and she didn't want her circumstances known internally because, obviously, it was former colleagues who would had have access to those reports. So there are circumstances when people would look for something more private - Interview participant, Fire service personnel

I'm a big believer of giving people a choice because I'm well aware that not one size fits all when it comes to one mental health...So you get a lot of people that might not want to speak to an official brigade line, if you like, because they're worried about the impact it's going to have on their career or people talking - Interview participant, Fire service personnel

Difficult/complicated to access

From experience with our own website, I think people get a little bit bored after five or six clicks trying to look for something, so I think making the information accessible to all really, really easily is another big one actually...From experience, I know of colleagues who have been a bit frustrated by trying to find information they can't, and they switch off and they don't bother looking again, so I think making sure it's accessible, but actually really easy to find is always a bonus - Interview participant, Fire service personnel

I did spend a little while finding the right place I guess. Like, I knew through the government that the mental health services were struggling hugely and that that was never going to be an avenue that I was willing to go down because, as soon as I walked in somewhere and had to have an awkward chat with somebody who probably wasn't trained to have an awkward chat with me, so that they could then figure out where to send me and all that sort of stuff, like, that would have been, it would have been a completely different experience, and it probably wouldn't have benefited me anywhere near as much as what I actually got and what I did - Interview participant, Fire service personnel

Rating Employer Support: Survey Respondents

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

(*Overall base = 110; Ambulance base = 29; Fire base = 23; Police base = 58*)
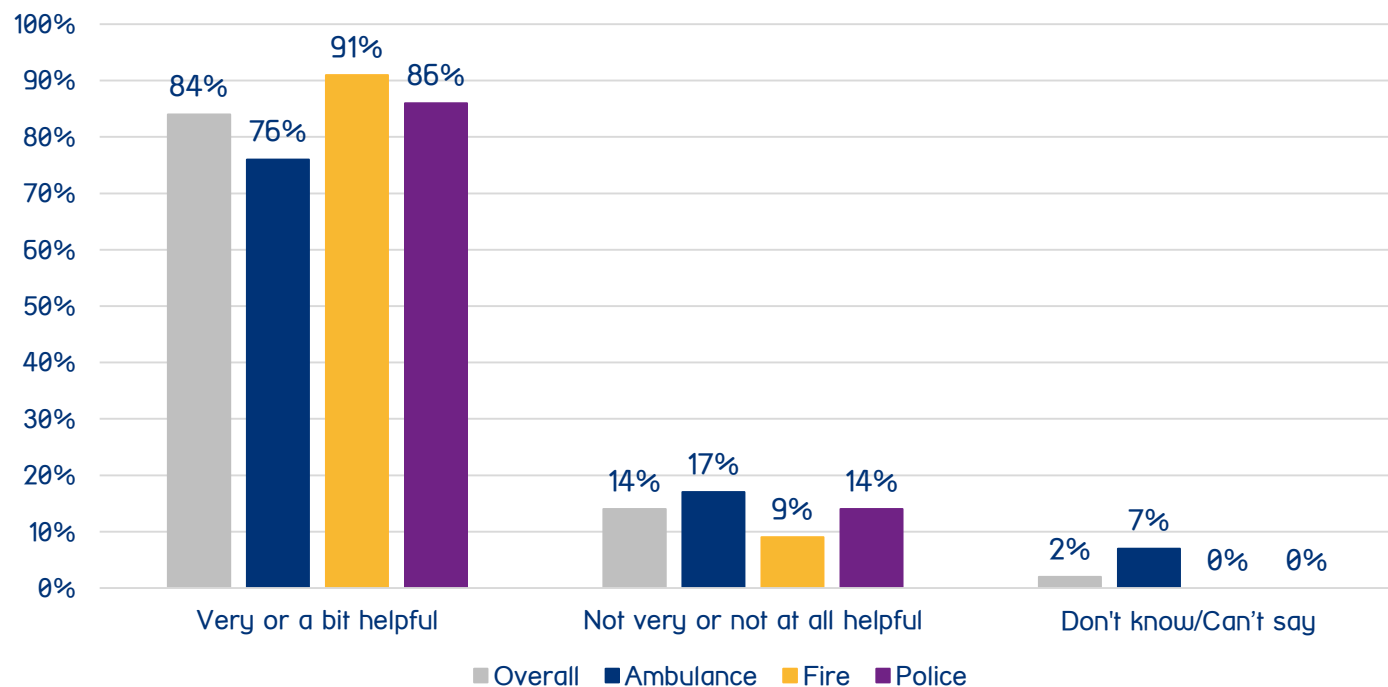
Fire service personnel were the most likely to report support **received through the EAP** as helpful (91%), compared to 86% of police and 76% of ambulance service personnel.

Culture change

Across the services, interviewees spoke about a culture change, and a greater willingness to open up and speak about mental health. Insights from interviewees from the fire service are outlined below.

Greater awareness/willingness to discuss mental health

I think we are very proactive in the mental...it's probably ten years now, but we had three male firefighters who all committed suicide in a very short space of time...I think, what we had a couple of people say was, 'I knew there was something wrong,' but people felt there was nothing in place to do anything, or to raise their concerns...the fire service has worked very hard, to put things in place, and where those things in place haven't quite come out as doing very well, they've removed them, and put in something else - Interview participant, Fire service personnel

The communication before was probably just getting started, and it was a little bit hit and miss, and people would just think 'Oh, it's health and well-being again, mental health first aid,' and, kind of, dismissed it a little bit. And I think attitudes have gradually changed, and probably been sped up a little bit by the pandemic - Interview participant, Fire service personnel

And that's been about obviously trying to kind of remove the stigma and have people be open...We've got a guy who's bipolar, who's quite senior and in fact, has been promoted since he's disclosed that, and I think that's given people a lot of trust and assurance that your career isn't going to get-, if you disclose mental health issues. So, there's been a lot of work around that – Interview participant, Fire service stakeholder

I think more people are actually talking about it than they were before and I think our health and well-being team, which is a fairly new team within the service, I think they've done a reasonable job so far in getting information across but not being too overpowering with it. And I think that they way they've managed it with the health and well-being passport which we've got introduced, I think that that's been a big help because people can write down how they're feeling, have that discussion with a line manager and if they don't feel comfortable talking to a line manager then they can go to the health and well-being team and it's all confidential as well. So, I think more people have probably opened up and probably been a bit more honest than they would have been normally - Interview participant, Fire 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 fire service interviewees are presented below.

You know, we get kind words, from the management and all that sort of stuff, but it's pretty empty...there's that feeling of...you're just a number to them, you're a replaceable bum on a seat...You know, and when you go and start talking about mental health and all that, you become a statistic, and they can sit and wave the flag and say 'Yay, we supported this many people this year.' But, it's like, how many of them actually feel better? - Interview participant, Fire service personnel

I think you've got to get line managers and cheque writers to buy into the message that we're trying to get across - Interview participant, Fire service personnel

Managers are obviously recognising that when people are under pressure and making reasonable adjustments, and having regular check-ups and catch-ups with them to make sure that they're okay, and stuff, rather than just leaving them to it. Certainly I think that for me, an important one is them coming to say, you know, 'How's your workload? How are you getting on? Is there any support we can give?' As long as that continues as it is - Interview participant, Fire service personnel

I suppose it's an obvious one, and you must say this all the time from Mind, it's got to be owned the senior management team. So, it's owned by me, it's owned by the senior management team, and it's got to be – Interview participant, Fire service stakeholder

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

Key Takeaways

- Survey findings revealed a preference for support that is tailored to the emergency services, and guidance on how to stay mentally well and look after your health and wellbeing during the pandemic among fire service personnel.

- Interviewees also expressed a desire among fire service 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.

- Interviewees from the fire service also provided some unique insights and preferences for support, including support on how to cope with change. Fire service personnel highlighted the importance of having facilitators of support/training around mental health that understand the culture within the fire service.

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 **(46%)**

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.

(Overall base = 2752; Work with public every day base = 1237)

Support Preferences

In terms of support preferences, views expressed by fire service personnel were similar to ambulance and police personnel. However, after the need for tailored support (discussed on the next slide) fire service personnel probably spoke the most about coping with change, and the importance of understanding the culture within the fire service, to ensure that support resonates with personnel

Coping with change

I don't know if it's something you could do but, coping with change. If you suffer from anxiety and obsessive compulsive disorder or if you've got any mental health issue then coping with change in work, because that really did affect a lot of staff when we moved. I had some who wouldn't even come to the new building, just the whole thought of going into the building filled them with terror and they were off for months - Interview participant, Fire service personnel

That transition period, I think that's where Mind and I think, you know, our obligation as a service will be most critical just to move it along. It's a bit of that and I think it's even more emphasis that, you know, we accept it's going to feel really odd working in the workplace. If it does, don't sit there worrying about it, fretting about it, stressing about it, talk to somebody. You know, whatever your fears are, however much you're struggling - Interview participant, Fire service personnel

Understanding the culture

It would even be better as an internal person actually, thinking about it, because they would understand more about the complexities of the fire service and fire-related trauma or whatever, accident-related trauma that we go to and stuff like that. If it was internal, but they weren't part of the whole corporate management structure and all that sort of stuff, and the services, directions and all that sort of stuff, like great - Interview participant, Fire service personnel

I think we could see through the process of that series of events that the one facilitator that came and was pretty much ever constant, just learnt some of the words, and learnt a bit about the culture...it was good input to start off with, it became even better input once the context of how the service worked, and how we spoke became apparent. And, you could almost see it coming through the facilitator. You know, the great danger is that to change our culture, you have to fit into it - Interview participant, Fire service personnel

Support Preferences: Tailored Support

Interview participants emphasised the importance of understanding the unique context in which emergency services personnel 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.

Important that it is tailored to the emergency services, in terms of the traumatic things that we'll be dealing with will be, you know, fatal accidents and incidents...I guess, there's kind of intricacies between the three different services. But something, yes I mean, even something broad that just acknowledges the similarities between the services, in that, you know, we go to traumatic things, and they might affect us. Because, trauma therapy for a traumatic event, that's quite a specific thing isn't it, I guess? So, I guess, if you were going to do it for the three services, do it around that and I think that would work. I also feel like it would make the three services feel a little bit more as part of one thing, because we're quite separate at the moment - Interview participant, Fire service personnel

I think anyone that joins that emergency service, very similar to armed forces, those types of things, you're very proud of the uniform and what that represents. So, by seeing someone there on a website I think, would be key to us saying, 'Do you know what? Let's break down some of the barriers.' But this support is directly available for emergency services I think, was the missing link really throughout the pandemic - Interview participant, Fire service stakeholder

I think there should be some specialised support because...I think it's really difficult for the Occupational Health unit to understand the pressures within the control room and the pressures the staff are under. But then it would be really difficult to get a mental health specialist who'd worked in a control room because there's only a thousand of us across the country - Interview participant, Fire service personnel

Also from, I obviously don't know about the Met Police or the [redacted], but for us in the brigade our FRS staff who are at home. Maybe support or a mental health connection thing, like an event, to help them because they're isolated. So something that they can do to maybe connect either with each other, a way to connect with each other or if Mind did an event that they could attend to kind of just alleviate that stress and boredom and that self isolation kind of thing - Interview participant, Fire service personnel

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Insights from BAME Communities

Intersectionality

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 19 survey respondents and 2 interviewees from the fire service were Black, Asian or Mixed. 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 fire 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

Respondents from **Black (65%), Mixed ethnicity (64%) and Asian (61%)** backgrounds were also **more likely** than their white colleagues (53%) to say their **organisation has supported the mental health of its staff well** during the pandemic.
(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 of these insights are expanded on in the following slides, using quotes from fire service personnel to demonstrate theses 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.

I would say in the way that I carry myself, in the way that I'm perceived, in the food that I eat, in the music that I listen to. The events that I would go to, I would very much say that I am a proud Black firefighter, not ignoring that I am mixed race – Interview participant, Fire service

100% because I look at myself as a positive role model and I'm only a positive because I'm in the Fire Service, that's given me the opportunities to do stuff, to promote whatever stuff I want to promote – Interview participant, Fire service

My parent's are from South Asia and I was born in the UK. So, you could say Pakistani, but...like, so, I class myself as British Pakistani...I'd say, kind of, like, as time has gone on, a lot of traditions have been lost because of the older generations have, kind of, passed away...So, you're automatically away from being around families who were singing folk songs and eating certain foods, to now, like, yes, just being who you are in your place and that – Interview participant, Fire 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.

And when I was a union rep, I dealt with people. Only two weeks ago, I dealt with two issues, one was someone being called a golliwog, which blew my mind. And then the other one was when a guy was trying to describe a Muslim as being a 'proper Muslim'. You know, so people still do stupid things without thinking – Interview participant, Fire service

A close friend of mine he was having some issues at work and similarly, if a white guy was having the same issues, the white guy wouldn't feel that 'Oh, I'm being treated this way because of my race', whereas a Black person, they will have the other issues with why they might be badly treated, but at the back of all that they will feel that it's because of their ethnicity – Interview participant, Fire service

Even if you're born here. It's kind of planted subconsciously, or consciously...and some people just kind of go, 'All right, okay, whatever.' But it's something that we know exists. And it's not always a colour thing, it's just what's attached to colour – Interview participant, Fire service

Key Qualitative Findings: Culture change

Interviewees also spoke broadly about the culture change within the emergency service workforce and in society more generally, and also spoke about the murder of George Floyd at the hands of police officers in the USA and the resulting Black Lives Matter protests.

Well, the Black Lives Matter one was massive. The amount of ignorant comments that the Fire Service made. Not the Fire Service, but people within the Fire Service, was just phenomenal. One of the biggest comments was when people used to say, you know, 'All live matters', kind of stuff. We ran with that a little bit, so some people said about 'You know, all lives matter', so then when people were trying to migrate to this country and then people said, 'We should shut the borders,' well, hang about, two weeks ago you were saying that all lives matter. And all of a sudden we're saying that these migrants, their lives don't matter? So, we were very cute in some of the conversations we had, but yes, the Black Lives Matter movement was just phenomenal. And we get that, you know, the Manchester Evening News Arena, that was another moment because it was Muslim person that did that, so our Muslim firefighters felt like they had to defend their religion, you know, and that's what you see. When George lost his life in America, Black people were then having to justify their existence sometimes. It's just when something pops up in the media, that's when we notice a difference – Interview participant, Fire service

With Black Lives Matter stuff, and also with the BME stuff, people have been sat there watching the news, or whatever, on a night shift, and felt it's okay, to either, make fun, or say, 'People are like this because of this,' it's just, like a free reign to attack people, yet, you're in that environment. And, because you don't feel like you can stand up for yourself, because you're a minority, you go home with an effect, you know, your mental health is affected. You go home burnt out from it. You go home feeling sad. You go home feeling like you're not worthy. You go home feeling that you're not good enough - Interview participant, Fire 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 don't think there's any specific support, apart from, us having a staff network, and a safe space to talk, about stuff – Interview participant, Fire service

I mean, you talk about words, and stuff, I mean, maybe that's some of the questions that you would ask, pre-screening, you know. Is there anything you want me to not say,' for example, or-, yes, because, like I said, everyone's different, aren't they? You know, some people don't like the term 'coloured people', some people don't mind it. Yes, potentially, like you said before, about the word 'BAME', you know, some people like it, some people hate it, yes. It's so difficult - Interview participant, Fire service

I think there's definitely cultural barriers, as far as, a lot of people not realising it, but culturally within, sort of, BME background families, talking about your mental health is kind of like a shameful thing, in a way. Or it's just seen as a sign of weakness because your mental health might be connected to how your family is treating you or issues at home. So there's definitely, like, a cultural shame or blame connected to talking about how you feel in your place at home. So a lot of people don't do that, I think because of the culture – Interview participant, Fire 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 fire service, based on the specific insights provided by fire service personnel within this research.

Recommendations: For the Fire Service

- Generally speaking, findings revealed that fire service personnel have a good awareness of the support on offer through their organisation for their mental health and wellbeing, and believe that mental health and wellbeing has been an organisational priority throughout the pandemic. The fire service should ensure they continue to provide support, advice and information to support the health and wellbeing of its personnel 'post coronavirus' and ensure the same level of importance is placed on providing such support.

- Despite being the most aware of the three services of the mental health and wellbeing support that is on offer, insights suggest that stigma is a still a barrier to accessing support that is particularly pertinent for fire service personnel. The fire service should look to open up the conversation about mental health within the workplace, to normalise these conversations and de-stigmatize mental health and accessing mental health services. As the impact that disclosing mental health could have on future job prospects was highlighted as a particular concern, such efforts should come from the top down, with senior management engaging in these conversations to demonstrate the mental health problems are not a barrier to success within the fire service.

- To ensure the needs of fire service personnel are being met, the fire 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/