Blue Light: Post Coronavirus Research Findings: Police Service Report

May 2021

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.
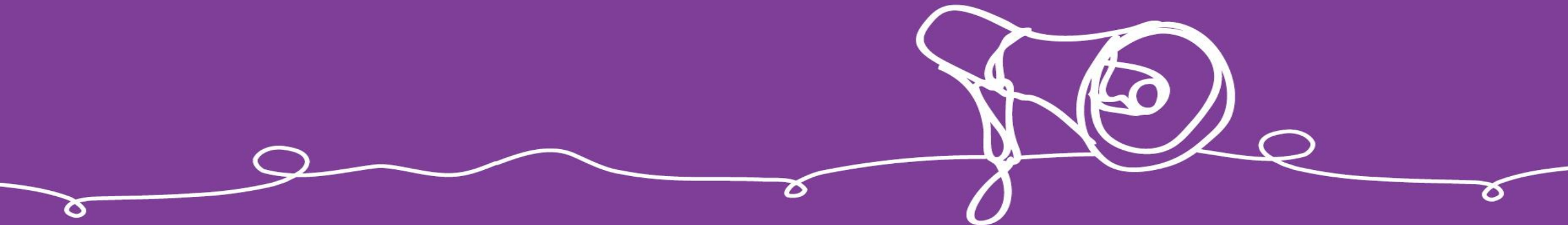
A note on Terminology

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/

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 police service.

Methodology: Online Survey
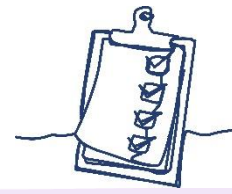
What did we do?

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.
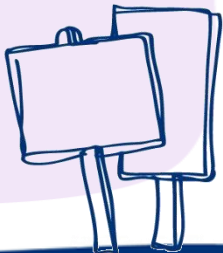
What did we ask?

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, 2323 police service personnel responded to the survey.

Methodology: Interviews

What did we do?

1-2-1 interviews were conducted with stakeholders (n=5), staff and volunteers (n=4), and staff and volunteers from BAME communities (n=4) from the police 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.
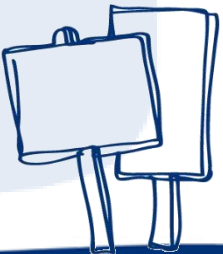
Respondent Profile

Job Role: Survey Respondents

Most survey respondents (61%) were from the police service (*n*=2323). In comparison, in **Mind's 2019 End of Blue Light Programme Survey, 41%** of respondents were from the police service.

Among police service personnel who answered the survey:
- 21% were **line mangers** (compared to 48% of fire and 16% of ambulance service personnel).
- **60%** had worked for the services for **11 years or over** (compared to 62% of fire and 40% of ambulance service personnel) – Overall newer recruits were less represented in this survey.
- **41% of police service personnel** who responding to the survey reported to report **working with the public every day** (compared to 26% of fire and 63% of ambulance personnel).

(Base = 3812)

Job Role: Staff and Intersectionality Interviewees

In total, **31% of interviewees** represented the **police** service (n=8). Of these:
- **63% did not have line management responsibilities,** and line mangers were more represented in the intersectionality interviews (75%) compared to the staff interviewees (50%).
- **50% had worked from the emergency services for 10 years or under,** and those with less service were more represented in the intersectionality interviewees.
- **60% had contact with the public for the majority of their working week.** Those with less frequent contact with the public were less represented in the intersectionality interviews (25%) compared to the staff interviews (50%).

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

Table 1: *Job role characteristics of staff, volunteer and intersectionality interviewees form the police service*
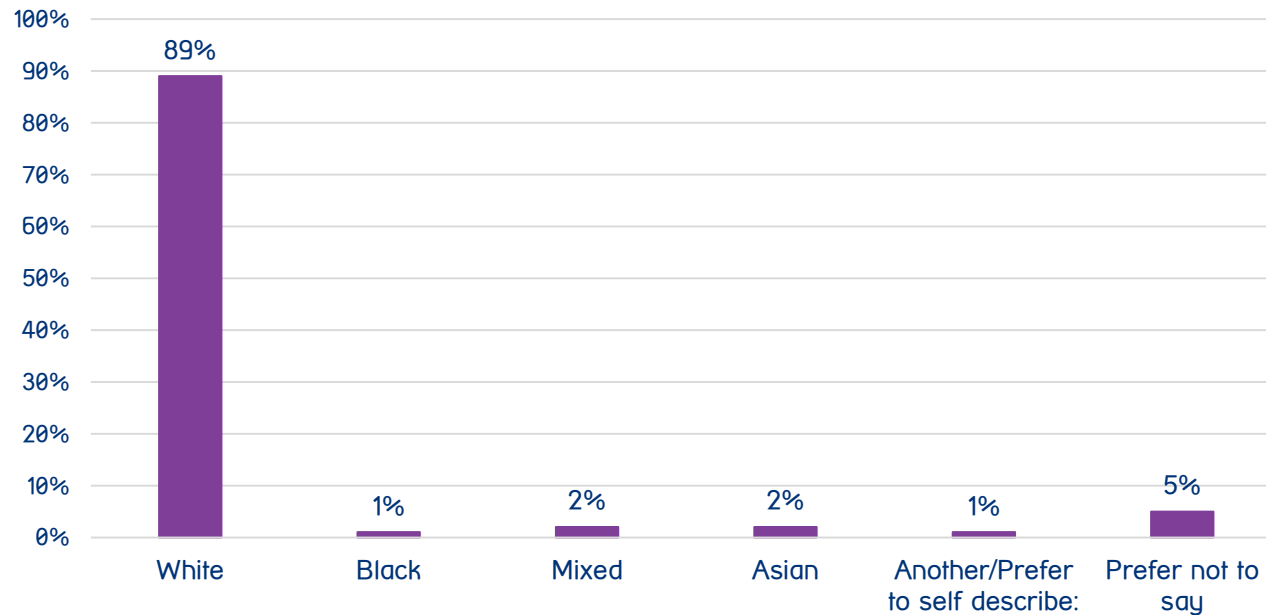
Characteristics		Staff (n = 4)	Intersectionality (n=4)	Total (n=8)
Line Management Responsibilities	Yes	50% (n=2)	25% (n=1)	38% (n=3)
	No	50% (n=2)	75% (n=3)	63% (n=5)
Length of Service	10 years or under	25% (n=1)	75% (n=3)	50% (n=4)
	11 years or more	75% (n=3)	25% (n=1)	50% (n=4)
Contact with Public	The majority of their working week	50% (n=2)	25% (n=1)	38% (n=3)
	Never/less than the majority of their working week	50% (n=2)	75% (n=3)	63% (n=5)

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, **5 were representatives of the police service.**

Demographics: Survey Respondents

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Figure 1: *What is your ethnicity*

Ethnicity	Percentage
White	89%
Black	1%
Mixed	2%
Asian	2%
Another/Prefer to self describe:	1%
Prefer not to say	5%

(Base = 1972)

Most police service respondents were **White (89%)** with just **5%** from **BAME communities.**

Respondents from **BAME communities** were **more represented among the police service** than they were the fire (4%) or ambulance (3%) services.

Most police respondents were **Female (60%),** with 37% identifying as Male, less than 1% identifying as Non-binary, and less than 2% preferring to self-describe, identify as another or preferring not to say (base=1979).

1% of respondents from the **police service** identified as **Trans** (base=1961).

Most police service respondents identified as **heterosexual 84%;** 5% identified as gay or lesbian, and 5% as bi.

23% of police respondents had a **long term health condition or disability.**

33% of police respondents had some **prior involvement in the Blue Light programme.**

Demographics: Survey respondents
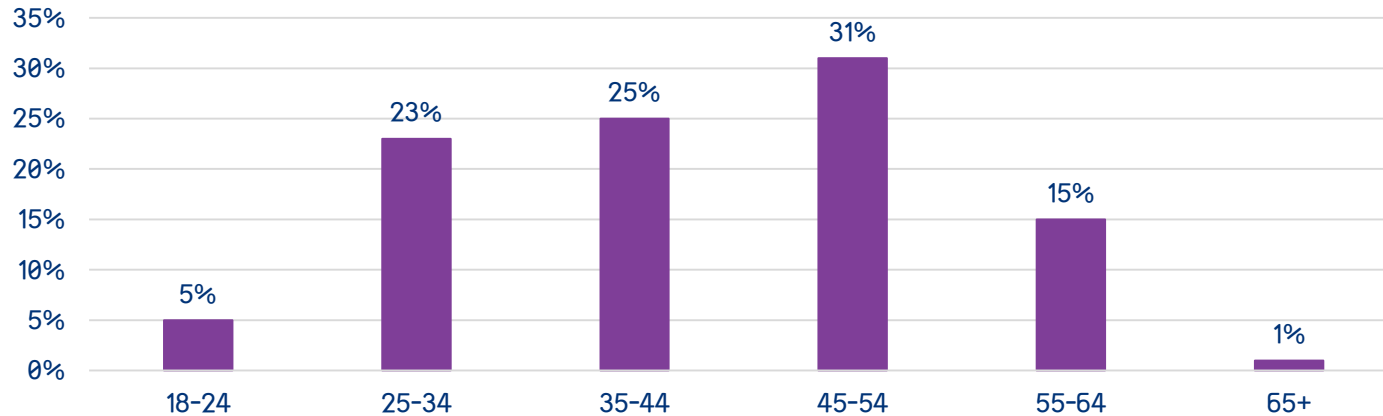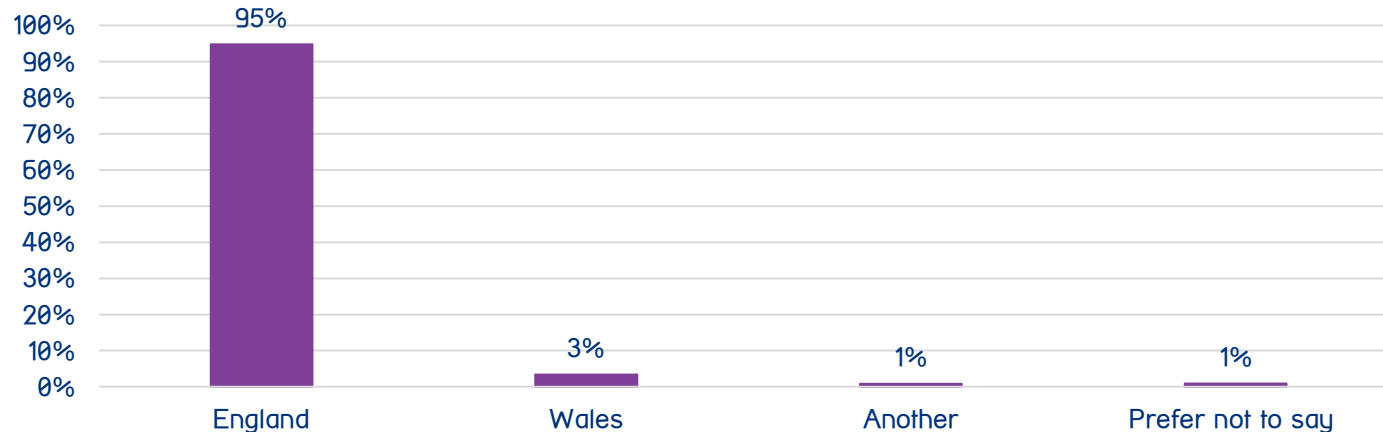
Figure 2: *What is your age in years?*

Figure 3: *Where do you work/volunteer?*

(Figure 2 base = 1850; Figure 3 base = 2314)

Most police respondents (53%) were under the age of 45.

Most police respondents (95%) were working or volunteering in England, with Wales based police personnel less represented (3%) than in other services (e.g. 12% of ambulance personnel worked or volunteered in Wales).

Most police respondents were staff (98%) opposed to volunteers (2%). Volunteers were less represented in the sample by police respondents compared to other services (base=2319).

Personal Experience of Coronavirus: Survey Respondents

Figure 4: *Have you ever had, or are suspected to have had coronavirus?*

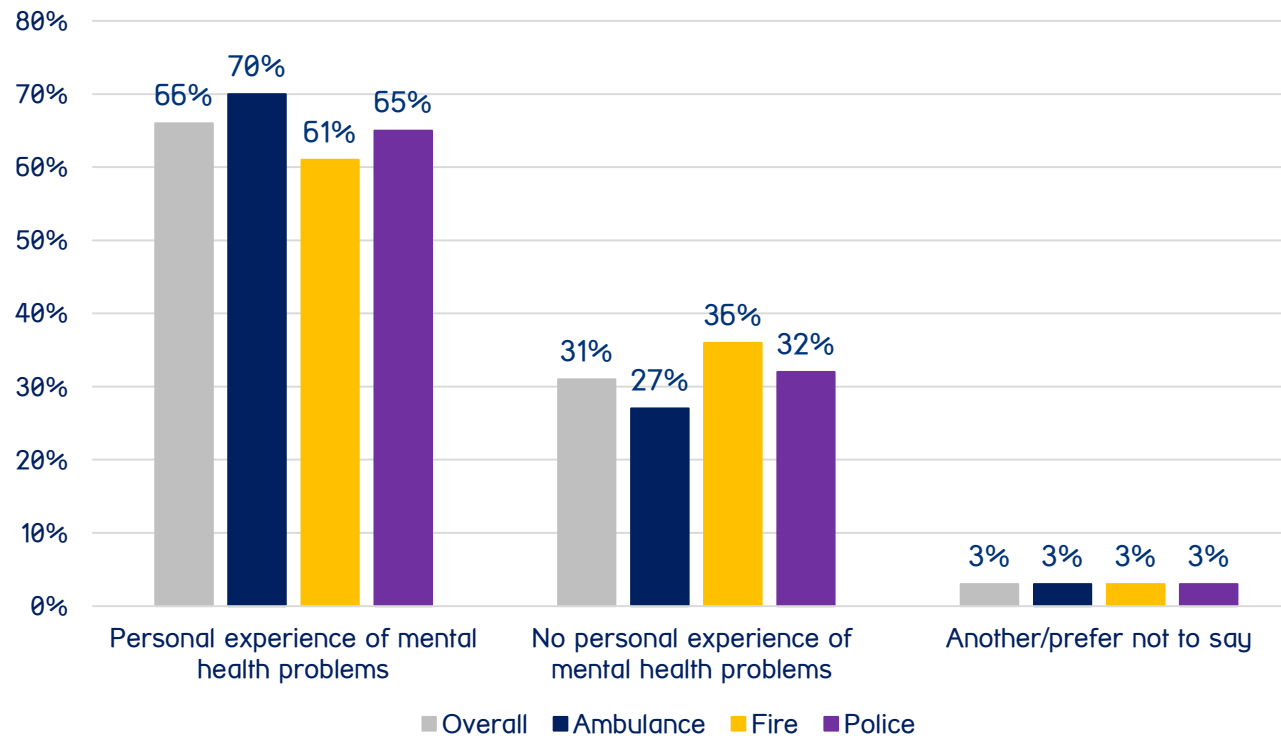|	No	Yes – I have had symptoms but was not tested	Yes – I was tested and received a positive result
Overall	77%	13%	10%
Ambulance	65%	14%	22%
Fire	83%	10%	7%
Police	81%	14%	5%
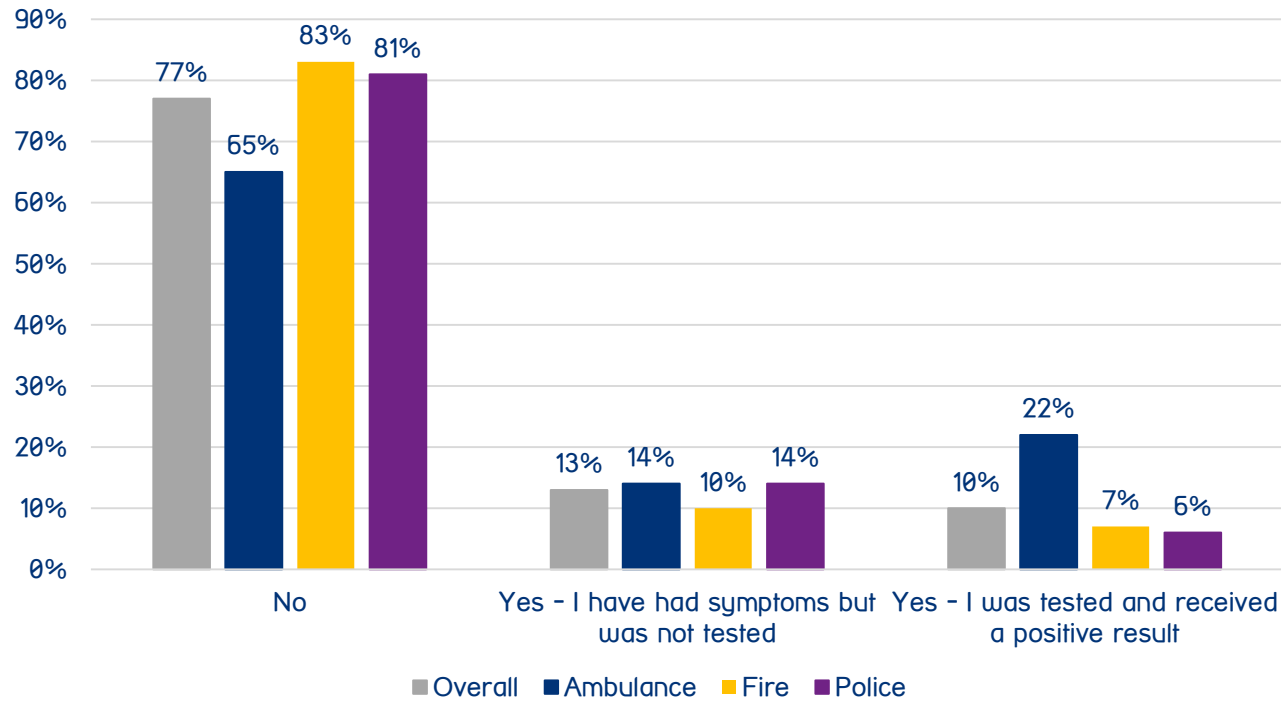
Survey respondents were asked whether they have had, or suspected they had coronavirus, and whether or not they got tested.

Unsurprisingly, **far less (5%) police service personnel** had a **received a positive coronavirus test result** compared to their colleagues in the ambulance service (22%).

(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.

Police respondents were slightly **more likely (65%)** than their colleagues in the fire service (61%) to **report having personal experience of mental health problems**, but less likely than their colleagues within the ambulance service (70%).

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

Mental Health Experiences: Interviewees

Table 2: *Experiences of Mental Health of Police Service interviewees*

	Personal Exp. of Mental Health Problems	No Personal Exp. of Mental Health Problems
Staff (n=4)	75% (n=3)	25% (n=1)
Intersectionality (n=4)	75% (n=3)	25% (n=1)
Total (n=8)	75% (n=6)	25% (n=2)

Most interviewees (75%) partaking in the police staff and intersectionality interviews had personal experience of mental health problems. In both staff and intersectionality interviews, those with personal experience of mental health problems were better represented than those without personal experience of mental health problems. It is possible that this 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 Police Service Personnel?
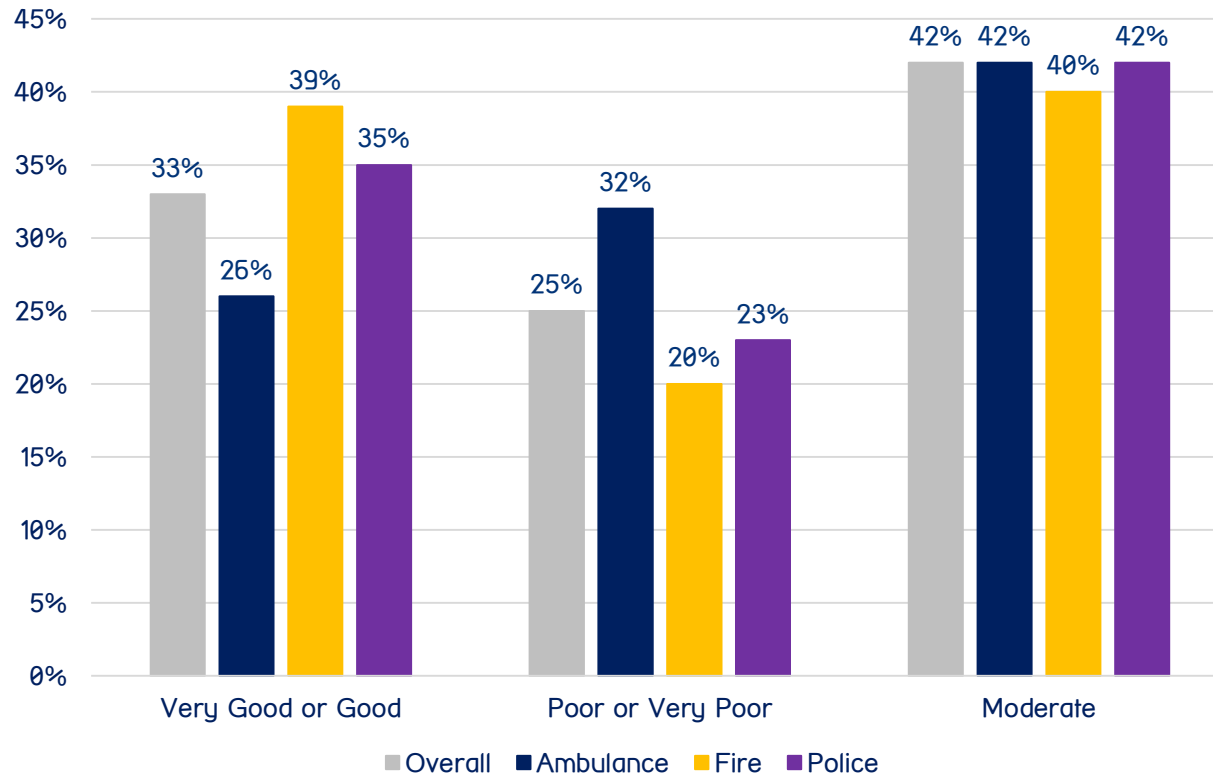
Key Takeaways

- Survey findings reveal that current mental health within the police force is poor, with just over a third (35%) describing their current mental health as 'good or very good'. This is more than ambulance personnel (26%), but less that fire personnel (39%).

- Interviewees from the police service perceive the pandemic to have had a greater impact on the mental health of specific groups of colleagues, including people who already have a mental health problem, for whom the pandemic appears to have intensified their symptoms.

- Interviewees from the police service believe there will be longer lasting impacts of the pandemic on those working or volunteering in the police force. For example, they suggest the service might lose staff post-pandemic, due to the stress and pressure they have been under.

- Interviewees suggest that there are some positives to have come out of the pandemic, including a greater awareness of mental health problems.

Current Mental Health: Survey Respondents

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

(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, **just over a third (35%)** of **police** respondents were likely to rate their **mental health as 'good' or 'very good'**. This is slightly less than their colleagues in the fire service (39%), but more than their colleagues in the ambulance service (26%).
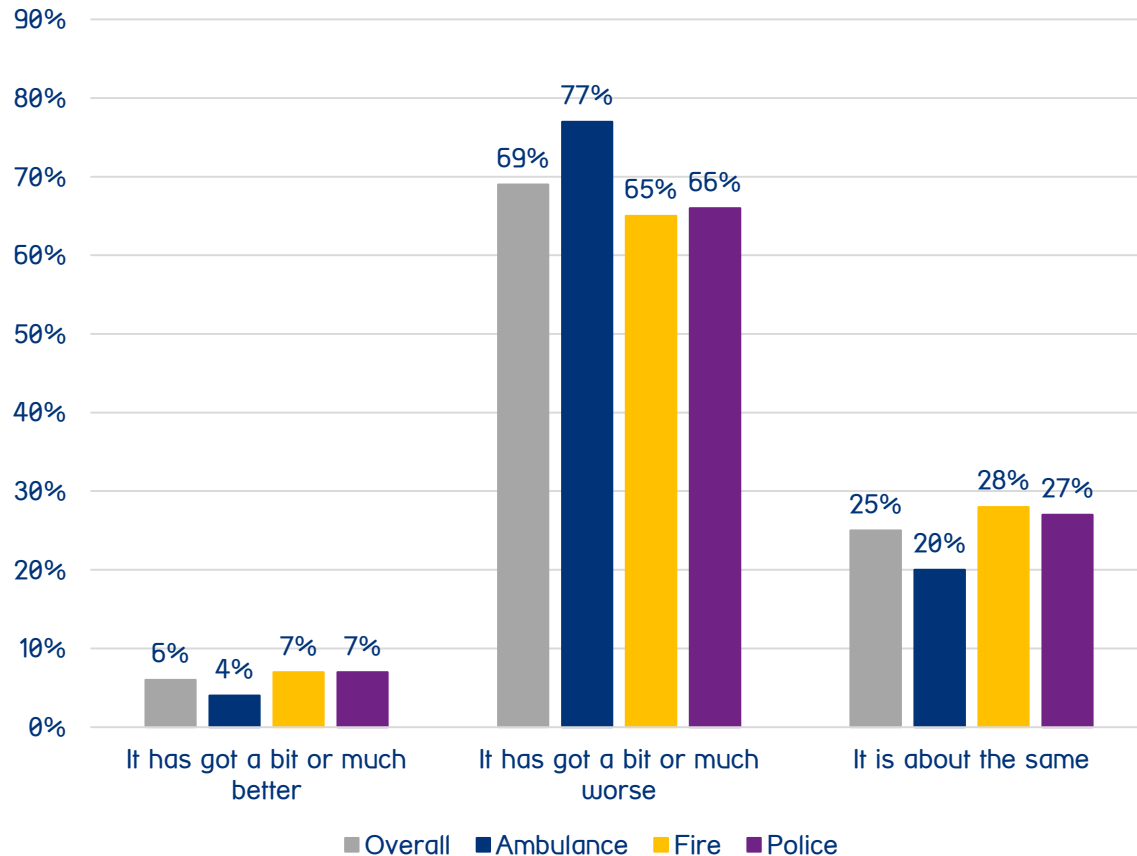
How has coronavirus impacted mental health?: Survey Respondents

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

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

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 **police service personnel (66%),** alongside fire service personnel (65%) **were less likely** to say their **mental health has gotten worst since the start of the pandemic** compared to ambulance service personnel (77%). However, numbers were high across the board.

Qualitative Insights: The Impact of the Pandemic on Mental Health

Like their colleagues in the fire and ambulance services, police interviewees discussed the negative impacts of the pandemic on mental health for people from specific groups. In particular, interviewees from the police service spoke about the impact on people with pre-existing mental health problems including OCD, highlighting how the nature of the pandemic appears to have exacerbated existing concerns and behaviours related to hygiene. Police interviewees also spoke to the impact of the pandemic on parents, who have found it difficult to juggle work responsibilities with home schooling. They also spoke of the impacts of the pandemic on those who are at risk or at home shielding, and how this means they have been less able to do the type of job they signed up for.

People with pre-existing mental health problems

I think there are some officers who are obviously taking it a lot more seriously than others and then it means for those people they're constantly wiping down all their surfaces and it seems like it's affecting their mental health and their kind of stress more than others – Interview participant, Police service personnel

I've got a colleague who's got OCD and he's properly stressing over the virus. He's washed his hands that much that they are red-raw and they are bleeding. I've picked up on it, but other people haven't. They just see him as being a little bit excessive, and it's just like, 'No, he's frightened – Interview participant, Police service personnel

Parents

A mate of mine [redacted] he happens to be a police officer and I was speaking to him on WhatsApp last week and he was saying he's struggling...as a person with two daughters at home, one university age, one fifteen or sixteen, and his wife works from home as well, really struggling with being stuck in that place all the time. And I think that would be the same with everybody – Interview participant, Police service

Working from home is a humongous challenge for anyone, and that's why I'm not a teacher. I think the first phase of that first wave when everyone was adapting to this sudden you're working from home, the kids are at home, you've got to try and teach the kids, you've got to try and work from home, you've got to try and do different roles at home. So, there's loads of different pressures in terms of families – Interview participant, Police service stakeholder

People at-risk/shielding

A few of us have had to self isolate, some of them a few times because there was a risk of them being infected. I think definitely for us as what we do, we joined the job to be out and about and doing things and the one thing that we don't want to be doing is sitting in front of a laptop at home for several hours of the day. Those people who have had to sit at home and just do laptop based work, they definitely haven't enjoyed it and it's not something that we enjoy doing anyway, really. That's the main difference I've seen is people who should be out on the front line are having to be stuck at home – Interview participant, Police service personnel

So yes, to not have that has been really difficult. And obviously, because I've been shielding, it's been really hard, I have to say actually – Interview participant, Police 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 and attributed this to a general increase in awareness of mental health as a result of the pandemic. For example, police interviewees spoke about how people are generally more aware of mental health since the pandemic as more people have experienced it, and how there are valuable lessons to be learnt from the pandemic in how to monitor and manage mental health and wellbeing going forward.

Greater awareness of mental health

I've always tried to take a proactive approach to dealing with my health and well-being. So, just looking at the measures that we've taken now and how we can now put these forward more tangibly. So, if we ever go back to the office, can we carry on utilising the systems that we are using now? Having conversations with people like you. Tapping into your organisation's resources, and not just letting it fall by the wayside because things are back to normal. Making sure that we look after people, supporting them...we definitely have a lot to be thankful for, in that, you know, this has shown us that we can do things differently if we try. We just have to try and pick up whatever small positive we can out of this, even if we are keeping it in our toolbox for the next big pandemic or next big situation that the world has to face, but at least there's learning that we can take from this to move forward – Interview participant, Police service personnel

I think more people are more acutely aware of mental health, I would say, because of COVID and lockdown and people are understanding that we're living in a really, really difficult time at the moment...I think there's been a better understanding, I think, generally speaking from more people about mental health and depression and loneliness. I genuinely think it's because more people have just experienced it. More people are not going into work, you know, families and couples have had to work through their relationships because they can't go down the pub and they can't go out with their mates and get drunk or have an affair or whatever else. They've just got to deal with their wife or their husband – Interview participant, Police service personnel

From a mental health point, I'd like to think that, yes, it has had a greater awareness, you know, has been brought up, because people are so much better at talking about it because we've been more open in general. It's in the media, you know, every, I think, advert, even if on, you know, BBC...There's something about, you know, looking after your neighbor or being good to yourself or having kind thoughts or, you know, all of those type of things, is all around mental health – Interview participant, Policer service stakeholder

Longer Term Impacts

Considering the longer terms impacts of the pandemic on emergency responders, some common themes were discussed across the board. For police interviewees, PTSD, losing staff and the impact of extended restrictions were some of the most common things discussed. For example, interviewees spoke about how the service may lose staff post pandemic, due to the increased stress and pressure they have been under as a result. Police service interviewees also spoke about the impact of extended restrictions, meaning that the pandemic will continue to have an impact on people for some time to come.

PTSD

In policing, we deal with crises on a day to day basis…but at the moment they're dealing with all those things and the crisis of the pandemic. And they've got their own personal worries about how they feel about that pandemic…but on top of that they've then got the day to day policing stuff. I just think longer term we are going to get more PTSD and those sort of long term things, because people have been managing, they're doing what we do best, and we just keep carrying on, and I think once the pandemic disappears, I think you're going to find a lot of people are going to realise the stress they've been under. The months and months and months they've been coming into work and managing, and doing what they do best, and not realise actually how stressed they've all been – Interview participant, Police service personnel

I think they're probably going to be exacerbated by the fact that there's no time to process and deal with what's going on. It's all just very much all hands on deck, wherever you are in the country, and doing different types of role but it's going to be when it hits afterwards I think – Interview participant, Policer service stakeholder

Losing Staff

Longer term I think we're going to lose more officers as well. I think they'll think, ' This is not what I signed up for, I'm not sleeping, I'm not this, I'm not that' – Interview participant, Police service personnel

I was talking to one of the Sergeants the other day on Skype, and she's already having some of these new recruits, they've come out, they've done their tutorship and they're in their first twelve months of the diploma and the policing and they've already phoned up and said they can't do it. It's too much for them and it's too stressful with the pandemic as well on top and trying to get their university work done – Interview participant, Police service personnel

Impact of extended restrictions

I think it's, it's going to stick around for a lot longer than people expect it to. So, it won't just be, you know, everyone will get the vaccine and that'll be it. Yes, I think it will keep on cropping up every now and again either with different strains and stuff like that…So, yes, I think just the way, yes, the way it'll last will probably have an affect on people – Interview participant, Police service personnel

Key Takeaways

- Working remotely, taking on additional responsibilities, and increased working hours were recognised by both survey respondents and interviewees from the police service as key ways in which their jobs have been impacted by the pandemic.

- Policer service personnel in particular have been negatively impacted by the media, and criticisms of the police involvement in enforcing coronavirus rules.

- Police service personnel have also been negatively impacted by the decision that they are not a priority for vaccination, despite having to be in close contact with people who may have coronavirus on a day-to-day basis as part of their roles.

Job Changes

Workload: Survey Respondents

Figure 8: *How has your workload been affected by the coronavirus pandemic?*

Legend: Overall, Ambulance, Fire, Police
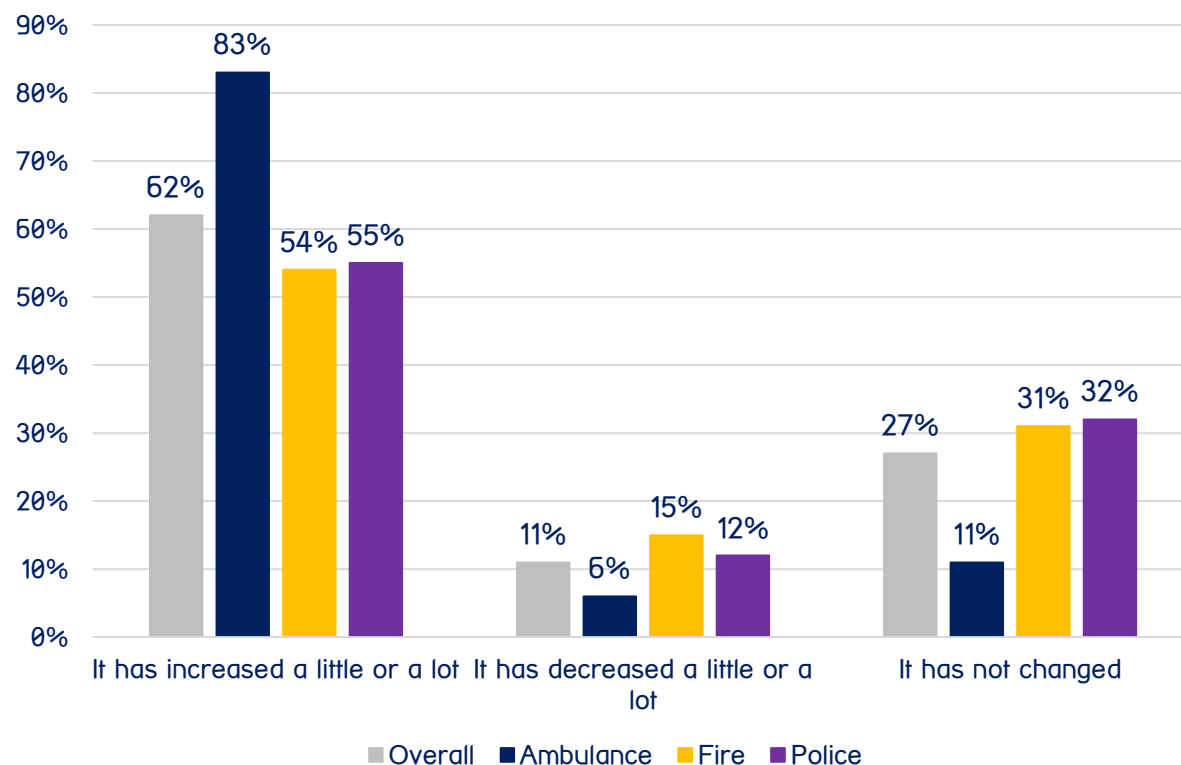
(Overall base = 3457; Ambulance base = 882; Fire base = 449; Police base = 2126)

Most respondents (62%) were likely to say that their **workload had increased** due to the pandemic. **Police** and fire service personnel were **less likely (54%** and 55% respectively) **to say this compared to ambulance personnel (83%).**

Within the police service, the top three selected changes to job roles* were:
1) Working remotely – 31%**
2) Being required to take on additional responsibilities – 21%
3) Working more hours – 14%

*(Base = 3451); * Not including 'no change'; ** 31% selected 'had to work from home remotely', and 26% selected 'still working from home remotely' – The latter is not reported as these are inextricably linked*

(Ambulance base = 881; Fire base = 447; Police base = 2123)

Changes to Job Role

Personnel from all three emergency services spoke about changes to their job roles since the start of the pandemic, and the impact this has had on their mental health and wellbeing. However, police interviewees probably provided the least variation in responses. For police service interviewees, the switch to remote working was spoken about most commonly and in particular, interviewees provided commentary on a lack of face-to-face interaction and a move to online meetings.

Remote working

So, anyone who could come to work, come to work. Then there 20% who could work from home, so they were our remote workers who were able to take their work with a laptop and go and do it from home. But, of course, then they became isolated. So, there's that challenge was about how to keep them engaged and not isolated. So, how do you form groups – Interview participant, Police service stakeholder

I think for me, it's been quite an odd time to land in a new role, and I've just had to find my feet, which for me is fine but it is quite isolating. I like the fact that we use Teams because all of our carbon footprint, and all that sort of stuff, but not actually meeting anybody or going over physically seeing those corridor conversations, all of that sort of stuff has gone – Interview participant, Police service personnel

I think people are now working remotely, and that has definitely had a major impact on things. For me personally, we're office based, we have a morning huddle, that has not changed. All that has changed now is doing it via Teams. So that's the only difference. However, I was saying to my manager just last year, that I found going to the meeting actually having a negative impact on my mental health and well-being. And I say that because at least when we were in the office you were face-to-face with people. You could see them, you could probably read their expressions and so on. We're at a point now where people have a choice to turn their camera on or not – Interview participant, Police service personnel

I guess, the biggest part of the role that's changed for me is that, so going into the office, I go into the office...three or four times a week. We were, kind of, agile working anyway so we were working from police stations anyway that were potentially closer to where we lived. And/or I was working from home once a week. But the main concept would always be that you would go into [redacted] and show your face around, because most of the stuff that we do is around networking – Interview participant, Police service personnel

Changes to Job Role

In addition to switching to remote working, police service interviewees spoke about the impact the pandemic has had on their workloads, describing how these have increased due to having to take on extra responsibilities, and covering for members of staff who were self-isolating. Interestingly, some police service interviewees spoke about how they don't perceive their jobs to have changed much, but how they perceive the world around them to have changed, and discussed changes to their role as a response to that.

Job hasn't changed, the world has changed

It's been a bizarre scenario in that policing, our actual job hasn't changed. We all keep coming into work, we keep doing our jobs, but the world around us has stopped – Interview participant, Police service personnel

I suppose they haven't changed a huge amount because obviously what we do you can't really change how much you interact with people. I suppose you just go in, you take any calls that come in, we don't really deal with much COVID stuff now because they've got a new operation, so people do overtime to deal with COVID stuff. So, we are still dealing with like core policing kind of stuff – Interview participant, Police service personnel

Increase in workload

Certainly, my workload has increased quite a lot. I think we get involved in a lot, lot more stuff externally that's asked of us. But that's fine, I think that's part of it, yes. I guess, it has increased but in a funny sort of way, because I'm not travelling into work, it doesn't feel like it's massively increased, if that makes sense? I think if I had the same workload and I had to travel in to work, I think it'd be fairly exhausting – Interview participant, Police service personnel

Workloads have increased for individual operators because you never know who is going to be self isolating day to day. But you've just got to manage that, try and put things in place, which you can't because you never know, as soon as turn up at work at 6:30AM and five people are self isolating over night, it's just one of those things. It's going to be the reality for the next year that people are going to be self isolating – Interview participant, Police service personnel

It's workload pressure, overworked, upheaval change, and not just our organisation, but obviously the upheaval of COVID, having to get our heads around different legislation and law, while having no respite from the other jobs, no time to process any jobs because it's so busy – Interview participant, Police service stakeholder

Triggers of Poorer Mental Health

Key Triggers of Poorer Mental Health

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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

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

Table 3: *Top five triggers of poorer mental health 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%)

Survey findings reveal that police personnel were more likely than their colleagues in the fire or ambulance services, to report the media/news coverage relating to coronavirus as negatively impacting their mental health. Interviewees from the police force also discussed media/news coverage, which provide some insights as to why police might be impacted by this more.

Key Triggers of Poorer Mental Health

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 form police service personnel are highlighted below.

Not being able to see friends and family

Yes, I definitely think that obviously outside of lockdown and being able to socialise with people and go out, it's kind of like little bit of a feel of normality when we're not in lockdown, which obviously is beneficial. And then you go back into lockdown and then it all, kind of, comes back and you're just stuck in your own house and not able to go and see friends and family or anything – Interview participant, Police service personnel

I'm a complete extrovert so I miss seeing people... It's been quite difficult, that was very, very hard...my partner and I live separately so we didn't see each other for about four and a half months...that was really, really difficult. Yes, definitely. But I think seeing people has been really, really hard. That has probably affected my mental health more than anything else, in terms of just having that, not necessarily physical contact as in hugging people or anything else, but just physically being near other human beings, it's what human beings are supposed to do, we're pack animals, aren't we? – Interview participant, Police service personnel

Anxiety about friends/family getting coronavirus

I am more cautious about anybody else having it or if I get it again, whether I don't get any symptoms and I'm a carrier and I carry it...or if I go to someone's house or I go and see the old lady that thinks that there's somebody breaking in and I accidentally give her COVID, there is that but, to be honest any job I go to I could have some form of infection or anything like that it doesn't necessarily have to be COVID and I could pass it on – Interview participant, Police service personnel

You know, if people are COVID positive, we have to find ways of adapting. If someone with COVID has been robbed or someone with COVID is in a situation where they're in danger, we don't really have a choice, we have to deal with that. But it's always in the back of your head. I'm lucky I don't live with vulnerable people but a lot of the people I work with, do. And they do have those concerns, and they have had to make sacrifices at work because they live with vulnerable people or you know, they've caught it themselves – Interview participant, Police service personnel

Key Triggers of Poorer Mental Health

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Anxiety about catching coronavirus was a concern for emergency responders across the services, including those in the police service. While police service personnel might not have as much direct contact with seriously ill (e.g. hospitalised) coronavirus patients as ambulance service personnel, interviewees from the police service described how they might come into contact with coronavirus in other ways, for example by entering into people's home and dealing with members of the public who might not be adhering to coronavirus rules. Interviewees expressed concerns about catching coronavirus, passing it on to other people, and worrying about their own health.

Anxiety about catching coronavirus

With the recent COVID tests, my anxiety pushed me right over the edge, to near panic mode...I was frightened to death of testing positive. And if I was going to pass it on to anybody else, where did I catch it from? How am I going to do my job? Am I going to get ill? Am I going to end up in hospital? Because all you ever see is just negative people and things on the telly, and you just think 'Oh god, is it going to be the worst case scenario for me?' – Interview participant, Police service personnel

They've got to go to that family's house for a sudden death where somebody's died of COVID-19. They don't know whether the rest of the family in there have got COVID-19, because often, they might be self isolating, they just don't know the risk that they're putting themselves at all that time, whereas ambulance, to a degree is also doing that, but they're kitted up properly. The officers are then going home worrying, you know, ' Have I, haven't I?' – Interview participant, Police service personnel

Unfortunately the people that we deal with face to face and have to get hands on with aren't really the people that would follow government guidelines. So, there's that constant thought in the back of your head of as soon as they cough or if they sneeze or anything like that, you're suddenly just like, 'Ugh' and because, well, especially for me, my girlfriend works in A&E so we both just have that constant, kind of, stress all the time – Interview participant, Police service personnel

But now, you know, our cops, frontline, are going to sudden deaths, potentially having to search a body, and the COVID-, they're infected with COVID. So, it just must be so stressful and the anxiety of catching the disease to take home, on top of the day job, if you know what I mean – Interview participant, Police service stakeholder

Key Triggers of Poorer Mental Health

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Due to their job roles, interviewees from the police service spoke of the negative impact that enforcing coronavirus restrictions has had on them. For example, interviewees expressed concerns about how they have been portrayed negatively in the media for enforcing restrictions, and how the criticism of them feels personal, despite the enforcement of rules being a part of their job and not a personal choice. Interviewees also spoke about an increased level of scrutiny, and how they felt as though they were being watched in their day-to-day duties.

Enforcement of restrictions

A lot of us are incredibly angry with what's-, a lot has been put on the social media's or on the news, that the police are having to go and disperse all these parties and give out COVID tickets. There was a video on one of the social media's, I think it was Gwent Police, where they broke up a party and the person living in the house was absolutely vile to the officers saying, 'Oh, you get a power kick out of it' and it's like, you don't get a power kick out of it, I don't come to work to get a power kick out of it. I do it because this is what I want to do, this is my job, and it's not about the powers – Interview participant, Police service personnel

I think for me, that's more of a media, more that they were a bit scared of what would happen in the media if they gave it to us. Everybody would be like, 'Police officers, police brutality, they're going to get it,' and this, that and the other. But on the other hand, if we're super spreaders we'll get [rubbish] anyway. So sometimes, I think maybe they don't, the higher ups don't necessarily push for stuff that they should, because they're a bit scared of what the media are going to say, or how it's going to look – Interview participant, Police service

Not everybody, you know, it's only a minority, but again, we're all lazy, we're all corrupt, we're all racist, we're all policing these demonstrations, we're dishing out fines, you know, we're the bad guys again, and that's not fair – Interview participant, Police service stakeholder

Increased scrutiny

It's little things like, so we're not meant to double crew, so you're not meant to have two officers in a car but they'd all much rather be two officers in a car because it's safer than anything else. But they've got people out checking, so the senior officers have got people out checking to see if they are double crew that they're masked...So, it's like they're being watched. And added to all that stress, they're then worried about that, that an email might come in saying, 'You weren't wearing your mask, why weren't you wearing your mask?' You know, and like everyone we forget occasionally – Interview participant, Police service personnel

Work related triggers: Process and procedures

Police service interviewees identified several triggers of poor mental health relating to process and procedures within the workplace that were also identified by their colleagues in other services, including a lack of PPE and unclear messaging in relation to coronavirus rules and regulations. More so than colleagues in the other services, police service interviewees also expressed frustrations around not being prioritised for the vaccine, despite their often public facing role.

Lack of PPE

Accidents, again, you kind of going into these things, and you're hands on, full on, all the time. And a surgical mask, isn't going to stop you from getting the coronavirus, as far as I'm concerned. Even the doctors, nurses, in the hospitals, they've got all the PPE, all the shields, everything. And we get given a mask. That's it – Interview participant, Police service personnel

Access to vaccine/testing

When we try and fight the cause to say, 'Yes we need the vaccine,' but we need it as much as the healthcare workers do because we're doing ambulance's jobs by dealing with people that are really ill because there are no ambulances. We're dealing with other people that have got COVID or different situations and we can't just say, 'Actually no, we're not going into that building because they've got COVID,' we don't get a choice...I found out the other day that council staff, for the local council here, and it's all social workers that are sat in office, they've all had their vaccine, and I will be honest that really annoys me – Interview participant, Police service personnel

I think that police officers should be on the list for the vaccine. Because we come into contact with so many people every day, we're in hospitals every day, we often go into care homes, or places where there's lots of vulnerable people...we're also in contact with people who might have coronavirus, so it makes absolutely no sense to me, why we wouldn't be on that list for a vaccine – Interview participant, Police service personnel

Lack of clear messaging/changing rules

I think the quite, constant change of rules and stuff like that, and how when they do bring in the rules it seems like we're just automatically, kind of, expected to know everything off by heart as soon as it comes in and then you're put in these situations where you have to, kind of, well, you have to be confident in what you're doing and what you're saying. So, yes, there's that as well, kind of making sure you're on top of the...ever changing law that is COVID – Interview participant, Police service personnel

Work Related Triggers: Lack of socialising, coupled with a relentless workload

Across the services, interviewees discussed the impact of a relentless workload and the lack of opportunity to socialise or debrief with colleagues. For example, police service interviewees discussed how due to social distancing and a move to more remote working, they were missing important face-to-face contact with their colleagues to check in, leading to a lack of connection. They also discussed how they feel 'wiped out' and how the relentless workload they have endured is a 'nightmare'.

Less opportunities to socialise/debrief with colleagues

I think things have lapsed since lots of different funding and teams have stopped, and then with the pandemic basically spreading everybody out in their own little rooms so there's no human contact. There's nobody saying, 'Are you alright?' It's done on a phone, it's not the same. I think people have just drifted, and these things have just stopped. It's pretty much every man for himself, I think is the best way I can put it – Interview participant, Police service personnel

I was saying to my manager just last year, that I found going to the meeting actually having a negative impact on my mental health and well-being. And I say that because at least when we were in the office you were face-to-face with people. You could see them, you could probably read their expressions and so on. We're at a point now where people have a choice to turn their camera on or not. And more often than not people turn their cameras off. And so there is not that connection, you know, with the other individual that you're speaking to or that may be listening to you. And I found that it was having that negative effect. Because to me, if we're having a conversation, let's see each other – Interview participant, Police service personnel

Busy/relentless workload

We've been wiped out pretty much. I'm out of isolation after today, so back to normal tomorrow. I've already had phone calls to see if we would come in and cover people, because there's too many people off and they've got nobody. Which I don't mind, I've said I would because I need to get out the house. But yes, we are just absolutely run ragged– Interview participant, Police service personnel

It's a bit of a nightmare, but you just have to knuckle on, work a little bit longer and a little bit harder, really – Interview participant, Police service personnel

Key Takeaways

- Overall, respondents to the survey and interviewees from the police service used positive, healthy strategies to cope with the extra pressures placed on them during the pandemic, including seeing/talking to friends and family, and using sports and exercise to cope. However, it is important to note that almost half of police service personnel did state they were eating too much or too little as a way to cope during the pandemic.

- Police service interviewees were also complementary of the support they received from their colleagues and highlighted the importance of peer support as a coping mechanism during the pandemic.

Coping with stressors

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

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

	1st	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%)

(Base = 3374; Ambulance = 863; Fire = 441; Police = 2070)

Negative Coping Strategies

Table 5: *Percentage of respondents who used negative coping strategies during the pandemic*

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

There were some differences between the emergency services, in terms of the use of negative coping strategies, with ambulance service personnel the most likely to adopt these to cope.

Police respondents were **more likely (46%)** than fire respondents (40%) to **eat too much or too little** as a coping mechanism; but this was less than ambulance respondents (52%).

Coping: Positive strategies

Interviewees largely discussed positive, healthy coping strategies that they had adopted to cope with the pressures they faced living and working during a pandemic. For police service interviewees, spending time or talking to friends and family, and sports and exercise were the most commonly cited coping mechanisms.

Sports and Exercise

The other thing I did in terms of coping strategy was fitness for me was one of the big things that got me through a lot of stuff and so I did, I carried on with my fitness, I made an effort and said look, I'm going to work out three times a week. I'm going to really try and work out three times a week. And so I started working out and doing this new routine...which is all kind of high intensity training workout and so yes, it was really good to have him [a coach/trainer] cheer me up and having him there to work out with me – Interview participant, Police service personnel

I'm quite good at, I go running and all those sorts of things to manage my own mental health – Interview participant, Police service personnel

So that exercise is something that is very important to me, because I understand how important it is and how it benefits me. So that's the first thing for me – Interview participant, Police service personnel

Spending time with/talking to friends and family

I suppose it's quite beneficial seeing as me and my partner are both in emergency services, seems we both kind of understand the general stresses that we have so obviously talking to each other – Interview participant, Police service personnel

It's a case of just calming myself down, and going through the scenarios properly in my head. I'm lucky as my partner is very good, and he usually puts me back on the straight path, instead of over thinking it – Interview participant, Police service personnel

I am very lucky in that my sister and I are very close and we'll phone each other every day. We have our rant so we're like each other's counsellor. We recognise that in each other and we can talk about anything and obviously she works on the frontline as a health visitor, I'm frontline in this – Interview participant, Police service personnel

Coping: Peer support

Peer support as a coping mechanism was discussed across the emergency services. Police interviewees were very complementary about their team members, and painted a picture of supportive units that check in on one another, debrief with one another and bond over shared experiences on the job. One interviewee also discussed the importance of checking in on colleagues at all levels including management during this difficult time, saying they can often be forgotten but 'are human too'

It does help when you've got a good team that you work with. I'm lucky in that sense, because I do have a good team of people I work with. We're all really supportive of each other, and we all take the mick out of each other all the time. We try and make it as enjoyable as we can. We're good at debriefing, and things like that. I think all we try and do is just encourage each other to talk, if we can. Just have a cup of tea, and a biscuit. I think that's as best as we can do at present, when we see each other, because again we don't see each other all the time now either – Interview participant, Police service personnel

One of the things, actually, that I did on the back of that was, any time I had an engagement with our senior leadership, I would also ask them how they were coping because it's easy for us to forget that they are human as well, and I know they've had quite a bit of time trying to set up staff working remotely and so on. It's one of those things. You check in with the people who are, you know, leading the team as well. I certainly do that with my line manager and I think he appreciates it, certainly – Interview participant, Police service personnel

The thing is that we are all quite lucky that we have each other and we are all going through a similar through a similar [rubbish] time. So, you know, when you're spending eight hours a day, nine hours a day, sometimes longer in a car with somebody, you do talk about stuff. Or sometimes you don't talk about stuff, but you just have a laugh which is sometimes what you need anyway. So, yes, I think if you need the support it's there, but I don't know if they've pushed it more because of the pandemic, if you know what I mean? – Interview participant, Police service personnel

I think it's to be able to access the peer support programmes, you need to be thinking, you need to know, that the person that you're getting in contact with, as a peer, is going to understand your issues, and is going to also want to help you, genuinely, to solve your issues – Interview participant, Police service stakeholder

Coping: Usual strategies not available

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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. In particular, police service interviewees spoke about the inability to socialise and see friends and family.

Usual coping strategies not available

Yes, I think this probably applies to everyone but the whole lockdown and not being able to see family and friends and stuff like that, and you know, sometimes, obviously when you come home from work you do just want to relax and take your mind off it but if there's nothing that you can actually go out and do then it's kind of, hard to, hard to distance yourself because it does just seem like you go to work, come home, sleep, go back to work – Interview participant, Police service personnel

But when you can't really go anywhere else, that, I find, not so much annoying, it's just amazing what you take for granted. And you just want to 'Oh I just want to go to the garden centre, or I just want to go to the seaside'. Because we can, we're about an hour away from it here, so we could, but we can't at present because of the lockdown – Interview participant, Police service personnel

But I can cope whereas I think, when I look at family and friends, the usual support structures that they would have, they maybe don't necessarily have anymore. So I think, if I've seen anything in people, yes the usual support structures aren't there, we can't go to the pub like we did before, we can't hang out. You don't have that time to wind down before you go home, like we used to – Interview participant, Police service personnel

Key Takeaways

- While survey respondents from the police force were the least likely to be aware of organisational support for their mental health and wellbeing, the percentage of respondents that were aware of the support available was still high (87%). Interviewees were also able to provide several examples of organisational support.

- Disappointingly, just over half (53%) of survey respondents from the police service said that their organisation has supported the mental health and wellbeing of its staff well during the pandemic, and just 35% said that mental health wellbeing has been a priority for their organisation during this time. This is a juxtaposition to interviewees who were largely supportive and spoke well of their organisations attempts during the pandemic to provide support.

- Key barriers to accessing support included not wanting to be seen as weak and stigma, including a fear of disclosing mental health problems impacting future career 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.

Awareness of Support

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Awareness of Organisational Support: Survey Respondents

Figure 9: *Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?*
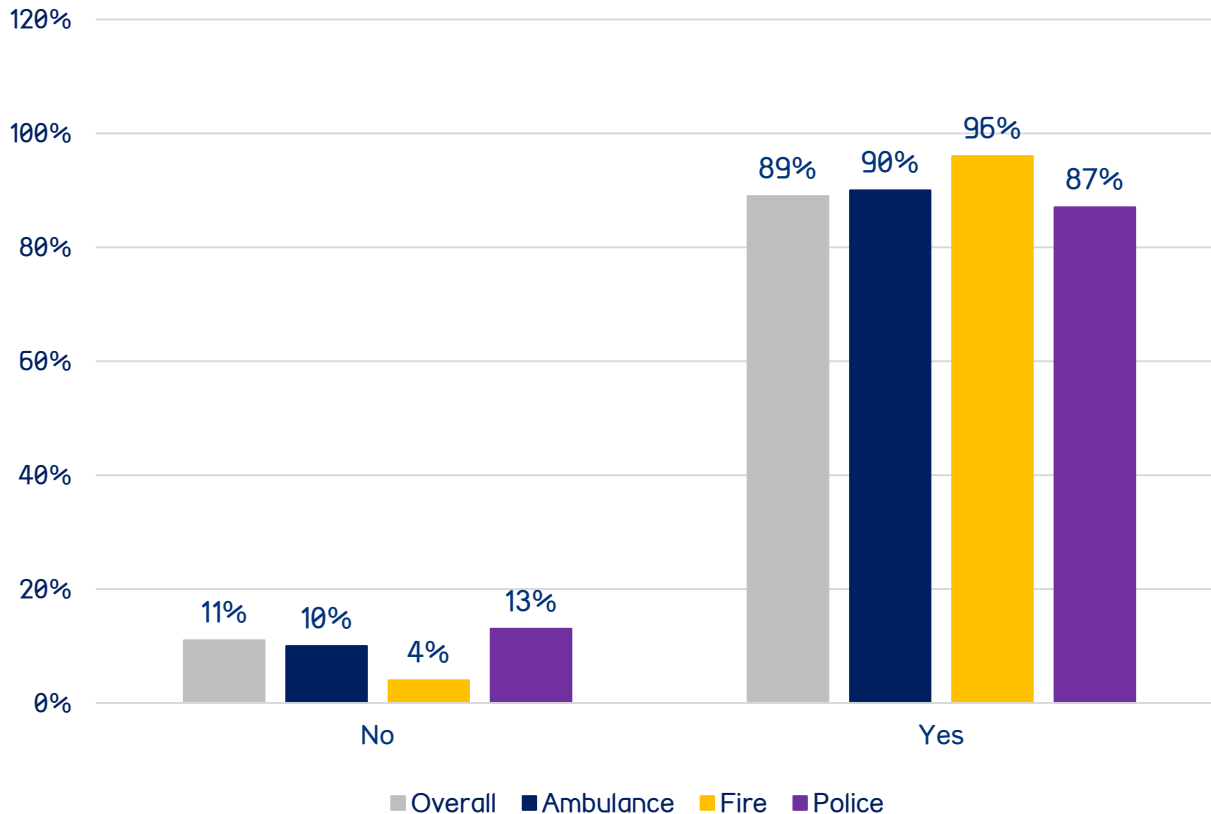
(Overall base = 3387; Ambulance base = 858; Fire base = 439; Police base = 2090)

Out of the three emergency services, **police service personnel** who responded to our survey were the **least likely (87%)** to be **aware of support their organisation offers** to improve the wellbeing and mental health of its personnel. However, awareness across the board was high.

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: General Support

Across the services, emergency responders demonstrated a good awareness of support that was on offer for their mental health and wellbeing. Insights from police service interviewees are presented below.

General awareness of support channels

So, we have OH, occupational health, but they're all currently sat in their living rooms which is-, you know, I get, but that is not always going to help. Through the Federation we can refer officers off to various things...Obviously they can look at all the stuff from Oscar Kilo and Blue Mind and all the stuff that you do for Blue Light stuff online. So, they are aware and there's lots of posters up and we've got our force chaplain, we've got a local chaplain as well that they can speak to. So, there are various things – Interview participant, Police service personnel
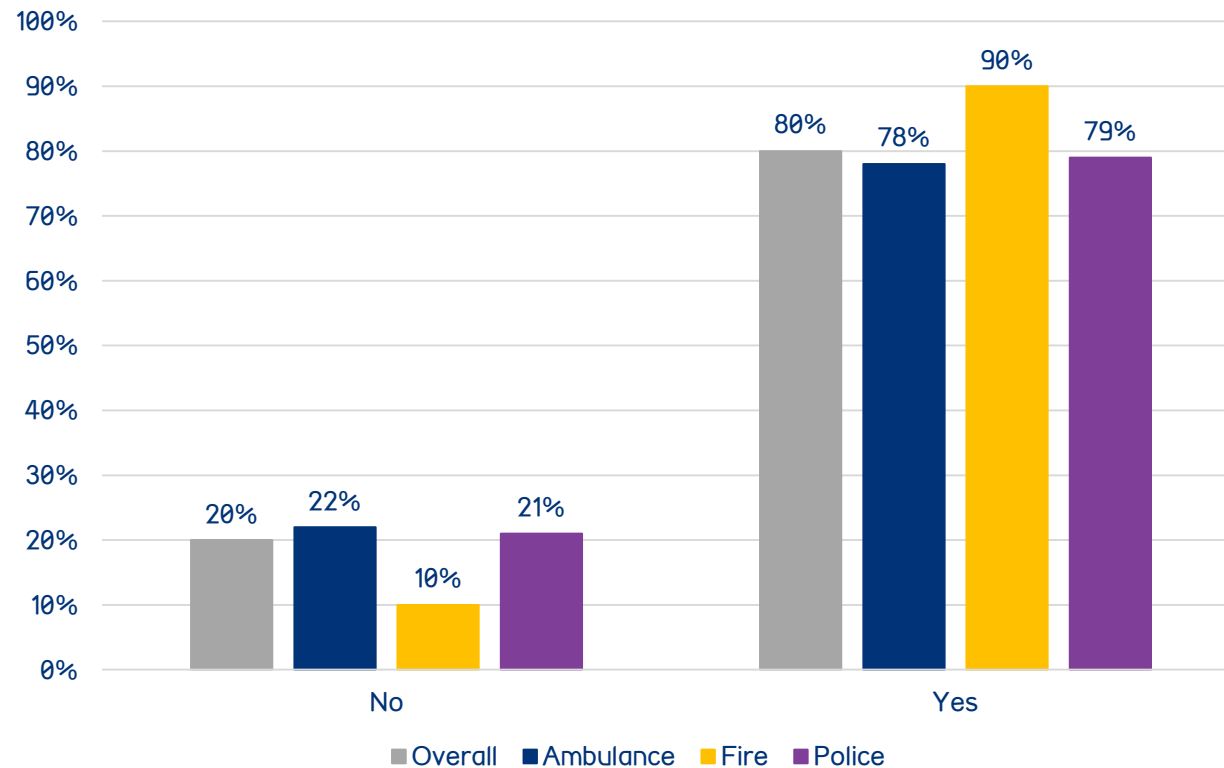
I think there's loads out there, it's just whether you can, whether you are aware of it or have contacted someone who is aware of it and therefore how do you say whether that's enough? – Interview participant, Police service stakeholder

Well, we do have our own employee assistance programme...I know we have this phone number that we can call to speak with somebody...there are these internally. So, I know about Mind. There's PTSD999. We had a well-being event and they did a presentation to us there, so I'm aware of them. And, well, YouTube. I'm sure if you type in something you can get all sorts of people on there that can help – Interview participant, Police service personnel

So, for police and police staff, we've got a 24-hour OH counselling line. We've got Blue Light Champions on pretty much every team that I've ever worked on. I don't know about front-line policing actually, because the Blue Light Champions weren't around then. I don't know how long you've been around, maybe 2015, 2016, but my first course was 2017, if memory serves correctly. We've always had Blue Light Champions on my team from then. There's a number of posters up...for the OH 24-hour, self-referral number on it. If I had a thing, I'd go there, because I know it's there. Blue Light Champions, just put Blue Light Champion in the intranet, and I've actually got some stuff saved as well – Interview participant, Police service personnel

Organisational Support During the Pandemic: Survey Respondents

Figure 10: *Has your employer provided any guidance and/or resources on how to support your mental health and wellbeing during the coronavirus pandemic?*

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

Police service personnel were **less likely to rate this support as useful (52%)** than fire service personnel (67%), but more likely to rate it as useful than ambulance service personnel (42%).

(Overall base = 2888; Ambulance base = 738; Fire base = 397; Police base = 1753)

(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?*
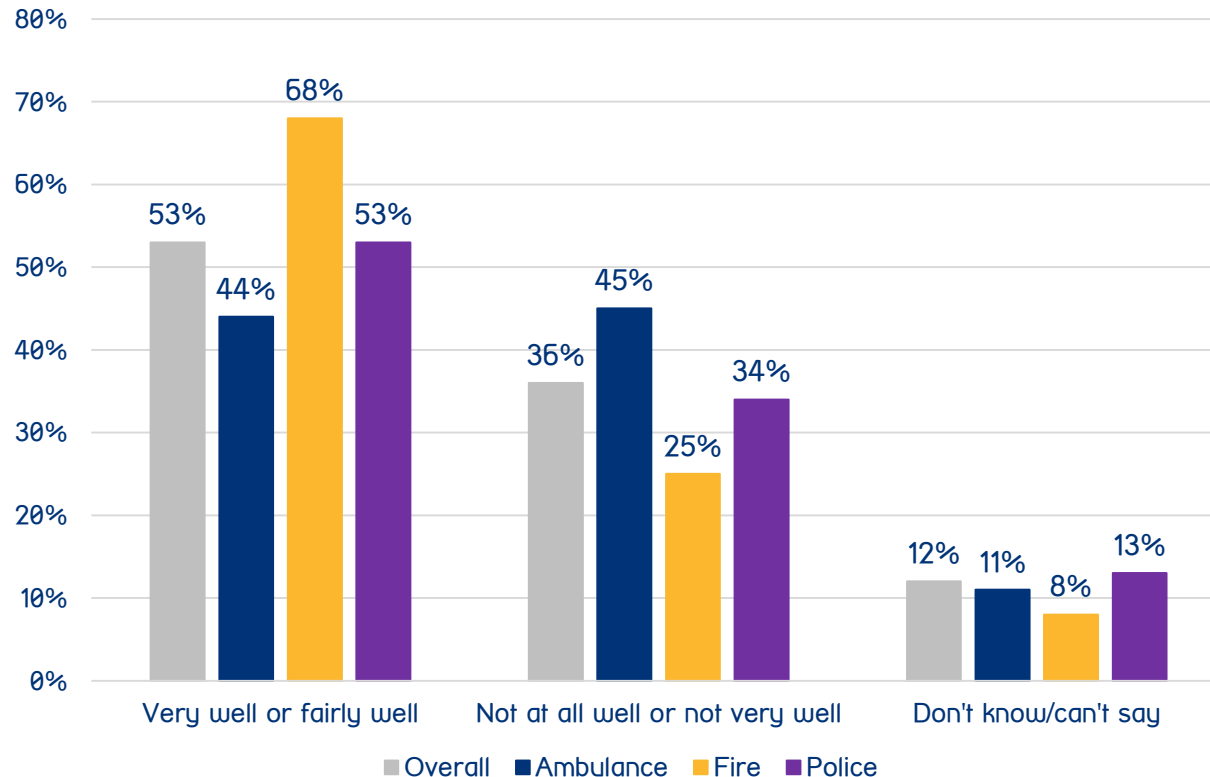
(Overall base = 3434; Ambulance base = 870; Fire base = 444; Police base = 2120)

Police service personnel were far **less likely (53%)** than fire service personnel (68%) to have stated that their **organisation supported their mental health and wellbeing during the pandemic well.** However, police service personnel were more likely than ambulance service personnel (44%) to state this.

Interestingly, the vast **majority of interviewees** were **complementary about the support** received or on offer from their organisation. This could be due to the self-selecting nature of the interview sample, who are likely to be more engaged in or have more positive experiences of mental health support in their organisation.

Organisational Support: General Support

Across the services, emergency responders demonstrated a good awareness of support that was on offer for their mental health and wellbeing, with two of the most cited channels of support being TRiM and general support from management. Insights from police service interviewees are provided below.

Trauma

If we have a traumatic incident we have the Trauma Risk incident Management system, TRiM, where they come out and they do the, you know, make sure they're okay, but again that's done remotely at the moment – Interview participant, Police service personnel

I know, obviously, we've got TRiM which is trauma, risk, something, management. I can't remember what it stands for. But. It's essentially an emergency services specific one where you have TRiM managers are serving, well in our case obviously, serving police officers. And if you go to a grief-y job or a sudden death or something that has quite a big effect, then you can get referred to them and because, obviously, they're in the job and they know what you're experiencing. Yes, it's very specific to the role which I think is quite good – Interview participant, Police service personnel

Management support

Yes, definitely. I've had them approach me before, after certain jobs and offer up that support and also, often with those kind of jobs where you might need, kind of like, mental health services after, they will tag that job for the mental heath services, so you don't even need to approach them. It's automatically referred and then a couple of days later you'll get an email – Interview participant, Police service personnel

Because even to the point where my line manager has told me on a few occasions he noted some changes in my personality or my appearance. I don't know maybe, it could be my facial expressions or some days when we've had meetings afterwards he'd say 'can we chat afterwards, are you okay I noticed you didn't look quite yourself today' or that sort of thing – Interview participant, Police service personnel

Organisational Support: Post Pandemic

Interviewees discussed differences in the provision of mental health and wellbeing support within the workplace since the start of the pandemic. Police service interviewees spoke about the provision on new or specific support/ wellbeing initiative that have been introduced as a response to the pandemic including things such as wellbeing Wednesdays and an 'I keep well system' – with some mixed views on these initiatives.

Specific support/wellbeing initiatives

During the pandemic they've brought in a new 'I keep well' system. They've given us no training, nothing. No one has a clue how to use it. We do have posts and things up but I do think it is on the system, I just don't think it's very well done...throughout, they've done this Wellbeing Wednesday and they've published things and they put things online for people to read and it's had a lot of positive feedback. So, I think what it probably has encouraged is more people to look, because everyone is looking...because it comes up on the front page, it's on every Wednesday, you click on it you have a look at the stuff on there. Some of it is just links to things, some of it might be just a bit of advice, they just have different things on there. I think that has been really helpful for those that have thought, 'Do you know what I'll have a look at that' – Interview participant, Police service personnel

So, off the back of that this year, I'm doing Motivational Mondays and Wellbeing Wednesdays again, so I'm still doing Wellbeing Wednesdays, I am doing videos and I'm going to do loads of different stuff, so I talk about what empathy is...I talk about my analogy around filling up a bucket and making a difference, how that does it, do you know what I mean, what darkness is, what helped me to overcome my anxiety and my depression and, you know, it's helped people. People have told me that it's helped them – Interview participant, Police service personnel

Organisational Support: Post pandemic

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Stakeholders interviewed were involved with the mental health and wellbeing of police 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 managed to get an Oscar Kilo van, the National Police Wellbeing service van. It's like a wellbeing van, obviously it's got wellbeing splattered all over it. It's a purpose-built wellbeing van, so, I mean, we've still got that at the moment, so what we did, when we were in the first lockdown, I was doing shifts, weekends, nights, days, overlays, etc., and just going out in the wellbeing van and just, I suppose, supporting the frontline...it had refreshments on it basically, and it also had like freebies and some stress toys, some drinks, some lanyards, some wristbands, badges, you know, water bottles - Police service stakeholder

I know there's a COVID recovery plan...there is a-, part of the health and wellbeing group has-, there's certain pillars, so there's the financial, the physical, mental, and I can't remember the fourth one, sorry, it's around the four pillars, but essentially there are representatives who have put themselves forward to represent those specific individual areas - Police service stakeholder

We also were able to have a wellbeing hub, which you can click on through the intranet, and, from there, you can draw lots and lots of information. During COVID, we had our own COVID response. So, we had the ability for people who were concerned about anything COVID-related to actually click on links where they could get help, support if they were worried, if they were feeling anxious – Interview participant, Police 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. Findings are outlined over the next two slides.

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

Agree or strongly agree
- Overall: 60%
- Ambulance: 56%
- Fire: 77%
- Police: 59%

Disagree or strongly disagree
- Overall: 30%
- Ambulance: 34%
- Fire: 16%
- Police: 30%

Don't know/Can't say
- Overall: 10%
- Ambulance: 10%
- Fire: 7%
- Police: 11%

■ Overall   ■ Ambulance   ■ Fire   ■ Police
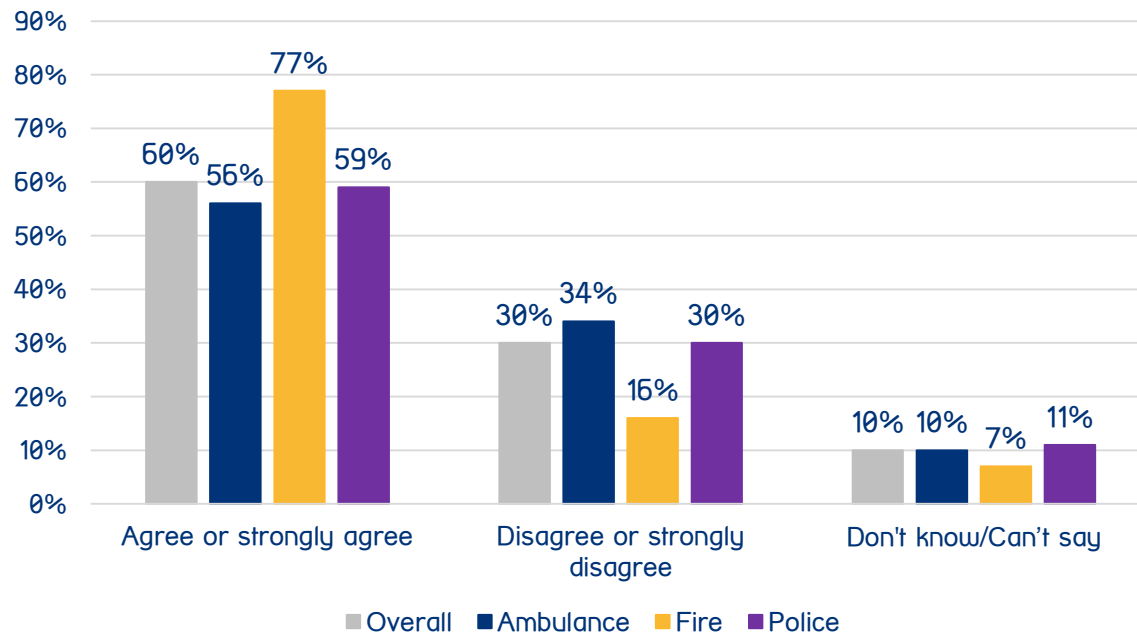
Police service personnel were far **less likely (59%)** than fire service personnel (77%) to agree that their **organisation has encouraged staff to talk openly about mental health** and wellbeing during the pandemic. They were slightly more likely to report this than ambulance personnel (56%).

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

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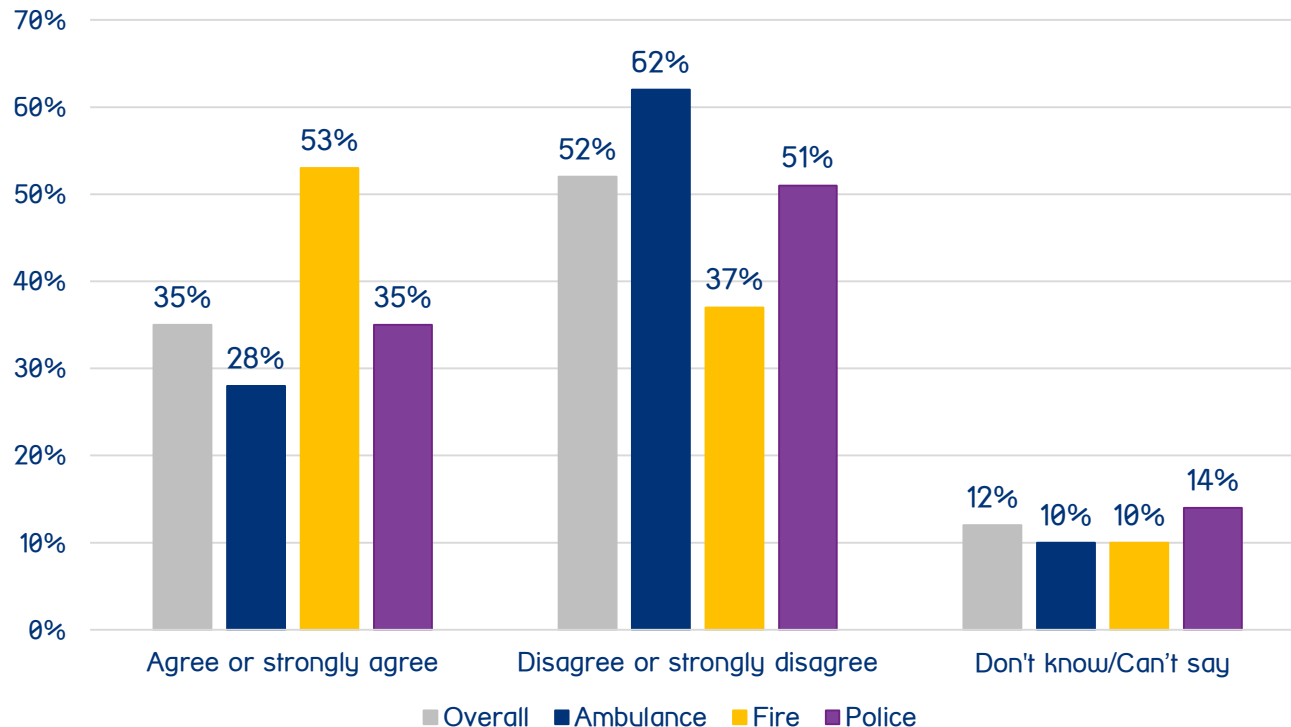
(Overall base = 3305; Ambulance base = 832; Fire base = 431; Police base = 2042)

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. At a service specific level, **police service personnel** were far **less likely (35%)** than fire service personnel (53%) to **agree or strongly agree that their organisation has prioritised staff mental health and wellbeing during the pandemic**, but more likely than ambulance service personnel (28%).

Support in the Workplace

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

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

	Overall			Ambulance			Fire			Police		
	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	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 6: *Percentage of respondents agreeing or disagreeing with the below statements about organisational support by emergency service (continued)*

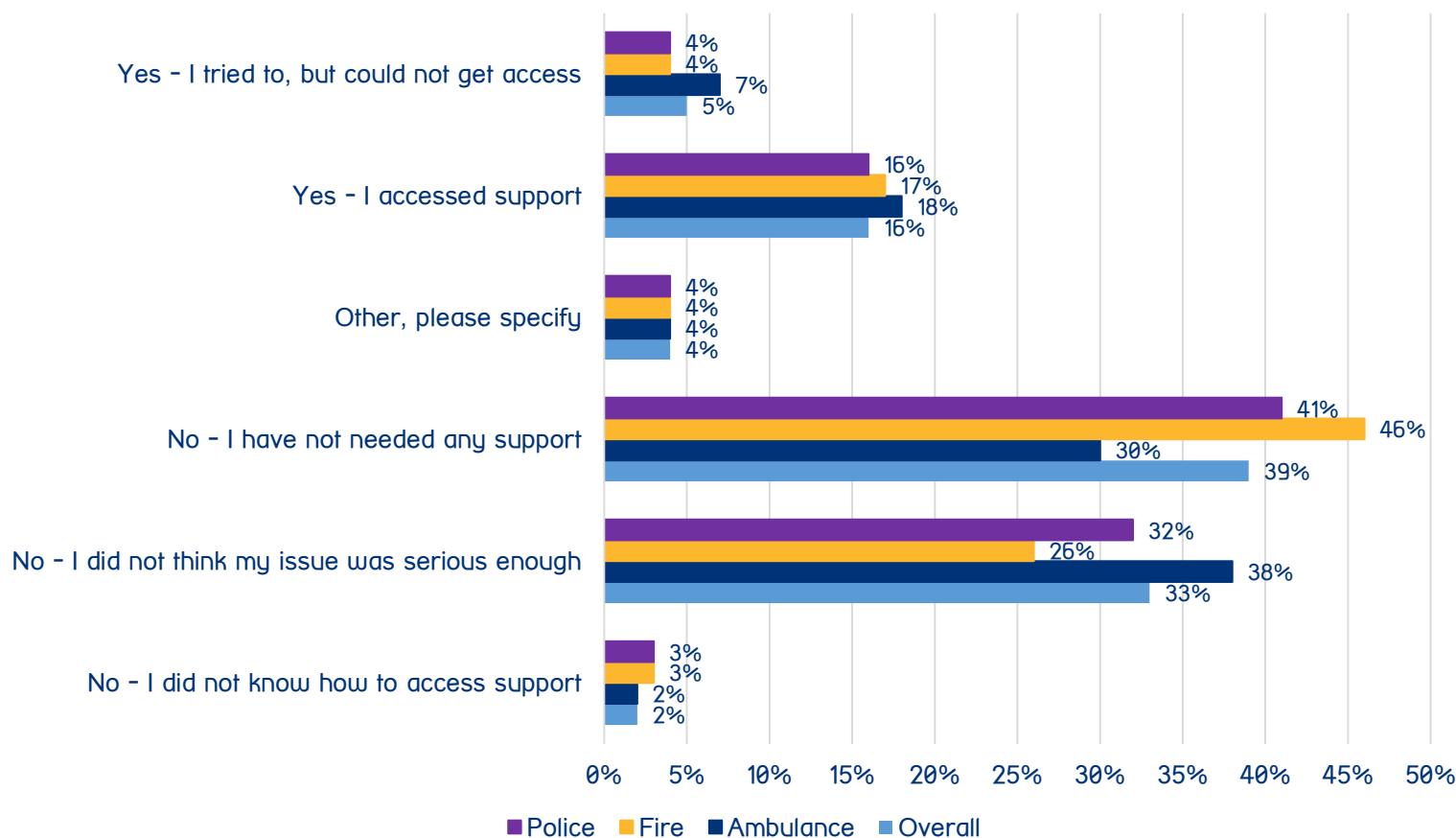|	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say	Agree /Strongly Agree	Disagree /Strongly Disagree	Don't know can't say
(Line managers 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.

Accessing Support

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?*

Response	Police	Fire	Ambulance	Overall
Yes – I tried to, but could not get access	4%	4%	7%	5%
Yes – I accessed support	16%	17%	18%	16%
Other, please specify	4%	4%	4%	4%
No – I have not needed any support	41%	46%	30%	39%
No – I did not think my issue was serious enough	32%	26%	38%	33%
No – I did not know how to access support	3%	3%	2%	2%

(x-axis: 0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%)

Legend: ■Police ■Fire ■Ambulance ■Overall

At a service specific level, **police personnel were slightly** less likely (16%) to have **accessed support for their mental health and wellbeing** during the pandemic than their colleagues in the fire (17%) or ambulance (18%) services.

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

1. Directly through my employer (e.g. Occupational Health, in-house counselling) – 43%
2. Through the NHS – 39%
3. Through an employee assistance programme (18%)

(Overall base = 3261; Ambulance base = 807; Fire base = 427; Police base = 2027)

(Overall base = 532; Ambulance base = 146; Fire base = 71; Police base = 315)

Sources of Mental Health and Wellbeing Advice: Survey Respondents

Respondents were asked the question, "Have you used any of the following sources to seek advice or information about how to manage your mental health and wellbeing during the coronavirus pandemic? Please select all that apply". The top three responses are outlined in table 4.

Table 7: *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: Survey Respondents

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 3 responses across the services were:

Mind (75%)	An 'other' charity (17%)	Police Care UK (16%)

Police service personnel were **more likely (78%)** than fire (75%) or ambulance (70%) service personnel to have **used Mind for information or advice during the pandemic**

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

Barriers to accessing support

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Despite 60% of survey respondents (overall) 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 police service, three main barriers were discussed: 1) Not wanting to be viewed as weak, 2) Stigma and, 3) Not thinking their issue was serious enough.

Not wanting to be viewed as weak

But I do worry that some of them aren't telling us how frightened they are with the pandemic. And I do worry that they go home and they're perhaps not managing that as well. And I think a lot of them are coming in and putting on a brave face, and as much as you say to them, 'Are you okay? How are things going?' I don't think we are even touching the surface of it at the moment – Interview participant, Police service personnel

But, yes, where I'm from we don't talk about it. And if you're deemed to have some sort of mental health condition, or even sometimes you're just, you know, maybe you're stressed out whether it be work or a personal situation, you're not meant to show that sort of thing. And so you have the whole culture, you have the societal norms and all of that, sort of, adding pressure to it – Interview participant, Police service personnel

Stigma

It's not commonly accepted, but there's a real issues around stigma, and that-, there's a number of different factors, and I've got my personal views, which are around the work that I've done, and from my personal experiences. But there's a number of reasons why people don't want to approach traditional, you know, routes, or go to the doctor, or occupational health. And that is a real issue – Interview participant, Police service stakeholder

There's still a stigma attached and there always will be. I don't see how that's going to change without education and I think with-, because the mental health services, especially in this county, are quite poor, there's just not enough there for people – Interview participant, Police service personnel

Not thinking their issue is serious enough to seek support

So, yes, maybe, maybe there's a subconscious desensitisation there from, like, we deal with it at such an extreme that our own problems, our own mental health doesn't necessarily seem like such a big problem any more, because they're the people that have got real mental health issues, which isn't the case and it shouldn't really be that way, but yes I think probably we're slightly desensitised to it – Interview participant, Police service personnel

I mean, we all know that all these things exist. I think we all have this preconception that I've got to be rocking in a chair before I access it. I think that is for me the issue. People don't realise that you can look at these things when you're feeling really well – Interview participant, Police service personnel

Barriers to accessing support

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Police service interviewees also discussed several other barriers to accessing support including a lack of trust and support being difficult/complicated to access. In addition to a general stigma around discussing mental heath, police service interviewees also discussed how there is a still a fear within the police force about disclosing mental health and/or wellbeing problems, due to a fear of this affecting their future job prospects, including promotions. This was also discussed by staff from other services and appears to be a common barrier to access within the emergency services as whole which is worthy of further exploration.

Fear of affecting job/prospects

Even a senior leader, who is not in the job anymore, said to me, 'Well, I don't think you should be talking about your mental health journey because that's going to affect your promotion' – Interview participant, Police service personnel

Some of the new recruits that I've spoken to, their thought process of mental health and they're worried that if they're seen to be stressed and that they can't cope with stuff, are they going to be frowned upon, are they going to be pushed to quit anyway? – Interview participant, Police service personnel

When you sort of say that you've got these different disabilities and illnesses, you know, that kind of thing, they tend to go against you. Regardless of what people, it does go against you, it does kind of hold you back a little bit – Interview participant, Police service personnel

Lack of trust

I think for me personally I think it'd be unlikely that I'd go within my organisation because I don't trust them...I would probably phone you guys or I would do something outside the organisation – Interview participant, Police service personnel

I think a lot of it in emergency services is the trust, is the trust thing, about going internally, because they are scared of losing their job, getting put in a back office support role by declaring that 'I have got a mental health issue' – Interview participant, Police service stakeholder

Difficult/complicated to access

I mean the counselling sessions that are provided through occupational health are actually private. They're not linked with [redacted] Police so that's a start, but, again, it's just trying to access that – Interview participant, Police service personnel

They would look up OH and then realise the system is so complicated they'd give up – Interview participant, Police service personnel

But I also think, like I said to start off, I also think it's alright for me, I know where everything is, and I know who does what, how to get the phone numbers, the contacts. But for the general workforce, it's confusing – Interview participant, Police service stakeholder

Rating Employer Support: Survey Respondents

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

Overall | Ambulance | Fire | Police
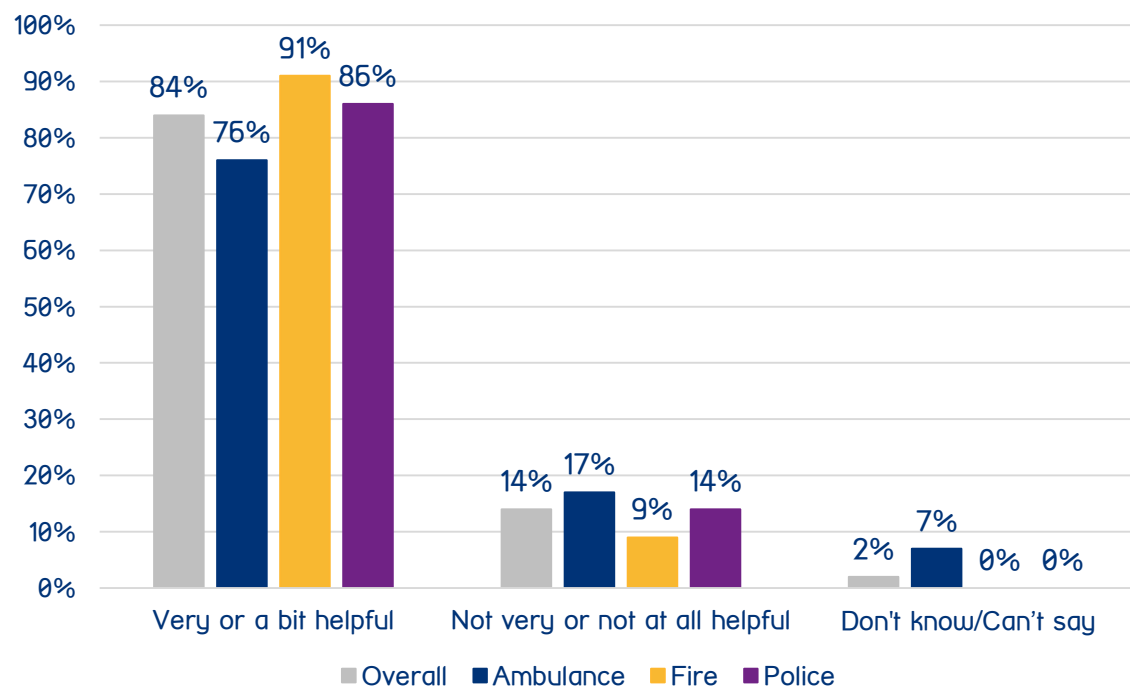
(Overall base = 110; Ambulance base = 29; Fire base = 23; Police base = 58)

Police service personnel were less likely **(86%)** to find support **directly through employers** helpful compared to fire service personnel (94%) but more likely to find it helpful than ambulance service personnel (76%).

Of those who stated they received **support through the EAP, 86% of police personnel found it useful,** compared to 91% of fire and 76% of ambulance service personnel.

(Overall base = 228; Ambulance base = 58; Fire base = 34; Police base = 136)

Culture change

Across the services, interviewees spoke about a culture change in relation to mental health. In particular, police service interviewees spoke about an observed increase in awareness of and willingness to discuss mental health problems since the start of the pandemic, which could be attributed to an observed increase in the experience of mental health problems by members of the police force themselves.

Greater awareness/willingness to discuss mental health

I think we definitely talk about it more and I think probably as line managers and colleagues we recognise it in our peers when they perhaps need support and we might try and encourage them or we refer them in – Interview participant, Police service personnel

What I've seen is a steady and, it's taken five years to get to this point, and we've still got a lot of work, to do. But what I've seen is people have been more upfront about talking about stuff, being honest about their issues, their troubles, their illness, their mental health. But of course now the pandemic's come along, I think that the likes of us and anybody else working in emergency service wellbeing, we will never have been, will be needed as much as we are in the next couple of years, because you've got people on the frontline, worrying about, being anxious about infecting their loved-ones – Interview participant, Police service stakeholder

I think we're going through a bit of a culture change with people and where people are now seeking support more than they did – Interview participant, Police service stakeholder

I attended an event held a few years ago...and some of the conversation there it was quite clear that people weren't getting the support that they needed, they weren't able to talk about mental health and well-being it was still a taboo subject and we're talking about what, maybe two years ago? And people were still feeling that they aren't able to talk about it so certainly I think we've come some way where it is a topic of discussion, of course, there are always improvements that we can make but I think generally speaking there's been more opportunity and certainly with groups such as Shine and our Blue Light network and with our Blue Light champion who takes every opportunity to remind people about well-being and hats off to her for that but I think it is, yes-, the conversation is going in a positive direction – Interview participant, Police service personnel

Yes, definitely. I think there's a lot better focus and obviously as we see loads of it in the job day to day, with, kind of, the people we deal with and stuff like that, so I think, yes, it's definitely come to light that it's a really important part. It's just as important as your physical health, so it should be looked after the same way as well – Interview participant, Police service personnel

Culture change

Police service personnel who took part in the interviewees were generally complementary of their organisations and felt as though mental health and well being had been a priority since the start of the pandemic. However, this was true for most interviewees regardless of service and not something unique to the police service. These findings juxtapose those from the survey which suggest that just 35% of police personnel feel as though their organisation has prioritised the mental health and wellbeing of its staff.

Wellbeing has been prioritised during the pandemic

I'm going to say yes. I say yes, because of the amount of information that is available to supervisors and line managers and higher SLT, as to the strategic expectations of the organisation, so yes – Interview participant, Police service personnel

Yes, again I think it's just that sudden change of how every body is doing everything has a huge impact and again the whole kind of loneliness and isolation of lockdown, that's also put a massive strain on people's mental health and that has been recognised I think – Interview participant, Police service personnel

I would say not. This whole thing, I've noticed I sound quite negative, but it's so difficult to sound positive when there isn't anything there to talk positively about. In regards to wellbeing, absolutely not. But, I don't think it's just this force. From what I see from other forces, and I've got friends in other police forces across the country, they're saying exactly the same thing, that they're all pretty much struggling – Interview participant, Police service personnel

There's certainly been a lot of information coming out to help people and to support them with their mental health and wellbeing – Interview participant, Police service personnel

We've actually got a strategy now for it so we have actually made some great progress there and mental health and wellbeing – Interview participant, Police service stakeholder

Culture change: Senior leadership

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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 police interviewees are presented below.

Yes, really it needs to come from the top down. I can't knock my sergeant, because he's brilliant. I think, if it came from someone who's got common sense, which is a really strange thing to say, and starts feeding it down from the top, because everything always goes down hill, it would just make it easier for us – Interview participant, Police service personnel

I actually think it is about a senior leadership team that listens and that's the problem we've got at the moment. Everything is process-driven and they've forgotten about the people. I think it's more about from the upward down, seeing that people are people and it's not necessarily always about a process – Interview participant, Police service personnel

If we had a biscuit factory and we said, 'get a few more parts, make the machine a little bit more durable so we can make more biscuits.' Great. Fantastic. We'll make more biscuits, we make more money, the shareholders are happy. We're not a biscuit factory, our commodity is people, so if we don't look after our people, we don't have an organisation. Simple as that. And that's the thing for me is, putting our people before the process comes before anything, because people are going to go through stuff in their life – Interview participant, Police service personnel

I actually think it is about a senior leadership team that listens and that's the problem we've got at the moment. Everything is process-driven and they've forgotten about the people. I think it's more about from the upward down, seeing that people are people and it's not necessarily always about a process – Interview participant, Police service personnel

What are the Mental Health Support, Information and Guidance Preferences of Police 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 police service personnel.

- Findings from interviewees suggest police service personnel also value mental health and wellbeing support that is confidential, and noted a need for increased preventative support over reactive, intervention based support.

- Police service personnel would also value training for management and support on specific, relevant topics such as how to deal with bereavement and stress, anxiety, and PTSD.

Additional Information and Guidance Needs

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 responses 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 police service personnel were similar to fire and ambulance service personnel. For example, interviewees from the police service expressed preferences that advice and support be confidential and preventative. However, ambulance and fire service personnel discussed a preference for support tailored to the emergency services, which was only discussed by one interviewee from the police force. Commentary relating to support preferences from police service personnel are presented over the next few slides.

Support should be confidential

I just think, for the nature of the job, and some of the stuff that we might discuss in, if I was to have some kind of referral to mental health, some of the stuff I would have to discuss, I would feel more comfortable doing that with someone who the force, kind of, approve. More confidentiality and stuff like that – Interview participant, Police service personnel

I found that when I dealt with my issues outside of work they didn't know anything about me. I don't need them to know anything about me. I just want to speak to somebody that's completely independent if I need to, that's not going to judge me, not going to make any comments or anything like that, not going to say, 'Oh well this is going on your record,' because that's the last thing I need to hear. I need to hear somebody that's going to sit there and listen, and I find that somebody that is completely independent, no links to the police whatsoever, makes you feel relaxed and you can trust them – Interview participant, Police service personnel

Support should be preventative

I think the education piece still needs to be is that, it's okay to phone them if you're just not feeling okay today. It doesn't have to be that you're not feeling okay for the last six weeks...a lot of my frustrations when I was dealing with the mental health work is that we're always dealing with people in crisis and why are we always dealing with people in crisis? We're not catching them early enough – Interview participant, Police service personnel

When time allows for it and stuff like that, they kind of take a few minutes just to do a bit of mindfulness and look at your own mental health. I think that that kind of prevention is quite good whereas at the moment there just seems that there's stuff there for when the problems occur but there's nothing there to, kind of like maybe, prevent or get an early jump on things – Interview participant, Police service personnel

Support Preferences

Need for increased awareness Of services and support

> Yes. And it's, yes, just making people aware. Just making them think, you know, 'Oh yes, maybe I have been a bit stressed lately' because they hear somebody else talking about it – Interview participant, Police service personnel

> If you don't understand mental health or you don't get it or you can't even come to terms with your own mental health, then you can't really understand it, and then you've got that fear of people going to say, 'Oh you're mad, that person's mental, don't go anywhere near them,' when actually it's a condition and people don't understand – Interview participant, Police service personnel

Training for managers

> I think it's all about knowledge, they need to learn about the different types of mental health. They need to know about PTSD, they need to know about bipolar, they need to know about stresses, they need to know about all of it, and then once they understand that they should be able to understand their staff and what can be produced for us to use, instead of using our own initiatives which is pretty much what we do at present. But that's my own thoughts and processes on it – Interview participant, Police service personnel

> Training for line managers would be really good, so something, again, something tangible that staff can say, 'Right, I've learnt' – Interview participant, Police service stakeholder

> But, personally, I think that the approach that we've taken within the cancer support group which is around delivering line manager awareness sessions and just having conversations with people about mental health has been more positive, I think – Interview participant, Police service personnel

Support Preferences

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Bereavement

So definitely grief is something that I think we definitely need to look a bit more. And particularly in the job that we do. Although we, I'm not in a front line role, my role is office based. But even in my role we have to read reports at times that are quite graphic, and nobody thinks about the implications, you know, what could happen if you're constantly exposed to that sort of thing. So there's still a lot of work to be done – Interview participant, Police service personnel

I think they would with bereavement. Because even just on the fact that some of the calls they've been to. To know that somebody has died from COVID when you don't actually know that much about COVID, and then you're having to manage a grieving family. And, you know, that's from just the calls they go to. But also, we've got colleagues who have died from COVID and, you know, it's a scary place we're living in at the moment. So I do think something around that, you know, understanding and managing it, yes...I think it's topics that we don't have as much knowledge around would be really useful – Interview participant, Police service personnel

Anxiety, Stress, and PTSD

I think maybe ways and means of how to deal with anxieties. I think that would be a good one, especially for a lot of frontline officers, because they're going to be anxious at different things they go to – Interview participant, Police service personnel

It's not an easy job, the trauma that we're exposing our people to on a regular basis is huge, and I think we just need to make sure, and that's obviously, where you come in as an external, you know, support mechanism – Interview participant, Police service stakeholder

PTSD, because we go to a lot of traumatic stuff. I think, information about it. Again, it is more of what knowledge they can gain from it. If they understand the different types of mental health and what can trigger these, specifically for the blue-light services, so like traumatic accidents, anything involving kids, that's usually a big one, or animals. Anything like that. The pandemic definitely – Interview participant, Police service personnel

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.

103 survey respondents and 4 interviewees from the police service were Black, Asian or Mixed ethnicity. 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 police 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 difference 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 difference in answers between ethnic groups.

Respondents from Black (65%), mixed (62%) Asian (52%) 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 police 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.

It just happens to be who I am. It's not everything. It's not everything, it's a part of my genetic makeup. It's my cultural, historical perspective, it's that. I have no choice about it. It's like being bald. You know, I shave my head, it's just one of those things. It's not a big deal, it's just there, and it's only an issue if somebody reacts to that – Interview participant, Police service

Yes. I'm mixed race, my father's side are Caribbean and my mum is White. So, I define my ethnicity as-, I don't even know what it is now, mixed Black White Caribbean I think – Interview participant, Police service

How many differences are there, that aren't my makeup, and I walk out with that uniform on. It's the uniform that connects us all, and that's the only reason why this guys having a go at me. If I was walking down the street in my normal uniform, he would just look, think whatever he had to think, and continue. But people think that police officers, and maybe other emergency services-, I can only speak from a police officers perspective, that it's just open season – Interview participant, Police 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.

The unit that I work in, it's predominately white and female at that and we also have a younger staff pool. So, there are not many people who look like me there – Interview participant, Police service

And, I think it has to do with understanding so maybe a lack of understanding of cultural difference. So, certainly, for me for instance, the whole BAME classification does not exist where I come from – Interview participant, Police service

I would say they could easily. Because you never know when you're going to meet somebody who takes offence at your colour – Interview participant, Police service

Key Qualitative Findings: Culture change

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

I am also part of my department's diversity and inclusion working. And, that was set up a few months into my joining the organisation and the department. So, it started off initially as just a training session and at the end of it we were quite interested in taking it forward, and, so, we formed a working group. And, since then we have taken really tangible steps to change the culture and the environment, the working environment. So, raising the profile of diversity and inclusion within the workspace. And, it certainly has changed a lot in the time that I've been there, from when I started off to where it is now. There is still work to be done and the work continues all the time. But, definitely there have been steps taken to try and address some of the issues that we've spoken about like the culture and the workplace, the working environment, making it comfortable for people. – Interview participant, Police service

There is still work to be done and the work continues all the time.
– Interview participant, Police service

let's just say, for instance, we talk about the George Floyd situation, and the way that that is portrayed. It shows, oh look at this, okay? So some people will view it as, oh police officers are abusing their authority, they have killed this guy, and that's that. But you have to now look at, okay, what is the impact on the family viewing this imagery? What is the impact on the people taking in this information? You have to consider what is the impact on the officers who think that is appalling, that shouldn't happen. But now they've all been lumped into the same category. We roll forward. We have all the protests that have happened with Black Lives Matter and, again, it will be some really, you know, hard-hitting headline you will see, but you don't see the positives very much, so like the image of the black guy who was lifting the white man on his shoulder, carrying him – Interview participant, Police 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 can't say that I do [know of any specific support] actually – Interview participant, Police service

Yes. You've got the various staff associations. You've got the Black Police Association and the other various associations – Interview participant, Police service

No, and it's the same with a lot of other things that we talk about from day-to-day that we don't know the language that is used. And I think it's really important that we understand. Again, it comes back to culture. It's like me, you know, calling you Scottish. Because you sound a particular way. That wouldn't be right. But it's using the appropriate language that people understand what is being spoken about. But also getting a sense of how mental health, well-being, is viewed in particular communities – Interview participant, Police service

Key Qualitative Findings: Preferences

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

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

So it's like getting me to go and speak to a group of kids who are into hip-hop and skate boarding or that sort of thing, when I have no idea about hip-hop or skateboarding and you want me to go and address them on a topic that relates to that. They're not going to identify with me. And so it's breaking it down to its simplest of terms by making sure that it reaches all of the communities. And we can start by just having somebody that looks like the person, addressing that issue. But not making it in a way that it seems scripted – Interview participant, Police service

Let's just be really, really honest with ourselves. If our trustees aren't representative and they are the visual people that you see, if our leadership teams aren't representative, when I say representative I mean people of colour, then why on earth would anybody that's going through a mental health issue of colour, think that I can come forwards and I will be listened to?' They won't, and that's the reality – Interview participant, Police 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 police service, based on the specific insights provided by police personnel within this research.

Recommendations: For the Police Service

- Findings from this research suggest that the mental health and wellbeing of police service personnel has been particularly impacted by negative media and the narrative of police personnel as 'enforcers' of the coronavirus restrictions. The police service should be aware of the added stress to its personnel's mental health and wellbeing brought on by media attention, and ensure it provides ample resources for its personnel's mental health and specifically, support on how to deal with negative press.

- Our findings also suggest that police service personnel in particular have been impacted by and have concerns about the lack of priority to the coronavirus vaccine for them, despite their daily contact with members of the public. The police service should acknowledge these and look to support the mental health and wellbeing of its personnel and mitigate some of those concerns by ensuring that procedures are in place to ensure that personnel are working in the safest possible environment (e.g. ensuring personnel have adequate PPE and are working in coronavirus safe environments), alongside continuing to offer increased provisions of general mental health and wellbeing support.

- To ensure the needs of police personnel are being met, the police service should collect regular feedback through surveys and temperature checks to understand how the mental health of personnel 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):

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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/