

Blue Light Programme

Search and Rescue Research Briefing

Introduction

Mind's aim is for everyone with a mental health problem to get both support and respect. We recognise that effectively managing workplace wellbeing is critical to achieving this.

With £4 million Libor funding, administered by the Cabinet Office, Mind has developed an ambitious programme to improve the mental health of emergency services personnel in England. This programme focuses on five areas: tackling stigma; embedding workplace wellbeing; increasing resilience; providing targeted information and support; and encouraging peer support. More information about the Blue Light Programme can be found here: <http://www.mind.org.uk/bluelight>

Between 5th December 2014 and 12th January 2015, Mind ran an online survey to better understand experiences of mental health problems within the emergency services and inform the development of the wider Blue Light programme. This survey was promoted widely through employers, professional associations, trade unions, and on social media. Questions covered a range of topics including, mental health triggers; coping strategies; sources of support; information needs; experiences of stigma; and organisational support. The full survey text can be found in Appendix 1.

There were 3,627 responses to this survey from emergency services personnel in England – representing approximately 1.5% of the country's total Blue Light workforce. Of these, 143 of those respondents were Search and Rescue personnel (3.94% of survey participants and 1.3% of the estimated Search and Rescue workforce).

Mind also commissioned two focus groups with Search and Rescue teams which were conducted in April and May 2015 in Derbyshire and Hampshire. The focus groups were facilitated and analysed by ResearchAbility.

Headline Results

This paper presents a full analysis of the survey and focus group findings for search and rescue volunteers. Headlines include:

Mental Health at Work

- Although 54% of Search and Rescue personnel have experienced stress, low mood or poor mental health at work either in a current or previous role, or both, this is much lower than other emergency services. Despite this, only 12% of search & rescue personnel said that they had taken time off for these reasons.
- 53% of Search and Rescue personnel said their poor mental health was caused by a combination of problems at work and in their personal life.

	<ul style="list-style-type: none"> • Search and rescue personnel identified trauma as a trigger for poor mental health 50% more often than any other factor. • Focus group respondents also identified cases where the rescue operation goes awry as the cause of the most mental anguish.
<p>Stigma</p>	<ul style="list-style-type: none"> • Search and Rescue respondents were very positive about their organisation's work to encourage open conversations (64% said their organisation encouraged conversations a little or very much), and were also positive about feeling able to talk about mental health to their managers and colleagues. • 23% of Search and Rescue respondents believe that someone experiencing a mental health problem would encounter stigma if they disclosed this at work.
<p>Sources of Support</p>	<ul style="list-style-type: none"> • Talking to friends and family was the most popular coping mechanism for all emergency services, including Search and Rescue personnel. However, isolation from friends and colleagues is also a worryingly common response (45%). • Amongst Search and Rescue personnel, 48% said they use a hobby or other social activity as a coping mechanism. • Respondents in both the survey and focus groups reported that volunteering can contribute to better mental health.
<p>Information Needs</p>	<ul style="list-style-type: none"> • Respondents wanted to be able to recognise the signs and symptoms of poor mental health so that colleagues are able to identify potential problems before they reach crisis point. • They also wanted to know what to say to colleagues experiencing acute mental distress, such as a colleague extremely upset after a job went wrong.

Respondent Demographics

Of the 17 focus group attendees, 2 were women and the rest men. All participants were white British.

There were 4 mountain rescue teams and one cave rescue team represented in one of the discussion groups. This included a combination of team leaders and team members, all of whom were very experienced.

The views represent only a partial group of the SAR services. Lowland rescue, the RNLI and aeronautical services were not included.

The second group consisted of personnel from the maritime and coastguard service (MCA). A combination of volunteers and paid staff were represented, including senior managers, area and sector managers as well as operational officers (who run the control room) and voluntary Coastguard Rescue Officers. Some had only recently joined the service. By way of context, participants explained that the MCA service was undergoing a period of significant structural change.



There were 3,627 responses to the survey from emergency services personnel from across England. This represents approximately 1.5% of the country's total Blue Light workforce. Respondents were self-selecting but are broadly representative of the services as a whole.

Only 3.94% of the survey respondents were from Search and Rescue. 20% were female, 79% were male and 1% were transgender. The majority of the survey respondents were between the ages of 35 and 44 (32.73%).

All of the respondents were white. 95.45% were heterosexual and 4.55% were bisexual.

6.36% of survey respondents from search and rescue reported they had a disability.

Search & Rescue Context

“Extended call outs of the search and rescue team can disrupt home and work life. Cause me to worry and feel under pressure. Also feel pressure to attend all call outs or I'd be letting the team and the casualty down.”

The focus groups reported that Search and Rescue personnel see their service as being very different from the other emergency services, a perception that stems primarily from Search and Rescue being volunteer-led. Search and Rescue personnel often have a paid job or career that is their primary employment, and volunteer for a Search and Rescue team in addition.

The following themes about the differences between Search and Rescue and other emergency services emerged. Quotes are given from participants from the survey who also spoke about these challenges, often referred to as a source of stress:

Time:

SAR personnel have multiple demands on their time. Search and Rescue volunteers described the challenge of trying to juggle the competing demands of their paid employment, their family/home life and their voluntary role.

“Trying to work full time, family and volunteer can sometimes make me in a low mood.”

“From being so committed to my volunteering role [...] my family suffers”

Leverage:

Volunteers have a different type of 'contract' with their organisation than paid staff. Whereas in paid roles, employers have contractual obligations to employees, this is not the case in Search and Rescue.

Are there any particular aspects of your role that can cause you to feel low, depressed, stressed, or mentally unwell?

“Lack of appreciation & support”

Geographic dispersal:

While there are some places where there is a relative concentration of different Search and Rescue personnel in one geographical area, this was not described as being a typical experience by focus group participants. In general, teams are extremely dispersed.

Irregular callouts:

Search and Rescue personnel are called upon as and when required and may have long gaps between callouts.

Are there any particular aspects of your role that can cause you to feel low, depressed, stressed, or mentally unwell?

“tied to a pager 24/7 with perhaps 2 weekends a month off call IF cover is available”

“Ongoing uncertainty about work patterns”

Peer support was described as a crucial mechanism for dealing with challenges of the Search and Rescue role, yet contact and communication may be infrequent between team members because of these irregular or long gaps between callouts, reducing the likelihood of effective peer support. This is in stark contrast to other emergency services who see colleagues every working day who may find peer support easier to access.

Training:

Those attending the focus groups had roles which required a “phenomenal” amount of training in order to be able to provide a safe and effective service. For them, the level of skill required by volunteers was part of the attraction of the role and is a source of pride. However, training demands were also mentioned in the survey as a source of stress:

Are there any particular aspects of your role that can cause you to feel low, depressed, stressed, or mentally unwell?

“The stress/anxiety/pressure of teaching fellow team members”

Focus group respondents training requirements are in place to ensure Search and Rescue volunteers are able to execute their duties safely but ‘soft skills’, such as those relating to mental health and wellbeing, are not seen as essential to being able to do their role.

Fundraising:

In addition to the actual search and rescue callouts and the training, fundraising also has to be done.

There are also many cross-cutting issues between Search and Rescue and other emergency services such as the reticence of discussing mental health; intense feelings of guilt if something goes wrong in a rescue; wanting information to signpost help to colleagues and wanting to know what to say to a colleague in crisis.

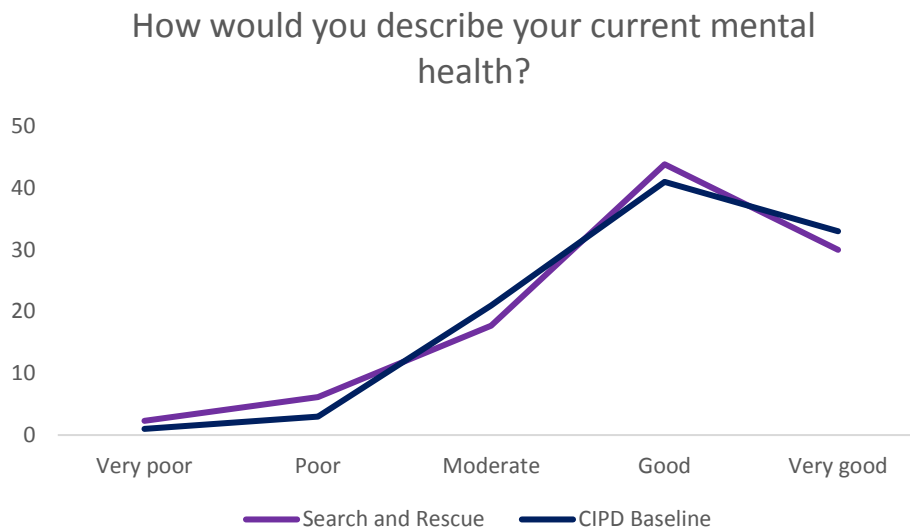
Mental Health at Work

As part of the Blue Light Programme, Mind is providing tailored workplace training materials to support both employers and staff and volunteers to manage mental health at work. This includes webinars tailored to ambulance personnel and bespoke face-to-face training for managers/ shift leaders. Mind’s scoping survey aimed to understand current experiences of mental health in the workforce to ensure that the programme’s products were tailored and effective.

In order to provide comparability with a general population benchmark, we used question wording that is consistent with CIPD’s ‘Focus on Mental Health in the Workplace’ as well as bespoke questions relevant for the emergency services. The CIPD survey was carried out in partnership with YouGov in 2011, surveying a sample of 2,000 working age adults across the UK.

Search and Rescue personnel report a higher rate of lived experience of mental health problems than the CIPD working population average: 34% stated that they have personal experience of mental health problems.

Current mental health amongst Search and Rescue personnel is broadly consistent with the CIPD survey results (plotted in blue below). Search and Rescue personnel gave slightly more ‘poor’ responses and slightly fewer ‘very good responses’.



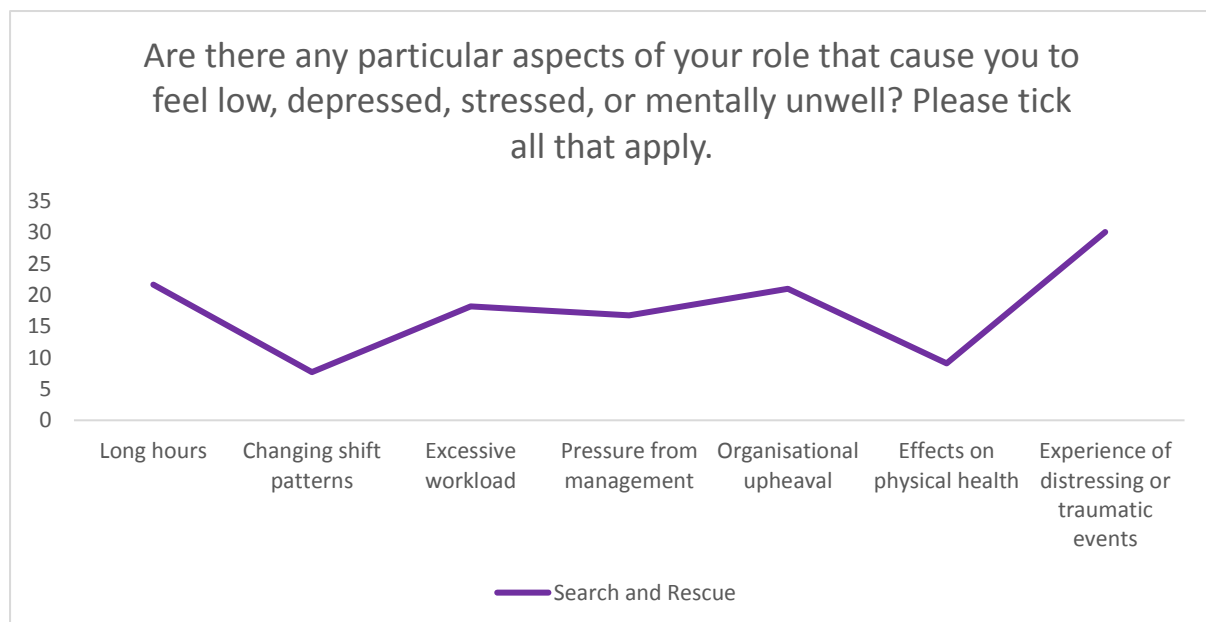
As with the CIPD survey, respondents who said that their current mental health is ‘moderate’, ‘poor’, or ‘very poor’ were asked to identify the cause. Only 15% of CIPD respondents said the primary cause was problems at work, but 24% of Search and Rescue personnel said problems at work were the primary cause. Consistent with employees of other emergency services, 53% of Search and Rescue personnel said their poor mental health was caused by a combination of problems at work and in their personal life.

We asked survey respondents about their experience of stress, low mood and poor mental health in the workplace. Responses from Search and Rescue staff and volunteers

were very different to responses from other emergency services staff and volunteers. Although 54% of Search and Rescue personnel have experienced stress, low mood or poor mental health at work either in a current or previous role, or both, this is much lower than other emergency services. Despite this, only 12% of search & rescue personnel said that they had taken time off for these reasons. This is a surprise because the CIPD survey found that 57% of respondents said that they had taken time off work due to stress, low mood, or poor mental health. However, the majority of emergency services personnel, across all four services, said that they had never done so.

This suggests that there are some significant limitations on sickness absence as a proxy for measuring mental health in the Blue Light services.

We asked respondents to identify the aspects of their role that had the biggest impact on their mental health:



As with much of the rest of the survey, Search and Rescue personnel gave much more positive results than the other emergency services. Some triggers, such as changing shift patterns, have less relevance for a reactive and volunteer service and were attributed very low importance as a consequence.

Search and rescue personnel identified trauma as a trigger for poor mental health 50% more often than any other factor. This was the only factor given significant weighting by Search and Rescue personnel. This suggests that, while they are exposed to trauma less often (59% said they are exposed to traumatic events only a few times a year), it can have a significant effect.

Focus group respondents highlighted that there is a regional variation in exposure to trauma amongst Search and Rescue teams, with Mountain and Cave Rescue teams working in Beachy Head or Blackpool, for instance, reputedly more likely to be involved in the frequent recovery of bodies following suicides rather than rescue operations.

In addition to the factors we asked about in the survey, focus group respondents identified cases where the rescue operation goes awry as the cause of the most mental anguish.

Stigma

Tackling stigma and discrimination is a key area for addressing the mental health needs of emergency services personnel. We know from our research for the Time to Change campaign that the workplace is the second most common area (after family and friends) where mental health stigma is encountered.

We also recognise that emergency services personnel do not live in a professional vacuum. Outside of their roles, these personnel are members of families, friendship groups, sports teams, religious organisations etc. Time to Change research shows that stigma is most often experienced from family and friends. Therefore, we are also interested in the home and social support networks of emergency services personnel.

Using the CIPD survey (2011) of the general working age population as a benchmark, we asked emergency services personnel whether their organisation encourages staff to talk openly about mental health.

Search and Rescue performed much better than the CIPD baseline and responded more positively than personnel from other emergency services. Specifically, Search and Rescue respondents were very positive about their organisation's work to encourage open conversations (54% said their organisation encouraged conversations a little or very much), and were also positive about feeling able to talk about mental health to their managers (20% agree; 14% strongly agree) and colleagues (24% agree; 14% strongly agree).

However, 23% of Search and Rescue respondents believe that someone experiencing a mental health problem would encounter stigma if they disclosed this at work. Respondents from all emergency services, including Search and Rescue, agreed that it is much easier to talk about physical health than mental health at work.

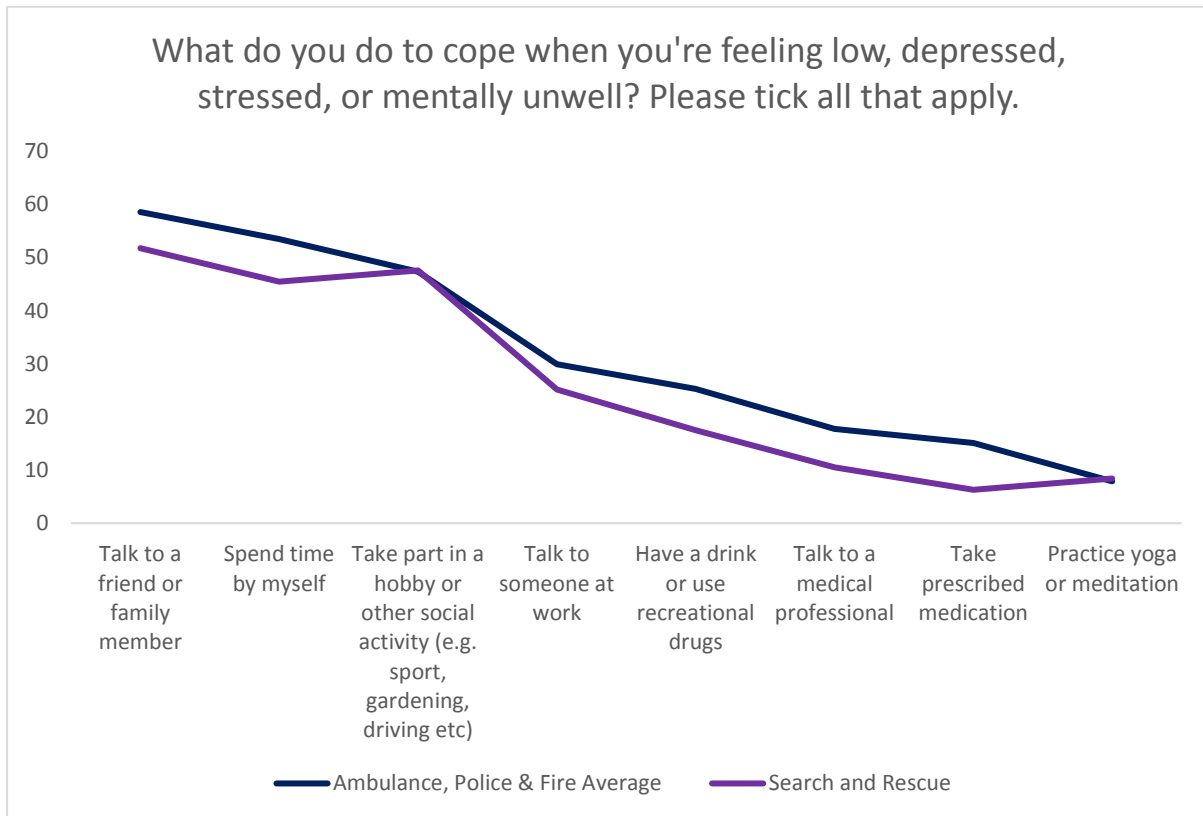
Participants in both the survey and the focus groups described some similar issues relating to the stigma and experience of mental health problems as in other Blue Light services. These included

- an association being made between 'mental health' and the 'extreme end' of the mental health 'spectrum', as a result of Search and Rescue personnel frequently being called out for suicides;
- 'the rescuer' not wanting to be seen as experiencing similar problems to those they rescue.

Sources of Support

Our survey and focus groups aimed to understand the current coping strategies used by Search and Rescue personnel, both in and outside of their Search and Rescue role.

Talking to friends and family was the most popular coping mechanism for all emergency services, including Search and Rescue personnel (responses compared in the graph below). However, isolation from friends and colleagues is also a worryingly common response (45%).



Amongst Search and Rescue personnel, 48% said they use a hobby or other social activity as a coping mechanism. For Search and Rescue volunteers, this may include volunteering with their Search and Rescue team. Respondents in both the survey and focus groups reported that volunteering can contribute to better mental health:

“I find the SAR work a good way to escape from other pressure”

Amongst the volunteers present at the focus groups, it was evident that there was a strong bond between team members. Participants spoke of socialising together outside of SAR duties with their families and of the importance of the SAR role to them. For these individuals, Search and Rescue clearly offers a strong informal support network.

“Being involved in a Search and Rescue team gives me a focus and improves my mood”.

This may explain why Search and Rescue respondents in our scoping survey consistently reported better mental health than personnel from other emergency services.

However, this is not a universal finding. Focus group respondents agreed that if a SAR volunteer was experiencing mental health problems, that they would more than likely just stop coming to callouts, potentially resulting in the scenario that those volunteers most in

need of help have the least chance of receiving it. This was corroborated by some survey respondents:

“I tend not to do my MRT volunteering when stressed”.

“The rescue work became gradually harder as my mental health suffered. I was diagnosed with a severe mental health disorder, and I'm now recovering. I'm trying to reintegrate back into the team I volunteer with.”

The informal support network created by volunteering is also less likely to exist for those geographically isolated (see Search and Rescue context) and those new to SAR. It was recognised that someone in distress could just drop out of the service with no follow up.

A wide range of available support was described by participants in the survey and focus groups. This ranged from comprehensive and embedded support (for example, manager support, 24/7 helplines, counselling and confidential access to chaplains trained in trauma and bereavement counselling) to 45% of survey respondents reporting that they are not aware of any available support.

Amongst focus group participants, it was felt that immediate support for particularly difficult cases tends to be good. However, some focus group respondents did not agree:

“We have always been told the help is available within the organisation, but after traumatic jobs, I've personally never been offered it”.

Some search & rescue volunteers spoke about the positive impact of the role on their mental health:

“Being involved in a search & rescue team gives me a focus and improves my mood.”

One of the key learnings from this research for Search and Rescue is the extent to which support varies between teams:

“[My organisation] stated they are too busy to resource support for Mental Health and therefore the default is to contact GP or 3rd party support line. Staff are encouraged to work whilst signed off sick for mental health issues by a GP”.

“My search and rescue team operates TRiM (trauma risk management) procedures following incidents, which tie in with the Police's own TRiM systems and the Police's counselling and other resources are available to us as individuals if they are needed”.

Trauma

Search and Rescue personnel were aware that that people can be affected by trauma long after an event.

Participants of the focus group said that if there had been a difficult callout, there would typically be a debrief, particularly if there were lessons to be learned. In addition, the

Team Leader would probably ring round and check in on everyone in the subsequent week.

In the MCA group, participants noted that the Blue Light Programme should also extend to staff working in operations, who may also be exposed to extremely traumatic events, such as being on the other end of a phone during a suicide attempt.

The onset of mental health issues resulting from traumatic callouts can be triggered by different things: a smell or the colour of a coat and can happen at any time.

However, participants highlighted two aspects of current support to be aware of. Firstly, it relies on having a good manager to facilitate and secondly access to the 'right' support.

Needs

In addition, the following issues were particular to the SAR service:

- Dealing with *not* finding anything – described as a common experience, particularly by the mountain rescue teams when multiple people are searching one area.
- If a SAR volunteer does experience mental health problems as a result of that role, they potentially lack support from their employer, because the issues do not relate to their paid employment. This is particularly pertinent if the mental health problems experienced affect a volunteer's ability to perform in their paid role.

Although the frequency of exposure to trauma was less than other BL services, participants acknowledged that they did not know the prevalence of mental health problems in SAR services. It was noted in the MCA group that the RNLI had conducted some research into the mental health of their volunteers, which reportedly found rates to be higher than expected¹. They now have a dedicated helpline. This prompted recognition that there may be unidentified need for MH support.

Information Needs

Empowering, high quality information about mental health is central to enabling effective self-management, choice, and access to further help and support. A key component of the Blue Light Programme is the provision of targeted advice and support for emergency services personnel and their social support networks. In order to do this we asked about the types of information required.

Participants acknowledged the importance of promoting mental health and wellbeing. Information and awareness-raising were highlighted as key issues for SAR. It was seen as important for managers/team leaders to be informed and confident about mental health and wellbeing in order to normalise discussion of mental health issues. It was felt that knowing managers had been on training could encourage staff to raise concerns,

¹ This was research quoted by an MCA discussion group member. We have been unable to find a publically available reference for it.

because they would have more confidence that issues would be dealt with appropriately. However, given the pressure on time highlighted above, a course running over six weeks was not seen as feasible for SAR services. Participants felt that one session might work. Including information at induction and annual refresher courses was seen as being the best way of maximising reach across SAR services more widely.

Participants did not have comments on the range of topics suggested by Mind. However, two strong themes emerged from the groups. One was about being able to recognise the signs and symptoms of poor mental health so that colleagues are able to identify potential problems before they reach crisis point. The other was about knowing what to say to colleagues experiencing acute mental distress, such as a colleague extremely upset after a job went wrong. Examples were given of how worried participants had been that they might have said the wrong thing to a colleague in distress and made them feel worse.

Having a range of formats and modes was advocated, for example, hard copies of (short) information leaflets, on-line information, posters and e-mail. The mountain and cave rescue group were keen on the idea of having information on a credit card sized card, such as the UKSAR membership card, which they said everyone would have.

An interesting point was made about the fact that SAR personnel are likely to be more resilient than average, hence are attracted to a role which involves *'traipsing up and down mountains through the night'*. It was suggested that this may make SAR staff particularly amenable to self-help.

A comment on the BL helpline made in both groups was the fact that it was not available 24/7 meaning that some SAR personnel would not be able to access this support at their time of need. It was also highlighted that SAR volunteers would be likely to be in their paid role during helpline hours. The sustainability of the helpline as well as the BL programme more widely was also raised, with some concerns expressed about the potential short-term nature of the support being offered by the BL Programme.

The notion of a 'champion' was not popular in either group. There was a perception that this was a nebulous concept and that there could even be negative impacts depending on the personality of the individual champion. In addition, the dispersed nature of the SAR services was seen as a barrier to the potential effectiveness of a 'champion' role.

Although these briefings show the findings specific to search and rescue staff, it should be noted that there are similarities between the four services. Our focus groups (held in December 2014) highlighted the following key consistencies:

- Front line staff in the four focus groups conducted talked about the mounting pressure experienced by front line staff in the form of reducing budgets and more challenging targets. This underpins the current experiences of Blue light personnel at work, elevating the risk factors for mental ill health while simultaneously reducing the opportunities for informal support amongst peer colleagues.
- Support around a critical or traumatic incident is strong, but there is little provision for the 'drip-drip' effect of 'relentless' exposure to trauma both on the frontline but also in control rooms.



- Stigma surrounding mental ill health was widely reported across the Blue Light services by focus group participants, arguably in part because of a perception that being the ones who 'fix it' means they can't be seen to have vulnerabilities.
- There is a limited understanding of mental ill health and little open discussion in the workplace, which contributes to the stigma associated with it.
- Little provision is currently in place to support wellbeing and resilience training would fill an important gap.

The overall scoping survey findings can be found on our website.

The above findings have helped Mind establish a greater understanding of the issues faced by the emergency services and what impacts on their mental health and wellbeing, and as a result of these findings the Blue Light Programme was developed. However, Mind recognises that there is still a great deal to learn and all of the programme's work is done in consultation with the emergency services.

Blue Light Personnel: Online Survey

Introduction

We are Mind, the mental health charity. We are developing a large new programme to support the mental health of 'blue light' personnel – staff and volunteers at all levels within the Ambulance, Fire, Police, and Search & Rescue services in England.

We all have mental health, just as we all have physical health, and how we feel can vary from mental wellbeing to severe mental distress. One in four people will experience a mental health problem in any year. Common mental health problems include depression, anxiety, and Obsessive-Compulsive Disorder (OCD). These make up the majority of problems people experience and their symptoms can range from the comparatively mild to very severe.

If you work or volunteer for the emergency services in England, we want to hear your views and experiences of mental health in the workplace. Your answers will help us to develop the best services and deliver them in the most effective way.

This survey should take around 15 minutes to complete. Your responses will remain confidential and your information will not be used for any other purpose.

Section 1 – Your Role

In this section we want to understand a little more about you and the type of work you do. This information will help us tailor our services to the wide range of roles across the emergency services.

Q1 [required]

Tick	I am a current member of the emergency services
Tick	I am a former member of the emergency services
Tick	I am not a member of the emergency services [If yes – free text explanation is required]

Q2 [required]

Tick	I am a member of the police service
Tick	I am a member of the fire service
Tick	I am a member of the ambulance service
Tick	I am a member of the search and rescue service
Tick	Other [If yes – free text explanation is required]

Q3 [required]

Tick	I am an employee
Tick	I am a volunteer

Q4 [required]

Do you have a management role?	
Tick	Yes
Tick	No

Q5 [required]

How much contact do you have with the public?	
Tick	Every day
Tick	Most days
Tick	A few times a week
Tick	Rarely
Tick	Never

Q6 [required]

How often are you exposed to potentially distressing or traumatic situations?	
Tick	Every day
Tick	A few times a week
Tick	A few times a month
Tick	A few times a year

Tick	Never
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Q7 [required]

How long have you been a member of the emergency services?	
Tick	Less than a year
Tick	1 – 5 years
Tick	6 – 10 years
Tick	11 – 20 years
Tick	More than 20 years

Q8 [required]

Where do you work/ volunteer?	
Tick	South West England
Tick	South East England
Tick	London
Tick	East England
Tick	East Midlands
Tick	West Midlands
Tick	Yorkshire and the Humber
Tick	North East England
Tick	North West England

Section 2 – Your Experience

When times are tough we may struggle to cope – we may feel angry, or upset, or find it difficult to concentrate and engage with those around us. In many cases this will pass as the period of stress comes to an end. However, when someone has these experiences for a long time and it limits their ability to live life to the full, we refer to it as a mental health problem.

In this section, we want to know about your experience of mental health in the workplace. It is important that we understand how your work affects your mental health and also how your mental health affects your work. Remember, your answers are completely confidential.

Q9 [required]

Have you experienced stress, low mood, or poor mental health while in employment?	
Tick	Yes, only whilst working/ volunteering for this organisation
Tick	Yes, only whilst working/ volunteering for a previous organisation
Tick	Yes, both at this organisation and at previous organisations
Tick	No, never

Q10 [required]

Have you ever taken time off from work as a result of stress, low mood, or poor mental health?	
Tick	Yes
Tick	No
Tick	Don't know/ Cannot remember

Q11 [required]

How often do you go into work when experiencing poor mental health (e.g. stress, anxiety, depression etc)?	
Tick	Always
Tick	Sometimes
Tick	Rarely
Tick	Never
Tick	Don't know/ Cannot remember

Q12 [required]

In which ways, if any, does poor mental health affect your performance? Please tick all that apply	
Tick	I am less patient with members of the public
Tick	I find it difficult to concentrate
Tick	I have difficulty making decisions
Tick	I make more mistakes
Tick	I find it more difficult to learn new tasks
Tick	I find it more difficult juggling a number of tasks
Tick	I put off challenging work

Tick	I rely more on colleagues to get work done
Tick	I take longer to do tasks
Tick	I am more likely to get into conflict with colleagues
Tick	I am more likely to take risks
Tick	Other [If yes – free text explanation is required]
Tick	Not applicable/ It does not affect my work

Q13 [required]

How would you describe your current mental health?	
Tick	Very good
Tick	Good
Tick	Moderate
Tick	Poor
Tick	Very poor
Tick	Don't know

Q14 [required]

Only display if 'moderate', 'poor', or 'very poor' are selected in Q14 Do you think that your moderate or poor mental health is the result of...?	
Tick	Problems at work
Tick	Problems outside work in personal life
Tick	A combination of problems at work and in your personal life
Tick	Don't know

Q15 [required]

Are there any particular aspects of your role that can trigger you feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Long hours
Tick	Changing shift patterns
Tick	Excessive workload
Tick	Pressure from management
Tick	Organisational upheaval
Tick	Effects on physical health
Tick	Experience of distressing or traumatic events
Tick	Other [If yes – free text explanation is required]

Q16 [required]

If you began experiencing poor mental health, how likely are you to seek help from the following? 1 is 'never' and 5 is 'always'					
GP	1	2	3	4	5
Occupational Health	1	2	3	4	5

Human Resources	1	2	3	4	5
Union	1	2	3	4	5
Colleague	1	2	3	4	5
Manager	1	2	3	4	5
Family	1	2	3	4	5
Friend	1	2	3	4	5
Other					
[If yes – free text explanation is required]					

Q17 [required]

What do you do to cope when you're feeling low, depressed, stressed, or mentally unwell? Please tick all that apply	
Tick	Talk to someone at work
Tick	Talk to a friend or family member
Tick	Take part in a hobby or other social activity (e.g. sport, gardening, driving etc)
Tick	Practice yoga or meditation
Tick	Spend time by myself
Tick	Talk to a medical professional
Tick	Take prescribed medication
Tick	Have a drink or use recreational drugs
Tick	Other
[If yes – free text explanation is required]	

Section 3 – Your Organisation

You are now half way through the survey. We also want to find out about your organisation and what it can do to support your mental health.

This section includes questions about support that is currently available but it also asks about additional help or improvements that could be made.

Q18 [required]

Have you ever heard of Mind?	
Tick	Yes
Tick	No

Q19 [required]

Are you aware of any support your organisation offers to improve the wellbeing and mental health of its personnel?	
Tick	Yes [If yes – free text explanation is required]
Tick	No

Q20 [required]

In your opinion, does your organisation encourage staff to talk openly about mental health?	
Tick	Yes – very much
Tick	Yes – a little
Tick	No – not very much
Tick	No – not at all

Q21 [required]

In your opinion, how well does your organisation support employees who experience mental health problems?	
Tick	Very well
Tick	Fairly well
Tick	Not very well
Tick	Not at all well

Q22 [required]

Please rate each statement, where 1 is 'strongly disagree' and 5 is 'strongly agree'					
People feel able to talk with colleagues about mental health at my organisation	1	2	3	4	5
People feel able to talk with managers about mental health at my organisation	1	2	3	4	5

Someone would be treated differently (in a negative way) if they disclosed their mental health problems at my organisation	1	2	3	4	5
People feel more comfortable talking about their physical health than mental health at my organisation	1	2	3	4	5
I feel confident to spot signs that a colleague may be experiencing a mental health problem	1	2	3	4	5
I know what to do if a colleague tells me about their mental health problem	1	2	3	4	5

Q23 [required]

How useful would you find the following information topics? 1 is 'not at all useful' and 5 is 'very useful'					
Information about different types of mental health problems and their symptoms	1	2	3	4	5
Information about how to get help for a mental health problem	1	2	3	4	5
Information about how to support a colleague or friend with a mental health problem	1	2	3	4	5
Information about how to improve your mental wellbeing, making you less likely to develop a mental health problem	1	2	3	4	5
Other [If yes – free text explanation is required]	1	2	3	4	5

Q24 [required]

Would you like to help champion mental health in your workplace? If you provide your email, we will keep you informed about opportunities to get more involved.	
Tick	Yes [If yes – email is required]
Tick	No

Section 4 – Diversity

You have almost finished the survey – just a few more questions left. We need to ask some demographic questions to compare your responses to the rest of the survey participants. Again, all responses are confidential and will not be used for any other purpose.

Q25

Please tick all of the following statements which apply to you.	
Tick	I have personal experience of mental health problems
Tick	I use/ have used mental health services
Tick	I am a family member of somebody who has experienced mental health problems
Tick	I am a friend to somebody who has experienced mental health problems
Tick	None of the above.

Q26

What is your gender?	
Tick	Male
Tick	Female
Tick	Transgender

Q27

Is your gender identity the same as when you were born?	
Tick	Yes
Tick	No

Q28

What is your age?	
Tick	19 or under
Tick	20-24
Tick	25-34
Tick	35-44
Tick	45-54
Tick	55-64
Tick	65 and over

Q29

Which ethnic group do you identify with?	
Tick	White British
Tick	White Irish
Tick	White – any other White background
Tick	White and Black African
Tick	White and Asian
Tick	White and Black Caribbean

Tick	Any other mixed background
Tick	Indian
Tick	Pakistani
Tick	Bangladeshi
Tick	Any other Asian background
Tick	Caribbean
Tick	African
Tick	Any other Black background
Tick	Chinese
Tick	Gypsy/ Traveller
Tick	Other [If yes – free text explanation is required]

Q30

How would you describe your sexuality?	
Tick	Bisexual
Tick	Heterosexual
Tick	Gay
Tick	Lesbian
Tick	Other [If yes – free text explanation is required]

Q31

Do you consider yourself to be disabled? (A disabled person is defined as a person with a physical, sensory, or mental impairment that has a substantial long term effect on his or her ability to carry out normal day-to-day activities?)	
Tick	Yes
Tick	No