The Royal Foundation's Emergency Responder Programme

Evaluation report
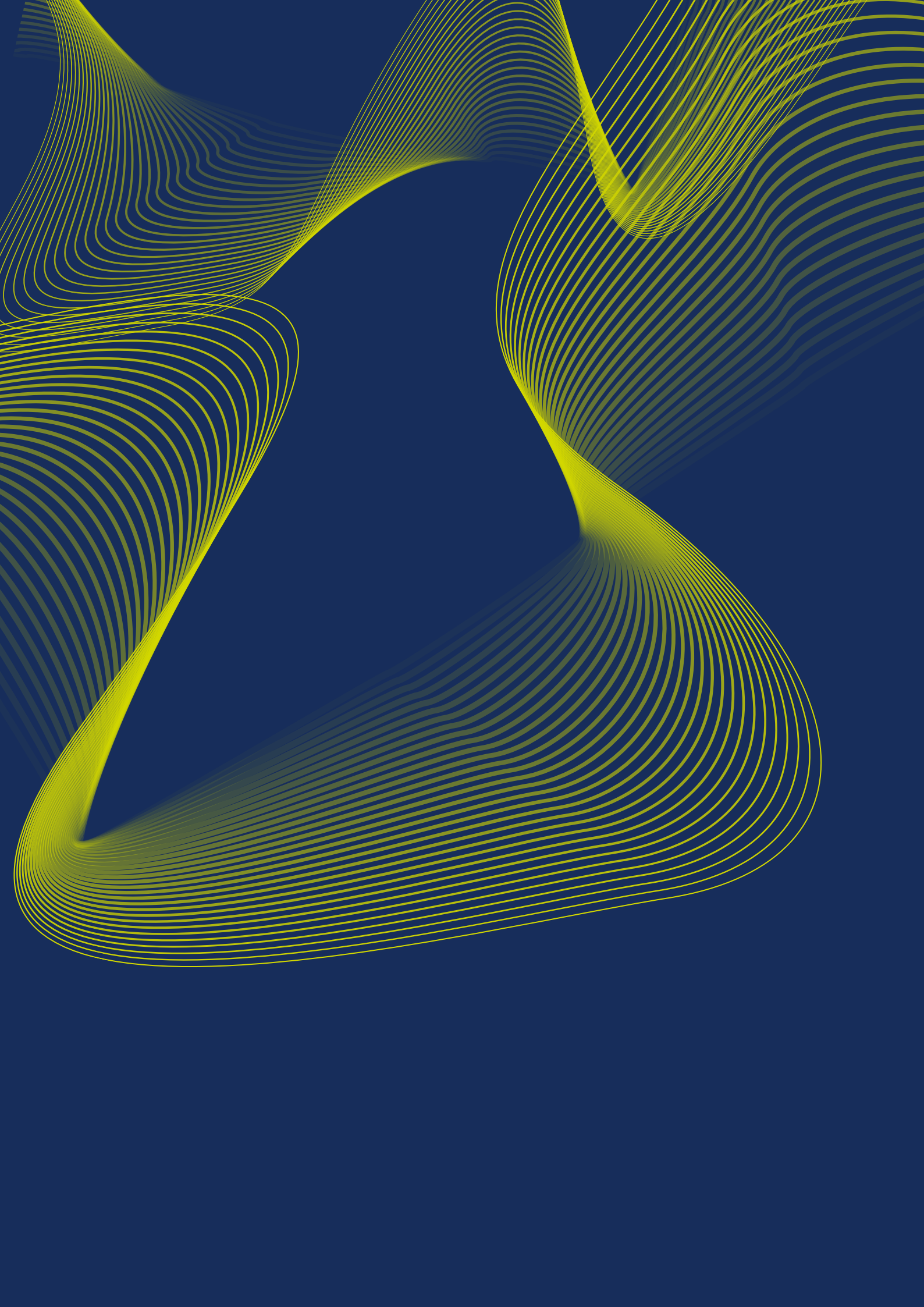
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Executive summary

The Royal Foundation's Emergency Responder Programme was designed to promote collaborative working across the UK's emergency services to improve the mental health support available to emergency responders. To achieve this, The Royal Foundation has been working with partners across the emergency services and mental health charities to address workplace culture around mental health and provide specialist mental health support to emergency responders and their families.

At the request of The Royal Foundation, this qualitative evaluation examined perceptions of the programme, the efficacy of collaboration efforts, and the future of the Senior Leaders' Board. A total of 31 participants were interviewed, with interviews taking place between September and November 2022. Participants had all interacted with the Emergency Responder Programme in some capacity, and were drawn from across the emergency services, mental health charities and academia across the UK.
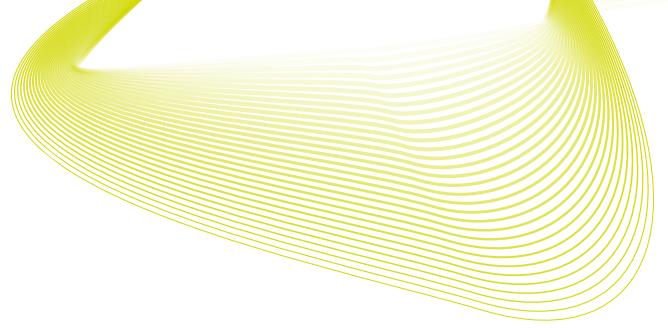
Interviews covered participants' experiences of the programme and their views on the efficacy of collaboration between services, and participants were also given an opportunity to discuss future directions for the Senior Leaders' board. Data were analysed by the project team at The Policy Institute, King's College London, and findings initially presented to the Senior Leaders' Board at the Emergency Responder Programme Annual Symposium held at Silverstone on 24th November 2022.

The main findings of the evaluation are summarised below.

Key findings

Perceptions of the programme

- The credibility and star power provided by HRH The Prince of Wales has provided the basis and traction for a strong, unified approach to mental health and wellbeing across the emergency services.

- There has been a perceived reduction in stigma around discussing mental health and accessing services.

- The programme has galvanised collaboration between emergency services, and inspired action to improve mental health provision across the services.

- An existing supportive environment and/or highly motivated individuals are often key to driving things forward and ensuring the programme has impact.

- There are perceived widespread service variations between regions and different emergency services, including governance structures, organisational culture, and which charity partners are available.

- There appears to be less engagement with volunteer services than other organisations, which is attributed to an assumption that because mental health initiatives are focused on 'work' environments, they are not designed for volunteers.

Collaboration

- Successful, high-profile events, such as the symposiums, have connected people at an individual and organisational level, as well as providing a platform to showcase good practice.

- The focus on collaboration provided by the programme has encouraged the continued development of personal relationships and networks to share best practice and resources.

- Challenges around data sharing and competition for resources and funding remain significant barriers to collaboration between services.

Senior Leaders' Board

- There was widespread agreement that the Senior Leaders' Board (SLB) was an essential element of taking the programme forward and signals an important commitment from senior leaders.

- We heard repeated concerns that the structure was too 'top-down', leading to low awareness of SLB activities at operational levels.

Recommendations

- The Royal Foundation should continue using its status to shine a light on mental health issues. Speeches and visits from HRH The Prince of Wales were cited as particularly motivating.

- We noted the great success of The Royal Foundation in connecting and generating networks among beneficiaries and recommend that the emergency services and charities continue this collaborative approach.

- We noted some of the most impactful elements of the Emergency Responder Programme so far have been indirect impacts, such as encouraging sustained, informal peer support among colleagues, or inspiring individuals to set up a new policy or programme in support of colleagues' mental health. We recommend that The Royal Foundation, as well as the emergency services and charities, be aware of potential short- and medium-term impacts of programmes, and if possible, collect evidence on these which may help improve the design and evaluation of mental health programmes in the future.

- We found a strong appetite among participants for an evidence-based approach to improving mental health across the services, with a desire for people working in this area to both develop and be guided by robust evidence.

- The evaluation highlighted reliance on highly motivated individuals (e.g., local champions) who drive the mental health agenda in their areas. We therefore recommend that the emergency services and charities try to protect and support these individuals, providing additional resource where possible.

- Participants expressed concerns around how the programme will continue as The Royal Foundation takes a step back. The Royal Foundation, as well as the emergency services and charities, should therefore try to design mental health programmes and initiatives to be as self-sustaining as possible.

- The evaluation found a lack of awareness about the Senior Leaders' Board and its work, though participants saw its role as important in taking the programme forward and were keen to be kept informed. As the Senior Leaders' Board takes ownership of the programme, we recommend that it develops a communications strategy to ensure clarity and consensus across all partners on the mission and next steps for the Board and programme, as well as to promote awareness and report on the impact of their work.

- Participants expressed a desire to see a more diverse Senior Leaders' Board that better represents the groups and experiences of the emergency responder workforce. Of greatest concern was the perception that the Board was too top-down. We therefore suggest that more opportunities are provided for operational staff and mid-level managers to be able to input into the Board.

- Participants showed a strong preference for the Senior Leaders' Board to collaborate by tackling key issues experienced across the emergency services. The priority areas mentioned by participants were:

    - Supporting the mental health of families.

    - Suicide prevention.

    - Developing resilience across the entire career, from recruitment to supporting people through retirement.

Introduction
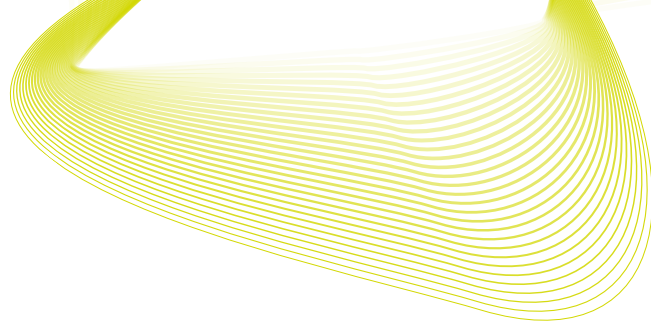
Overview

Background

HRH The Prince of Wales has been a long-term supporter of emergency responders, having seen first-hand the challenges faced by the community during his time working as an emergency responder for the East Anglia Air Ambulance and the Royal Air Force Search and Rescue. It was recognised that the work undertaken by Emergency Responders places unique demands on their mental health and wellbeing, being regularly exposed to trauma and violence and coping with distressing experiences.

This was heightened during the Covid-19 response. These challenges are compounded when Emergency Responders are separated from their families, working long, unpredictable, and antisocial hours. As a result, His Royal Highness, supported by The Royal Foundation, recognised that it was vital that all necessary steps are taken to safeguard the wellbeing and mental health of Emergency Responders.

As a precursor to the Emergency Responder Programme, in 2015 Mind established their Blue Light Programme, working with partners to deliver a programme of activities aimed at reducing stigma, promoting wellbeing, improving mental health support for those working or volunteering in ambulance, fire, police, and search and rescue services. The Blue light Programme ended in 2019, however in recognition of the impact of the pandemic on emergency responders, The Royal Foundation provided funding for Mind to bring the programme back in 2020.

King's College London conducted a piece of research on behalf of the Foundation in 2019/20 assessing the mental health of the Emergency Responder community in the UK, which was led by Professor Nicola Fear. This was followed by a Symposium hosted by The Royal Foundation and The Prince of Wales[1] in November 2021 which brought together over 200 leaders from police, ambulance, fire and UK Search and Rescue to focus on safeguarding the mental health of their workforces.

The Prince of Wales announced The Mental Health at Work Commitment for The Emergency Services – an unprecedented agreement signed by senior leaders across UK emergency services to implement a uniform set of mental health standards to support their 400,000 staff. The commitment also forms part of the new Blue Light Together package of mental health support, also announced by His Royal Highness at the event.

Two years on, this piece of qualitative research was commissioned to demonstrate how the Emergency Responder Programme is contributing across the emergency services. This came at an important time as the Foundation prepared to hand ownership of the programme over to its Senior Leaders Board at the end of 2022.

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1   Please note that at the time of the Symposium in 2021, The Prince of Wales was The Duke of Cambridge

Objectives

The Royal Foundation commissioned The Policy Institute, King's College London to carry out a qualitative evaluation of their Emergency Responder Programme designed to support the mental health of emergency responders.

The specific aims of the evaluation were:

• To understand perceptions of the collaborative approach of The Royal Foundation's Emergency Responder Programme

• To understand perceptions of what has worked well and where improvements can be made for the future

• To gather perspectives on what should inform the priorities for the Emergency Responder Senior Leaders' Board (and potentially the wider emergency services sector) as they prepared to take on the ownership of the deliverables of the programme from November 2022
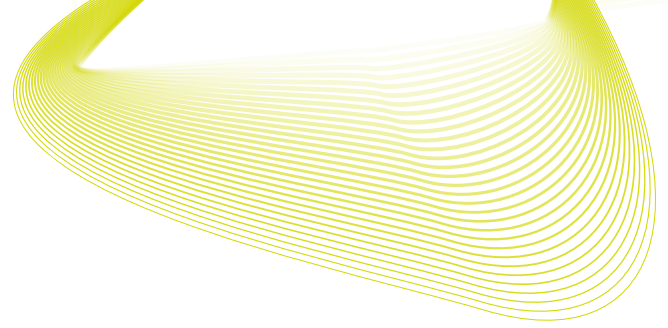
Methodology overview

The evaluation was conducted between September 2022 and January 2023, with interviews taking place between September and November 2022.

Semi-structured interviews were carried out with 31 participants who had interacted with the Emergency Responder Programme in ways ranging from attending events, to receiving funding to support a wellbeing programme or being part of the Senior Leaders' Board. Different branches of the emergency services were represented, including seven Police, seven Ambulance, four Fire and Rescue, and 13 from other groups, including Mountain Rescue, HM Coastguard, different charities and academia. Participants were drawn from across the UK, including England, Scotland, Wales and Northern Ireland.

The interviews were designed to provide an in-depth picture of participants' experiences of the Emergency Responder Programme, and to draw out perspectives on the future operation and direction of the programme. Researchers at The Policy Institute designed a topic guide in conjunction with The Royal Foundation for use during interviews which was structured around the following key themes:

• Role and engagement with the Emergency Responder Programme

• Perceptions of the programme

• Perceptions of collaboration

• Perceptions of the Senior Leaders' Board

All interviews were carried out online using Teams or Zoom if preferred by the participant. Interviews were carried out with single participants with one exception, where two participants preferred to be interviewed at the same time. Participants were sent an information sheet in advance outlining the details of the evaluation, what

kinds of questions would be asked and how the information provided would be stored and utilised. Interviews lasted approximately 45 minutes to an hour.

Participants were provided with a consent form to sign in advance and were also taken through consent information and consented verbally before the interview commenced. Interviews were recorded using Teams or Zoom, and were sent for transcription using numerical identifiers. Transcripts were not returned to participants for comment, though participants were given a date by which they could withdraw their interview data from the evaluation should they have changed their mind about participation. Interviews were carried out by members of the research team at The Policy Institute who are trained in qualitative research techniques.

Sampling and recruitment

The Royal Foundation compiled the list of contacts to be approached for the interviews, which consisted of partners or beneficiaries of a component(s) of the Emergency Responder Programme who represented different emergency services, charities, and academia, as well as a variety of roles and seniority. They had all participated in the programme in some way, ranging from delivery and oversight of mental health services to attending an event organised by The Royal Foundation.

The Royal Foundation made initial contact with potential participants to notify them that they would be contacted by The Policy Institute at King's College London to ask if they would like to participate in the evaluation of The Royal Foundation's Emergency Responder Programme. Potential participants were contacted by the Royal Foundation on an opt-out basis. The Policy Institute contacted a total of 55 people, of which 31 were interviewed. Participants were selected to provide good representation across the emergency services, charities, and academia, a range of different levels of seniority, different types of engagement with The Emergency Responder Programme, and different geographical areas within the UK.

Analysis and presentation of findings

Data were coded by both members of the research team at The Policy Institute, who identified and refined emerging themes on an iterative basis. Analysis was conducted using a grounded-theory approach assisted by qualitative analysis software NVIVO. The analysis was verified through an analysis workshop during which the research team discussed and agreed emerging themes. Participant quotes have been used throughout to illustrate the findings, and quotes are attributed to the type of organisation the participant represents.

For the purposes of reporting our findings we have used the Consolidated criteria for reporting qualitative research checklist (COREQ), in order to ensure that the processes involved in the evaluation are transparent and that users of this report may critically engage with its findings.[2]

Emerging findings were provided to The Royal Foundation in the form of a slide deck that was subsequently presented to the Senior Leaders' Board at the Emergency

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2   Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-357.

Responder Programme Annual Symposium held at Silverstone on 24th November 2022. This event was attended by both members of the research team and provided an opportunity for the team to obtain more contextual data, and receive feedback on the emerging findings, both of which we have used to enrich this final report.

Strengths and limitations

A key strength of this evaluation is the focus on qualitative interviews, which enabled us to generate rich descriptive data that provided a more nuanced insight into the programme and its impact. Another important strength is that we were able to speak to a range of people that were spread across the emergency services, charities and academia, as well as across a range of seniority levels, from operational emergency responders to HR staff, to mid-level managers and senior leaders. We therefore captured a well-rounded set of views that enabled us to provide a detailed picture of the strengths and weaknesses of the programme.

However, there were also some limitations to this study. Due to time and resource limitations, the sample was relatively small, and comprised of individuals who had engaged with the programme in some way. Whilst this means that they were well-suited to talk about the programme, it also suggests that they are already more motivated to engage with the mental health agenda perhaps more than other colleagues. Given the strength of themes which emerged from the research, we are confident that the findings capture the breadth of views on the programme.

1. Perceptions of the Programme

1.1 How has the Emergency Responder Programme been perceived?

The Emergency Responder Programme was perceived extremely positively overall. It has been influential in shining a light on the issue of mental health across the emergency services and setting a precedent to bring people together for a single conversation on mental health. The Royal Foundation's visibility and personal relationships have been instrumental to the functioning of the programme, which has generated several positive impacts, including one person we spoke to reporting a measured reduction in suicidal ideation. Its collaborative approach has been hailed as one of its biggest successes, meanwhile the Senior Leaders' Board has been fundamental to driving forward the mental health agenda.

> *"We all suffer the same stuff as a fallout for the things that we're doing and dealing with, but our support is fragmented… so it was nice to be part of something that was trying to connect all that together and get everyone talking to each other… to learn from each other and see if we can improve what we're doing."*
>
> **– Police**

Those we spoke to were generally positive that a strong foundation had been laid by the programme. There was however the recognition that the impact of the programme, having run for less than 5 years, could take some time to see, and that much work still needed to be done when it comes to supporting emergency responders' mental health across the sector.

Some felt that the positive impacts of the programme were sometimes unevenly distributed. There was also a recognition that many services had a deeply rooted organisational culture that did not prioritise wellbeing, meaning that The Royal Foundation had taken on an enormous challenge, one that will require a longer-term approach.

> *"I think that a lot of us are still quite early in our journeys and the mental health agenda… at the moment, when a lot of services are trying to establish what they're doing on mental health, it's about helping you develop that kind of foundation."*
>
> **– Fire**

1.2 Visibility and credibility

Having The Royal Foundation and The Prince of Wales behind the programme was often cited as a key motivating factor for engaging with the programme. The Prince's personal involvement was perceived to have significantly raised the visible profile of emergency responders' mental health. We were told that events and engagements with him attracted large turnouts of emergency responders to listen, particularly as many perceived themselves as servants of the Crown.

The Prince of Wales' personal experience as a Search and Rescue and Air Ambulance Pilot provided credibility and legitimacy to the programme. There was a sense that it was extremely important to have someone with lived experience promoting mental wellbeing, as those we spoke to highlighted the very unique challenges faced by emergency responders and a need for mental health support tailored to their role.

> *"I think the visibility of The Royal Foundation, and hence the Prince of Wales, is one of the important things that keeps the focus and profile high."*
>
> **– Ambulance**

> *"There's that star power, that means things get noticed and things get talked about. Then, the other thing is credibility… the thing is that everyone knows the Prince has his lived experience… when he's on scene, he does the same things as the other pilots and helps out and is as affected by the job as everyone else… This is someone who's talking from his own experience and from his heart. It's something he genuinely cares about."*
>
> **– Search and Rescue**

> *"The Prince of Wales has publicly stated a commitment to first responders' mental health. And I think that's really important. I think that's really resonated with the general public and those in the services because this is somebody who's been there, has experienced that."*
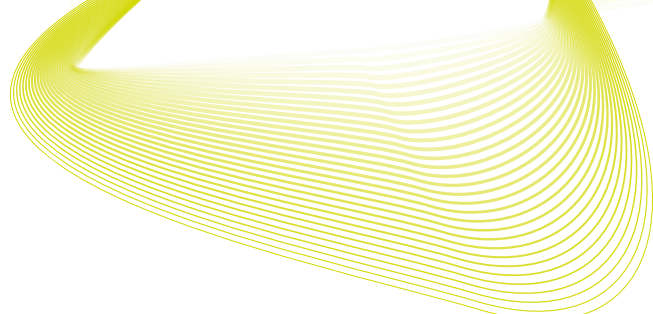>
> **– Charity**

1.3   The Royal Foundation's personal relationships

Programme leads at The Royal Foundation were perceived as key drivers of the programme's success. Programme partners had strong personal relationships with these individuals, who acted as knowledge and relationship brokers. These working relationships were seen as fundamental to coordinating action, developing networks, and mediating conversations to navigate any tensions between organisations. Not only did these people provide a human face to the work going on, but key individuals had also been emergency responders themselves, and therefore understood the unique challenges of this world.

> *"We meet regularly with [programme leads]… that has really helped – [having] a face that understands your world."*
>
> **– Fire**

"[Programme lead] approached me to ask for a chat about mental health... a real relationship was formed, and we both had that desire to see improvement around the issue of mental health."

– Inspectorate

"[Programme lead] was just absolutely brilliant. He just decompressed any pressures and stresses, just away from it."

– Search and Rescue

"I have very good links, still, with the Foundation so if I have observations or if there are things I'd like to share with them directly, then I have an open channel which has always been good".

– Charity

1.4   Positive Impact

The Programme partners that we spoke to identified several positive impacts that they attributed directly or indirectly to the programme.

1.4.1 Shining a light on the mental health of emergency responders

Everyone we spoke to felt that The Royal Foundation had successfully shone a light on the importance of mental health across the emergency responder community. Being an emergency responder meant that there were so many crucial priorities to balance, like saving lives, which often meant that responders' own wellbeing was frequently pushed down the list.

Whilst it was acknowledged that many services already had mental health and wellbeing strategies in place, the status and influence of The Royal Foundation was perceived as instrumental in gaining traction and momentum to advance mental health programmes. The Foundation's unique position also meant that it had strong influence to leverage and bring legitimacy to this important work.

"I think it absolutely shone a spotlight onto a very important subject."

– Inspectorate

"The Royal Foundation has been a force for good in raising the mental health and wellbeing agenda in all these communities, and actually shunting it forward."

– Search and Rescue

"What the Royal Foundation input does is it gives it a legitimacy ... It is about an external lens highlighting that there are improvements that can be made."

– Ambulance

> *"We were starting to do these things at the same time, but having the high profile of The Royal Foundation… just put it on people's radar… it just drove it along."*
>
> **– Search and Rescue**

1.4.2 Creating ripples

By shining a light on mental health, we were told how the programme had created ripples that led to positive impact indirectly. This was achieved in many ways, including through stimulating important conversations around wellbeing which led to services taking their own actions, facilitating new relationships which led to positive action, and getting people to take mental health more seriously, particularly amongst senior staff who could mobilise funds and action.

One important 'ripple' we heard was that this increased awareness of mental health also led people to engage in more informal peer support by checking in with their colleagues.

> *"Indirectly it's having an effect on services, because now the [service] has obviously thought, 'actually, yes, we need a working group to look at mental health'."*
>
> **– Fire**

> *"[Our mental health intervention] is not funded by the Royal Foundation, but it is one of those little ripples that has come out of it".*
>
> **– Charity**

1.4.3 Reduction in stigma around discussing mental health and accessing mental health services
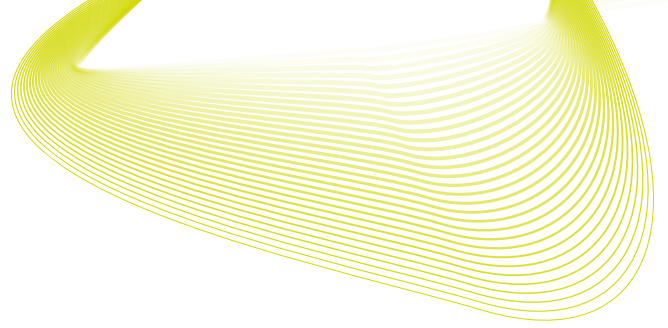
By creating a dialogue around mental health and wellbeing, the programme was perceived to contribute to a reduction in stigma around mental health amongst emergency responders. Providing a platform to share lived mental health experience at events like the symposium was particularly influential. We were often told that hearing senior leaders talk about mental health and share their experiences set a powerful example to open up the conversation on mental health. Some people expressed that it felt like they were given permission to open up about their own struggles and to subsequently access services.

> *"What The Royal Foundation did get right with the symposium and with the Mental Health at Work Commitment as well, is starting to challenge some of the stigma."*
>
> **– Charity**

> *"I think it's that acceptance that people talk about it. You see leaders talk about it. You see the Prince of Wales talk about it, and it's just that acceptance."*
>
> **– Search and Rescue**

Many people highlighted that some emergency responder organisations had a deeply rooted culture of stigma, partly driven by a cultural expectation to appear strong and heroic. Therefore, breaking down stigma was seen as a key priority which The Royal Foundation was helping to advance.

> *"The Royal Foundation and Mind have highlighted the need to just stop the stigma. We have a saying here, 'we are just ordinary people, doing an extraordinary job'. And too many people think, 'oh, you are wearing a uniform, so you must be ok'."*
>
> **– Ambulance**

1.4.4 Acting as a catalyst for galvanising collaboration between the emergency services

In many instances, we were told that The Royal Foundation has been instrumental in introducing people, developing relationships, and opening up opportunities for collaborations across the emergency responder community. We were told that many relationships across the sector did already exist previously, or probably would have developed anyway, but that The Royal Foundation had been instrumental in catalysing new relationships and helping some to see the value of collaboration.

> *"The main thing for us was it just gave us connections to people that we wouldn't necessarily have otherwise encountered or met or even heard of."*
>
> **– Police**

> *"One of the things that it has done has opened up more opportunities for us to look to see and to engage with colleagues… and look to see what they're doing, and learning from them."*
>
> **– Fire**

1.4.5 Supporting, celebrating and inspiring independent action to improve mental health provision

We heard numerous examples of creative and innovative mental health and wellbeing initiatives that services were implementing independently, including training programmes, wellbeing campaigns, family weekends, helplines, creating wellbeing spaces, days of wellbeing leave, and social and physical activities. We were told that The Royal Foundation helped to support and nurture such actions, for example, by sharing them at events like the Symposium, providing guidance and information, or by spreading the word and connecting people to these initiatives. By having The Royal Foundation's support, people hoped that their initiatives would inspire others to take similar actions in their own organisations.

> *"We did a campaign... I was asked if they could [share it] at the symposium... I was dead chuffed with that."*

– Police

> *"[The Royal Foundation] advised us on current themes and trends and things that are going on at the moment in the mental health world... it reinforced to our executive that this is The Royal Foundation, these guys wouldn't [support] if they didn't think the programme was worthy of some support."*

– Police

> *"We saw people working in community gardens, we saw people doing charity climbs... if you start talking about these things you start getting a domino effect. The first domino to fall is always the hardest but then they start falling really quickly thereafter."*

– Inspectorate

1.5   Uneven distribution of the programme

Although the programme has been largely positively received, programme partners identified several points for improvement.

### 1.5.1   Varying coverage of The Programme

Whilst aspects of the programme were well-implemented and visible in some services and parts of the country, we were also told that this was not always the case. People mostly talked about this in terms of the Mental Health at Work Commitment (MHAWC). Where the MHAWC was not well or visibly implemented, there were concerns around accountability.

> *"You've got senior leaders in our service and other services ticking the box, coming down, signing the pledge and actually, on the ground, nothing's happening."*

– Ambulance

1.5.2   Impact often relies on an existing supportive environment and/or highly motivated individuals

There was a sense that mobilising mental health and wellbeing initiatives often relied on a supportive environment and/or highly motivated individuals to drive things forward. People working in this sector frequently work long hours, respond to traumatic events, and experience several competing priorities in their roles, which means that many do not have the time or energy to advance the mental health agenda. We were told that even taking someone out of service for a day for training or support had significant resource implications. Consequently, those that did it were
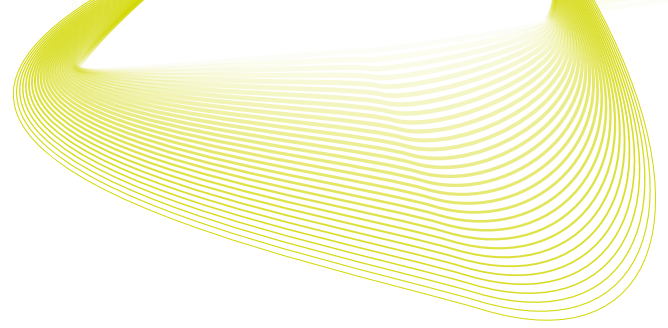
often the ones that cared significantly, usually because they had experienced their own mental health struggles.

> "It tends to be done by the people who know what it feels like, whenever they haven't been supported or something has gone wrong, and they don't want their colleagues to have to experience it."
>
> **– Police**

> "He is one of the best managers I have ever met… However, he gets people coming to him from outside of his hub for that support, and he is drowning… I'm trying to talk him into getting some help for himself."
>
> **– Charity**

1.5.3   Limited engagement of volunteer organisations

People we spoke to across all emergency services were highly concerned about the wellbeing of search and rescue volunteers, noting that doing this role alongside another job could be particularly distressing, potentially leading to greater need for mental health and wellbeing support. However, there were concerns around accessibility and inclusivity of volunteer organisations. We were told that this was partly shaped by Mind's previous Blue Light Programme, which had not always been inclusive for volunteers. This could reduce confidence in engaging with other external programmes, like that of The Royal Foundation.

> "For our voluntary bodies, some of them feel that they're being alienated because some of the packages have been uneven in the past."
>
> **– Search and Rescue**

> "[Search and Rescue] are doing their normal day job and then they get a call … they actually recover bodies out of awkward areas, bring them back to the roadside, and then get in their cars and go back to work or go home with no one to talk to about it."
>
> **– Ambulance**

We were also told that the employment-focused language in the Mental Health at Work Commitment led volunteers to believe that they were not supported by the commitment. Therefore, the programme was perceived as less accessible for search and rescue volunteers. However, we were told that progress was being made to improve accessibility for volunteers, including the development of a less prescriptive commitment for them.

> "There was some reluctance from search and rescue organisations to sign up [to the Mental Health at Work Commitment], mainly because of the language and the governance structure of UK search and rescue. It's quite different to other emergency responder groups."
>
> **– Charity**

> *"The Mental Health at Work Commitment doesn't really suit volunteers. It's just in the title: Mental Health at Work – our volunteers aren't working there."*

– Charity

> *"The Mental Health at Work commitment, I've mentioned it's not suitable for volunteers… but I think we're getting there, hopefully, in terms of actually resolving that."*

– Search and Rescue

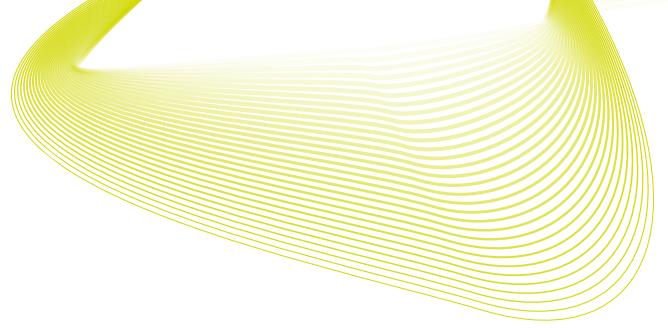### 1.5.4   Duplication of resources

Whilst increased mental health and wellbeing provision was generally perceived as positive, there was some concern that some elements of the programme led to the duplication of materials and making more work than necessary. This was mostly experienced through the Blue Light Together website. Some people felt that the website could be confusing because there was too much information to search through, including information that was also available on services' and charities' own websites. It was felt that this could prevent people from engaging with the website because when people are struggling, they do not have the energy to search through lots of information.

> *"Blue Light Together… most of it is cut and pasted from other people's websites."*

– Police

> *"They've got a suicide prevention programme. Why can't we have the same? Rather than us reinventing the wheel, why not work together?"*

– Police

Case study: Mental Health at Work Commitment

The Mental Health at Work Commitment was generally perceived as a useful tool to guide organisations' mental health strategies. How people used the commitment varied, with some people just using it to benchmark their own mental health strategy, and others using it as an audit tool to identify gaps in their strategy and service provision.

"We've signed up to the Mental Health at Work Commitment. So, looking at how we benchmark ourselves against, and the different elements of that." – Ambulance

"We've done a mapping against them… kind of an internal audit, of: 'How are we doing against these commitments and standards and how do they match with us?'… it's given us a real structure, it's given us something to audit ourselves against, which has identified gaps for us then to be able to push forward with the development of new activity." – Police

"We try and be critical friends… so, if the policy work that comes from the sector is not aligned with the mental health commitment standards, we'll say, 'that doesn't seem very aligned to your commitment'." – Ambulance

"We've all committed to sign up to the Mental Health at Work Commitment, so we're monitoring: 'Actually, what are services doing?'… So, we have implemented mechanisms whereby we can get assurance from each ambulance trust to understand what they are doing." – Ambulance

There was some concern about whether people were implementing the commitments or simply using it as a tick-box exercise without implementing changes on the ground. However, we found that overall, the commitment was viewed positively and the people we spoke to have a genuine concern for mental health and enacting the commitments.

"I think the interesting thing is organisations sign up to lots of things, how committed are they given the pressure that both fire, police, and ambulance are under at the moment?" – Charity

Another issue was that the wording of the commitment could unintentionally alienate voluntary emergency responders, such as UKSAR members, acting as a barrier to accessing support. However, we were told that UKSAR organisations have been working with The Royal Foundation to successfully adapt the commitments to suit their volunteers, providing a tailored agreement that provides guidance less prescriptively than a commitment.

"One of the problems that we're seeing is the utilisation of language in the Mental Health at Work Commitment. The utilisation of the word 'work' discourages volunteers." – Search and Rescue

"The Mental Health at Work commitment… that has been a challenge, but I think we're getting there, hopefully, in terms of actually resolving that and having a pragmatic solution, which is, 'let's not be prescriptive about what a solution looks like'… something that works for our voluntary organisations that they've actually come up with, as opposed to us telling them 'this is what we think'." – Search and Rescue

Case study: Blue Light Together website

Perceptions of the Blue Light Together website were mixed. Some people we spoke to found it a useful resource, acting as a central hub of information, to signpost people to. It had also led to the development of some useful resources, such as family guidance booklets.

"The website is good as well. There's lots of different resources on there, so we promote that." – Ambulance

"I've just had a colleague that's having a real hard time at the moment, and I put him through to the Blue Light Together website… sometimes it can be a bit overwhelming if you're not in a good place to actually physically try and find that information yourself, so it's just about pointing people in the right direction." – Ambulance

Others felt that it duplicated information that was already available in other places. Since the same or similar resources were also available on services' and charities' own websites, we were told that there could be tensions around ownership of resources. There was also concerns that the sheer number of resources could be confusing and hinder rather than help people.

"There were tensions around how we all conceived the Blue Light Together website, particularly around the branding… and also around ownership." – Charity

"We do get comments… that there is so much information and so many resources out there now, it's quite difficult to navigate… it's like saying you're thirsty and being given a fire hose to drink from." – Ambulance

"The Blue Light Together one isn't quite so relevant to us here… it wasn't necessarily adding to us." – Search and Rescue

The overarching perspective seemed to be that the website was a good idea, but it needed very careful execution and curation to act as a central hub to direct people to resources, rather than duplicate them. A couple of people told us that they were not seeing increased traffic to their own sites from the Blue Light Together website, suggesting it was not achieving what it set out to. However, it was equally acknowledged that coordinating across partners could be extremely challenging, making it a difficult task to curate the website well.

"We track people coming through our website. I'm not getting a sense that it [the Blue Light Together website] is generating a great deal of new traffic… it feels like it was a great idea, but I think it got a bit too complicated." – Charity

"The key to the Blue Light Together website was the involvement of the charity partners… having those different perspectives… [but] the lack of engagement from the partners made things quite challenging." – Charity

2. Collaboration
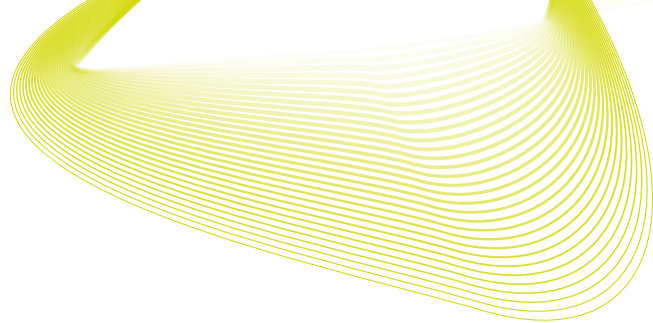
2.1 The Emergency Responder Programme has facilitated collaboration across different services

The programme was perceived to facilitate new relationships and collaborations across the emergency services, leading its collaborative approach to be praised as a key success.

> *"Different services love working with each other, I think that's been a big positive… it was a sudden realisation that it was like a big family."*
>
> **– Ambulance**

> *"Whenever you can collaborate and whenever you can share findings, particularly on an issue such as mental health, it has got to be a good thing."*
>
> **– Inspectorate**

> *"One of the original aims of the programme was to bring emergency services together such that they would collaborate… I think that is probably the biggest success of the programme in that it has provided the framework, the opportunity and the structure to be able to do that."*
>
> **– Ambulance**

High-profile events, such as the symposiums, have acted as a crucial platform for bringing people together. Such events provided a space where emergency responders could connect on a common issue, away from the competing daily pressures of their roles. It also provided a forum where people could network, open doors to opportunities for collaboration, and have access to senior leaders.

> *"We've met people who are in other organisations and that's led to further conversations about how we can collaborate."*
>
> **– Police**

> *"Despite the fact that you might want to genuinely just help people, to actually get to those people [senior leaders] is like trying to get an audience with Obama… the symposium last year was really helpful in terms of just networking."*
>
> **– Ambulance**

> *"Initial contact with The Royal Foundation has helped us to identify those stakeholders and collaborators who would be good for us to work with… we use the events to embed our relationships a little bit further."*
>
> **– Police**

Whilst collaboration was generally perceived positively, some people emphasised that organisations should only collaborate as and when it is useful and productive, and not force collaboration for the sake of it. We were told that this was because organisations still had key differences, for example in governance and structure, despite their similarities. It was also apparent that in a sector under significant resource pressure, people could not always afford to devote time and effort to engagements if they felt that they were not necessarily going to be useful to their particular organisation.

> *"[Collaboration] is useful, but I guess my take would be 'don't stretch it past real utility'… I support the idea of seeing us as a community, but I just feel, at times, it was trying to squeeze it too much into this homogeneous thing when you absolutely did have a blue bit, a red bit, a green bit."*
>
> **– Police**

2.2 The programme's focus on collaboration has encouraged the continued development of personal relationships and networks

We were told that The Royal Foundation played a key role in brokering useful relationships and networks, which continued to develop independently of the programme.

> *"[The working group] gave us connections to people that we wouldn't have otherwise encountered… we really got in touch with loads of people who have been so instrumental and so helpful with what we're doing now."*
>
> **– Police**

> *"We still keep in contact… which is part of the legacy really of The Royal Foundation."*
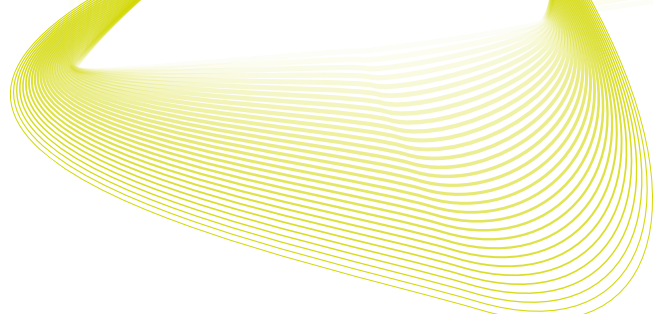>
> **– Fire**

> *"Collaboration is the biggest success… it will sustain because I know that myself and colleagues across services are committed to sustaining that working relationship."*
>
> **– Ambulance**

However, there were many positive examples of collaborative working relationships that already existed prior to the programme. This was particularly the case in Scotland, where unique governance structures (e.g., the Tri-Services) were more conducive to collaboration.

> *"I think in recent years we're working more and more together anyhow."*
>
> **– Ambulance**

> *"The relationships were there. This emergency responder programme with the Royal Foundation didn't really add to that as such."*
>
> **– Search and Rescue**

2.3 The programme's focus on collaboration has encouraged the continued sharing of ideas, best practice, and resources

The programme also facilitated the sharing of ideas and best practice, such as sharing training materials, co-producing suicide prevention programmes, or setting up a similar programme that was established in another service.

> *"The symposium was really, really impactful… what she [line manager] brought back was to say, 'there's this brilliant mental health programme they've got in Merseyside, you should be linking in there to find out how we do something similar'."*
>
> **– Police**

> *"We're learning a lot from colleagues all over the UK, but equally happy to share what we're doing with others."*
>
> **– Fire**

> *"One of the really lovely aspects is that we get to share what works with other agencies, other organisations, and we can share resources, we can pool experience. One of the examples that we have is that we invited our colleagues… to come and join us for our peer support training… And we now do peer support inter-agency."*
>
> **– Police**

Case study: Symposium

The feedback we received about the 2019 and 2021 symposiums was overwhelmingly positive. We were told that the symposiums provided a crucial platform to bring people together and shine a spotlight on mental health. There was a sense that providing this space to think about wellbeing was inspiring and gave momentum to the topic. Again, the involvement of the Prince of Wales was a key factor that mobilised people to attend and really pay attention.

"Prince William was there, who absolutely spoke with passion about how he wants it, how he sees the future… to ensure and protect the mental health of those in the emergency services."
– Ambulance

"There was a sense of momentum, a real sense of shared understanding of the challenges of addressing mental health… just gauging the level of engagement, the level of interest, enthusiasm on the day, I thought that was really powerful."
– Charity

"It was so powerful… the feedback was huge… If it helps one person then it's worth it… when you go into these services you're going to see some pretty horrific things… people's emotions and mental health get scarred… we have to make sure that we help them deal with it." – Ambulance

We were told that one of the biggest successes from the symposium was the fact that senior leaders were brought together to talk about mental health, including those who spoke on stage about their own lived experience of mental health struggles. This was perceived as instrumental to breaking down stigma.

"Having senior leaders talk about their own experience and trying to normalise and remove some of the stigma across the services was excellent." – Charity

"It shone the spotlight and allowed senior leaders to tell their own experiences, which I think adds that credibility and adds that openness to the whole issue." – Inspectorate

"That "don't be ashamed of how you feel," … this is how we can move forward to actually protect people… people were open and honest. It felt open. It felt real." – Ambulance

Listening to others' lived experience was particularly powerful. We were told that emergency responders were like a family who had a real affinity for each other's lived experience. Sharing these experiences stimulated peer support and helped people to feel like they were not alone.

"Listening to the stories of those that are working on the frontline… that sense of working at the coal face… that really brought it home to me." – Charity

"It was really nice to realise that we all had very different stories, but actually, we were all coming at it from the same point of view… seeing that other people were doing the same things in their jobs, with their problems… that was a shared experience… that all we had was an awkward secret, almost, that you carried with you to work." – Search and Rescue

"The blue light services working together on this agenda sends a massive, powerful message… these worker bees are with each other every night of the week… there's a real affinity there for each other's lived experience." – Police

The symposiums were viewed as a key platform to connect people, to facilitate new relationships, and share ideas and practice.

"That is where you get to meet people and discuss things in more detail. You can't put a price on face-to-face contact." – Police

"The senior leadership symposium last year was really helpful in terms of just networking… they gave that space where you could have tea and coffee, and you could go and speak to people that you perhaps only have seen a name and never put a face to." – Ambulance

A few people also offered suggestions for how they would like to see future symposiums develop or be built upon. These could be delivered by different services or charities themselves and could involve events focusing on specific topics.

"Themed conversations, so whether it's around trauma, whether it's around suicide." – Police

"If there are future symposiums it would be good to maybe have national ones and/or maybe localised symposiums… [and] it would be really good to bring operational crews, control and people that are actually living it and breathing it into those symposiums." – Fire

2.4   Barriers to collaboration

Although collaboration was considered the biggest success of the programme, several barriers to collaboration remain.

2.4.1   Regional differences

Sometimes regional differences between services made it difficult to collaborate. Firstly, this could be in terms of geography for organisations in remote or island locations. Secondly, the local context could hinder collaboration. For example, we were told that the historical context of the troubles in Northern Ireland meant that there often remained hostility and distrust towards uniformed services in the region, preventing other organisations from wanting to be associated with them. Thirdly, different funding and governance structures resulted in different ways of working that could cause friction. For example, we heard that the Ambulance, Police and Fire and Rescue services in Scotland operate as unitary entities, arguably making it easier to mobilise funds and collaborate across the Tri-Services.

> *"Although we do liaise with our organisations across the border, we are very different"*
>
> **– Search and Rescue**

> *"You've got Lifelines, in Scotland, which was created and funded by Scottish Government. So, there is that kind of political aspect that sits behind this as well, in terms of what's been created for the UK, and what has been created specifically for Scotland."*
>
> **– Fire**

In addition, there could be more equitable access to the programme across all parts of the UK. Notably, Mind is a charity based in England and Wales, therefore does not operate in Northern Ireland or Scotland.

> *"The fact that Mind isn't a registered charity in Northern Ireland was a stumbling block."*
>
> **– Ambulance**

> *"Some of the work that has been really good… the downside is what's tended to happen is it's not always been on a completely national basis."*
>
> **– Search and Rescue**

2.4.2   Organisational culture

Some people told us how a deeply rooted organisational culture of siloed thinking also meant that some people were reluctant to collaborate.

> *"It's probably senior management who are very reticent about, 'oh, what are you doing with them?'… but there is still a bit of the 'well, we're fire service. We do our own*

thing.' 'We're police. We do our own thing. We don't want to tell you too much about what we do.'"

– Ambulance

"We all want to get to the same destination, but… there are still 200 years of having siloes."

– Police

2.4.3   Politics around multi-agency working

The nature of the programme as a multi-agency project also meant that there were unique political challenges in keeping all partners engaged and meeting their needs. We were told there could be challenges between services and charities due to their different ways of working as well as their varying aims and constraints. The Royal Foundation was perceived to successfully mediate conflicts, listening to all sides and taking appropriate and fair action.

"Collaboration sometimes felt difficult, because there were different perspectives."

– Charity

"I think they [The Royal Foundation] steered the sometimes difficult waters between the politics… they have listened to all sides and have taken appropriate actions"

– Charity

People also felt that it was important to involve equitable partnerships. Smaller charities were sometimes perceived to miss out on opportunities to larger partners, such as Mind.

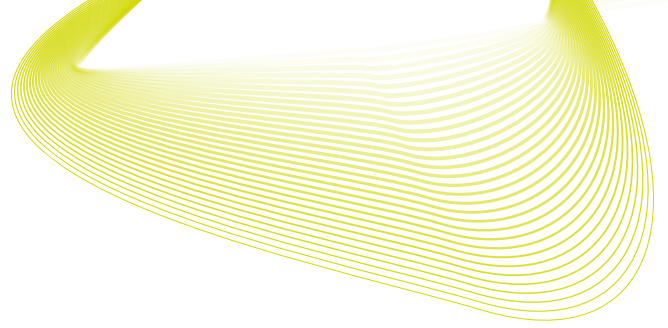*"All the money [from The Royal Foundation] has gone to the big charities."*

– Ambulance

"To get buy-in from the partners, it needs to feel like it's equal footing. But it never really is, with partnership working. Because there will always be a lead partner, or people leading on certain things. So, having that equity can be really, really challenging."

– Charity

2.4.4   Lack of funds, time and resources

A lack of funds, time and resources were also seen as barriers to collaboration in an already highly squeezed sector. This often resulted in wellbeing interventions and

training being accessed in staff's spare time. Even if bringing people together for training or wellbeing activities was low-cost, there was concern about the cost of taking people out of operational service for a day or afternoon. Staff wellbeing tended to be pushed down the list of responsibilities compared to emergency response, making it difficult to justify time spent on wellbeing interventions or training. Whilst those we spoke to generally felt that freeing up time and resources was not the remit of The Royal Foundation, this was a major, ongoing problem.

> *"There are so many things that people are being asked to deal with. It can be really difficult just to spin all the plates... people need to have time to be able to do things properly."*
>
> **– Search and Rescue**

> *"It is everybody's voluntary free time, and they are extremely busy... none of them have any bandwidth.... you need that infrastructure and you do need positions and people to help [wellbeing] programmes."*
>
> **– Academic**

2.4.5   Competition for funding where services already have their own charities in place

Competition for funding meant that charities guarded their income and resources closely. There was a perceived fear that sharing resources would make their work and their unique selling point redundant. People we spoke to were understanding of charities' guardedness, but also felt that not working together limited the scope and impact of funded programmes and initiatives. There was a desire for charities to work together to develop joint funding bids for programmes that could reach a wider net of service users.

> *"Obviously, they [charities] have to protect their income, and they have to protect what they're trying to do as an organisation."*
>
> **– Charity**

> *"A lot of charities guard what they do and their funding very closely. And if they share practice that means, "so if I share practice somebody else knows what I know. They can get the same funding that I can... whereas if we worked together... you could do joint funding bids and joint projects... [and] you can work together to be sustainable."*
>
> **– Charity**

2.4.6   Data sharing

Those we spoke to told us that their organisations held useful data that could be used to understand and improve wellbeing, but that restrictions on data sharing prevented

organisations from working together to use this data effectively.

> *"We have to take confidentiality, data protection and sensitivity into consideration and then we have to think about that across and through different types of organisations who have different ways, I suppose, of storing and sharing information and data."*
>
> **– Charity**

3. Senior Leaders' Board

3.1 Awareness of the Senior Leaders' Board is currently fairly low

With the exception of a small group who sat on the Board themselves, most people we spoke to expressed a relatively low awareness of the Senior Leaders' Board and of what they were doing. This led to the perception amongst some that the Board was not having much impact, despite others reporting examples of important conversations and work done by the Board. Where work from the Board was communicated, we were told that it was often lost in the chain of communication.

> *"Very few people in the services know about the Senior Leaders Board."*
>
> **– Inspectorate**

> *"I never really heard what was discussed with the Senior Leaders' group, or any actions that they were taking away. I wasn't sure if they really were as in touch with the reality of what was happening on the ground as they should have been."*
>
> **– Police**

> *"A bit of communication as to 'they have had a meeting and maybe these were some of the topics discussed'… because I literally have no idea. I kind of have to look to see, 'oh does it still exist, the Senior Leaders' Board?'"*
>
> **– Academic**

> *"The only feedback… is that we have not really had any update as to what change that has impacted at a wider level… have our ideas been taken forward and listened to or implemented?"*
>
> **– Police**

> *"Everything gets lost in translation as it gets passed down the chain."*
>
> **– Police**

3.2 Widespread agreement that the Senior Leaders' Board was essential to taking the programme forward

Despite the low awareness of the Board, there was widespread agreement that the Senior Leaders' Board was a driving force to take the programme forward. Senior influence was seen as fundamental for mobilising funds and for pushing the mental health agenda as a priority.

> *"Without that senior buy-in nothing really changes."*
>
> **– Academic**

> *"Being part of a collective across all emergency services that really prompts action, particularly in a time where resource is tight, budgets are tight... If there's that kind of senior influence... it would really help us in health and wellbeing departments."*
>
> **– Police**

> *"The people at that level are the ones with the ability to make a change, to implement a change and to drive a direction."*
>
> **– Police**

There was also agreement that getting senior leaders together was a challenge, with many praising The Royal Foundation's convening power as essential to achieving this.

> *"It is that ability of the Foundation to bring people together, to convene people, which I think is quite important and has played a big part in their ability to get the senior leaders' group together. Bringing that group together would've been very difficult for almost every trust and foundation to do".*
>
> **– Charity**

It was also agreed that the transition of ownership of the Board to the emergency services was fundamentally positive. However, there was a sense that the services needed to take a step back to redefine their mission and aims to determine how to move forward.

> *"I think the Senior Leaders' Board has been a great forum to bring people together. I think the main challenge is how that continues to operate under its new format."*
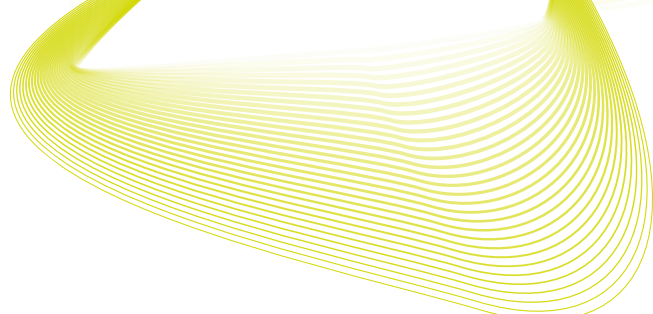>
> **– Charity**

> *"I think there needs to be something about: 'how does our collaborative work, going forward, enable us to seek to address this prevention agenda rather than the provision of resources and interventions?' because I think we've done that bit now."*
>
> **– Ambulance**

3.3   Signals an important commitment from senior leaders

The board was perceived to signal an important commitment from senior leaders across the emergency services, promoting the message that the mental health agenda is a priority that is being taken seriously. Buy-in at this senior level was perceived to set a precedent for all ranks of staff, validating those who are doing mental health and wellbeing work in their organisations, as well as those who are engaging with mental health support.

> *"It is a challenge and it's difficult but there's a real collective commitment to do something with it."*
>
> **– Fire**

> *"To have that strategic oversight and support from your senior leaders... you can feel as though, actually this is being taken seriously."*
>
> **– Charity**

> *"When you've got that buy-in from a strategic and senior leader point of view, it worked really well."*
>
> **– Fire**

However, there was still some concern about ensuring that senior leaders were genuinely committed and accountable. This concern usually arose because of the number of other commitments and priorities that senior leaders had to balance.

> *"Senior leaders need to be a figurehead but actually mean it. There's no point doing these courses just for a ticked box. They've got to be visible, they've got to be vocal, and they've got to be supportive of what their wellbeing teams are doing."*
>
> **– Police**

> *"For [senior leaders] to be held accountable as well for actions and decisions that are made around mental health provision, and how it's prioritised within the organisations as well. It's key."*
>
> **– Fire**

> *"It's really hard because people at that level have got so many considerations."*
>
> **– Police**

3.4   Concerns about the structure of the Board

There were several concerns about the structure of the Board. Firstly, we heard that charities and the emergency services experienced different pressures and ways of working, which could cause friction. It was agreed that charities were valuable, playing a key role in supporting service users, as well as providing a wealth of information and data on mental health, the impact of services, and fundraising. However, some expressed a desire to see charities engage with the Board only as and when appropriate, rather than sitting as core members on the Board. This stemmed from concern about equitable involvement of charities, with only a limited number represented on the Board.

> *"Sometimes you're not sure how the charity angle fits into the senior leadership board... not everyone in the charities has worked at the level that the senior leadership board are operating on. And please don't think I'm doing any disservice to the charities because without them, you haven't got nearly the same intelligence of information. You haven't got nearly the same understanding of the impact of services, and fundraising... I think there's probably a way that there's separate meetings, but then brought back together to share that."*
>
> **– Ambulance**

> *"I don't think the membership ought to be the same as it was under The Royal Foundation... I think we have to be really careful, going forward, about enabling equal opportunity for all charities in the sector... I think there's probably something where appropriate charities get invited to certain meetings based upon what the objectives are that are set."*
>
> **– Ambulance**

It was also raised that the composition of the Board should be more diverse. Different groups may experience unique wellbeing challenges, with some minority groups statistically more disadvantaged than others, and there have also been documented instances of institutional discrimination and sexism in some emergency services organisations. Therefore, it is crucial that wellbeing agendas recognise and support staff from diverse backgrounds.

> *"I really felt like it lacked a lot of diversity... I'm talking about race, also age, disability, and thinking about the make-up of emergency responders... some of the people that might be disproportionately affected by poor mental health, actually having that representation can be really, really important."*
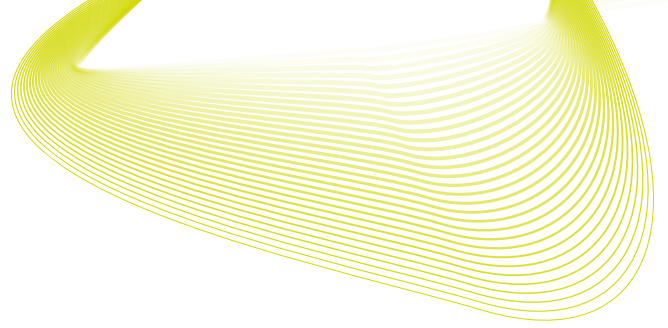>
> **– Charity**

A final and particularly significant concern raised was that the structure of the Board was too top-down. Some operational staff felt that senior leaders could sometimes be too disconnected from what was happening on the ground, and that there was a need to be able to input into the Board from the bottom-up.

> *"They make decisions... for a group of people that aren't actually represented on the Board... there might be a need for that strategic view, but there also should be a representation of people throughout the organisations, to ensure that their views are considered."*
>
> **– Inspectorate**

> *"We didn't get any interaction between the working group and the senior leader group. We never met... What I've witnessed over the last few years is it's usually frontline staff who actually drive things and we're not being involved enough."*
>
> **– Ambulance**

There was a sense that there needed to be a stronger, two-way connection between the Senior Leaders' Board to mid-level managers and to operational staff on the ground. It was felt that those on the ground were the ones that were able to put senior leaders' decisions into action and elicit change, therefore it was important for them to be represented.

> *"The level at which we are reaching decision makers, the gap between that and the senior leaders is too big to ignore. I think there needs to be a, dare I say it, middle leadership level collaboration so the people that can... make things happen."*
>
> **– Charity**

> *"At a Senior Leaders Board it's quite useful sometimes to get a feel of exactly what is going on, on the ground, the frontline. Having some sort of opportunity to get that feedback."*
>
> **– Fire**

> *"I think you almost need that middle bit, because the senior leaders around that table aren't necessarily the ones that are going to do the do'."*
>
> **– Charity**

4. Recommendations

4.1 Continue using the status of The Royal Foundation to shine a light on issues

Shining a light on mental health has been an invaluable role of The Royal Foundation. The Royal Foundation should continue their good work in highlighting pertinent issues today, including recognising good practice in the sector. Integral to the success of the programme has been the role of The Prince of Wales' personal experience as an emergency responder and his visible involvement in the programme, including meeting with emergency responders and hosting events such as the first symposium. The Prince's personal involvement in future programmes would go a long way in raising their profile and level of engagement.

> *"Almost everyone has heard of The Royal Foundation… it has a real credibility to it as an organisation."*
>
> **– Police**

> *"The power of The Royal Foundation… is in the influence, the leverage, the doors it opens… maintain that advocacy and the visibility of The Prince of Wales."*
>
> **– Police**

4.2 Ensure that collaboration is self-sustaining

Programme leads at The Royal Foundation were highly praised for engaging individuals and driving the programme forward. Programme leads were instrumental in brokering relationships across organisations that underpin the programme's collaborative approach.

Connecting people to a wider network of programme beneficiaries in this way will support sustained collaboration across organisations when it is time for The Royal Foundation to take a step back. Although we spoke to a few people who had only engaged with the programme via the programme leads, for the most part programme leads had facilitated a strong network across the emergency services and should continue this good work.

> *"Ensure that all the work that's happening, or has happened, continues… but that you're also having a bit of fun and collaborating with each other. I think that's really important."*
>
> **– Ambulance**

4.3 Ensure collaborative partnerships are equitable

Whilst the overall approach to collaboration was hailed as a success, there were concerns around ensuring that partnerships were equitable. Future programmes could try to incorporate an equity approach into their design.

Some suggestions on how to do this include revising which, if any, charities sit on the Senior Leaders Board and why, ensuring that any working groups or boards are truly representative of the populations they represent, ensuring equitable opportunity for volunteer organisations, and spreading funding charities (e.g., as a collaborative bid for funding) rather than single charities having a monopoly.

> *"I think we have to be really careful, going forward, about enabling equal opportunity for all."*
>
> **– Ambulance**

4.4   Capture short- and medium-term impacts of programmes

Those we spoke to identified many indirect impacts, or ripples, that the programme stimulated for them, such as starting important conversations. Although such ripples can be less tangible, they can be extremely important, for example, by leading to more informal peer support amongst colleagues. Informal peer support can be a really low-resource, high-impact support mechanism, and those we spoke to felt it was particularly valuable.

In contrast, other mental health impacts, such as a reduction in staff absence, can take much longer to see. To maintain momentum of programmes, and inspire their beneficiaries, we emphasise the importance of recognising short- and medium-term impacts and suggest that they be recorded.

> *"We've met people who are in other organisations, and that's led to further conversations about how we can collaborate."*
>
> **– Police**

4.5   Commission research to develop an evidence base

There was a strong appetite to develop the evidence-base around mental health specific to emergency responders, and for interventions to be evidence-based. The Royal Foundation has a demonstrated ability to do this well, and several people highlighted that they still refer back to the original piece of research commissioned by The Royal Foundation on emergency responder mental health.

The Royal Foundation should continue to do this in future programmes, leading by example by promoting evidence-based approaches.

> *"[The Royal Foundation] does seem to have encouraged more research [on the mental health of emergency responders] in this country which we were lacking."*
>
> **– Ambulance**

4.6   Board to develop and be guided by evidence

In line with this, there was a strong desire for the Senior Leaders Board to be guided by evidence and what works. This could involve making existing data sets more

readily available and interrogating these, or even using their convening power to commission primary research where it would be useful. For example, commissioning research into mental health provision across the emergency services and how to take a more preventative approach going forwards.

> *"Look at what works and just as importantly, what's not working. And just assimilate that data and be more demanding in this type of data you're asking for."*
>
> **– Charity**

> *"We have the data and the technology available to us to predict and prevent people suffering this much. And we just don't have the resource, or the impetus to do it."*
>
> **– Police**

> *"As a Senior Leaders Board working together collaboratively, you might be able to commission such research that gives you that evidence base, that gives you that business case that enables you to take things like that forward."*
>
> **– Ambulance**

> *"How do we draw together, or even commission from ourselves, academic research where we think there are further areas we want to explore."*
>
> **– Fire**

4.7 The Board to protect and support the roles of motivated individuals who drive the mental health agenda
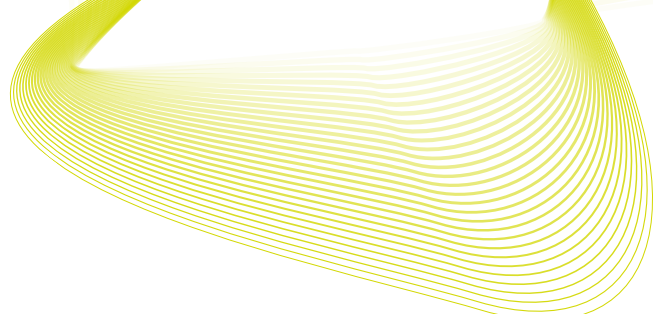
We heard of, and spoke to, many highly motivated individuals who had been integral to driving the mental health agenda and wellbeing initiatives in their organisations. However, we also heard how pressures across the services threatened wellbeing roles and meant that much had to be done in people's extremely limited spare time. Senior Leaders could use their influence to protect these roles, setting a positive example that emphasises the importance of wellbeing.

> *"They've set up a thriving network of peer supporters, and Mind have trained them. Brilliant. So that, for me, is rubber hitting the road stuff."*
>
> **– Police**

4.8 Ensure that programmes are self-sustaining

There was a desire to maintain momentum behind the mental health agenda as The Royal Foundation takes a step back from the programme. Ensuring considerations around the long-term sustainability of its programmes of work are built into their design therefore remains key for the Foundation going forwards.

"We definitely have to keep this on the agenda. That is the number one thing."

– Police

"How do we keep the impetus as The Royal Foundation don't step away but take more and more of a backseat?"

– Ambulance

4.9 Have clarity across all partners on the mission and next steps of the Senior Leaders' Board

People were positive about the emergency services taking ownership over the Board. It signalled a new direction and opportunity, but there was a desire for the Board to define and get consensus on its core mission, aims and next steps.

"Have a really clear assessment on the biggest issues… and developing programmes of work that are long term and sustainable."

– Charity

"Map out what we're all doing, and then come up with a list of stuff that we could do better together. That forms the basis of a delivery plan for the Senior Leadership Board."

– Police

4.10 Board to develop a communications strategy to promote awareness and report on the impact of their work

Improved communication from the Senior Leaders' Board would improve transparency and make the mental health agenda more visible. Those we spoke to really wanted to be updated on the impact of their work and any actions being taken forward.

"I would like to be updated on their meetings. I would like to see a quite visible presence on this."

– Inspectorate

"Communication is key, isn't it? Relevant updates at the relevant time… It's got the key, punchy messages in there, and an opportunity to explore further, if you want to do so."

– Inspectorate

> *"A quick update on the Royal Foundation Senior Leaders Board, which I represent you on.' Bumph. It keeps it on the agenda'."*
>
> **– Police**

There were a number of suggestions as to how people would like to receive updates from the Board, including via email, social media, the Blue Light Together website, a slot to report activities at an annual event, and for the Board to invite representatives of different services to present views and feedback. A blended approach that considers different stakeholders may be useful. The most important thing was that the information was easily and rapidly accessible, with some key headlines, and the opportunity to find out more if desired.

> *"Do I want to be reading minutes? No, not really…'Here's our light-touch plan for the year ahead, and here's how you can get involved,'… something like that would be beneficial."*
>
> **– Search and Rescue**

> *"I don't really mind how I get my information; I just like being able to find it quite easily."*
>
> **– Inspectorate**

> *"If you're busy on a station… you want to see something quick and snappy, that says, "Oh, that really is working." Twenty policies were changed as a result of the mental health at work commitment standards. So, actually less people went off sick."*
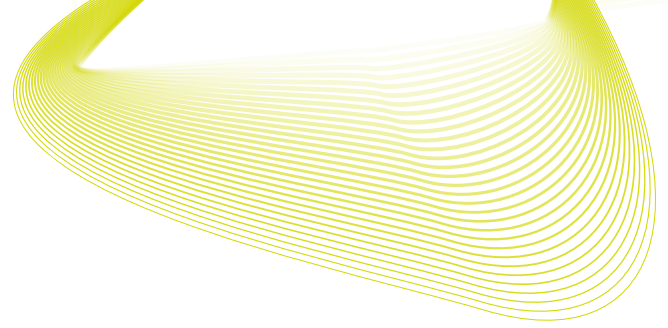>
> **– Ambulance**

4.11   Board to better represent diverse groups & experiences

The Senior Leaders' Board should ensure that its members are truly representative of the populations they represent. There was a desire to see the attendees made up not just of the emergency services Senior Leaders themselves but to allow wider input, as and when appropriate, that provided a wider diversity of views across organisations and levels of seniority. This could involve inviting a small number of people to represent particular charities or operational staff at relevant meetings. This could be for particular meetings where useful and appropriate and need not be for the entire meeting.

> *"It's that two-way exchange, isn't it, 'ok, we're going to be discussing this at the leadership board, is there anything you want to input around these, are there any complications, anything that you see that might be useful?'"*
>
> **– Charity**

4.12 Senior Leaders' Board to establish sub-committees to tackle key priorities

Those we spoke to raised several issues which they would like to see prioritised on the agenda of the Senior Leaders' Board in the future. The Board could convene sub-committees, with a range of representatives across services, to advance these.

4.12.1 Supporting the mental health of families

Not only is family life important for emergency responders' wellbeing, but partners and children can also be affected by irregular working patterns and second-hand distress.

> *"Children of people from emergency responder backgrounds also have some of the fallout of poor mental health within those organisations."*
>
> **– Charity**

> *"You can't just focus on the wellbeing of the service person; it is a whole interconnected system particularly with families and children. And it has impacts for their spouse's mental health and actually their children's behavioural development as well."*
>
> **– Academic**

4.12.2 Suicide prevention

Suicide was perceived to be a growing issue of concern, especially given growing pressures within roles and in the wider environment (e.g., the pandemic and the cost-of-living crisis). Many people told us that services had a very reactive approach to mental health, but that this was often too late and that the approach needed to focus on prevention to stop people from becoming unwell.

> *"It feels to me that suicide is a growing issue across emergency services."*
>
> **– Fire**

> *"I think the work of the Senior Leaders' Board needs to get into the territory of greater focus on prevention rather than reaction to staff suffering mental ill health because, ultimately, the aim needs to be we want to stop staff getting to the stage where they're seriously ill."*
>
> **– Ambulance**

4.12.3 Developing resilience across the entire career and beyond

There was a desire for services to adopt a proactive approach to mental health to strengthen the workforce. Such an approach ought to consider resilience across the career. We were told that new recruits could struggle to understand and cope with

the trauma. Throughout responders' careers, there were concerns about the impact of cumulative trauma. Finally, we heard that retirement could be difficult as people adjust to a major identity change, and that it also provided time to reflect or ruminate on trauma.

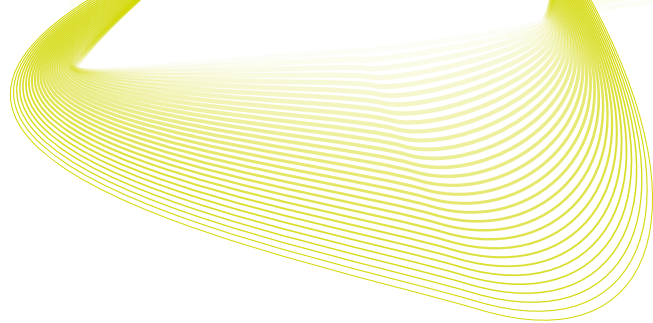> *"It's about 'how are you building resilience, how are you monitoring those people?'"*
>
> **– Police**

> *"Right from the beginning… teaching new staff how to understand what the effect of trauma is on you, when to recognize it, when to put your hand up, where to go."*
>
> **– Ambulance**

> *"When cops retire, you lose your identity. For 30 years, you've had your warrant badge, you've got certain powers… when they retire, that's when people were ill. That's when all the trauma came back to haunt them."*
>
> **– Police**

Acknowledgements

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