UK Technical Backstage Entertainment Industry

Mental Health Evaluation

ABSTRACT

Mental Health problems are becoming more prevalent in contemporary society. Work and employment show consistent links with Mental Health and Wellbeing. The Technical Backstage Entertainment Industry is one employment context with a specific set of demands on its workforce. This evaluation provides an insight into mental health prevalence, attitudes, and support within the UK Technical Backstage Entertainment Industry.

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Executive Summary

With mental health problems affecting 1 in 4 people in any given year, and workplaces offering both the possibility to accentuate or potentially help such issues, mental health in the workplace is an important issue for contemporary societies. Commissioned by five Technical Backstage Entertainment Industry Organisations this evaluation sought to establish mental health prevalence rates, working conditions and mental health, stigma and attitudes towards mental health, and mental health support within the Technical Backstage Entertainment Industry. Presenting the analysis of quantitative data obtained from 1302 individuals working/training in the Technical Backstage Entertainment Industry this evaluation finds the following:

- 58.7% of our sample stated that they currently, or have previously had, a mental health problem.

- Mental health disproportionately affecting more females (71.1%) in our sample than males (54.2%).

- Individuals under the age of 45 reported proportionately more current or previous mental health problems than any other age groups.

- 54.5% of participants stated that they had their mental health issue before starting work in the industry

- Working conditions within the industry were seen to contribute to mental health problems.

- Participants reported high rates of mental health stigma (69.8%) and experiences of negative attitudes (59.8%) towards mental health within the industry.

- Those with a current or previous mental health issue reported higher rates of stigma and

- negative attitudes than those without mental health issues.

- The NHS and private healthcare providers were the main source of support for mental health issues with little awareness of industry specific support.

- Access to support was seen as the most important factor to enable individuals to cope with mental health difficulties.

- 69.5% of individuals felt that they would be able to recognise if a colleague was suffering from mental health difficulties.

- 66.6% felt capable to help a colleague if they disclosed a mental health issue to them.

- Understanding, awareness and education were also seen as most important factors to enable helping others.

- 50% of the sample were aware of mental health first aid training, 80 participants had undertaken the training.

Recommendations:

- Further research is needed to establish the gendered difference in mental health prevalence, including in depth qualitative research exploring experiences of being male and female in the industry.

- An evaluation is needed specifically focusing on substance misuse and addictive behaviours within the industry.

- Further work is needed to explore in more detail the link between mental health, working conditions, and the possibility that the industry attracts individuals with existing mental health problems.

- Develop industry strategies to promote positive mental health and wellbeing to reduce the 45.5% rate of individuals developing mental health problems since joining the industry.

- Industry level initiatives needed to tackle stigma and negative attitudes towards mental health.

- Further investigation into the complexities surrounding those without a mental health problem feeling that stigma and negative attitudes are not as prominent as those with a mental health problem.

- Initiatives needed to enhance communication of mental health problems with managers.

- Produce industry level policy to ensure that time off for mental health problems is granted and not viewed in a negative light.

- Formulate a communication campaign to raise awareness of the current industry mental health support provision.

- Explore the possibility of developing industry specific computerised CBT.

- Explore the possibility of offering industry funded group therapy sessions.

- Increase understanding, education and awareness of mental health within the industry through communication campaigns.

- Conduct a full evaluation of mental health first aid training within the industry in terms of mental health education, awareness, stigma reduction, helping behaviours and effectiveness for recipients of the support.

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Introduction

With an estimated 1 in 4 people experiencing at least one diagnosable mental health issue each year (NHS, 2016) and with reduced productivity at work, sickness absence and staff turnover as a result of mental health problems costing an estimated £35 billion per year (Parsonage & Saini, 2017) and an overall cost to the UK economy of £105 billion (NHS, 2016). Thus, it is no surprise that mental health and wellbeing has moved in to the public and political consciousness over the past three decades. At any given time around 1 in 6 adults surveyed in the UK meet the criteria for a diagnosis of common mental disorders (CMD) (McManus et al, 2016). Of these conditions, 20% of adults showed symptoms of anxiety and depression (Evans et al, 2016).

Furthermore, the potential consequences of mental health issues cannot be understated, with 'intentional self-harm and events of undetermined intent' recorded as the leading cause of death for males (24%) and females (15%) aged 20-34, and males aged 35-49 (11%) (Patel, 2018). Thus, not only is there a business case for increased efforts to address mental health issues in the UK (e.g. to reduce the £35 billion lost in the economy) but there is also a moral and public health case to be made given that suicide is the leading cause of death for 20-34 year old males and females, and 35-49 year old males.

In addition, the UK faces significant mental health challenges in the workplace due to the stigma associated with mental health preventing open discussion in the workplace and results in significant loss of jobs and costs to employers and the economy alongside the human costs in terms of distress and possible suicide (Stevenson & Farmer, 2017). In addition, particular industries are known to be more problematic for mental health than others, with the Technical Backstage Entertainment Industry recently argued to be particularly problematic (Grace, 2019). In their government report into mental health in the workplace, Stevenson and Falmer (2017, p8) recommended employers can and should:

1. "Produce, implement and communicate a mental health at work plan
2. Develop mental health awareness among employees
3. Encourage open conversations about mental health and the support available when employees are struggling
4. Provide your employees with good working conditions
5. Promote effective people management
6. Routinely monitor employee mental health and wellbeing."

In response, this evaluation was commissioned by five Technical Backstage Entertainment Industry membership organisations: Association of Lighting Designers (ALD); Association of Sound Designers (ASD); PLASA; Production Services Association (PSA); and Association of British Theatre Technicians (ABTT), aiming to:

- Evaluate the prevalence of mental health issues within the industry.
- Assess perceptions of working conditions and mental health within the industry.
- Appraise mental health attitudes and stigma within the industry.

- Establish perceptions of support for mental health problems within the industry.

Methodology

Evaluation design

To meet the aims of this evaluation a roundtable meeting was held in London with key industry stakeholders, the funders of the evaluation and the project lead. The purpose of this roundtable was to establish the industry priorities and collectively develop a questionnaire to address the aims of the evaluation. As the evaluation was concerned with both individuals that currently or previously experienced mental health difficulties and those that had not, two questionnaire paths were formulated (see appendix 1 and 2). Once final agreement was achieved, the questionnaire paths were entered onto the online survey software Qualtrics.

The evaluation was initially launched at the PLASA trade show in London, 15-17 September 2019. In addition to the promotion of the evaluation at the trade show, the funding bodies all received an individual QR code and weblink to distribute to their membership and social media was utilised to promote a general QR code and weblink. The survey stayed open until Friday 18th October totalling a 5-week period for the data collection.

Sample

The data collection process yielded a good number of participants for this evaluation. In total there were 1361 participants, however 59 individuals started the survey but did not complete any of the questions and thus the final sample size was 1302. Of the 1302 participants 945 (72.6%) were male, 347 (26.7%) were female, with the remaining 10 (0.8%) participants selecting 'other' or 'prefer not to say. In terms of age, there were more participants in the 25-34 age bracket than any other (n=438, 33.6%). Indeed 91.9% of the sample were under 55 years old (see Table 1 for more details).
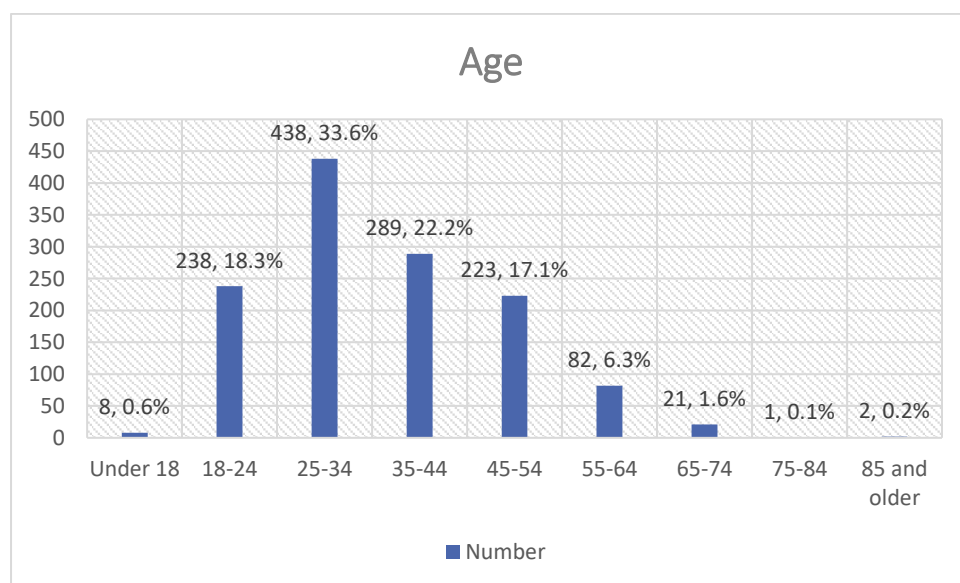

Table 1: Participant Age

The participants in this research principally worked in Lighting (n=332, 25.5%) and Sound/Audio (n=319, 24.5%) with Production & Services (n=175, 13.4%) and Backstage (n=154, 11.8%) also key areas of work within our sample (see Table 2 for more details).

Area of work	Number of Participants	Percentage
Lighting	332	25.5
Sound/Audio	319	24.5
Production & Services	175	13.4
Backstage	154	11.8
Other	116	8.9
Video	54	4.1
Education	46	3.5
Administration	34	2.6
Rigging	30	2.3
Audio Visual	20	1.5
Manufacturing	11	0.8
Distribution	11	0.8

Table 2: Principle Area of Work

Within these principle areas of work the type of role our participants occupied largely fell within the categories of 'Technician' (n=368, 28.3%), 'Manager' (n=279, 21.4%) Engineer (n=194, 14.9%) and 'Designer' (n=168, 12.9%). In addition to these industry roles we also had participants describe their role as 'Director' (58, 4.5%), 'Programmer' (n=32, 2.5%) and 'Teacher/Lecturer' (n=42, 3.2%) with the remaining sample compiled of 72 Students (5.5%), 4 'Apprentices' (0.3%) and 85 (6.5%) participants who didn't identify with these employment roles and selected 'Other'.

Findings

Mental Health Prevalence

As highlighted in the introduction to this report, average mental health prevalence rates in the UK are one in four or 25% (NHS, 2016). However, our findings suggest that mental health prevalence rates are far higher than the national average in the Technical Backstage Entertainment Industry with 58.7% (n=755) of our sample stating that they currently have, or previously had, a mental health problem. Further, across our sample mental health problems are disproportionately affecting females in the industry to a far greater extent than males with 71.1% of the females in our sample stating they currently have, or previously had, a mental health problem compared to 54.2% of males.

Whilst the gender balance in this evaluation is not equal (e.g. the sample is not 50% male and 50% female) when accounting for this through statistical testing the difference in mental health prevalence between males and females is statistically significant ($\chi2$=29.777, df=1, p<0.01). In line with broader national trends, there is a significant difference between age and mental health prevalence (see Table 3) with 18 - 44 year olds reporting proportionately more current or previous mental health problems than would be expected by chance (P < 0.01, Fisher's exact test). When analysing if there was any difference between participants principle area of work, or their job role, and mental health prevalence there was no statistical difference (P = 0.53, Fisher's exact test) and (P = 018, Fisher's exact test) respectively.
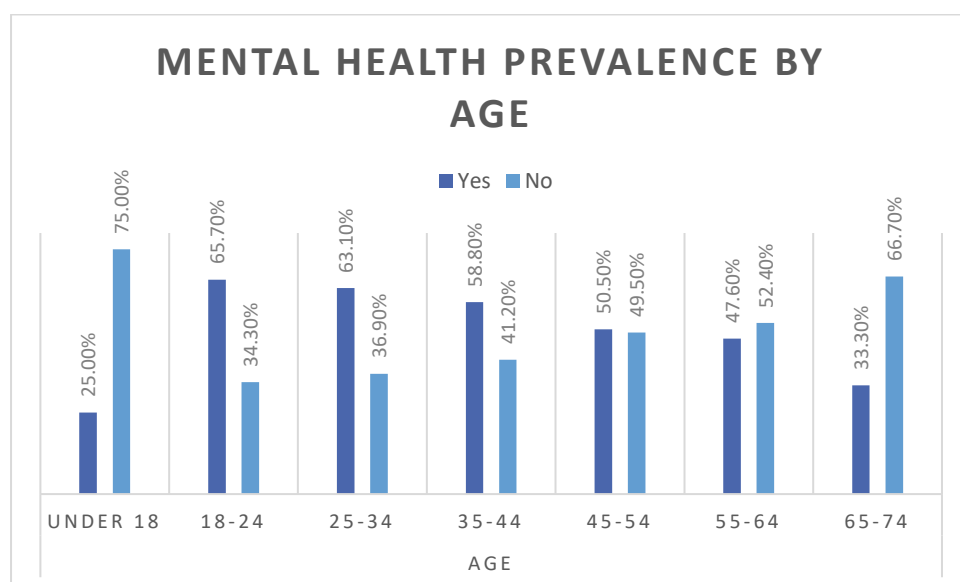
Table 3: Mental Health Prevalence by Age Group[1]

As shown in Table 4, of the proportion that stated they have, or have had, a mental health problem the most common diagnoses were depression (n=373, 50.7%) and anxiety (n=198,

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[1] Note: 75-84 and 85 and above were excluded as there was only 1 participant in each category

26.9%) mirroring the national trend in terms of common mental health diagnoses (Evans et al, 2016) despite showing far greater prevalence rates.

Mental Health Issue	Number of Participants	Percentage
Depression	373	50.7
Anxiety	198	26.9
Other	48	6.5
PTSD	23	3.1
Self-harm	23	3.1
Prefer not to say	20	2.7
Bipolar	15	2
OCD	11	1.5
Panic disorder	10	1.4
Eating disorder	8	1.1
Personality disorder	4	0.5
Psychosis	3	0.4

Table 4: Mental Health Problem Identified

Working Conditions and Mental Health

To ascertain if the Technical Backstage Entertainment Industry had a negative impact on individuals mental health and wellbeing this evaluation first sought to establish if individuals that had reported mental health problems had these issues before they started working in the industry or if they had developed since starting work in the industry. Of the 717 individuals that completed this question, 391 (54.5%) of participants stated that they had their mental health issue before starting work in the industry with the remaining 326 (45.5%) stating that they did not have the mental health issue before starting work in the industry.

Of this sample of individuals who reported a mental health problem, 53.1% (n=382) stated that the working conditions within the industry contributed to their mental health problem by responding 'yes to the question "Do you think that working conditions within the industry contribute to your mental health problem?". A further 37.3% (n=268) responded to this question by selecting 'maybe', leaving only 9.6% (n=69) of individuals with a mental health problem reporting that working conditions within the industry do not contribute to their mental health problem (see Table 5). Participants that do not have a current or previous mental health problem reported in a consistent way to those with a mental health problem with 64.3% (n=339) and 31.5% (n=166) answering 'yes' or 'maybe' to the question "Do you think that working conditions within the industry contribute to mental health issues?" and only 4.2% (n=22) answering 'no' (see Table 6).
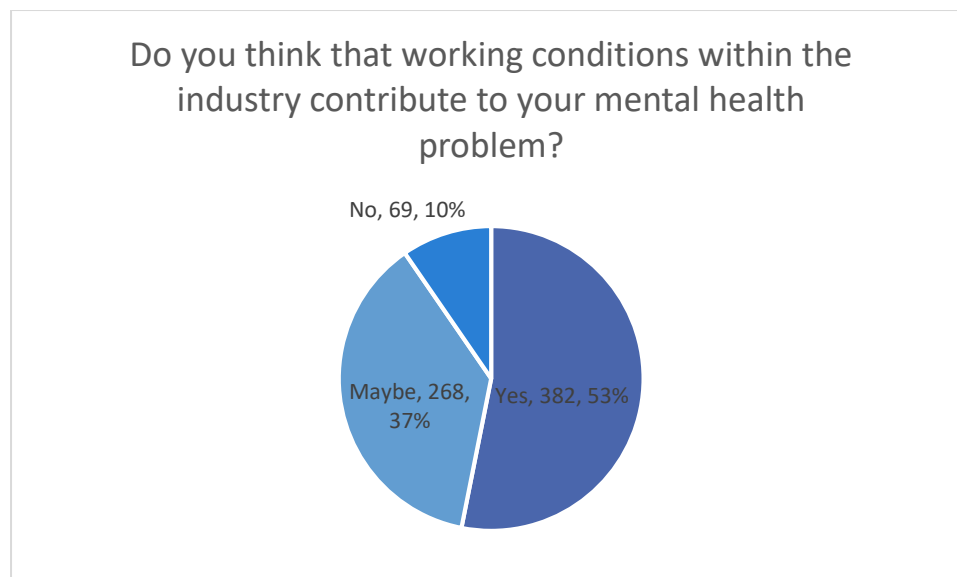

Table 5: Working Conditions and Mental Health (individuals reporting a mental health problem)

Do you think that working conditions within the industry contribute to mental health issues?
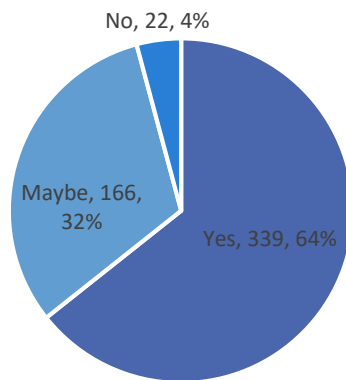
No, 22, 4%

Maybe, 166, 32%

Yes, 339, 64%

Table 6: Working Conditions and Mental Health (individuals not reporting a mental health problem)

Mental Health Attitudes and Stigma

Alongside mental health prevalence and working conditions within the Technical Backstage Entertainment Industry this evaluation sought to explore mental health attitudes and mental health stigma within the industry. To establish this element there were direct questions about stigma and negative attitudes and also questions seeking to establish how confident participants feel about discussing mental health issues. In relation to the direct questions, 69.8% (n=815) of the participants responded 'yes' to the question "Do you think there is stigma associated with mental health within the industry?" with 30.2% (n=353) responding 'no'. In addition, 59.8% (n=702) of participants said that they had experienced/observed negative attitudes towards mental health within the industry with the remaining 40.2% (n=471) saying they had not.

When these data are further analysed to split between individuals reporting a mental health problem and those not, there is a significant difference with regards to individuals without a previous or existing mental health problem seeing stigma ($\chi2$=8.583, df=1, p<0.05) and negative attitudes ($\chi2$=33.829, df=1, p<0.01) as less of an issue than those reporting a previous or existing mental health issue. As Table 7 shows, 73.1% (n=502) of individuals who reported a previous or current mental health problem have experienced or observed negative attitudes towards mental health within the industry and 66.8% (n=461) felt there was mental health stigma within the industry, as opposed to 65.1% (n=313) and 49.9% (n=241) of those without a mental health problem respectively.
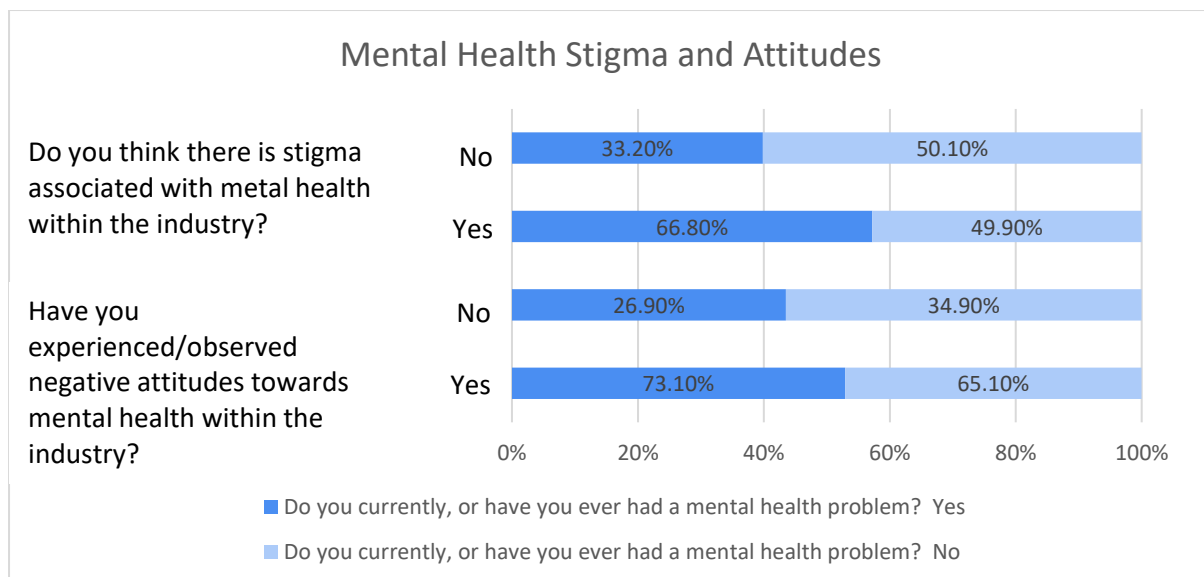
Table 7: Mental Health Stigma and Attitudes x Mental Health Problem

This trend in the perception of attitudes and stigma from individuals reporting current or previous mental health problems as opposed to the participants that didn't report a mental health problem was consistent throughout the measures. For example, in the questions concerning how confident the participant would feel disclosing *their* (for those who reported a current or previous mental health problem) or *a* (for those how did not report a previous or current mental health problem) mental health problem to a line manager only

50.4% (n=346) of those with a mental health problem said they would as opposed to 58.2% (n=280) of those without a mental health problem, the difference was statistically significant ($\chi2=7.007$, df=1, $p<0.05$).

		Would you feel confident disclose your/a mental health problem to your line manager?	
		Yes	No
Do you currently, or have you ever had a mental health problem?	Yes	50.40%	49.60%
	No	58.20%	41.80%

Table 8: Confidence to Disclose Mental Health to Line Manager[2]

		Would you feel able to approach your line manager/employer to ask for time off for your/if you were suffering from a mental health condition?	
		Yes	No
Do you currently, or have you ever had a mental health problem?	Yes	32.30%	67.70%
	No	56.60%	43.40%

Table 9: Confidence to Ask for Time Off for Mental Health[3]

		Would you feel confident to talk with a colleague about your/a mental health problem?	
		Yes	No
Do you currently, or have you ever had a mental health problem?	Yes	64.00%	36.00%
	No	72.70%	27.30%

Table 10: Confidence to Talk with a Colleague about Mental Health[4]

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[2] ($\chi2=7.007$, df=1, $p<0.05$)
[3] ($\chi2=68.651$, df=1, $p<0.01$)
[4] ($\chi2=9.887$, df=1, $p<0.05$)

Mental Health Support

Source of support

Help seeking behaviour was unusually high within the participants that are currently or had previously experienced a mental health problem with 70.9% (n=508) stating that they had sought support for their mental health problem. This help seeking behaviour was significantly higher amongst females with 78.3% of the females who responded to this question stating they have sought support as opposed to 67.3% of the males ($\chi2$=9.242, df=1, p<0.05). There were no significant differences in help seeking behaviour between different age groups (P = 0.44, Fisher's exact test), principle area of work (P = 0.26, Fisher's exact test), or employment role (P = 0.60, Fisher's exact test).

As Table 11 highlights, the majority of participants that sought support did so through the National Health Service and Private Healthcare providers as opposed to the support offered within the industry. This lack of engagement with industry support is likely a result of the lack of awareness that such support exists as only 21.5% (n=235) of participants were aware of what membership organisations (e.g. Equity, ABTT, PLASA etc) do to support mental health and working conditions with the remaining 78.5% (n=858) unaware. There was no significant difference between those who previously or currently have a mental health problem and those that don't in terms of their awareness of the mental health support offered by membership organisations ($\chi2$=.394, df=1, p>0.05).

Which support did you access?	Number of participants	Percentage
NHS	322	64.5
Private healthcare	101	20.2
Other	19	3.8
Friend	13	2.6
Family	12	2.4
Charity	9	1.8
Colleague	8	1.6
Industry support	6	1.2
Community organisation	6	1.2
Line manager	3	0.6

Table 11: Support Accessed

Mental Health and Self-Efficacy

When asked what participants felt was needed to improve their ability to cope with a mental health issue, access to support was seen as the most important aspect with 54.7% of participants rating this as 'very important' with a further 24.8% rating it as important. Other areas deemed as particularly important were 'openness' (45.4% 'very important' and 29.7% 'important'), mental health awareness (42.9% 'very important' and 32.8% 'important'), and mental health education (37.3% 'very important' and 36.4 'important'). However, as Table

12 shows, all factors measured were largely seen as important and very important to enable a sense of self-efficacy for coping with a mental health issue.
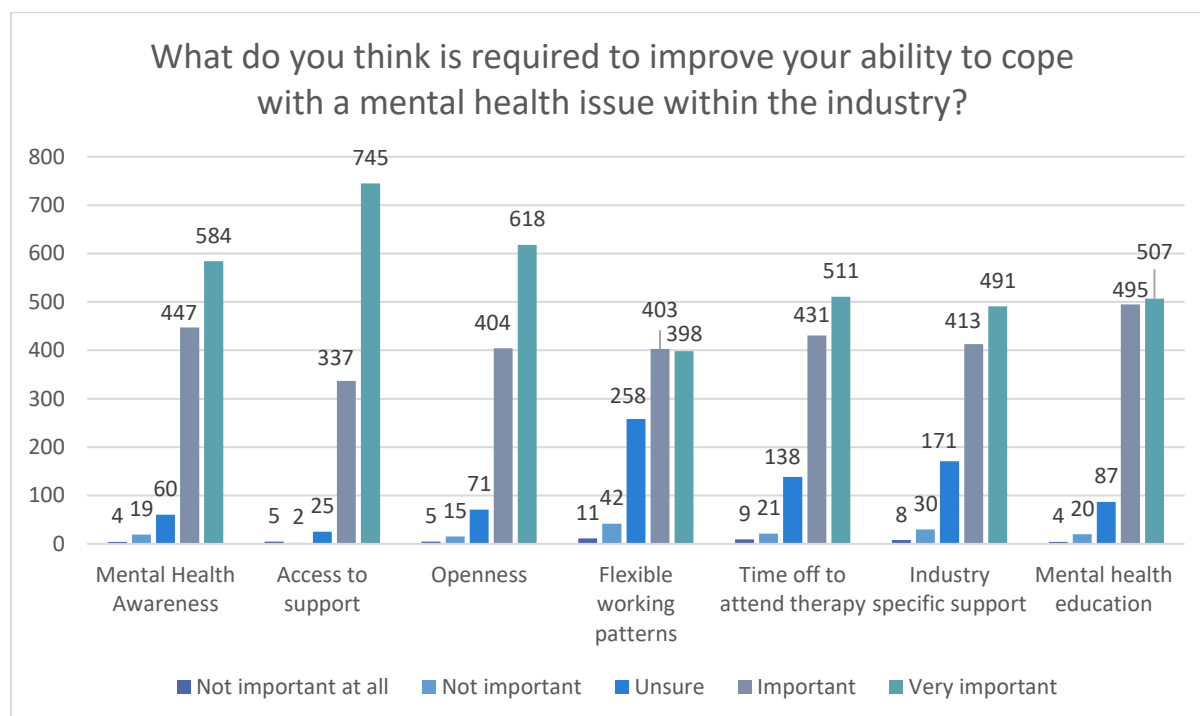

Table 12: Factors Required to Improve Ability to Cope with Mental Health

Working with and helping others

Across the data set there was a high number of individuals that felt they would be able to recognise if a colleague was suffering from mental health difficulties (n=812, 69.5%) and also help a colleague if they disclosed a mental health issue to them (n=780, 66.6%). Whilst this could be due to the recent drive for mental health first aid training within the industry this was not the case for the participants in this evaluation with 50% (n=547) aware of first aid training but only 14.7% (n=80) having undertaken mental health first aid training. However, of the 80 participants that had undertaken mental health first aid training 53.8% (n=43) found it 'extremely useful' and a further 15% (n=12) found it 'very useful', with 25% (n=20) and 5% (n=4) finding it 'moderately useful' and 'slightly useful' respectively. Only 1 of the 80 participants that had undertaken mental health first aid training found it 'not at all useful' highlighting the potential benefits of mental health first aid training for industry employees.

Finally, as Table 13 highlights, there are several factors the participants in this evaluation suggested were needed for colleagues to have a positive approach to working with someone with mental health difficulties. Of these 'understanding' was seen as the most important (46.5% 'very important' and 30.8% 'important'), with awareness (34.6% 'very important' and 41.7% 'important') and education (34.8% 'very important' and 38.6% 'important') both also rated highly.

What do you think is needed for colleagues to have a positive approach to working with someone with mental health difficulties?

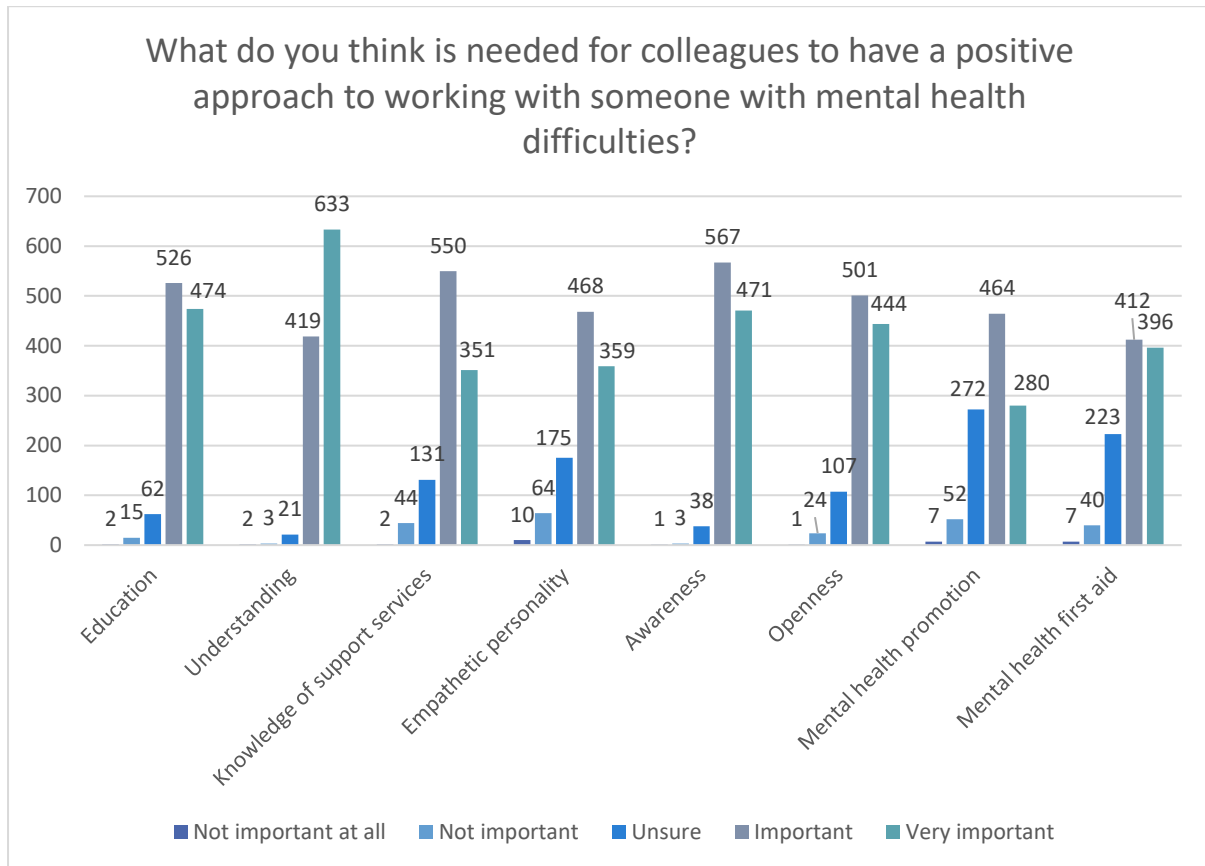|	Not important at all	Not important	Unsure	Important	Very important
Education	2	15	62	526	474
Understanding	2	3	21	419	633
Knowledge of support services	2	44	131	550	351
Empathetic personality	10	64	175	468	359
Awareness	1	3	38	567	471
Openness	1	24	107	501	444
Mental health promotion	7	52	272	464	280
Mental health first aid	7	40	223	412	396

Table 13: Factors Required for Colleagues to have a Positive Approach to Mental Health

Discussion and recommendations

This evaluation set out in response to a growing awareness of mental health issues within the Technical Backstage Entertainment Industry. It also engaged with Stevenson and Falmer's (2017) recommendations that industry stakeholders (e.g. employers, employees, membership bodies etc.) could be doing more to address mental health issues to enable the conditions for individuals to thrive in the workplace. Drawing on a sample of 1302 individuals working/training in the Technical Backstage Entertainment Industry this evaluation is the first of its kind attempting to gain an overall picture of mental health within the industry.

From the analysis conducted it can be seen that mental health prevalence rates appear particularly high within the industry (58.7%) when compared to national estimates of 25%. Furthermore, mental health prevalence is significantly higher amongst females (71.1%) than males (54.2%) and disproportionately affects younger people more. Whilst these figures are particularly high they do follow national trends, in which women and young people are more likely to have a common mental health problem (McManus, et al., 2016) and might be higher due to the evaluation seeking to establish if the individuals had, or had previously had a mental health problem, as opposed to just measuring if they currently had a mental health problem from which the national 25% figure is estimated (NHS, 2016). In addition, the gendered differences might also be partially due to the ways in which male mental health often presents through addictive behaviours (e.g. alcohol and substance misuse), something this evaluation did not seek to measure. Therefore, the following recommendations are suggested:

- Further research is needed to establish the gendered difference in mental health prevalence, including in depth qualitative research exploring experiences of being male and female in the industry.

- An evaluation is needed specifically focusing on substance misuse and addictive behaviours within the industry.

This evaluation found that whilst 54.5% of individuals had a mental health issue before starting work within the industry, 45.5% had developed mental health problems since starting work in the industry. As the Technical Backstage Entertainment Industry is a creative industry it could be argued that the high initial rate of mental health problems is a result of the potential, yet inconclusive, link between mental health and creativity (Abraham, 2015). Further, across the sample there was a strong perception that working conditions within the industry contributed to mental health problems. Therefore, the following recommendations are suggested:

- Further work is needed to explore in more detail the link between mental health, working conditions, and the possibility that the industry attracts individuals with existing mental health problems.

- Develop industry strategies to promote positive mental health and wellbeing to reduce the 45.5% rate of individuals developing mental health problems since joining the industry.

Participants in this evaluation reported high rates of mental health stigma (69.8%) and experiences of negative attitudes (59.8%) towards mental health within the industry. This data is largely representative of general trends in mental health stigma, negative attitudes, and discrimination. For example, Day, Edgren, and Eshleman (2007) argue that social stigma is one of the most pressing issues for people with mental health issues. In addition, Twardzicki (2008) argues that more than 50 percent of individuals with a MH diagnosis reporting that they felt stigmatised by friends and family due to their diagnosis. It is also argued that stigma is often internalised resulting in individuals understanding themselves through stigmatized notions of their diagnosis (e.g. Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). Such external and internal stigma has a negative effect on help-seeking behaviours (Clement et al., 2015) and more generally on subjective wellbeing, self-esteem and self-efficacy (Cruwys & Gunaseelan, 2016). This evaluation also found that those with a current or previous mental health issue reported higher rates of stigma and negative attitudes than those without mental health issues, alongside a majority of participants with a mental health problem stating they wouldn't feel comfortable asking for time off for a mental health problem. Therefore, the following recommendations are suggested:

- Industry level initiatives needed to tackle stigma and negative attitudes towards mental health.

- Further investigation into the complexities surrounding those without a mental health problem feeling that stigma and negative attitudes are not as prominent as those with a mental health problem.

- Initiatives needed to enhance communication of mental health problems with managers.

- Produce industry level policy to ensure that time off for mental health problems is granted and not viewed in a negative light.

Access to support was viewed by the participants in this evaluation as the most important factor in enabling individuals to cope with mental health issues. However, for those accessing support, the main form of support was through the National Health Service with little awareness of industry specific support acknowledged. With the NHS coming under increasing strain and service users being faced with increasing waiting times, a reduction in mental health professionals in the NHS and reduced levels of service (NHS Confederation, 2018) industry specific support could be a key factor in alleviating distress amongst individuals with mild to moderate mental health problems. In addition to more communication and awareness of current industry support such as the Theatre Helpline, there might be scope for membership organisations to invest in an industry specific computerised CBT similar to that offered by beatingtheblues.co.uk. In addition, industry funded group therapy sessions might also offer positive mental health outcomes to individuals with mild to moderate mental health issues who are struggling to access NHS

services or have not met the clinical threshold. Therefore, the following recommendations are suggested:

- Formulate a communication campaign to raise awareness of the current industry mental health support provision.

- Explore the possibility of developing industry specific computerised CBT.

- Explore the possibility of offering industry funded group therapy sessions.

Finally, the majority of the participants in this evaluation felt capable of recognising (69.5%) and helping (66.6%) a colleague if they were suffering from a mental health issue. These figures are similar to research conducted on specific professionals such as teachers (e.g. Loades & Mastroyannopoulou, 2010) and also the general public (e.g. Jorm, Korten, Jacomb, Christensen, Rodgers, Pollitt, 1997) with symptoms of common mental health diagnoses (e.g. depression) largely identifiable to individuals. Understanding, awareness and education were seen as the most important factors to enable participants to help others with a mental health issue. Therefore, the need appears to be within the realm of awareness raising and stigma reduction as opposed to mental health training. However, mental health first aid training was seen to hold some importance in the sample and half of the participants were aware of it. From the half that were aware 80 individuals had undertaken the training and it was perceived as being a useful resource. These findings are similar to other research exploring the effectiveness of mental health first aid training on providing mental health information and reducing mental health stigma (Hadlaczky, Hökby, Mkrtchian, Carli, Wasserman, 2014), though as noted in other research, the efficacy effects of mental health first aid on being able to support someone with mental health issues (Jorm, Kitchener, Sawyer, Scales, Cvetkovski, 2010) or the effects on the recipient of the support (Kitchener & Jorm, 2006) are largely unclear. Therefore, the following recommendations are suggested:

- Increase understanding, education and awareness of mental health within the industry through communication campaigns.

- Conduct a full evaluation of mental health first aid training within the industry in terms of mental health education, awareness, stigma reduction, helping behaviours and effectiveness for recipients of the support.

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Appendix 1

Questionnaire answering No to "Do you currently, or have you ever had, a mental health problem?"

Demographics:

Gender to which you identify: male/female/other/prefer not to say

Age:

Principle area of work:

Employment role:

Mental health and support within the industry:

Do you currently, or have you ever had, a mental health problem (filter question)? NO

Do you think that working conditions within the industry contribute to mental health issues? Yes/no

If you had a mental health problem would you seek support? Yes/no

If yes, which of the following would you be most likely to access you access? NHS/private healthcare/Industry support/line manager/colleague/friend/family/community organisation/charity

Do you think there is stigma associated with mental health within the industry? Yes/no

Have you experienced/observed negative attitudes towards mental health within the industry? Yes/no

Would you feel confident to disclose a mental health problem to your line manager? Yes/no

Would you feel able to approach your line manager/employer to ask for time off if you were suffering from a mental health condition? Yes/no

Would you feel confident to talk with a colleague about a mental health problem? Yes/no

Do you think you could recognise if a colleague was suffering from mental health difficulties? Yes/no

Would you feel capable to help a colleague if they disclosed a mental health issue to you? Yes/no

On a scale of 1-5 (1 being least, 5 being most) what do you think is required to improve people's ability to cope with mental health issues within the industry? Awareness/access to support/openness/flexible working patterns to enable attendance for available mental health treatment (e.g. therapy sessions)

On a scale of 1-5 (1 being least, 5 being most) what do you think is needed to have a positive approach to working with someone with mental health difficulties? Education/understanding/knowledge of support services/empathetic personality/awareness/openness/mental health promotion

Do membership organisations (e.g. Equity, ABTT, PLASA, etc) do enough to support mental health and working conditions? Yes/no

Are you aware of mental health first aid training? Yes/no

   If yes, did you find it useful? Yes/no

Any other comments?

Appendix 2

Questionnaire for those answering Yes to 'Do you currently, or have you ever had, a mental health problem?'

Demographics:

    Gender to which you identify: male/female/other/prefer not to say

    Age:

    Principle area of work:

    Employment role:

Mental health and support within the industry:

    Do you currently, or have you ever had, a mental health problem (filter question)? Yes please specify: Bipolar disorder/Depression/Generalised anxiety disorder/Obsessive-compulsive disorder/Panic disorder/ Post-traumatic stress disorder/Psychosis/ Personality disorder/Other

    Did you have a mental health problem before working within the industry? Yes/no

    Do you think that working conditions within the industry contribute to your mental health problem? Yes/no

    Have you sought support for your mental health problem? Yes/no

        If yes, which of the following did you access? NHS/private healthcare/Industry support/line manager/colleague/friend/family/community organisation/charity

    Do you think there is stigma associated with mental health within the industry? Yes/no

    Have you experienced/observed negative attitudes towards mental health within the industry? Yes/no

    Would you feel confident to disclose your mental health problem to your line manager? Yes/no

    Would you feel able to approach your line manager/employer to ask for time off as a result of your mental health condition? Yes/no

    Would you feel confident to talk with a colleague about your mental health problem? Yes/no

    Do you think you could recognise if a colleague was suffering from mental health difficulties? Yes/no

    Would you feel capable to help a colleague if they disclosed a mental health issue to you? Yes/no

    On a scale of 1-5 (1 being least, 5 being most) what do you think is required to improve your ability to cope with a mental health issue within the industry? Awareness/access to support/openness/flexible working patterns to enable attendance for available mental health treatment (e.g. therapy sessions)

On a scale of 1-5 (1 being least, 5 being most) what do you think is needed for colleagues to have a positive approach to working with someone with mental health difficulties? Education/understanding/knowledge of support services/empathetic personality/awareness/openness/mental health promotion)

Do membership organisations (e.g. Equity, ABTT, PLASA, etc) do enough to support mental health and working conditions? Yes/no

Are you aware of mental health first aid training? Yes/no

 If yes, did you find it useful? Yes/no

Any other comments?

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