

# An evaluation of the HeadFIT initiative: An implementation study

Final Report - December 2020



## Glossary of Terms

<b>BRS</b>	Brief Resilience Scale
<b>FiMT</b>	Forces in Mind Trust
<b>HMS</b>	Her Majesty's Ship
<b>KGL</b>	King's College London
<b>KCMHR</b>	King's Centre for Military Health Research
<b>MOD</b>	Ministry of Defence
<b>MRC</b>	Medical Research Council
<b>OPSMART</b>	Optimising Human Performance Through Stress Management and Resilience Training
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>RAF</b>	Royal Air Force
<b>RCT</b>	Randomised Controlled Trial
<b>RF</b>	Royal Foundation
<b>SPEAR</b>	Improving Social networks, establishing Personal strength and weakness, controlling Emotions, Awareness of psychological symptoms and improving Resilience

# Contents

King’s Centre for Military Health Research (KCMHR) .....	2
Acknowledgements.....	4
<b>Executive summary .....</b>	<b>6</b>
<b>1. Background.....</b>	<b>13</b>
1.1. Military mental health .....	13
1.2. Military mental health interventions and preventions .....	13
1.3. The HeadFIT initiative .....	14
1.4. The HeadFIT initiative service evaluation .....	15
<b>2. Objectives.....</b>	<b>16</b>
<b>3. Method .....</b>	<b>17</b>
3.1. Study population .....	17
3.2. Design .....	17
3.2.1. Evaluation framework .....	17
3.2.2. Evaluation approach.....	17
3.3. Recruitment.....	18
a) Developers.....	18
b) Beneficiaries .....	18
3.4. Evaluation procedure and materials .....	18
a) Developers.....	18
b) Beneficiaries .....	18
<b>4. Analysis .....</b>	<b>24</b>
4.1. Developers .....	24
4.2. Beneficiaries.....	24
4.2.1. Questionnaires.....	24
4.2.2. Interviews.....	25
4.2.3. Website usage data .....	25
4.2.4. Website pop-up window.....	25
<b>5. Results .....</b>	<b>26</b>
5.1. Developers.....	26
5.2. Beneficiaries.....	29
5.2.1. Questionnaires.....	29
5.2.2. Interviews.....	38
5.2.3. Website usage data .....	43
5.2.4. Website pop-up window.....	43
<b>6. Discussion .....</b>	<b>44</b>
6.1. Overview of results.....	44
6.2. Limitations.....	46
6.3. Recommendations .....	47
6.3.1. Content .....	47
6.3.2. Implementation and communication.....	48
<b>References .....</b>	<b>50</b>
<b>Appendices .....</b>	<b>52</b>
Appendix A: Developer interview guide.....	53
Appendix B: Beneficiary interview guide .....	54

# King's Centre for Military Health Research, King's College London

Previously the Gulf War Illness Research Unit, the King's Centre for Military Health Research (KCMHR) was launched in 2004 as a joint initiative between the Institute of Psychiatry and the Department of War Studies, King's College London. KCMHR draws upon the experience of a multi-disciplinary team and is led by Professor Sir Simon Wessely and Professor Nicola T. Fear. The centre undertakes a wide range of research investigating military life using quantitative and qualitative methods. Its flagship study is an ongoing epidemiological multiphase investigation of the health and wellbeing of approximately 20,000 UK Armed Forces personnel. The study, funded by the Ministry of Defence (MOD), has been running since 2003. Data from our studies have been used to analyse various military issues, and many hundreds of academic papers have been published in peer reviewed, scientific journals. Our findings are regularly reported in the press and have also been used to inform military, health service and charitable policy makers. KCMHR also maintains excellent links with other academic centres across the globe.

---

## **Authors**

Ms Amber McKenzie  
Dr Laura Rafferty  
Dr Sharon Stevelink  
Professor Neil Greenberg

## *Corresponding author*

Dr Sharon Stevelink: [sharon.stevelink@kcl.ac.uk](mailto:sharon.stevelink@kcl.ac.uk)





# Acknowledgements

---

The service evaluation would not have been possible without the support of those who volunteered to engage with our research team. We are aware that participants gave up their time and provided highly valuable feedback which will be fundamental to the success of HeadFIT.

We would also like to acknowledge the wider research team at KCMHR for their support of the service evaluation, including but not limited to Professor Nicola T. Fear, Professor Sir Simon Wessely, David Pernet, Philip Sharma, Tatyana Abraham, Bibi Masala, Sarah Evans, Harriette Burt, Ava Phillips and Christopher Jones.

We would like to thank the Ministry of Defence, Denhams Digital and the Royal Foundation for their support and engagement through the evaluation, and the Forces in Mind Trust for funding the evaluation. We would like to pay particular thanks to Major Georgina Politowicz, Captain David Fleming, Flight Lieutenant Kyle Jamison, Warrant Officer Dean Button and Warrant Officer Gareth Williams for their involvement with the evaluation recruitment, especially in response to Covid-19.

# Foreword

---

Fitness – both mental and physical - is an essential component of military fighting power. In addition, we know that evidence shows that Service personnel are more likely to successfully transition into civilian life if they are fit, have positive mental health, and are informed and prepared for their future lives.

Significant progress has already been made to support the mental fitness of our serving community since the original project in 2020. Now, with the launch of HeadFIT v2, we are pleased to share this evaluation report.

The report highlights the limitations and successes of the initial roll-out of HeadFIT,

recognising how essential it is that mental wellbeing forms a core part of the lives of our Service personnel. Importantly, this report has also been utilised by the MOD when reviewing HeadFIT, and we are pleased to see the launch of HeadFIT v2 take onboard the recommendations outlined here.

Forces in Mind Trust's mission is that all ex-Service personnel and their families make a successful and sustainable transition to civilian life. This successful transition relies on programmes like HeadFIT laying the groundwork so that all ex-Service personnel and families can have a successful life outside of the Armed Forces.

**Michelle Alston**

*Chief Executive, Forces in Mind Trust*

*(Foreword updated 2025)*

# Executive Summary



## Background

For many years, the Ministry of Defence (MOD) has recognised the importance of ensuring military personnel are able to maintain a good state of mental health and wellbeing. The MOD published the Defence People Mental Health and Wellbeing Strategy (2017-2022) to promote positive mental health and wellbeing in the Defence community. In response to this strategy, the MOD and the Royal Foundation collaborated to create a preventative mental fitness initiative in 2017 called HeadFIT. HeadFIT aims to provide Defence personnel,

including civil servants, with effective resources and tools to help foster their mental fitness and promote positive mental health.

## Study Aim

An independent service evaluation was conducted by the King's Centre for Military Health Research (KCMHR) to examine the feasibility and acceptability of HeadFIT. Feedback on HeadFIT from both the developers and the proposed beneficiaries was also collected to feed forward into the final design of the HeadFIT initiative.



## Design

The evaluation employed the Medical Research Council (MRC) Complex Intervention Framework to guide the service evaluation. A two-pronged approach collected data from:

- **Developers:** stakeholders involved in the development and production of HeadFIT.
- **Beneficiaries:** potential beneficiaries of HeadFIT from the Defence community (Royal Navy, Army, Royal Air Force and MOD Civil Service).

Qualitative interviews were held with the HeadFIT developers to explore the HeadFIT development process and opinions on the HeadFIT toolkit.

Beneficiaries were recruited from four military units (HMS Collingwood, Dalton Barracks (Army), RAF Wittering and RAF Waddington) and MOD Main Building. Data were collected from beneficiaries in four main ways:

**1) Questionnaires:** a set of three questionnaires collected information from beneficiaries: 1) before they were introduced to HeadFIT; 2) after watching a briefing video explaining HeadFIT; and 3) after they had access to the HeadFIT website for a three month trial period. Questions centred on understanding whether the introduction of HeadFIT affected perceptions around mental fitness and on gathering their feedback on both the introductory video and the HeadFIT website.

**2) Interviews:** qualitative interviews were held with a sub-sample of beneficiaries to explore their thoughts on the HeadFIT initiative in detail.

**3) Website usage data:** all traffic to the HeadFIT website over the three-month trial period was recorded including total number of website visits, most popular tools, and website visitors' interaction with the HeadFIT website.

**4) Website pop-up window:** a short pop-up survey was created to appear when beneficiaries accessed the HeadFIT website. Questions collected demographic information and reasons for visiting the HeadFIT website.

## Results

### Developers:

Seven developers, from MOD, Royal Foundation and Denhams Digital, completed an interview. Qualitative analysis focused on three main themes:

#### 1) Collaborative development of HeadFIT

The diverse range of collaborators involved in the development of HeadFIT was seen as beneficial through ensuring expert input in terms of both psychological credibility and creative execution, as well as ensuring that the project had the high level of support required to make the initiative a reality. However, challenges associated with this collaboration were also highlighted including communication lapses, conflicting opinions on what HeadFIT should be and issues with trying to move the initiative forward whilst gaining approval from multiple stakeholders.

#### 2) Final HeadFIT initiative

All developers agreed that the final HeadFIT initiative had been scaled back from the original vision. Whilst most saw this as positive, helping to hone down an overly broad concept, others felt that the result was an overly simplistic offering. Concerns were also raised that in trying to integrate the language, culture, and existing mental health resources from across the Single Services, HeadFIT had become heavily centred on Army culture. Although most developers believed that the completed HeadFIT product achieves its aim of separating mental fitness from mental illness, concerns were still apparent from

some developers who felt that further work was needed to overcome connotations with mental illness and associated stigma.

### 3) Future of HeadFIT

Whilst the independent evaluation of HeadFIT by the KCMHR was described as a positive step in achieving an evidence base for the initiative, concerns were raised around the future of HeadFIT. In particular, a lack of clarity around the responsibility for maintaining and updating the HeadFIT offering was highlighted as well as the, potentially overlooked, need for a strong communications campaign to facilitate widespread uptake of HeadFIT across the Defence community.

#### **Beneficiaries:**

145 beneficiaries completed the baseline questionnaires and follow-up questionnaire. At baseline, most beneficiaries were male (77%), from the Army (43%), followed by Royal Air Force (25%), Royal Navy (10%) and Civil Service (22%). Most beneficiaries were below the age of 44 years. An additional 209 participants completed the follow-up questionnaire. Whilst their responses could not be linked back to the baseline questionnaire (and therefore could not be included in exploring the impact of HeadFIT) their views on the HeadFIT website have been included in the analysis.

#### **Questionnaires:**

Findings from the questionnaires indicated that beneficiaries responded well to the HeadFIT briefing video and the HeadFIT website. Just over half of the beneficiaries had visited the HeadFIT website (59%), around a third reported looking at the HeadFIT tools (29%) although only 8% reported having used the tools. Most beneficiaries reported visiting the website just to “have a look”.

Changes to beneficiaries’ understanding of mental fitness were identified after watching the HeadFIT briefing video and these changes aligned with the psychological models underpinning HeadFIT, namely that an individual can alter their thought processes to change their behaviour in response to a situation. However, difficulties distinguishing between mental fitness and mental ill health were still apparent, with most beneficiaries who had not visited the HeadFIT website reporting that they had not done so because their mental health was currently fine. Most beneficiaries also stated that they would typically visit the HeadFIT website when they were feeling low.

Beneficiaries reported a lack of diversity in the HeadFIT tool videos, emphasising the need for, for example, more Black, Asian and Minority Ethnic Defence personnel and Defence personnel with disabilities to be included in the tools and briefing video. They also suggested that including more civil servants would help ensure that all Defence personnel can relate to the HeadFIT content.

#### **Website usage:**

Website usage data showed that 523 unique visitors accessed the HeadFIT website during the trial period. Many of visitors only viewed the homepage and did not venture further into the HeadFIT resources. ‘A bit of green’ (a tool encouraging individuals to spend some time outdoors) was the most popular tool video. However, only 21 plays of the tool were completed from beginning to end. On average, beneficiaries spent no longer than two minutes on the HeadFIT website.

#### **Website pop-up window:**

Responses to the website pop-up window were low (n=10) but follow the assertions from the questionnaires that most visitors accessed the HeadFIT website just to see what it included.

### **Interviews:**

Twelve beneficiary interviews were conducted comprising of personnel from the Royal Navy (n=1); Army (n=5); Royal Air Force (n=4); Civil Service (n=2). Eight interviewees were male, four were female, and a mean age of 37 years old. Of the interviewees, 80% reported visiting the HeadFIT website to 'have a look' and one interviewee reported using the tools frequently.

Four main themes emerged from the interviews:

#### **1) Mental Fitness:**

Beneficiaries' views of mental fitness aligned with HeadFIT wherein mental fitness was described as being on par with physical fitness, as important for optimising their performance at work and as something that could be developed and trained.

#### **2) Strengths of HeadFIT:**

HeadFIT itself was seen as providing practical tools to allow Defence personnel to develop their mental fitness, in particular to counter work stress which was seen as common within the Defence community. HeadFIT was also seen as having utility in starting broader conversations around mental health and mental ill health in particular.

#### **3) Future Developments:**

As with the developer interviews, concerns were raised that further work was needed to overcome linking mental fitness directly with mental illness and associated stigma. Most beneficiaries reported that they had not used the HeadFIT tools yet, as they felt their mental health was currently fine. This suggests the tools

were not recognised as something to support mental wellbeing, but rather for improving mental ill health. Such findings emphasise the need to continue gaining a clear distinction between mental illness and mental fitness.

#### **4) Promotion of HeadFIT:**

Although HeadFIT was officially launched in April 2020, many beneficiaries were unaware of the launch which may well have been lost with Covid-19 communications. A strong communications strategy promoting the support of HeadFIT from higher ranks, and potentially involving the integration of HeadFIT into annual training and daily briefings, was highlighted as central to the successful uptake of the initiative across Defence.

### **Discussion**

The service evaluation found that the HeadFIT initiative was well received by the developers and the target beneficiaries, with most agreeing that it provided a set of tools to support individuals in their development of mental fitness. Concerns were raised surrounding how widespread uptake of HeadFIT would be and many envisioned challenges in ensuring that beneficiaries would regularly use the HeadFIT tools to improve their mental fitness rather than accessing HeadFIT only when they were experiencing mental ill health. Distinctions between mental ill health and mental fitness were often blurred for beneficiaries. It seems likely that this mismatch may impact the acceptability and use of HeadFIT.

## Recommendations

As a result of this service evaluation, we suggest several recommendations which may improve the acceptability and feasibility of the HeadFIT initiative:

- 1) Continued work on the HeadFIT content to support beneficiaries' understanding of the difference between mental fitness and mental ill health should occur. HeadFIT should continue to be promoted as a tool to develop one's mental fitness rather than a tool to resolve mental ill health. This educational piece should also be embedded in future implementation and communication strategies.
- 2) The HeadFIT videos, images and tools should be reviewed to ensure a diverse range of Defence personnel are represented in the materials.
- 3) To improve ongoing usage of HeadFIT, we recommend providing beneficiaries with the ability to personalise HeadFIT by allowing them to create a personal account, track their usage, receive reminders to conduct certain tasks and highlight new content.
- 4) A review of the previous HeadFIT implementation and communication strategy would identify possible shortcomings which may have led to reduced beneficiary up-take of HeadFIT. Identification of shortcomings would aid future HeadFIT implementation and communication campaign planning to ensure up-take improves.
- 5) The development and roll-out of a future widespread implementation and communication campaign promoting the HeadFIT initiative may increase awareness and uptake of HeadFIT. This may include the appointment of HeadFIT champions, integration of personal stories from individuals who have used HeadFIT successfully and outspoken support from senior leadership.
- 6) Noting concerns were raised around the upkeep of HeadFIT once it had been rolled out across the Defence community, we suggest that future strategic planning of HeadFIT and the HeadFIT tools is essential to ensure the initiative remains relevant and useful as a tool to improve Defence personnel's mental fitness.
- 7) We recommend embedding HeadFIT into routine military training to support habitual use of the HeadFIT resources.
- 8) The current service evaluation was set up to investigate the acceptability and feasibility of HeadFIT. Effectiveness of the initiative was not an objective for the service evaluation and we therefore recommend conducting a well-constructed trial to explore this in detail.



# 1. Background

## 1.1. Military mental health

Most military personnel fare well during their career in the Armed Forces. However, a small proportion may experience substantial difficulties including mental disorders, financial problems, encounters with the criminal justice system and post-service unemployment and homelessness (Cox et al., 2018; Oster et al., 2017). During military service, personnel may frequently be exposed to adverse occupational conditions and demands (Reid, 2018). A combination of operating in stressful environments and responsibility for the lives of others, including during combat, may contribute to mental health issues (Campbell & Noble, 2009). The disciplined occupational environment, and lack of autonomy, within the Armed Forces may also impact the mental health and wellbeing of military personnel (Campbell & Noble 2009). In addition to military specific stressors, personnel working within the Defence community are subject to generic work stressors including heavy workloads, challenging interpersonal relationships and, at times, being away from home for extended periods of time. Recent evidence has shown that 21.9% of military personnel who served in the military during the conflicts in Iraq and/or Afghanistan are likely to suffer with a common mental disorder (CMD), 10% alcohol misuse and 6.2% probable Post-Traumatic Stress Disorder (PTSD), (Stevellink et al., 2018). Other research suggests that civilians working with the military may have somewhat better mental health than their uniformed colleagues (Fear et al., 2017).

## 1.2. Military mental health interventions and preventions

The Ministry of Defence (MOD), and military charities, have focused many initiatives on identifying and assisting personnel at high risk of experiencing poor outcomes post-Service. These include enhanced military-to-civilian transition support, NHS veterans' mental health services and charitable provisions by Help for Heroes, Combat Stress and others as providers of mental healthcare for those who have developed mental health difficulties. On the other hand, there has been relatively little work aiming to identify how best to reduce the risk of transitional difficulties through the provision of resilience enhancing interventions for still serving personnel.

In recent years, increasingly more attention has been paid to such proactive mental health interventions. The MOD have outlined several strategies that have been implemented focusing on promoting positive mental wellbeing, preventing and detecting mental ill health, and diagnosing and treating those with mental ill health such as OPSMART, SPEAR and Regain.

- ♦ *OPSMART* - 'OPSMART' or Optimising Human Performance Through Stress Management and Resilience Training is a British Army-specific stress and resilience training programme designed to provide psychological skills training to enhance psychological resilience and support the management of stress.
- ♦ *SPEAR* - a military mental health resource specifically targeted at those in the Royal Air Force (RAF). SPEAR is made up of several

areas which target improving mental health and wellbeing: improving Social networks, establishing Personal strength and weakness, controlling Emotions, Awareness of psychological symptoms and improving Resilience (Jones et al., 2018).

- ♦ *Regain* - a mental health awareness resource for Royal Marines. Regain targets mental health stigma and the barriers stigma may create for accessing mental health care.

Despite such resources being available, each resource targets a particular military service branch, thereby excluding the Royal Navy and Civil Service, and hence limiting the applicability to all Defence personnel. Further, considering OPSMART, SPEAR and Regain, there is a limited understanding of their effectiveness and to date SPEAR is the only resource that has been formally evaluated and this showed it was likely to make only a limited impact (Jones et al., 2018). As such, SPEAR is no longer promoted for RAF personnel. Since the service evaluation has been conducted, additional military resilience training programmes have been developed, due to be rolled out early 2021.

### **1.3. The HeadFIT initiative**

In 2017, as result of the Defence People Mental Health and Wellbeing Strategy (2017-2022), MOD and the Royal Foundation announced a collaboration to promote positive mental health and wellbeing and foster mental fitness in current and former Defence personnel. The initiative, branded HeadFIT, aims to develop and maintain personnel's mental wellbeing by providing them with the resources and skills to foster their own psychological resilience throughout their Defence

career and beyond. The HeadFIT initiative seeks to separate 'mental fitness' from 'mental ill health' which is often associated with stigmatic views within the Armed Forces (Williamson, Greenberg & Stevelink, 2019). Recognising that physical fitness is highly emphasised and seen as important in the Armed Forces, HeadFIT aims to attach the same level of importance to being mentally fit and to help personnel to develop their own mental fitness. Consequentially, improved in-service resilience should also lead to better longer-term mental health. HeadFIT has been designed for use across the Defence community, including both serving and ex-serving military personnel and Civil Service personnel, unifying one approach to improving individual mental fitness.

HeadFIT is an online mental fitness resource ([www.HeadFIT.org](http://www.HeadFIT.org)) comprising of tools and resources to assist Defence personnel in the development of their mental fitness. HeadFIT defines mental fitness as "good management of good mental health". In April 2020, the HeadFIT initiative was officially launched across the Defence community as a complimentary tool for Single Services resilience training. The HeadFIT briefing video on the website's homepage introduces the resource and explains why HeadFIT has been developed, the psychological models it is underpinned by, when to use the HeadFIT resources and how to access the tools available on the website.

Two main psychological models underpin the initiative: 1) The Cognitive Model (Greenberger & Padesky, 1995); and 2) The Emotional Regulation Model (Gilbert, 2009). The Cognitive Model identifies connections between four elements that regulate the way we respond to things: thoughts,



behaviour, physical self, and emotions. The model suggests that if one of these elements has been negatively impacted, it may cause a 'knock-on effect' on the other elements, causing us to respond negatively to events and experiences. HeadFIT was designed to help personnel have more control over each element, allowing for more positive responses to experiences. The second model, The Emotional Regulation Model, aims to improve an individual's ability to control their emotions. The model suggests three emotional systems that work together to regulate an individual's emotions: 1) the fight or flight system that assesses threats; 2) the drive-excitement system that help individuals to feel energised from rewards; and 3) the soothing system that helps individuals to feel calm and happy. HeadFIT was developed to provide individuals with resources to help them to regulate their emotions and keep the three emotional systems working harmoniously together, thereby improving mental fitness and performance.

The HeadFIT tools and resources are categorised into four mental fitness modules: de-stress, drive, confidence, and mood. Each module contains resources informed by the Cognitive Model and/or The Emotional Regulation Model, which aim to improve mental fitness and performance. For instance, within the 'De-Stress' module, there are videos, podcasts and exercises targeted at improving body posture, breathing techniques, taking a break outdoors, positive self-talk, problem solving and self-compassion and acceptance, all with the aim to improve mental fitness and reduce the likelihood of developing mental health issues.

#### **1.4. The HeadFIT initiative service evaluation**

The service evaluation started from the viewpoint that it would be inappropriate to administer a mental health or mental fitness initiative without feedback from the military community. For instance, our previous work at the KCMHR has identified negative attitudes towards mental health treatment within the broader military population which can act as a barrier to treatment (Williamson, Greenberg & Stevelink, 2019; Rafferty et al., 2017). It follows that such attitudes might impede on the success of HeadFIT if not addressed. The evaluation team also noted that Defence personnel need to believe the initiative can work if they are to commit to using the HeadFIT materials. Providing an independent service evaluation indicating that the initiative can be successful is likely to help foster confidence in the initiative and if evidence is lacking, then, the process of evaluation can help to refine the HeadFIT initiative to help achieve its aims.

# 2. Objectives

An independent service evaluation of the pilot roll out of HeadFIT was conducted to:

- Provide feedback on the development process of HeadFIT
- Allow HeadFIT beneficiaries (Defence community) to provide feedback on their experiences and opinions about the acceptability and feasibility of HeadFIT
- Outline potential improvements to HeadFIT and ways in which to facilitate its uptake



# 3. Method

## 3.1. Study population

People involved in the development process of HeadFIT were eligible to take part in the service evaluation with developers recruited from the Royal Foundation, Denhams Digital, Single Services and MOD Civil Service between March and May 2020.

Beneficiaries who took part in the pilot roll out of HeadFIT across the Defence community (Royal Navy, Army, Royal Air Force and MOD Civil Service) were eligible to take part in the service evaluation. Beneficiaries were recruited from HMS Collingwood, RAF Wittering, RAF Waddington, Dalton Barracks (Army) and MOD Main Building in January and February 2020. All Defence personnel, both military and civilian, were eligible to take part in the evaluation.

## 3.2. Design

### 3.2.1. Evaluation framework

The service evaluation applied the Medical Research Council (MRC) 'Complex Intervention Framework' (Craig et al., 2008) (Figure 1). Complex interventions, made up of multiple

integrated components, can be difficult to analyse and evaluate. The Complex Intervention Framework can be used to guide this process through four main components:

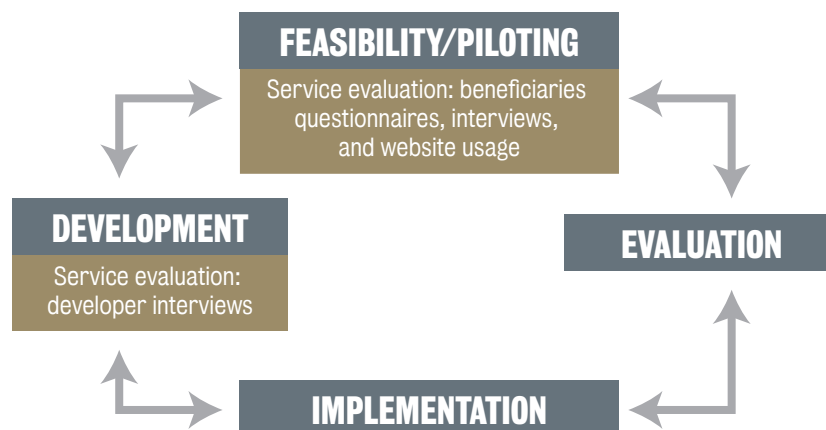
- 1) Development of the theory and the intervention;
- 2) Feasibility/piloting the intervention with target users;
- 3) Evaluation of the effectiveness and changes to the intervention; and
- 4) Implementation and dissemination of the intervention.

The HeadFIT initiative contains a multitude of tools and resources, integrated across a set of modules to promote mental fitness, and facilitate self-improvement, identifying HeadFIT as a complex intervention.

### 3.2.2. Evaluation approach

The Complex Intervention Framework was applied to the design of the HeadFIT service evaluation (Figure 1). The service evaluation conducted included a two-pronged evaluation of the Development stage and the Feasibility/ piloting stage.

**Figure 1. The HeadFIT service evaluation integrated into the MRC Complex Intervention Framework**



### **Development: Developers**

HeadFIT's development was informed by extensive discussions and consultations with the MOD, serving personnel and veterans, public, charitable and academic sector stakeholders and a review of the literature.

The development phase was analysed in the service evaluation using qualitative interviews with stakeholders at the Royal Foundation, the MOD and Denhams Digital (the company producing the website and videos).

### **Feasibility/piloting: Beneficiaries**

The main component of the service evaluation concerned the pilot roll-out of HeadFIT in four military units and among a selection of MOD civil servants. This was evaluated through a qualitative component including interviews with Defence personnel and a quantitative component consisting of a set of three questionnaires completed by beneficiaries.

Website usage data was also collected from the HeadFIT website and shared with the KCMHR research team, in addition to data derived from a pop-up window requesting feedback from website visitors.

## **3.3. Recruitment**

### **a) Developers**

To assess the development stage of the HeadFIT initiative, stakeholders involved in the development of HeadFIT were recruited to take part in telephone interview. Developers from the Single Services (Royal Navy, Army and Royal Air Force), MOD Civil Service, Royal Foundation and Denhams Digital were approached via email.

### **b) Beneficiaries**

Convenience sampling was used to recruit the beneficiary sample. A Health and Wellbeing representative at each military unit, and at MOD Main Building, recruited 50-100 potential participants through email, word of mouth, Chain of Command and social media communication

platforms. Representatives aimed to recruit participants across all ranks and Civil Service grades. To reach the evaluation's recruitment target, representatives sent the evaluation recruitment communication across as many units, squadrons and departments as possible. This approach was used to ensure it was feasible and practical to recruit beneficiaries in a short period of time. As such, the beneficiary sample is not, and was not intended to be, representative of the wider Defence community.

## **3.4. Evaluation procedure and materials**

### **a) Developers**

A semi-structured interview topic guide was developed to direct interviews with the developers. The interviews focused on evaluating the development, production, and implementation of the HeadFIT initiative. The full semi-structured interview guide can be found in Appendix A.

Developer telephone interviews were conducted at a time convenient to the developer and typically lasted around 20-30 minutes. All interviews were recorded and stored anonymously on a KCL secure drive.

### **b) Beneficiaries**

Four sources of data were used to explore the feasibility and acceptability of the HeadFIT initiative:

- ♦ Questionnaires
- ♦ Interviews
- ♦ Website usage data
- ♦ Website pop-up window

### **Questionnaires**

Three questionnaires were developed for the beneficiaries' component of the HeadFIT service evaluation:

- Before HeadFIT video questionnaire (BV)
- After HeadFIT video questionnaire (AV)
- Follow-up questionnaire (Follow-up)

Figure 2 provides an outline of the three beneficiary questionnaires and the order in which they were completed.

**Figure 2. Beneficiary questionnaire timeline**



Upon arrival to the HeadFIT evaluation, beneficiaries were given a baseline questionnaire booklet to complete before watching the HeadFIT briefing video (BV). Once the BV questionnaire was completed, a 7-minute HeadFIT briefing video was presented to introduce the initiative to beneficiaries. After watching the briefing video, the KCMHR research team provided all beneficiaries with a second questionnaire booklet (AV) to complete. An information sheet was included at the beginning of the questionnaire booklet (BV) and consent was obtained from beneficiaries signing and dating both the BV and AV questionnaire booklets or completing the questionnaire booklet and returning it to the research team.

Once beneficiaries had completed both questionnaires (BV and AV), the research team collected the booklets from the beneficiaries and gave them the HeadFIT URL ([www.HeadFIT.org](http://www.HeadFIT.org)).

After beneficiaries were provided with access to the HeadFIT website for a period of approximately three months, they were asked to complete a follow-up questionnaire (Follow-up). Beneficiaries received the follow-up questionnaire URL via email and social media communication between May and June 2020.

The questionnaires were used to gather beneficiaries' opinions on a number of topics including:

- ♦ Opinions on mental fitness
- ♦ HeadFIT video feedback
- ♦ Intent to use HeadFIT
- ♦ HeadFIT website feedback
- ♦ Reported use of HeadFIT

Demographic and military/Civil Service characteristics were also collected from the beneficiaries before the HeadFIT briefing video and at Follow-up. Demographic data included age, gender, service branch, military role and military rank or Civil Service grade.

**Table 1. Data collected from each beneficiary questionnaire (BV, AV and Follow-up)**

	Before Video (BV)	After Video (AV)	Follow-up
Opinions on mental fitness	●		●
HeadFIT video feedback and intent to use HeadFIT		●	
HeadFIT website feedback and reported use of HeadFIT			●

Table 1 above provides an overview of the key measures used to evaluate HeadFIT and their inclusion across each of the three questionnaires.

#### Opinions on mental fitness

Beneficiaries were asked a series of questions about their views on mental fitness and their drive to improve their own mental fitness in the BV questionnaire and follow-up questionnaire. Responses were used to determine whether the HeadFIT initiative affects user’s understanding of mental fitness and whether it encouraged them to pro-actively manage their own mental fitness.

#### HeadFIT video feedback

Beneficiaries were asked a series of questions about their views on the HeadFIT briefing video. In particular, they were asked to rate aspects of the video such as how appropriate they felt the length of the video was and whether they thought the examples used were relevant. These questions were asked in the AV questionnaire booklet and were used to determine beneficiaries’ views on the acceptability of the HeadFIT video.

#### Intent to use HeadFIT

Beneficiaries were asked whether they believed that the HeadFIT tools might be of interest

or useful to them and whether they planned on visiting the HeadFIT website and use the tools. These questions were asked in the AV questionnaire booklet. The questions were included to assess whether the HeadFIT briefing video was successful in encouraging and directing Defence personnel towards the HeadFIT website.

#### HeadFIT website feedback

Beneficiaries were asked to complete an adapted set of questions from the System Usability Scale (SUS) and Usefulness, Satisfaction, and Ease of use questionnaire (USE) (Brooke, 1996; Lund, 2001) at Follow-up to evaluate the usability of the HeadFIT website. Beneficiaries could choose one of five responses to each statement, ranging from ‘strongly disagree’ to ‘strongly agree’. Beneficiaries could also select the response option ‘I did not use’ if they did not visit the HeadFIT website.

#### Reported use of HeadFIT

Beneficiaries were asked a series of questions to explore the reasons behind them using or not using the HeadFIT tools including which tools had been used and why. These questions, asked at Follow-up, aimed to understand motivations around using HeadFIT and which elements of HeadFIT they found most useful.

### Beneficiary Interviews

After completion of the beneficiary questionnaires, beneficiaries were asked to provide contact details if they were willing to take part in an interview to further explore their thoughts on HeadFIT. The research team then arranged telephone interviews with those participants who provided their contact details and volunteered to complete an interview

after completing the follow-up questionnaire. It was not required for beneficiaries to have used or visited the HeadFIT website.

A semi-structured interview guide was developed to direct the beneficiaries' interviews. Interviews were focused on assessing core elements of acceptability and feasibility as outlined below in Table 2:

**Table 2. Interview topics for the receiver interviews**

Interview topic	Questions
<b>Understanding</b>	What is mental fitness? What is HeadFIT?
<b>Belief</b>	How important is mental fitness? Do you think mental fitness can be improved?
<b>Acceptability</b>	What did you think of the HeadFIT website? What did you think of the HeadFIT tools?
<b>Impact</b>	Did HeadFIT impact your thoughts on mental fitness? Did HeadFIT impact your mental fitness?
<b>Usage</b>	Did you use the HeadFIT website? Why/ why not? Did you use the HeadFIT tools? Why/ why not?
<b>Development</b>	How could HeadFIT be improved? How could use of HeadFIT be encouraged?

Beneficiary telephone interviews usually lasted around 20-30 minutes and interviews were semi-structured to allow beneficiary interviewees to add any information they thought necessary. The full semi-structured interview guide can be found in Appendix B.

### Website Usage

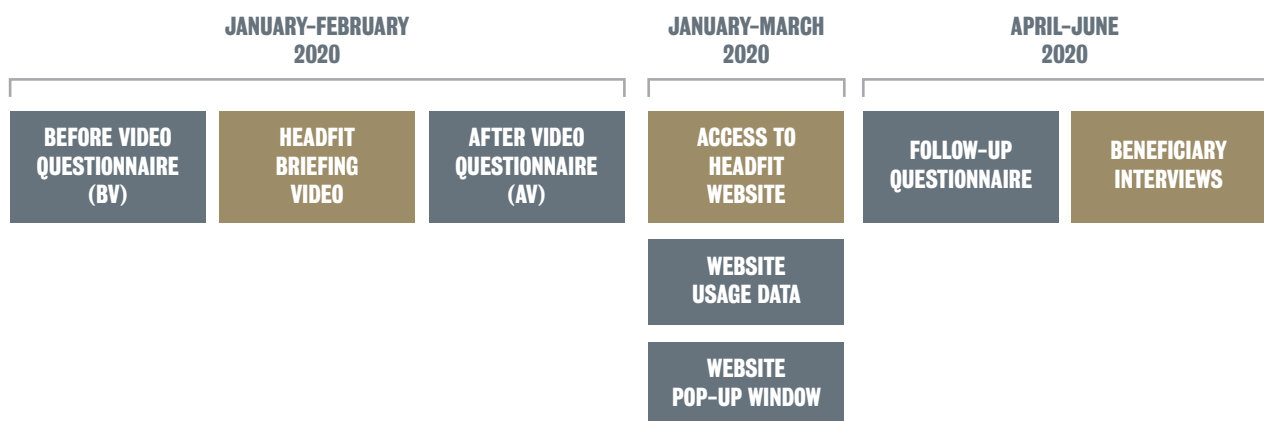
Passive data collection took place for the website usage data. Visitors who accessed the HeadFIT website were automatically included in this usage data. Website usage data were collected between January and March 2020 including total number of website visits, most popular tools and website visitor’s interaction with the HeadFIT website.

### Website Pop-Up Window

A short pop-up survey was created to appear when beneficiaries accessed the HeadFIT website. All website visitors were shown the pop-up window upon accessing the website and they could choose whether to answer the questions or whether to close the pop-up window. Questions included demographic information and reasons for visiting the HeadFIT website.

Figure 3 below provides an outline of the data collection timeline for the beneficiary element of the service evaluation.

**Figure 3. Evaluation timeline for beneficiaries**



### Covid-19 Impact

Data collection for the service evaluation was due to take place between January 2020 and April 2020 and all questionnaire data from the beneficiaries was planned to be collected in person via visits to military bases and MOD Main Building. As planned, BV and AV questionnaires were conducted in person at the four military bases and MOD Main Building in January and February 2020. However, due to the restrictions put in place as a result of the Covid-19 pandemic, the follow-up questionnaire was redesigned to be completed online. Such restrictions also meant that the planned beneficiary focus groups had to be replaced with one-to-one telephone interviews.

The HeadFIT initiative was forecast to be officially rolled out across the Defence community in June 2020. Developers made the decision to bring the roll out forward to April 2020 to provide Defence personnel with additional support in the light of the Covid-19 pandemic.





# 4. Analysis

## 4.1. Developers

Data from the developer interviews were analysed using a type of thematic analysis called ‘framework analysis’. Framework analysis is adapted for research that has specific questions, a limited time frame, a pre-designed sample (e.g. professional participants) and a priori issues (e.g. organizational and integration issues) that need to be dealt with. Although framework analysis may generate theories, the prime concern is to describe and interpret what is happening in a particular setting (Ritchie and Lewis, 2003). To conduct framework analysis, researchers must go through the following five steps: familiarisation with the qualitative data, developing a coding framework, coding interview data, charting codes within categories and interpreting themes from codes.

## 4.2. Beneficiaries

### 4.2.1. Questionnaires

As outlined in the Design section above, three questionnaires were utilised to collect different types of data on the usability and feasibility of the HeadFIT initiative. Although the intent was to match each beneficiary’s responses from all three questionnaires, matching proved difficult for several reasons including demographic/consent information which was partially completed or illegible. In addition, not all beneficiaries completed all three questionnaires. As a result, three separate beneficiary sample groups were created to provide information on the different topics explored as outlined below in Table 3. The questionnaires were used to gather beneficiaries’ opinions on a number of topics including:

**Table 3. Beneficiaries’ sub-samples depending on questionnaire participation**

Sample number	Topic of interest	Before Video (BV)	After Video (AV)	Follow-up
1	Opinions on mental fitness	●		●
2	HeadFIT video feedback and intent to use HeadFIT		●	
3	HeadFIT website feedback and reported use of HeadFIT			●

### Opinions on mental fitness

Sample One includes all beneficiaries whose data were matched from both the BV questionnaire booklet and follow-up questionnaire booklet. This sample was used to explore beneficiaries' opinions on mental fitness. Data taken at BV and Follow-up was compared to identify any changes to mental fitness over the course of the HeadFIT pilot.

### HeadFIT video feedback and intent to use HeadFIT

Sample Two includes all beneficiaries who completed the AV questionnaire. This sample was used to explore perceptions on the HeadFIT video and intent to use HeadFIT after watching the video.

### HeadFIT website feedback and reported use of HeadFIT

Sample Three includes all beneficiaries who completed the follow-up questionnaire. This sample was used to explore perceptions on the HeadFIT website and self-reported usage of the website.

## **4.2.2. Interviews**

The beneficiary telephone interviews were also analysed using the framework analysis methodology outlined above.

## **4.2.3. Website usage data**

Website usage data were collected through Google analytics by Denhams Digital and shared using a third-party data sharing agreement with the KCMHR research team. The data was analysed to understand the way in which beneficiaries used the website including analysis of how many people viewed the website, how frequently they viewed it and which tools they viewed the most. The median and range of responses were calculated to assess the spread of interactions with the HeadFIT website across the population.

## **4.2.4. Website pop-up window**

Data was collected from a pop-up window which appeared when beneficiaries visited the HeadFIT website. Questions were designed to collect data on the demographic information of those using the website and to understand their reasons for visiting the website.

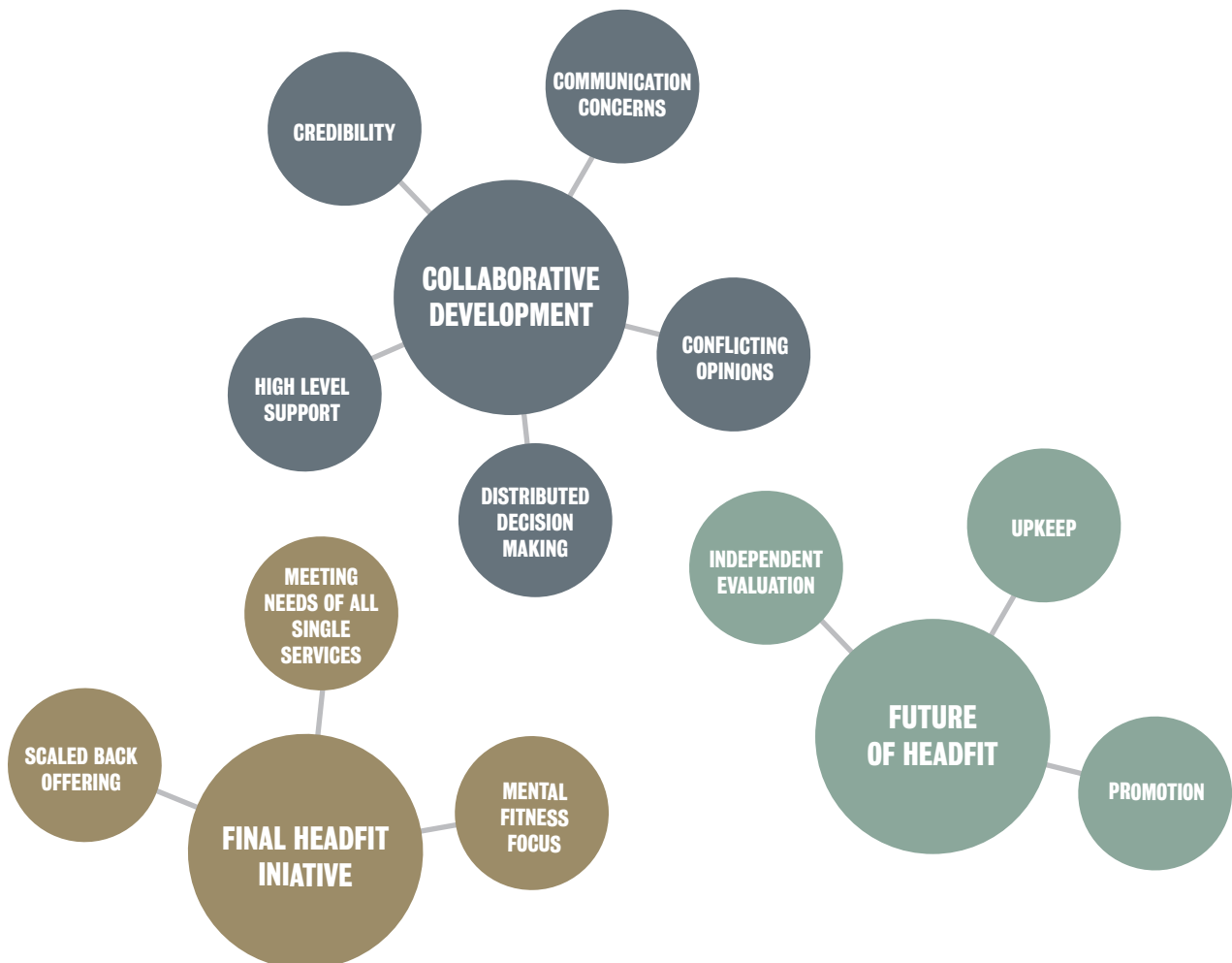
# 5. Results

## 5.1. Developers

Seven individuals involved in the development of the HeadFIT initiative were interviewed, including representatives from the MOD Health and Wellbeing department and Single Services,

Royal Foundation and Denhams Digital. Three core themes were: 1) Collaborative Development; 2) Final HeadFIT Initiative; and 3) Future of HeadFIT, each with several sub-themes as outlined below in Figure 4.

**Figure 4. Themes and sub-themes derived from the developer interviews**



### 5.1.1. Collaborative Development

The development of HeadFIT involved collaboration between stakeholders from the Royal Foundation, MOD Health and Wellbeing, Single Services, and Denhams Digital. The collaborative landscape within which HeadFIT was developed was described as both positively and negatively affecting the development process.

#### Credibility

The diverse range of collaborators was seen as adding credibility to the initiative. The inclusion of a chartered counselling psychologist was seen as adding psychological credibility: “We had you know, we had a doctor, a clinical [counselling] psychologist who could say yes that’s what we should do, which meant it was credible.” [P6]

The use of a creative production agency was viewed by all as resulting in a creatively well executed offering: “I think the agency that have built it have done really well in terms of the creative and taking the content and making it engaging online.” [P3]

#### High level support

The team was praised for including all of those required to help provide support for the concept and push HeadFIT from an idea to an initiative rolled out across the Defence community: “I think there’s been some fantastic individual partnerships with champions across, and I think that by securing high level support very early on this thing couldn’t go away, which has been important.” [P6]

However, the wide variety of stakeholders involved in the development process was also reported to result in various challenges.

#### Communication concerns

Communication between developers and the Single Services was identified as an area with room for improvement with a number of individuals recognising that they themselves could have personally improved in this area: “While there’s been work ongoing in the Centre there probably hasn’t been a clear comms programme.” [P6]

#### Conflicting opinions

Developers felt conflicts occurred due to differing opinions around what stakeholders wanted HeadFIT to be and a lack of a common understanding of the conceptual vision for HeadFIT: “It’s inevitably a matter of compromise and mutual agreement on what’s good and what’s working.” [P1]

#### Distributed decision making

The wide variety of stakeholders was also seen as impacting the speed at which the development of the initiative could progress, highlighting the difficulties associated with achieving group consensus on decisions: “because it’s a matrix hierarchy you need to get ‘yesses’ across the board.” [P6]

### 5.1.2. Final HeadFIT Initiative

The final HeadFIT initiative was seen as differing from the original vision, both in terms of becoming a more scaled back offering and in terms of trying to meet the needs of each of the Single Services and MOD civil servants. Further work to continue to support the distinction between mental fitness and mental ill health was also recommended.

### Scaled back offering

Most developers reported that the original vision for the HeadFIT initiative had changed during the development phase from an offering designed for recruit training, into a mental fitness promotion and awareness resource. For many this change was seen as positive, helping to hone what was originally an overly broad concept attempting to cover too many areas, into a more refined offering focused on basic resilience tools: “HeadFIT has developed into what they recognise is going to be the end state. i.e. a more basic series of tools to mitigate against everyday stresses rather than as a formal training intervention.” [P2]

However, for others this shift was seen as detrimental to the HeadFIT initiative, resulting in an offering which was too ‘scaled back’ containing ‘simple’ and ‘soft’ tools: “But the original vision was to be very heavily weighted on sports psychology and positive and motivational. I still think they are a little bit soft.” [P6]

### Meeting needs of all Single Services

A key theme discussed in developer interviews was the difficulty associated with developing an initiative designed to sit across the entire Defence community. Focus groups were held with the Single Services to ensure that HeadFIT complemented existing Single Service mental fitness resources and incorporated the language and culture of each group. Some developers believed that this drive to provide a resource which fitted with each of the Single Services resulted in an offering that may not be acceptable to any of the service branches, or indeed to civil servants: “It’s been quite difficult because what you’ve got is almost four different bodies. When I say bodies it’s Single Services, so you’ve got the RAF, the Navy and the Army and

then you’ve then got the Defence civil servants. They all come with slightly different needs.” [P5]

In particular, similarities between HeadFIT and an existing Army mental fitness resource were identified and what was seen as an overemphasis on language suited to an Army audience, both of which may potentially deter other services from using HeadFIT: “We have then changed and adapted HeadFIT so that the language and terminology was the same as the language being used in OPSMART. That in itself then causes issues.” [P5]

### Focus on mental fitness

Developers felt the HeadFIT initiative is consistent with an increasing emphasis on military mental fitness, contributing to changing attitudes around mental health and separating mental fitness from mental ill health: “We interpreted the brief in a way I think that[s] pretty clear... it’s about the good management of good mental health.” [P1]

However, for a few developers concerns around the stigma of mental ill health and its potential impact on HeadFIT were raised: “I think then what you are up against is individuals for who there’s still a stigma to do with mental fitness and individuals are quite reluctant to come forward and talk about mental fitness because they think if they talk about it that’s them telling everybody they’ve got a problem and actually that’s not what HeadFIT is about.” [P5]

### 5.1.3. Future of HeadFIT

Developers were positive about the credibility the service evaluation could add to the HeadFIT initiative but were concerned about responsibilities and communications regarding the future of HeadFIT.

### Independent evaluation

Investing in an independent service evaluation was described as providing further credibility to HeadFIT: “I think having independent evaluation such as this will prove to be vital”. [P6]

### Upkeep concerns

Most developers voiced concerns surrounding the uncertainty of HeadFIT’s future, for example, how HeadFIT would be updated after the development phase and who would take responsibility for ensuring its continued success: “I don’t know where it’s then going to sit within the MOD and whether it has some level of longevity that it gets updated and they do use stuff on it. I don’t know. It can’t just sit there as a flat website.” [P3]

### Promotion of HeadFIT

An implementation and communication campaign around HeadFIT was identified as being fundamental to its success and developers raised concerns that this element of HeadFIT

was not receiving sufficient attention. Developers were apprehensive that HeadFIT would not be integrated into mandatory training. To compensate for this, a communication campaign which emphasised HeadFIT best practice, specifically that HeadFIT should be used as regularly as ‘brushing your teeth’ and not just when mental health had been negatively affected, was seen as fundamental to the initiative’s success: “I would turn it in to a massive communications campaign utilising all of the tools that are at our disposal these days. Social media, influencers, media, press PR, social media.... all that stuff that it should be to make it really effective because the effectiveness of HeadFIT really is the communication.” [P1]

## 5.2. Beneficiaries

### 5.2.1. Questionnaires

As outlined in the Analysis section different samples were utilised to explore different topics of interest. Table 4 provides an overview of the sample size for each of the three samples.

**Table 4. Number of beneficiaries in the three sample groups and data corresponding to each sample**

Sample Number	Topic of Interest	Sample Size	Before Video (BV)	After Video (AV)	Follow-up
1	Opinions on mental fitness	145	●		●
2	HeadFIT video feedback and intent to use HeadFIT	461		●	
3	HeadFIT website feedback and reported use of HeadFIT	209			●

### Demographic Information

Demographic information was collected from Sample One and Sample Three and is presented below (Table 5). The majority of the beneficiary sample were male and serving in the Army which is broadly comparable to the demographics of those currently serving in the UK Armed Forces (UK Defence Personnel Statistics, 2020; UK Armed Forces Biannual Diversity Statistics, 2020).

However, most beneficiaries were below the age of 44 years with a combined mean age of 35 years (Sample One and Sample Three) which is older than the average age for UK Armed Service personnel. Around one in five beneficiaries were in the Civil Service. Whilst data was collected on Civil Service grade this information has not been included to protect participants' anonymity due to low numbers.

**Table 5. Description of beneficiaries' demographic and occupational factors**

*Note. The N participant number for each sub-section may not equate the total N participant number for each sample due to missing data.*

Variables	Sample One Beneficiaries n (%)	Sample Three Beneficiaries n (%)
<b>Total number of beneficiaries</b>	<b>145</b>	<b>209</b>
<b>Age</b>		
< 24	21 (15%)	47 (23%)
25-34	48 (33%)	69 (34%)
35-44	40 (28%)	49 (24%)
45-54	23 (16%)	27 (13%)
55+	12 (8%)	13 (6%)
Mean (Standard Deviation)	36 (10.9)	34 (10.8)
<b>Gender</b>		
Male	111 (77%)	160 (78%)
Female	34 (23%)	45 (22%)
<b>Service Branch</b>		
Royal Navy	15 (10%)	17 (8%)
Army	62 (43%)	116 (57%)
Royal Air Force	36 (25%)	38 (18%)
Civil Service	31 (22%)	34 (17%)
<b>Military Service Rank</b>		
Senior Commissioned Officer	9 (8%)	9 (5%)
Junior Commissioned Officer	22 (19%)	28 (17%)
Senior Non-Commissioned Officer	31 (27%)	39 (23%)
Junior Non-Commissioned Officer	26 (23%)	40 (23%)
Other ranks	24 (23%)	55 (32%)
<b>Military role</b>		
Combat and combat support role	22 (21%)	26 (15%)
Combat service support role	84 (79%)	140 (85%)



### Opinions on Mental Fitness (Sample One)

Sample One was used to explore any differences in opinions on mental fitness before the HeadFIT briefing video (BV) and after beneficiaries had access to the HeadFIT website (Follow-up).

#### Definition of mental fitness

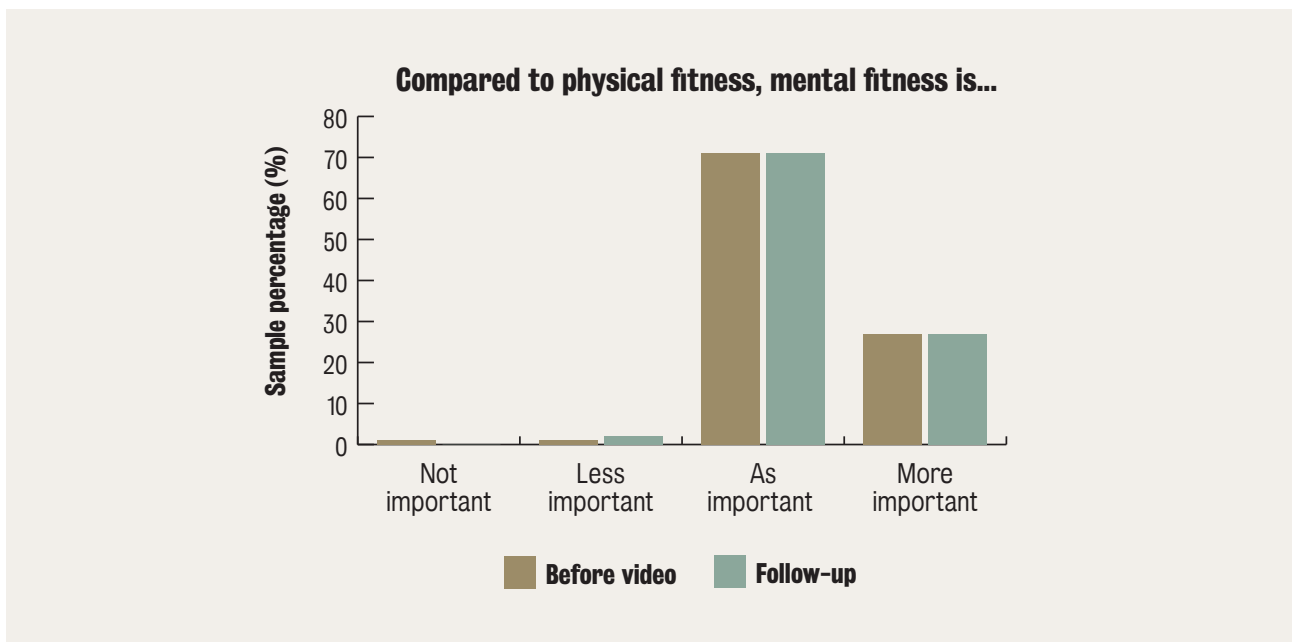
Beneficiaries provided free text responses outlining their definition of mental fitness. These responses were thematically grouped into common themes.

Around one in three beneficiaries defined mental fitness in relation to 'wellbeing and mental health', followed by definitions centred around 'resilience' and having a 'positive mental state'. At Follow-up, fewer beneficiaries described mental fitness as having a 'positive mental state', but more in terms of 'strength', 'robustness' and centred around 'thought processes impacting behaviour', whereby the latter two themes newly occurred during Follow-up (Table 6).

**Table 6. Beneficiaries' definitions of mental fitness comparing BV to Follow-up**

Definitions of Mental Fitness	BV (%)	Follow-up (%)
Wellbeing and mental health	(34%)	(35%)
Resilience	(15%)	(17%)
Positive mental state	(15%)	(7%)
Stress management	(9%)	(5%)
Coping	(6%)	(1%)
Strength	(6%)	(9%)
Robust mental state	( - )	(5%)
Thought processes impacting behaviour	( - )	(4%)
Other	(10%)	(17%)

**Graph 1. Beneficiaries' ratings of importance when comparing mental fitness to physical fitness**



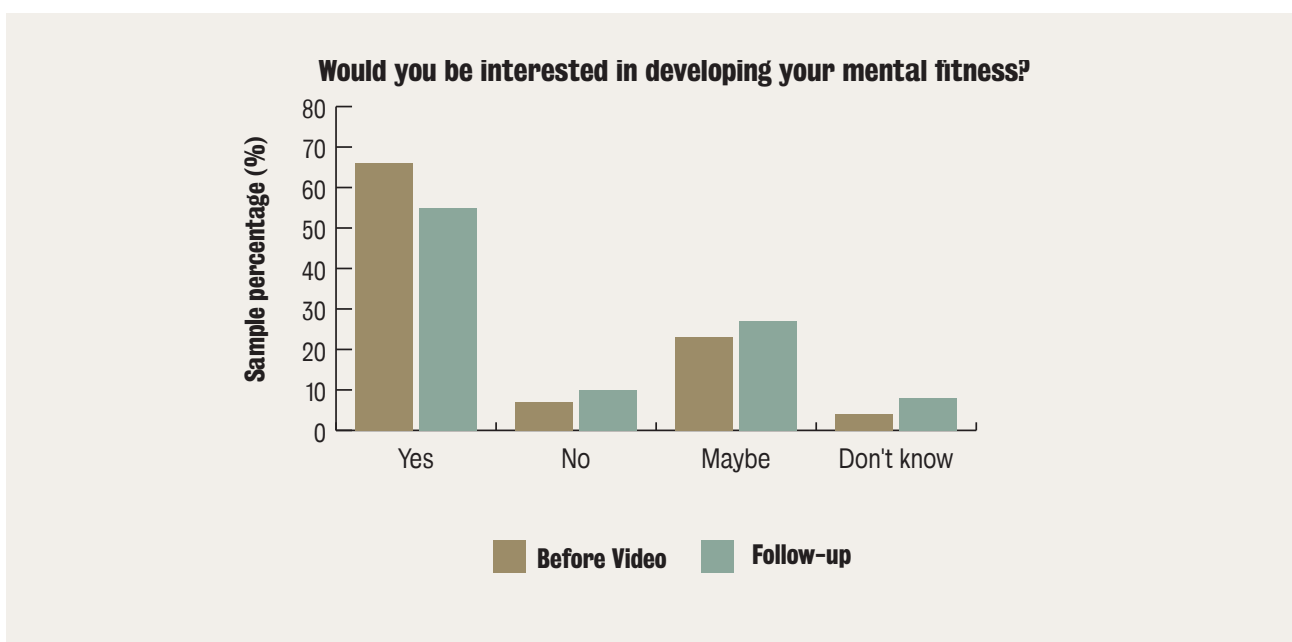
**Importance of mental fitness**

The data showed that most beneficiaries rated mental fitness as important as physical fitness when comparing scores before the HeadFIT briefing and at Follow-up. No statistically significant difference was found (Graph 1 above).

**Developing mental fitness**

Most of the beneficiary sample were interested in developing their mental fitness, however a non-significant deduction in beneficiaries' interest was revealed when comparing interest before watching the HeadFIT introductory video with follow-up questionnaire data (Graph 2 below).

**Graph 2. Beneficiaries interest in developing their mental fitness**





### HeadFIT Video Feedback and Intent to Use (Sample Two)

Beneficiaries who completed the AV questionnaire after the briefing video were included in Sample Two. This sample was used to explore feedback on the HeadFIT introductory video and intent to use the HeadFIT resources.

#### HeadFIT video feedback

Findings indicated a positive response to the HeadFIT briefing video with beneficiaries suggesting that the HeadFIT initiative was relevant to them, provided useful information and increased their understanding of mental fitness (Table 8 below).

Qualitative feedback from beneficiaries about the HeadFIT briefing video indicated that the psychological models underpinning the HeadFIT initiative, as explained by a counselling psychologist in the video, were the most interesting part. Beneficiaries especially liked that HeadFIT was applicable to all (Armed Forces and Civil Service) and used real military personnel in the video. Beneficiaries suggested that the briefing video could be strengthened by adding examples of the HeadFIT tools and possibly some real-life examples/case studies to illustrate the benefits of using HeadFIT. Beneficiaries also commented on the lack of representation of Black, Asian and Minority Ethnic personnel, those who are disabled, Civil Service personnel and female personnel in the video.

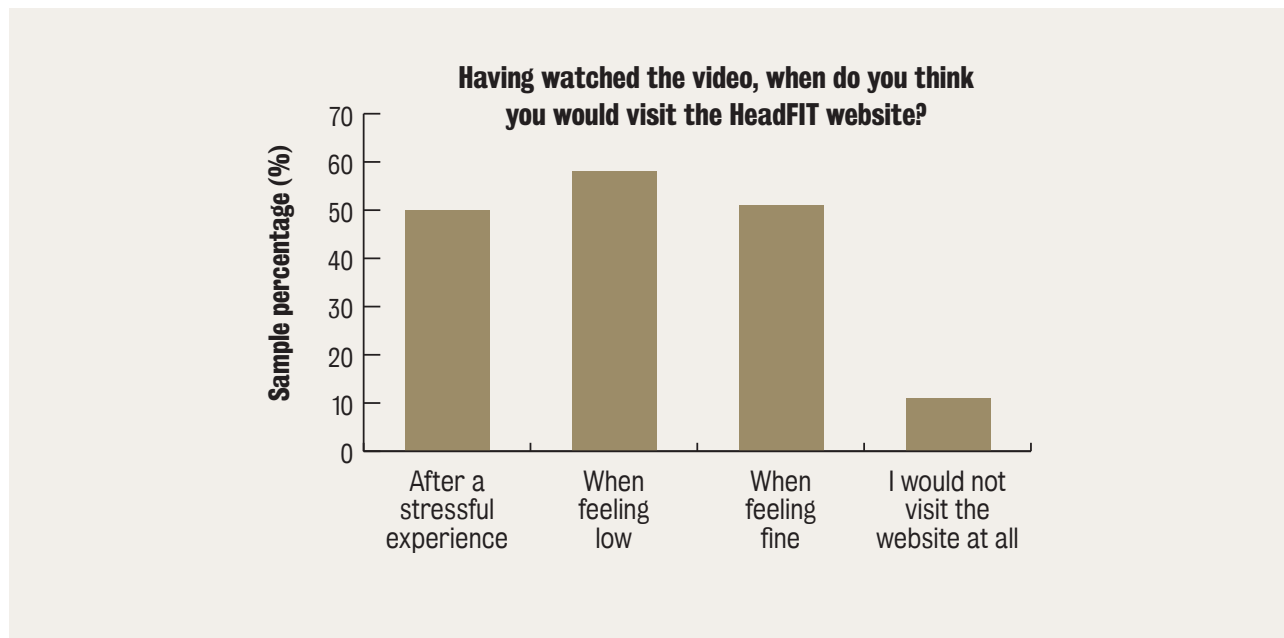
**Table 8. Beneficiaries feedback on the HeadFIT briefing video**

*Note: Beneficiary responses may not correspond to the total number of beneficiaries in Sample Two due to missing data*

	Agree n (%)	Disagree n (%)
I think the HeadFIT tools could be useful to me	391 (87%)	60 (13%)
I know where to find the HeadFIT tools	376 (84%)	51(16%)
I know which HeadFIT tools are available to me	306 (69%)	136 (31%)
The video has increased my understanding of what mental fitness means	350 (79%)	96 (21%)
I now know more about how to manage my mental fitness	332 (74%)	112 (26%)
The video was the right length	434 (96%)	18 (4%)
The video was relevant to me	372 (83%)	79 (17%)
The video used good examples	368 (83%)	75 (17%)
The video provided me with important information	378 (84%)	71 (16%)

### Graph 3. When beneficiaries would visit the HeadFIT website

Note: Beneficiaries were able to select more than one response



#### Intent to use HeadFIT

Although HeadFIT was created for Defence personnel to use on a regular basis to improve their mental fitness, around half of the beneficiaries indicated that they would only visit the HeadFIT after a stressful experience or if they were feeling low (Graph 3).

#### Feedback on the HeadFIT Website and Reported Use of HeadFIT (Sample Three)

Beneficiaries who completed the follow-up questionnaire (Sample Three) had been able to access the HeadFIT tools between the initial base visits and the Follow-up for a period of approximately three months. This sample was used to explore feedback on the HeadFIT website and reported use of the HeadFIT tools.

#### Reported use of the website

59% (n=84) reported looking at the HeadFIT website, 29% looking at the tools with just 8% actually using the HeadFIT tools. When only including participants, who had looked at the HeadFIT website (59% of overall sample), 65% reported looking at the HeadFIT tools (Table 9). When comparing all the military branches and Civil Service, a higher percentage of Royal Navy beneficiaries reported visiting the HeadFIT website and looking at the tools more than the other services and Civil Service. However, the total number of reported Royal Navy website visitors was relatively low compared to other services (Table 9).

**Table 9. Indicators of HeadFIT usage by military service branch and Civil Service**

*Note: Participant numbers may not equate the total participant number for this sample due to missing participant data*

	Royal Navy n (%)		Army n (%)		Royal Air Force n (%)		Civil Service n (%)		All beneficiaries n (%)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you looked at the HeadFIT website?	9 (69%)	4 (31%)	39 (58%)	28 (42%)	18 (58%)	13 (42%)	17 (55%)	14 (45%)	84 (59%)	59 (41%)
Of those who looked at the website: Have you looked at the HeadFIT tools?	8 (89%)	1 (11%)	23 (59%)	16 (41%)	10 (56%)	8 (44%)	14 (82%)	3 (18%)	55 (65%)	29 (35%)

Of those who had reported looking at the website, most beneficiaries reported visiting the website only once or twice (80%) (Table 10).

Participants were asked to provide free text responses outlining why they chose to look at the website (or not) and why they chose to use the tools (or not). Of those beneficiaries who reported visiting the HeadFIT website (59%) the majority (around 7/10) stated that they had visited the website ‘just to have a look’ or to ‘browse’. A small group of participants (around 1/10) reporting visiting the website as a result of experiencing poor mental health and a similar number (around 1/10) reported that they had visited the website to see if it was a resource that they might like to recommend

to others (employees, friends and family).

Of those beneficiaries who reported using the tools (8%, n=16) the majority (n=8) used tools associated with the ‘mood’ module, although total reported use of the module was low. Most beneficiaries reported looking at the HeadFIT tools just to see what was available on the HeadFIT website.

The free text responses from those beneficiaries who had not visited the website typically indicated they felt too busy due to work and personal life demands despite wanting to visit the website. These findings were replicated when beneficiaries were asked why they had not used the HeadFIT tools. Beneficiaries also reported that they did not use the tools because they felt

**Table 10. Frequency of HeadFIT website visits by beneficiaries**

	One time n (%)	Two times n (%)	Three times n (%)	Four times or more n (%)
How many times have you visited HeadFIT?	44 (53%)	22 (27%)	7 (8%)	10 (12%)

**Table 11. Perceived ability of HeadFIT to affect mental fitness**

	Agree n (%)	Neutral n (%)	Disagree n (%)
HeadFIT could help me improve my mental fitness	65 (74%)	21 (24%)	2 (2%)
HeadFIT changed the way I think about mental fitness	42 (52%)	30 (36%)	10 (12%)
HeadFIT allowed me to manage my own mental fitness well	41 (52%)	35 (44%)	3 (4%)

their mental health was 'fine'.

#### Perceived ability of HeadFIT to affect mental fitness

Of the beneficiaries who reported visiting the HeadFIT website, 74% felt the HeadFIT tools could improve their mental fitness. Around half of the beneficiaries (52%) thought the HeadFIT initiative had changed the way they thought about mental fitness and had allowed them to manage their own mental fitness (Table 11).

#### Feedback on the HeadFIT website

Most beneficiaries found the website easy to understand, felt that the content was relevant to both their work and personal life and was able to keep their attention (Table 12). No differences were found between the Single Services and Civil Service when comparing the self-reported relevancy of HeadFIT for their work (data not shown).

**Table 12. Beneficiaries' HeadFIT website feedback**

	Agree n (%)	Disagree n (%)
I found the HeadFIT website too complicated	8 (10%)	68 (90%)
I thought the HeadFIT website was easy to understand	71 (94%)	5 (6%)
I found the tools in the HeadFIT website were put together well	59 (93%)	5 (7%)
I found the HeadFIT website difficult/awkward to use	8 (11%)	67 (89%)
I had to take some time to learn how to use the HeadFIT website before I could use it properly	23 (32%)	50 (68%)
The HeadFIT website content was relevant to my work	64 (86%)	10 (14%)
The HeadFIT website content was relevant to my personal life	66 (91%)	7 (9%)
I found the HeadFIT website kept my attention	59 (79%)	16 (21%)

### 5.2.2. Interviews

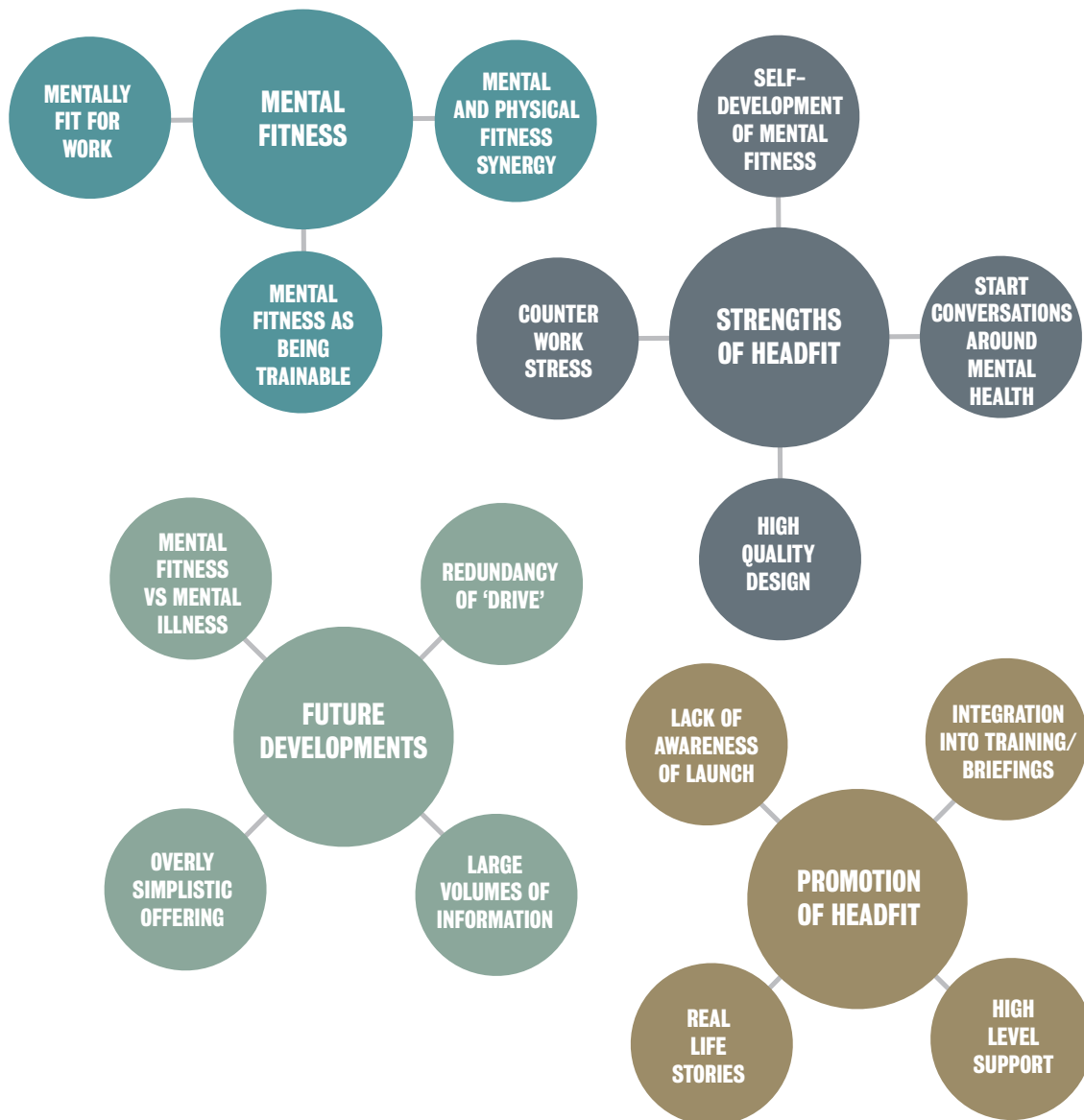
#### Demographics

A sub-group of beneficiaries (n=12) took part in a one-to-one telephone interview. Interviewees were from the UK Armed Forces and Civil Service: Royal Navy (n=1); Army (n=5); Royal Air Force (n=4); Civil Service (n=2). Eight were male, four were female, and their mean age was 37. Interviewees ranks consisted of: Senior Non-Commissioned Officer (n=4); Junior Non-

Commissioned Officer (n=1); Junior Commissioned Officer (n=2); Senior Commissioned Officer (n=2); and other ranks (n=1). Both Civil Service beneficiaries were from a non-skill zone grade.

Four main themes, along with associated sub-themes, were identified from the interviews with beneficiaries: 1) Mental fitness; 2) Strengths of HeadFIT, 3) Future developments; 4) Promotion of HeadFIT (Figure 5 below).

**Figure 5. Themes and sub-themes from beneficiary interviews**





### a) Mental Fitness

When beneficiaries were asked to describe mental fitness, their definitions aligned with those of HeadFIT whereby mental fitness was seen as important to optimise work performance, as synonymous with physical fitness and as something that could be improved through training.

**Mentally fit for work:** Mental fitness was commonly described in relation to optimising an individuals' performance at work. Beneficiaries spoke about mental fitness as ensuring that they were able to cope at work, especially in challenging circumstances that they may be faced with: "Your ability to cope across competing demands of your time and capacity...being able to cope with moral ambiguity." [R1]

**Mental and physical fitness synergy:** Without prompt from the interviewer most beneficiaries related mental fitness to physical fitness, highlighting the two as equally important. "Personally, I think being mentally fit is just as important as being physically fit. I think you need to have a balance of both." [R9]

**Mental fitness as being trainable:** Interviewees spoke positively about the way in which HeadFIT provides exercises to actively improve mental fitness rather than just providing education to understand what mental fitness is. Interviewees felt that HeadFIT had altered their perception of mental fitness in that they now understood that short exercises (e.g. the breathing techniques tool and the grounding tool) could directly impact their mental fitness. "And then it's talking about breathing exercises and specific things you can actually physically do to improve your mental fitness. The point is they're all doing words, they're all verbs as in like they're [tools] all things that you can actually do not think about they're things that you can actually go and practice." [R1]

### b) Strengths of HeadFIT

Following on from these definitions, HeadFIT was described as an offering which enabled beneficiaries to independently develop their mental fitness and deal with the challenging circumstances at work. In addition, HeadFIT was described as a key resource to facilitate conversations around mental health more broadly.

**Self-development of mental fitness:** Interviewees spoke about how HeadFIT was providing them with tools to become more self-reliant in the development of their own mental fitness, this was seen as holding particular resonance for the Defence community who are conditioned to 'just get on with it': "You go to officer training and nobody talks to you about how to maintain your drive, confidence and mood it's just assumed that you would get on with that." [R1]

**Practical tools to counter work stress:** A common theme reported in the interviews was that HeadFIT could help to alleviate stress caused by work. Most interviewees explained that military work is stressful, and personnel are often busy and overworked, highlighting the benefits of the 'de-stress' components of HeadFIT. All interviewees felt that the HeadFIT exercises could help Defence personnel perform better and would be helpful to personnel if they were 'a bit stressed' or in a 'bad mood': "I think stress is probably the one that I could identify with or as in I think that the majority of people I see in work who might need this sort of tool." [R1]

**Starting conversations around mental health:** Interviewees felt that HeadFIT could have a positive impact upon military and Civil Service personnel by stimulating conversations surrounding mental fitness and mental health more generally. Some (n=4) felt that HeadFIT supported individuals in becoming aware of the

mental health of others and how to navigate mental health at work. Interviewees also reported speaking to others about HeadFIT and mental fitness, with some recommending HeadFIT to colleagues whose mental health had been negatively impacted: “We have to look [at] ourselves and others to make sure that they’re OK not only in body but in mind as well..... I’ve recommended it [HeadFIT] to line managers to push it out there towards the other users on the section. So they are aware of it.” [R2]

Although it is important to note that some interviewees only reported speaking to others about HeadFIT directly after the HeadFIT briefing and not since the briefing, suggesting that HeadFIT might only encourage conversations about mental health in the short-term.

**High quality design:** The overall feedback regarding the HeadFIT website’s layout was positive, interviewees described the website as looking ‘professional’, ‘easy to use’, ‘very accessible’ and ‘a lot better than some of the others (resources): “I actually liked that, it was really simple and like I say on a smartphone it looked really good. Really straight forward to use so that was good.” [R6]

### c) Future Developments

In addition to the positive feedback outlining the strengths of HeadFIT, there were a number of suggestions provided to support the continued development of the initiative.

**Mental fitness vs mental illness:** An important area for development was around the concept of mental fitness. Whilst many commented that HeadFIT had altered their perceptions of mental fitness (as highlighted above) there were still a proportion of beneficiaries who felt that further work was needed to overcome the potential stigma associated with any resource aimed at mental wellbeing. Further work appears to be needed to support the notion of mental fitness and its

difference to mental illness. Most beneficiaries who visited the website commented that they did so ‘just to have a look’ with most stating that they felt ‘fine’ and therefore had no reason to visit the website or use the tools, emphasising their view of HeadFIT as a resource to use when your mental health has been negatively impacted rather than something you do regularly to upkeep your mental fitness: “I felt alright these past [weeks], since the meeting so I’ve not felt that I’ve had to go out and look for something to improve my mental fitness. I think my mental fitness is OK at the minute, so I don’t need to develop it.” [R8]

**Redundancy of ‘Drive’ tools:** Some beneficiaries appeared to feel that the ‘Drive’ section demonstrated a lack of understanding about the Defence community, commenting that military personnel do not have a problem with drive, and that they are in fact over driven as opposed to being demotivated to work: “Most people in the military are quite driven usually I think so the drive aspect I think usually we don’t have a problem seeing people lacking drive. It’s usually that they drive themselves too hard and they just don’t relax and it’s all a bit too serious and so therefore the destressing tools.” [R1]

**Overly simplistic offering:** In line with comments raised by developers some beneficiaries commented that the content of HeadFIT was overly “simplistic” and provided a “one size fits all” [R1] offering which was not necessarily appropriate. Some beneficiaries commented that the website may be better suited to junior Defence personnel who do not already have an established understanding of mental fitness. “One of the interesting things about younger people is I think self-esteem is often an issue so part of the site [HeadFIT] that deal with confidence and mood and how you feel about yourself I think those are quite helpful.” [R3]



Large volumes of information: Some beneficiaries suggested that the website contained overwhelmingly large volumes of information which could be particularly off-putting for junior ranks. It was suggested that adding the ability to log in to HeadFIT and track your individual progress through the content may be beneficial: “It’s perhaps a little bit more confusing than it needs to be... I think there’s going to be information there that people aren’t looking at. I also think there is probably too many words on it. I think there’s a lot of reading for each section.” [R3]

#### d) Promotion of HeadFIT

As with the developer interviews, a key theme emerging from the beneficiary interviews was the need to further promote HeadFIT across the Defence community. Concerns were also raised that the HeadFIT launch had been lost in Covid-19 communications. Potential strategies to improve the communication around HeadFIT included integrating HeadFIT into standard training and briefings, highlighting support for HeadFIT from senior ranks and using real life examples of those who benefited from implementing HeadFIT in their daily routine.

Lack of communication around HeadFIT: All beneficiaries agreed that communication would be important for the future success of the HeadFIT initiative, however, most were not aware that HeadFIT had been rolled out officially in April 2020. Beneficiaries explained that the lack of awareness may be because of alterations in working due to the Covid-19 pandemic and that due to increased volumes of emails being received, personnel may only acknowledge communications directly addressed to them and associated specifically with their work: “There were other pieces coming out as well and then obviously with the Covid-19 and stuff like that going on these have been things that I think a lot of things have got lost in the mayhem haven’t they.” [R2]

Integration into training/briefings: A number of beneficiaries suggested that HeadFIT should be

integrated into routine training, in particular into the Phase One training which recruits receive to instil the importance of mental fitness at the beginning of their career. They felt that doing this would help to support a shift in thinking around mental health and mental fitness and contribute to reducing stigma associated with mental health: “No one is training a 17-year-old who is going through army training on confidence, mood and drive.” [R1]

Several beneficiaries suggested face-to-face briefings would encourage more personnel to use the HeadFIT website with one interviewee suggesting that the HeadFIT initiative could be included in Armed Forces daily briefings: “I think as well I mean it could probably work quite well in terms of being a face-to-face thing that’s delivered by someone as well.” [R4]

High level support: Most beneficiaries felt that HeadFIT needed to be championed from the top-down to improve awareness and encourage use of HeadFIT. Interviewees felt that having higher ranking members of staff encourage personnel to use HeadFIT, would begin to tackle stigma-related views of mental health and encourage habitual use of HeadFIT: “Actually if it’s rolled out I would really like my bosses to be talking about it and be part of the conversation. I think it would be really important now.” [R7]

Real life stories: To increase engagement with the HeadFIT initiative, several beneficiaries suggested incorporating personnel who used the tools and website as real-life examples of how HeadFIT can improve mental fitness. For instance, telling their story and describing how HeadFIT had impacted their personal and work life in order to encourage others to use the tools: “If some people are using the tools and are prepared to speak about using those tools to others within their work context then that does more than anything else with that personal recommendation, I use this and I would recommend it. That’s what gets more take up than absolutely anything else.” [R5]

### 5.2.3. Website usage data

Website usage data was collected between the baseline phase and the Follow-up phase (January – March 2020). The HeadFIT website received 761 visits and 523 unique visitors. The average number of page visits was three per visitor and visitors typically spent around two minutes on the website. The HeadFIT website was most viewed by visitors located in London and the website was also visited from outside of the UK (Graph 4).

After the HeadFIT homepage, the most viewed page was the tool ‘A Bit of Green’ (a tool encouraging the tool user to spend more time outside) (81 visits) and the second most popular page was the ‘Positive Self Talk’ tool (a tool aimed at changing negative thought process to become more positive) (38 visits). However, 58% of visitors exited the website after only viewing the homepage. There were 213 plays of the HeadFIT tool videos, but only 31% of these involved watching the video from beginning to end. For example, the ‘A Bit of Green’ tool had the most

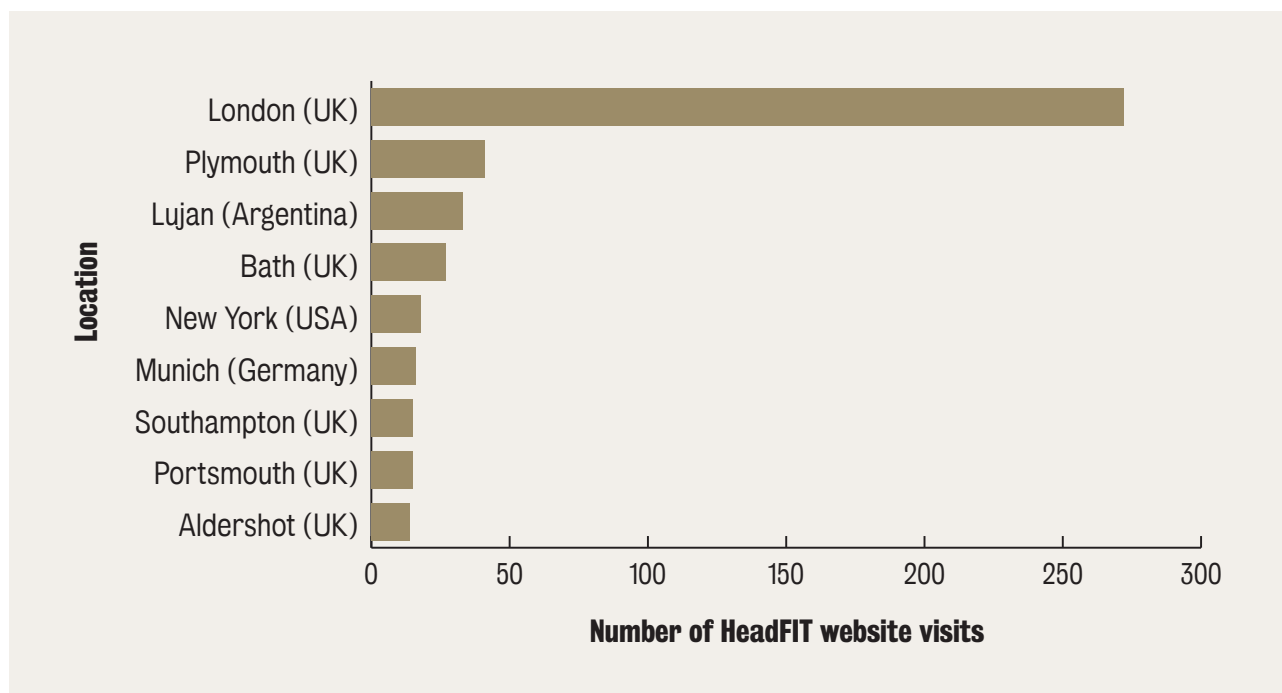
video plays (66 plays) from 14 unique visitors. However, only 21 plays were completed (from beginning to end).

### 5.2.4. Website pop-up window

A sub-sample of beneficiaries completed the optional HeadFIT website pop-up window survey (n=10). Ten beneficiaries (six males, four females) completed the pop-up survey: Royal Air Force (n=3), Army (n=4) and Civil Service (n=3). They were between the age of 20 and 50+ and ranged in rank from entry-level rank to senior commissioned officers. No beneficiaries from the Royal Navy completed the pop-up survey.

Most beneficiaries reported they had visited the website ‘just to have a look’, which aligns with the 58% website exit rate after visiting just the homepage and suggests many visitors did not interact with the website or tools. However, 80% of the website visitors reported they would use the tools and those who did use the tools reported that they were ‘simple’ and ‘easy to understand’.

**Graph 4. HeadFIT website traffic breakdown by location**



# 6. Discussion

We evaluated the feasibility and acceptability of the HeadFIT initiative to inform evidence-based recommendations for further improvements. A two-pronged approach was used thereby gathering data from those involved in the development of HeadFIT as well as the proposed beneficiaries.

## 6.1. Overview of results

### Developers

In general, developers were pleased with the final HeadFIT product, and this was partly attributed to the wide range of collaborators involved during its development. However, concerns were raised regarding further work required to support the

distinction between mental fitness and mental ill health. Developers also cited concerns regarding the upkeep of HeadFIT post-roll-out, in particular regarding responsibilities for the maintenance of HeadFIT and continued promotion of HeadFIT to ensure widespread and sustained uptake among Defence personnel.

### Beneficiaries

The HeadFIT initiative was well received by most beneficiaries. The findings also indicated some important considerations for the future roll-out of HeadFIT.



### **6.1.1. Captive audience for a mental fitness resource**

Whilst no significant improvement to the importance attached to mental fitness (as compared to physical fitness), or an interest in developing mental fitness, was seen after exposure to HeadFIT the majority of participants believed that their mental fitness was at least as important as their physical fitness and had been interested in developing their mental fitness before being exposed to HeadFIT. Discussions around mental fitness in the beneficiary interviews aligned with the concepts of HeadFIT wherein mental fitness was viewed as optimising ones' self for work, as equivalent to physical fitness and as something which can be developed and trained. This suggests that the Defence community are a willing audience for a mental fitness resource.

### **6.1.2. Professional design**

Beneficiaries reported that the website looked professional and had been executed to a good standard and was easy to use.

### **6.1.3. Lack of diversity**

A common theme was a lack of diversity throughout the HeadFIT website including a lack of representation of Black, Asian, and Minority Ethnic, female and disabled personnel. Civil Service beneficiaries also commented on the heavily weighted representation of military personnel and expressed a need for a more Civil Service focus. Senior members of the Armed Forces commented on the lack of representation of junior ranks within the HeadFIT materials which may deter junior personnel from engaging with HeadFIT.

### **6.1.4. HeadFIT as a set of practical tools to support mental fitness**

Beneficiaries believed that HeadFIT provided them with practical tools to support their self-development of mental fitness and deal with the challenging circumstances at work which are common within Defence.

### **6.1.5. Mental fitness vs mental ill health**

HeadFIT aims to separate the terminology of mental fitness from that of mental ill health, encouraging beneficiaries to maintain their mental fitness in a similar way to their physical fitness. However, our result showed that many beneficiaries conflated the two concepts and often interpreted mental fitness as a lack of mental ill health. Data from all components of the beneficiary data collection process suggested that the majority only accessed the HeadFIT resources during the trial period to 'have a look', intending only to utilise the HeadFIT resources when they felt that they were experiencing mental ill health. This adds weight to the developer's concerns that further work is needed to distinguish mental fitness from mental ill health and ensure that HeadFIT is seen as a tool to be used frequently to maintain or improve mental fitness (and not a tool to fix mental ill health).

### **6.1.6. HeadFIT as a reference tool**

Most beneficiaries only accessed the HeadFIT website and tools to see what was available rather than actively engaging with the resources. However, several Defence personnel did recommend HeadFIT to other colleagues or friends in need of developing their own mental fitness or addressing mental ill health. Indeed, HeadFIT was described as a key resource to facilitate conversations around mental health. Mental health and wellbeing champions within the Defence community might consider referring personnel to HeadFIT as part of their signposting practices. Although, this may have contributed to blurring lines between mental fitness and mental ill health as explained above as HeadFIT is intended as a mental fitness improvement and maintenance resource opposed to a mental ill health resource. Therefore, applying the resource as a reference tool to assist with improving mental ill health side-steps away from the original resource objectives. As such more clarity is needed about when HeadFIT might be useful for personnel to access.

### **6.1.7. Lack of communication around HeadFIT**

Developers and beneficiaries highlighted the need for a broad communication and implementation strategy for HeadFIT to ensure widespread and sustainable uptake. Across the board, it was seen as imperative to carefully identify the best way to communicate the existence of HeadFIT to the target audience. Encouragement by senior leadership, hosting specific HeadFIT briefings and integration into routine training were all purported to be a good way forward. Interestingly, our findings suggested that increasing awareness and encouraging uptake of HeadFIT via email communications was expected to be unsuccessful, especially for junior ranks. However, the impact of the Covid-19 pandemic on HeadFIT communication should be acknowledged. A reduction in face-to-face military briefings and an increase in remote communication may have distracted attention from HeadFIT.

## **6.2. Limitations**

### **6.2.1. Demographic information**

Demographic information was used to match the beneficiaries' Follow-up responses to their BV and AV responses. At times, beneficiaries' questionnaire responses proved difficult to match for several reasons including demographic information partially completed or illegible, and a change in mode of data collection as a result of the restrictions imposed due to Covid-19. This resulted in the need to create three beneficiary sample groups rather than one overall beneficiary sample.

### **6.2.2. Representation**

This service evaluation used a convenience sampling strategy recruiting Defence personnel

from three military bases and the MOD Main Building due to practical and feasibility purposes. As such, our sample is not representative of the whole Defence community.

### **6.2.3. Open access**

Throughout the evaluation, the HeadFIT website was live as an open access resource (<https://headFIT.org/>). Whilst the website was not actively promoted other than in the pilot roll-out briefings given by the KCMHR research team during base visits, it is possible that developers of HeadFIT and proposed beneficiaries who were not part of the pilot evaluation accessed the website. As such, the website usage data might include individuals who were not part of the pilot roll out.

### **6.2.4. Response rate**

The response rate for the Follow-up phase was lower than anticipated due to impact of Covid-19 on our data collection methods. The follow-up questionnaire was moved online rather than collecting data in person with the same group from the baseline visits which was outlined in the original protocol. This change led to difficulties in tracking beneficiaries who took part in the baseline data collection and getting them to complete the Follow-up survey as well as matching up baseline and Follow-up responses. It also created difficulties in hosting beneficiary focus groups and impacted recruitment for beneficiary telephone interviews, resulting in a lower sample size than we hoped. Further, several of the military units involved in the evaluation were deployed to support the Covid-19 response. These obstacles may have impacted on the generalisability of the findings.



### **6.2.5. Independent evaluation**

The evaluation was conducted independently by KCMHR. KCMHR were not involved in the procurement process or initial development of the HeadFIT content. Rather, the outcomes of the service evaluation and recommendations made by KCMHR are intended to be integrated into the development of the next iteration of HeadFIT. Neither MOD, Denhams Digital or the Royal Foundation had any influence on the interpretation of the service evaluation results. The independent nature of the evaluation was also stressed to the beneficiaries during data collection to encourage them to be open and honest about their views of HeadFIT.

## **6.3. Recommendations**

Based on our findings, we formulated the following recommendations which may prove useful in further strengthening the acceptability and feasibility of HeadFIT. The recommendations have been divided into two target areas: 1) recommendations related to the HeadFIT content and 2) recommendations related to the implementation and communication of HeadFIT.

### **6.3.1. Content**

#### **Recommendation One: Strengthening the distinction between mental fitness and mental ill health**

Many beneficiaries associated mental fitness with good mental health but indicated that they would only use HeadFIT when their mental health was under strain. This is not in keeping with the aims of HeadFIT which was developed to support and encourage the active management and maintenance of mental fitness as part of one's lifestyle. As such, we would recommend a thorough

review of the HeadFIT website, including the home page information and the introduction briefing video, to ensure a clear message is given around this distinction and around when and why HeadFIT should be used. It is also important that this message gets explained and communicated clearly to those promoting HeadFIT, including health and wellbeing champions, senior ranks etc., and is given prominence in any future implementation and communication strategy.

#### **Recommendation Two: Diversification of HeadFIT materials**

The beneficiaries indicated a perceived lack of representation of Black, Asian, and Minority Ethnic personnel, females, disabled personnel, junior ranks and civil servants in the HeadFIT materials, possibly hampering acceptability and uptake of the initiative across the Defence community. Future iterations of HeadFIT could benefit from the inclusion of videos and tools showcasing the range of diversity within the Defence community.

#### **Recommendation Three: Personalisation and usage tracking**

Both beneficiaries and developers commented on the lack of ability to personalise the HeadFIT website and resources, including the inability to create a HeadFIT account allowing users to track and monitor personal usage. Future iterations of HeadFIT could incorporate the ability to personalise the HeadFIT resources and provide beneficiaries with the option to create an account, track their usage, receive notifications around the availability of new resources or content on the website, receive reminders to view a tool or finish certain pre-set

tasks or exercises. The potential of a mobile phone app to enable this personalisation and facilitate such progress tracking should be considered.

#### **Recommendation Four: Website upkeep and maintenance**

Developers expressed concerns surrounding the upkeep of the HeadFIT website, content and tools, in fear the resource will become redundant and forgotten. It is therefore recommended that future planning for HeadFIT is clearly outlined with dates for updates, new content and videos to be created and released. A thorough plan for the upkeep and maintenance of the website to ensure relevance is seen as crucial to a successful and sustainable uptake of HeadFIT across the Defence community.

### **6.3.2. Implementation and communication**

#### **Recommendation Five: Review of previous implementation and communication strategy for HeadFIT**

Despite Defence personnel responding positively to the HeadFIT initiative, there was little uptake and usage of HeadFIT which could be largely explained by the strategies used to implement, promote and communicate HeadFIT to the intended beneficiaries. A full review of the previous HeadFIT implementation and communication strategy is recommended to identify potential shortcomings and to direct developer efforts into creating a more effective strategies to improve HeadFIT uptake and encourage sustainable usage of the website and tools.

#### **Recommendation Six: HeadFIT champions within MOD and military branches**

It was collectively suggested that HeadFIT would be more widely used by Defence personnel if the initiative were promoted and supported by senior ranks and Defence role

models. Identifying HeadFIT champions at senior levels (military rank and Civil Service grade) may increase awareness of HeadFIT and contribute to addressing possible stigma associated with mental health and mental fitness, as well as encourage and motivate the use of HeadFIT resources. HeadFIT champions would be able to reinforce, at a local level, the notion that HeadFIT is to be used habitually and regularly to improve mental fitness.

#### **Recommendation Seven: Embedding HeadFIT into training**

To improve the acceptability and uptake of HeadFIT, it is recommended that HeadFIT is integrated into military and Civil Service routine and mandatory training. It is also recommended that HeadFIT training occurs annually or biannually, or possibly at fixed stages during one's career when HeadFIT would be most beneficial to personnel e.g. Phase One training or rank progression. The evaluation highlighted that Defence personnel discussed HeadFIT with others and visited the HeadFIT website for only a short time directly after the HeadFIT briefing. Reminding personnel of HeadFIT regularly, may contribute to improving habitual use of HeadFIT and begin to bring mental fitness to the forefront.

#### **Recommendation Eight: Follow-up study investigating the effectiveness of HeadFIT on mental fitness**

This service evaluation was set up to examine the acceptability and feasibility of HeadFIT and was not developed to investigate the effectiveness of the initiative with regards to managing and maintaining one's mental fitness. It is therefore recommended that a high quality (e.g. randomised controlled) trial is conducted to explore the effectiveness of HeadFIT.





# References

- Brooke, J. (1996). SUS: a 'quick and dirty' usability scale. In *Usability Evaluation in Industry* edited by Jordan, P.W., Thomas, B., Weedmeester, B.A. and McClell, I.L. Taylor and Francis: London.
- Campbell, D. & Nobel, O. B. Y. (2009). Occupational stressors in military service: A review and framework. *Military Psychology*, 21(sup2), S47-S67.
- Cox, K., Grand-Clement, S., Galai, K., Flint, R., & Hall A. (2018). Understanding resilience as it affects the transition from the UK Armed Forces to civilian life. *Rand Europe Quarterly*, 8(2).
- Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: following considerable development in the field since 2006, MRC and NIHR have jointly commissioned an update of this guidance to be published in 2019, 2006. UK: Medical Research Council.
- Defence People Mental Health and Wellbeing Strategy; 2017-2022. Ministry of Defence. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/689978/20170713-MHW\\_Strategy\\_SCREEN.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689978/20170713-MHW_Strategy_SCREEN.pdf)
- Dempsey, N. (2020). UK Defence Personnel Statistics. House of Commons Library. [file:///C:/Users/k1802445/Downloads/CBP-7930%20\(1\).pdf](file:///C:/Users/k1802445/Downloads/CBP-7930%20(1).pdf)
- Fear, N., Meek, D., Cawkill, P., Jones, N., Greenberg, N., & Wessely, S. (2017). The health of UK civilians deployed to Iraq. *Europe Journal of Public Health*, 27 (2), 367-371.
- Gilbert, P. (2009). *The Compassionate Mind – A new approach to Life's Challenges*. London, United Kingdom: Constable & Robinson, Ltd.
- Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: A cognitive therapy treatment manual for clients*. Guilford Press.
- Jones, N., Whelan, C., Harden, L., Macfarlane, A., Burdett, H., & Greenberg, N. (2019). Resilience-based intervention for UK military recruits: a randomised controlled trial. *Occupational and Environmental Medicine*, 76(2), 90-96.
- Lund, A. (2001). Measuring usability with the USE questionnaire. *Usability Interface*, 8(2), 3-6.
- Ministry of Defence (2020). UK Armed Forces Biannual Diversity Statistics Report. <https://www.gov.uk/government/publications/uk-armed-forces-biannual-diversity-statistics-2020/uk-armed-forces-biannual-diversity-statistics-1-april-2020>
- Oster, C., Morello, A., Venning, A., Redpath, P., & Lawn, S. (2017). The health and wellbeing needs of veterans: a rapid review *BMC Psychiatry*, 17, 414.
- Rafferty, L., Stevelink, S., Greenberg, N., & Wessely, S. (2017). *Stigma and barriers to care in service leavers with mental health problems*. London: King's College London. <https://www.kcl.ac.uk/kcmhr/publications/reports/files/fimt-stigma-and-barriers-to-care-in-service-leavers-with-mental-health-problems.pdf>
- Reid, G. (2018). Adjustment Disorder: An occupational perspective (with particular focus on the military). *Adjustment Disorders: From Controversy to Clinical Practice*, 173.
- Stevelink, S., Jones, M., Hull, L., Pernet, D., MacCrimmon, S., Goodwin, L., Macmanus, D., Murphy, D., Jones, N., Greenberg, N., Rona, R., Fear, N., & Wessely, S. (2018). Mental health outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: a cohort study. *The British Journal of Psychiatry*, 213(6), 690-697
- Williamson, V., Greenberg, N., & Stevelink, S. A. (2019). Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders. *BMC Psychology*, 7(1), 75.



# Appendices

## Appendix A: Developer interview guide

### Developer interview topic guide

**1. How did you find the experience of developing HeadFIT?**

- a) What went well?
- b) What could have gone better?
- c) Would you do something different next time?

**2. How did you find the experience of developing HeadFIT?**

- a) What went well?
- b) What could have gone better?
- c) Would you do something different next time?

**3. What was your vision whilst developing HeadFIT?**

- a) Did you have any problems conveying this vision to others involved in the development process?
- b) Do you think the final set of tools were consistent with your vision? Can you explain your answer?

**4. Did you have to make any concessions in the development of the HeadFIT resources?**

- a) Was this to make it acceptable to all parties involved or for some other reason?

**5. Were you aware of conflicting demands between the different parties involved in terms of the development of HeadFIT?**

**6. What are the main potential challenges which you think the implementation team will face when HeadFIT is fully rolled out?**

**7. What changes would you make to the development of HeadFIT if you were to do it again?**

**8. If resources were unlimited, how would you change the way you developed HeadFIT?**

## Appendix B: Beneficiary interview guide

### Receiver interview topic guide

#### UNDERSTANDING MENTAL FITNESS:

- 1. What does the term mental fitness mean to you?**
  - a) Mental health/Resilience?
  - b) Mental fitness training?
  - c) Briefings?
  - d) What comes to mind when you think of mental fitness?
- 2. How important do you think mental fitness is?**
  - a) Scale from 1-10?
- 3. Do you think people can develop their mental fitness? If so, how?**
  - a) Resources?

#### MILITARY MENTAL FITNESS:

- 1. Before HeadFIT, are you aware of any training/resources that the military/Civil Service provide to help you develop your mental fitness?**
  - a) What was the training?
  - b) Do you think it improved your mental fitness?

#### HEADFIT ACCEPTABILITY:

- 1. What do you think about HeadFIT from the briefing/using it?**
  - a) Did you like it?
  - b) Think it was useful?
- 2. Did you speak to others about HeadFIT?**
  - a) Colleagues, family, friends?
  - b) What did others think about HeadFIT?

#### HEADFIT IMPACT:

- 1. Did HeadFIT change the way you think about mental fitness? If so, how?**
  - a) Changed your understanding of mental fitness?
  - b) Think about mental fitness differently?
  - c) Changed since the baseline phase?
- 2. Did HeadFIT help you to improve your own mental fitness? If so, how?**
  - a) What differences did you see?
- 3. Do you think the skills that HeadFIT offers will help you or others to perform better? If so, how?**
  - a) The tools on the website?
- 4. Again, the Armed Forces/Civil Service, do you think the skills that HeadFIT offers will help you or others to perform better? If so, how? Who might it help more or less?**
  - a) Demands of the job?
  - b) With colleagues?



## Receiver interview topic guide (continued)

### HEADFIT USAGE:

- 1. Did you visit the HeadFIT website?**
- 2. Why did you visit the HeadFIT website?**
  - a) Because of the HeadFIT briefing?
  - b) Just to have a look?
  - c) To use the HeadFIT tools?
- 3. What do you think about the layout of the HeadFIT website?**
  - a) Prefer a different layout?
- 4. Which tools did you use (use table of tools/website as prompt)?**
  - a) De-Stress, drive, confidence, or mood?
- 5. What did you think of those tools?**
  - a) Things to improve?
  - b) Things you liked?
- 6. Why did you use those tools?**
  - a) To improve your mental fitness?
  - b) To show others?
- 7. If you did not use the tools/visit the website, why not?**
  - a) You do not need to improve your mental fitness?
  - b) You did not understand what HeadFIT was for?
- 8. Have you used any of the HeadFIT tools since it's been rolled out - 27th April?**
  - a) In the past month?
  - b) Which tools?

### HEADFIT COMMUNICATION:

- 1. What do you think would be the best way to make sure that people in the Civil Service/military are aware of HeadFIT?**
  - a) Mass briefing by work? Unit lead? Mental health wellbeing representative?
  - b) From those more senior to you at work?
- 2. What do you think might encourage civil servants/service-personnel to use HeadFIT?**
  - a) From top-down?
  - b) Training?
- 3. HeadFIT was officially rolled out in April. What did you think about the way in which HeadFIT was rolled out/ launched?**
  - a) Were you aware of the official launch in April?
  - b) Improvements to the launch of HeadFIT?

