

#### What is the aim/end goal of the BALM study?

The aim is for us to deliver and evaluate the BALM intervention. The BALM study is the first intervention which targets this specific population, which is men working in frontline NHS roles. At the end of the intervention, we want to find out if it benefitted the participants, in terms of improving their mood. We also want to know if the intervention was accessible, and if men engaged with the intervention. Finally, we also want to know how efficient the intervention was to deliver. As the ultimate aim is for the intervention to be embedded within usual practice NHS wellbeing services, evaluation of all the above will be key.

### How are you going to publicise the study to recruit participants?

The BALM team have created posters to be displayed within staff areas of the partner trust sites (TEWV, NWAS and York & Scarborough) and will also be shared on our social media platforms (Twitter and Website). Ambassadors (volunteers from each of the trusts) will be sending out mass emails to employees with information about the study. We will also encourage information about the study to be shared by word of mouth from individuals who are involved in the development of the BALM study.

We are purposely not taking a referral approach, as we want men to sign up themselves. Although the Trusts will be sharing information, the intervention is independent from the participants employee and organisation.

Will there be a session feedback form for both coaches and participants at the end of the intervention sessions?

Coaches and participants will be invited to take part in confidential one-to-one interviews with the project researchers to take place upon completion of the intervention. Feedback will help inform acceptability of the intervention and is an important element of the research project.



Would support be available for coaches if a session was taking place during 'unsociable hours' (as this suited both the coach and participant)?

We are aware that both participants and coaches are likely to need to organise sessions for outside of normal working hours due to shift patterns. Our clinical lead will be available from 8am – 7pm Monday to Thursday and 8am – 5pm on a Friday, should coaches need to call for any support. If you need to have a session outside of these hours, the clinical lead will need to be contacted and discretion to do this may be granted. No sessions will take place over weekends, bank holidays and between Christmas and New Year.

#### What should we expect at the coach training?

TThe training is delivered over the course of three days, via zoom. The training will discuss; how to deliver the BA intervention, advice on contacting people over the phone/video call, how to support people who are in the subthreshold for depression and anxiety and the risk protocol.

Within the training there will be a mixture of listening to information, reviewing materials, looking/listening to video/audio clips, it will also be very interactive.

### What support will coaches have?

Coaches will have regular one-to-one contact with the project supervisors. There is also an option for group meetings which can often work well as previous studies have shown. Coaches will also be given a manual which contains all information relevant to the project.



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Should	Coaches	ne	docume	пипу	sessions?

Coaches will be asked to take notes on a secure system, to enable discussion of the participant during your supervision sessions. We would ask you to record if any risk had been identified, the process for recording this will be explained within your training.

### Are coaches' sessions with the participants recorded?

No, the sessions must not be recorded.

### When will we find out the effectiveness of the study?

The study commenced in March 2022 and concludes in March 2024. At end of the study, we will be able to evaluate our findings, however, we will be collecting data throughout which will provide early indications of effectiveness. One early indication will be the uptake and engagement of the intervention. We will also learn throughout about participants preferences, some participants may, for example, prefer their coach to be similar in age or the same gender.



Will causes of	people	's stress/	low mood/anxiet	y be recorded?
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As part of the evaluation, we will be speaking with coaches and participants to delve into what was helpful to them and why and in turn, we hope to explore causes.

What are the next steps if I want to be a coach for the BALM study?

Please contact the BALM study team and Heidi or Katie will book you in for the coaching sessions:

balm-project@york.ac.uk

Will we receive a list of resources for guidance?

A list of resources will be provided to coaches along with access to a 'coach section' of the BALM study website.



Will we be provided with mobile phones	Will we	be provided	with mobile	phones?
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Basic mobile phones will be provided by the BALM study to all coaches. Coaches cannot use personal phones.

Will we be provided with a contact list of staff?

A list of both research and clinical staff, their contacts and hours of availability will be provided to all coaches and will also be made available on the 'coach section' of the BALM study website.