



Good practice framework for mental health and wellbeing in first responder organisations



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The framework has been developed collaboratively, with input from small and large first responder agencies in several states and territories. A steering group of representatives from Australian front line agencies in police, ambulance, fire and rescue, and state emergency services has been invaluable.

A number of people with front line operational, union, legal, clinical and academic expertise also provided input into the framework. These included blueVoices members with experience working in first responder roles. blueVoices is *beyondblue*'s community of people who have personal experience of anxiety, depression and/or suicide.

beyondblue engaged the FBG Group to lead the consultation on, and development of, the *Good practice framework*.

Some of the images in this document have been provided by Victoria State Emergency Service and Ambulance Victoria.

We would like to thank everyone involved for their valuable contribution.

beyondblue is especially grateful to all current and former first responders who shared the stories of their personal mental health experiences with us.

For the purpose of this document, *beyondblue* has defined first responder organisations to include:

- Ambulance services
- Fire and rescue services
- Police forces
- State emergency services (SES).

Throughout this document the term first responders refers to all workers in a first responder organisation including employees, managers, leaders, non-operational and support staff and volunteers.



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Foreword



I consider this to be a very important document and I thank you for taking the time to read it.

The mental health of our first responders – police, ambos, fires and SES personnel – is of paramount importance. This is not only for first

responders and their families. We all need them to be mentally healthy and alert when they are called upon to help and protect us, should we ever need urgent assistance.

Our first responders are repeatedly exposed to distressing situations, violence, trauma and death. They can also face day-to-day workplace stresses, such as heavy workloads, tough shifts, sometimes discrimination and bullying, and simple things such as poor or inaccurate communication.

While these factors can have an immediate detrimental effect on some people, for others the potentially negative impact of their job builds up over weeks, months, even years. Or, the effect of being exposed to challenging situations compounds over time.

For many, it occurs after they leave their very disciplined employment, which if combined with the absence of the comradeship they enjoyed in their jobs, can have tragic results.

While many first responder agencies have commendable procedures in place to support employees in times of need, sadly, mental illness and suicides are too high.

We need to develop better practices urgently. Governments, heads of organisations and managers of individuals have a responsibility to make the mental health of their workforce a personal top priority.

However, these people alone cannot be held responsible for every employee's health – physical or mental. First responders must also accept that responsibility themselves.

No one can discharge their responsibilities to their family or their job as well as they would like if they aren't physically and mentally healthy.

At *beyondblue*, improving the mental health of first responders is a top priority for us over the next five years.

This *Good practice framework* is a result of work we have done to date. We will be doing a great deal more to assist agencies to take action on this critical issue.

We will, with the help of key stakeholder groups, continue to drive cultural change to ensure that first responders who are stressed, anxious, and/or having suicidal thoughts feel comfortable to reach out for help.

Usually, with the right professional help, mental health difficulties can be overcome, no matter how big the problem seems or how bleak the future appears.

Life is simply too short to be unhappy all the time. It's even worse to consider ending your life because the issue being faced seems insurmountable.

No family is ever better off because a father, mother or child chooses to end their life. Neither is the community better off.

Our community needs the skilled support of every first responder it can get – and we need them to be mentally healthy and well.

Please read this document and discuss its contents in your workplace.

Ask yourself if policies, programs and practices to look after the mental health of staff exist in your workplace. If they don't, then work to make sure suitable initiatives are made available as a matter of urgency.

beyondblue will lead the public advocacy. However, we need not only every agency to be committed to change, but also our leaders, politicians and employee representatives.

The simple fact is too many first responders are dying because our practices are not good enough.

Please read on, but more importantly, DO SOMETHING to change practices.

There is no substitute for good practice!



The Hon. Jeff Kennett AC

Founding Chairman 2000–2017,
beyondblue

Purpose of this document

This document provides first responder organisations with a good practice framework that aims to provide guidance to protect the mental health of their workforces, promote wellbeing and prevent suicide.

Every first responder agency, just like every workplace, has unique characteristics. This framework is not intended to be prescriptive. However, there are common, core actions that work, and issues that every agency can and need to address.

The framework:

- encourages a **strategic and integrated approach to mental health**
- offers an **evidence-based framework** of preventative measures, as well as supportive interventions for first responders in the field
- emphasises a **positive approach to mental health**, by encouraging organisations to actively promote wellbeing as a core part of business
- highlights the need for **shared responsibility**
- identifies **key principles for creating mentally healthy workplaces** that are high performing and enable each first responder to achieve their best
- provides practical **guidance on how to develop or check an existing strategy** to promote the mental health and wellbeing of a first responder workforce
- presents a comprehensive set of **actions across the first responder's career** to assist each organisation to examine their approach to mental health and wellbeing
- offers guidance about **support that can be provided to first responders who develop a mental health condition**
- gives practical **suggestions about how to use this resource**.

Introduction

Every workplace has a responsibility to ensure that the mental health of their workers is promoted and supported. This responsibility is heightened for first responder organisations, given their unique and often challenging work environments.

The nature of emergency services work means first responders are likely to be regularly exposed to potentially traumatic events, which may or may not impact their mental health. Like other workers, they may also experience common workplace stressors, such as excessive workloads, inadequate support and bullying.

Workers are spending more time at work than ever before. Being productive and making a contribution not only protects mental health, but also helps with recovery from a mental health condition.

Workplace culture plays a significant role in how workers respond to challenges – whether they relate to the workplace or life outside of it. There are many protective cultural and other factors in first responder services that have a positive impact on wellbeing. For example, there is often a strong sense of community and camaraderie in first responder environments.

There are also elements of culture that present a risk to mental health and wellbeing. Stigma, and potentially discrimination, regarding mental health conditions is still prevalent, particularly in traditionally male-dominated occupations such as emergency services. Many people still worry about talking about suicide and lack the confidence to approach someone about it because they are afraid of doing harm or saying the wrong thing. In many first responder organisations, there are concerns about the confidentiality of support services as they may be perceived to be linked to line management, career development and performance management responsibilities. These concerns may deter workers from seeking help for mental health difficulties and remain significant barriers to promoting mental health.

Tackling these barriers requires a cultural shift. This will only be achieved if everyone in an organisation is committed to working together to improve mental health and wellbeing and prevent suicide.

Individual qualities and skills also play a role in how people respond to stressful situations, at work or in their personal lives. Most first responders manage the challenges of the job well, and have the ability to withstand, adapt to, and recover from the stress and adversity associated with their role. Yet even the most resilient people can be impacted

by confronting situations. There is evidence that repeated exposure to critical incidents can have a cumulative impact on a person.¹ All first responders have a responsibility to look after their own mental health and develop a range of skills to build resilience and cope with the demands of the job.

A minority of first responders will experience mild, moderate or even severe symptoms of a mental health condition either temporarily, or on a recurrent/ongoing basis. Some of the more common conditions include anxiety, depression, substance misuse and post-traumatic stress disorder (PTSD). However it is important to note that a person with a mental health condition can perform just as well as their colleagues if they have the right supports from family, friends and their workplace.

Organisations must be aware of their risk profile, and have strategies in place to manage mental health, wellbeing and suicide risks arising from their work.

The nature of these strategies will, in some instances, be constrained by the availability of resources and other barriers. However, many initiatives (e.g. actions to reduce stigma) can be implemented with minimal cost and are part of good management and business practices.

The key to promoting first responders' mental health and wellbeing is to ensure that employers, workers and worker representatives act together to plan and implement an overarching strategy.

Investing in mental health also makes good business and operational sense. Workplaces with a positive approach to mental health and safety have increased productivity, improved worker engagement and are better able to recruit and retain talented people.² They also have reduced absenteeism, risk of conflict, grievances, turnover, disability injury rates and performance or morale problems.³ Research has shown a potential return on investment of \$2.30 for every one dollar organisations invest in creating mentally healthy workplaces.⁴

This resource aims to provide a tailored framework for first responder organisations to address the challenges discussed above and create and maintain high-performing, mentally healthy workforces.

Mental health and suicide

Understanding mental health

Everyone's mental health varies during their life. Mental health exists on a broad continuum or range, from positive, healthy functioning at one end through to severe symptoms or conditions that impact on everyday life and activities (see Figure 1 below).



Figure 1: The mental health continuum

At the **green** end, people tend to show resilience and high levels of wellbeing. This doesn't mean they never experience any challenges to their mental health. Rather, they draw on a range of coping mechanisms and supports to effectively manage any difficulties as they come along.

People at this end are likely to proactively look for ways to develop their resilience and enhance their knowledge and skills about their own self-care. In some cases, people who experience potentially traumatic events are able to draw on these experiences to develop even greater resilience than they had before. This concept of post-traumatic growth is different to a traditional illness-focused approach to mental health and raises interesting possibilities for people such as first responders and their employers.

People sitting in the **yellow** section, through to the **red**, are likely to experience increasingly severe symptoms and greater difficulties coping with daily life. Symptoms may range from short-term responses such as mood fluctuations, poor sleep and decreased energy, through to more persistent symptoms such as excessive emotional outbursts, regular misuse of alcohol or other drugs, or complete social withdrawal. Someone at the extreme end of the continuum may be at risk of self-harm or suicidal behaviour.

Mental health conditions are common, distressing, potentially disabling and can be associated with poorer physical health and the risk of suicide. Common mental health conditions such as anxiety and depression may be caused by a range of factors including individual factors (e.g. genetics, personality, life experiences) and environmental factors (e.g. grief and loss, relationship difficulties, financial problems, job stress). Like other health conditions, anxiety and depression can be prevented by interventions that focus on changing the balance between risk and protective factors.

Mental health is not fixed or static – a person can move back and forth along their own personal range over time, in response to different stressors and experiences. Each person's knowledge and skills in promoting their own wellbeing (self-care) will also influence their mental health at any point in time.

It is important to note that the mental health continuum does not necessarily reflect the presence or absence of a diagnosed mental health condition. For example, a person with a diagnosed mental health condition may achieve high levels of mental health and wellbeing, if the condition is managed effectively. Equally, someone may be experiencing a range of symptoms and/or facing major life stressors – such as a relationship breakdown or job stress – that severely affect their mental health, but not be experiencing a mental health condition.⁵

Understanding suicide

Sometimes, life can present overwhelming situations that can be difficult to deal with and people might consider suicide as a possible solution to end the pain. People with depression or anxiety are also more likely to attempt suicide than other people. However, not everyone experiencing a mental health condition will feel this way, and not everyone who has suicidal thoughts has a mental health condition.

There are many reasons why someone considers suicide, which can be quite complex, but there are certain factors that may help us determine whether a person could be at risk of suicide. These can include:

- mental health conditions – e.g. depression, anxiety, post-traumatic stress disorder (PTSD)
- severe life stresses – e.g. loss of job or high job stress
- relationship difficulties
- long-term problems associated with exposure to abuse or trauma
- chronic pain and/or illness
- loss, feelings of failure
- financial hardship
- alcohol and/or substance abuse
- physical disability.⁶

For more information on suicide, possible warning signs and how to talk about it visit www.beyondblue.org.au/the-facts/suicide



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Mental health and the workplace

In all occupations there are both protective and risk factors to the physical and mental health and safety of workers.

Common risk factors that can affect the mental health of workers in any workplace include:

- heavy workloads
- demanding deadlines and targets
- unclear roles and responsibilities
- low control over how the job is carried out
- challenging work hours
- high emotional, mental or physical demands
- lack of recognition or feedback
- bullying and/or poorly managed behaviours
- discrimination.

Personal factors can also affect people's mental health at work. For some workers daily life pressures can accumulate and develop into severe stress. For others, specific life events such as sudden financial loss or the breakdown of a relationship can act as a trigger and result in severe difficulties functioning at work.

There is a wide range of factors that can balance and protect against the risks mentioned above. These protective factors may be either work or non-work related. Broadly speaking, a worker's mental health and wellbeing at work will be influenced by the job they do, the environment they are in, and the social supports and positive activities that exist for them outside work.

A mentally healthy workplace is one that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the individual, organisation and community.

An integrated approach to mental health and wellbeing

Workers with high levels of mental health and wellbeing are not only happier and healthier, but also more productive and likelier to stay in the workforce despite any challenges life may throw at them. Protecting the mental health of workers is an important part of managing any organisation, and employers have legal responsibilities to provide a workplace that is mentally safe and healthy.

Forward-thinking organisations are increasingly realising the benefits of adopting an integrated approach to mental health and wellbeing, as they develop a greater understanding of the relationship between their workers, the work environment they provide and high performance for the organisation.

An integrated approach to mental health combines initiatives for protection, promotion and intervention.

Evidence indicates that an integrated approach to mental health and wellbeing in the workplace will lead to the greatest benefits for organisations and workers. Integrated approaches draw on the following three key areas of focus:

1. **Protection** – protecting mental health by reducing work-related risk factors for mental health conditions and increasing protective factors
2. **Promotion** – promoting mental health and wellbeing by developing the positive aspects of work as well as workers' strengths and capabilities
3. **Intervention** – addressing mental health difficulties and conditions among workers, regardless of whether the workplace was a contributing factor.

Research suggests that these three approaches are complementary, and together they are an effective, comprehensive approach to mental health and wellbeing.⁷ This integrated approach forms the foundation of the *Good practice framework for mental health and wellbeing in first responder organisations*.



Figure 2: An integrated approach to mental health and wellbeing

Mental health in the first responder setting

The mental health of first responders

The mental health of first responders may be impacted by any of the common workplace risk and protective factors described in the previous section. In addition, there are unique aspects of first responder roles that can also have a positive or negative affect on a worker's mental health.

Given the challenging nature of emergency services work, it may be that naturally resilient people are more likely to choose to go into these roles in the first place. Additionally, first responder organisations have positive attributes that can help protect the mental health of workers and contribute to their wellbeing. A culture of camaraderie and loyalty is common in first responder organisations, and many workers feel a strong sense of purpose and connection with the community in their role.

On the potentially harmful side, the nature of emergency services work means first responders are likely to be exposed to difficult situations and potentially traumatic events. They may be repeatedly exposed to death, violence, natural disasters, at risk of harm to themselves or their colleagues, or exposed to other challenging situations that may potentially cause indirect trauma. These experiences greatly increase the risk of developing a mental health condition, or can make an underlying issue worse.⁸

In addition, the first responder role comes with a range of organisational stressors. First responders regularly work long hours on shift-work schedules, and are rostered to work at times that others usually spend with family or friends, such as weekends, public holidays, birthdays and Christmas. This can significantly impact their ability to access the support and interaction they need outside of work. This can lead to social isolation and relationship difficulties, which can pose a significant threat to a first responder's mental health.

Physical health is closely linked to mental health. First responders can have prolonged periods of low activity or sitting, have trouble 'switching off' or experience inconsistent sleeping patterns. They may also have difficulty eating healthily due to the demands of their work making it difficult to take consistent breaks. All of these factors can contribute to poor physical health. There is an expectation that, because of the nature of their work, first responders are likely to be physically fitter than other workers. This can vary depending on the first responder's role and the resources available within their organisation. It is important to discuss physical and mental health and wellbeing together as part of an overall health management plan.



Image supplied by Ambulance Victoria

Like any other person, first responders are not immune to developing a mental health condition. While the specific risk profile for each first responder organisation is slightly different, first responders are most commonly at high risk of burnout, stress-related anxiety and depression.⁹ Without help, these ongoing conditions may lead to risky behaviours, such as substance misuse or self-harm. If not addressed and managed, these conditions can increase a person's risk of suicide.

Given the complex range of factors that can influence the mental health and wellbeing of a first responder, each organisation must take the time to develop a clear understanding of their specific risk profile and management strategy.

Preventing suicide in first responders

Suicide prevention needs to be one of the ultimate objectives of any mental health and wellbeing strategy. Between July 2000 and December 2012, death by suicide was attributed to 110 police officers, paramedics and fire-fighters in Australia, highlighting the need for serious action to prevent suicide.¹⁰

For first responders, there are specific factors that may increase the risk of suicide. Some of these risks have been mentioned in the section 'Understanding suicide'. The World Health Organization has established that having access to the means to carry out suicide (e.g. weapons, drugs), is a major risk factor for suicide.¹¹ Restricting access to these means is an effective prevention strategy that should be part of first responder organisations' broader risk management activities.

The stigma that persists around suicide is a significant issue. Suicide is often seen as the last taboo in many first responder organisations and this stigma may be paired with a traditional 'toughen up, princess' masculine workplace culture. People from traditionally masculine or male-dominated cultures are known to seek help for mental health difficulties at low levels – this sadly may be linked to more negative long-term mental health outcomes such as suicide.¹²

It is essential for organisations to consider the stigma surrounding suicide as part of their organisation's risk profile. Suicide is undoubtedly a worst-case scenario. Yet if good mental health and wellbeing are broadly promoted in an organisation, this will have a positive impact on reducing the risk of suicide. Suicide prevention starts with recognising the warning signs and taking them seriously. Having open conversations can make a real difference. It can be particularly powerful to encourage first responders who have experienced self-harm, suicidal thoughts and/or behaviours, and recovered, to share their stories with others. Encouraging these kinds of conversations is a powerful tool to reduce the fear and silence surrounding suicide and ultimately prevent deaths by suicide in the workforce.

Preventing suicide in first responders is embedded in all sections of this framework.



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The first responder's career

Across the course of their career, first responders will be faced with experiences that can strengthen or challenge their mental health.

Issues may surface at any point in a person's career, from their first weeks on the job to when they are promoted to a position of greater responsibility, or when they transition to retirement.

The actions and initiatives in this framework are mapped onto the three key phases of a first responder's career:

1. Recruitment

This phase includes all the processes involved in hiring the first responder, such as assessment, selection, induction and training.

Importantly, this phase also includes the process when a first responder is promoted and starts a new role. Internal recruitment is a key opportunity to build a worker's skills and confidence, to promote a mentally healthy environment, and increase a new manager's capacity to demonstrate healthy behaviours and lead by example.

2. Operational service

Most of the first responder's career will be focused on 'business as usual', active service. Programs and practices to promote mental health and wellbeing should be integrated into the everyday work routine of the organisation, focus on preventative approaches, and offer first responders a choice in how they access support if needed.

In addition to 'business as usual', most first responders will, at least once in their career, respond to a critical incident or crisis event. There are additional requirements for promoting mental health in the context of critical incident response, which will differ across organisations depending on specific needs and preferences. The response strategy may incorporate a range of activities such as pre-incident education and post-incident 'check in', and draw on several sources of support, including colleagues, family and friends, chaplains or external health professionals.

3. Leaving the service and post-service

The transition to retirement or a new career can be a very challenging process for first responders, as their identity can be deeply linked to their first responder role in the community. It is important for first responder organisations to assist workers to prepare and make this transition safely.

Some first responders leave active service with an undiagnosed mental health condition, while many others experience a profound sense of isolation or loss. First responders encounter situations that may continue to affect them long after they have left active duty. Well-managed organisations are increasingly realising the importance and benefits of supporting first responders who are leaving the service. It demonstrates to all staff that they are valued, and that the organisation is making a genuine, long-term commitment to their career and wellbeing.



Image supplied by Victoria State Emergency Service

Volunteers and rural first responders

It is important to note there are a number of unique groups within first responder organisations that face additional challenges when it comes to mental health. For example, the large volunteer and rural workforces across the country can experience additional mental health risks due to their volunteer status and their distance from support. Often volunteers are not full time and operate from rural or remote areas. This can lead to both social and geographical isolation.

Additionally, first responders who work in remote or small communities are more likely to personally know the client or victim they come into contact with. This can be very stressful at times, especially if the outcome of the call or situation is negative. On the other hand it can also be rewarding to know they have assisted people in their own community.

Volunteers and remote first responders may not be included in regular systems and databases. This may result in them not being identified for risk of developing a mental health condition or suicide. They are less likely to receive the same level of training and access to organisational initiatives and services that other first responders receive as part of their employment.

As a result, any efforts to promote the mental health of first responders should take into consideration the unique challenges of certain groups, such as volunteers and rural first responders. Organisations need to take extra steps to ensure the specific needs of these groups are identified and included in the mental health and wellbeing strategy.

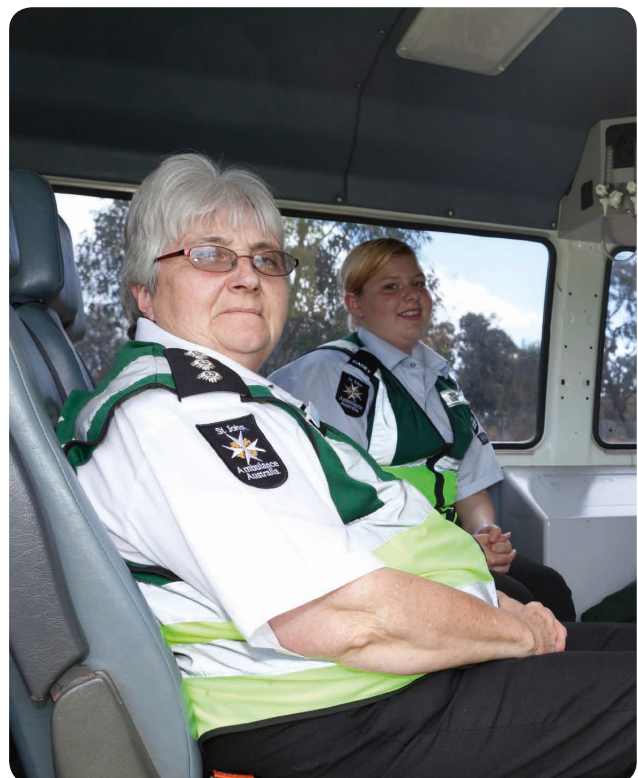
Non-operational workers

It is also important for organisations to recognise the specific factors influencing the mental health of non-operational workers and include them in the organisation's mental health and wellbeing strategy. While non-operational workers are not front line responders, they can also be exposed to highly stressful and potentially traumatic events. For example, call operators are usually the first point of contact with a distressed member of the public. Support staff are also at risk of indirect trauma, for example by listening to or reading accounts of potentially traumatic events experienced by front line workers. A comprehensive mental health and wellbeing strategy should take all workers into consideration.

The role of family and social supports

The role of family and social supports in the mental health and wellbeing of first responders should not be underestimated. The demands of first responder roles are likely to impact on family life and personal relationships. Family members are often the first people to notice signs their loved one may be struggling.

Providing family members with information about what to expect in the first responder work context can help them understand the positive role they can play and how to best support their loved one through difficult times. By inviting family to be part of mental health promotion and education activities at work, first responder organisations can help to encourage a broader support system for workers and prepare them for eventual stresses they will encounter.



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Good practice model for mental health and wellbeing in first responder organisations

The model below provides a framework for promoting the mental health and wellbeing of first responders and preventing suicide.

It reflects an integrated approach to taking action across the first responder's career, which combines the strengths of protection, promotion and intervention (see page 8). Four key principles – shared responsibility, an integrated, holistic approach, modifying risk and protective factors, and a strengths-based culture – guide the implementation of all mental health and wellbeing actions outlined in the framework.

The framework itself consists of five core areas of action and a complementary suite of actions – these are structured across the first responder's career. As part of developing and implementing an overarching strategy, each organisation should consider their specific risk profile to determine which actions are best suited to their situation.



Figure 3: Good practice model for mental health and wellbeing in first responder organisations

Key principles of good practice

Shared responsibility

A strong organisation is a shared responsibility

A shared, collaborative approach to mental health and wellbeing is fundamental to the health of any organisation. Promoting good mental health and preventing suicide is everyone's business – from senior leaders, managers, line supervisors, unions, colleagues, and workers themselves, through to mental health and health professionals working with the organisation.

Thinking about health, safety and wellbeing should be as natural for everyone in the organisation as thinking about operational business activities. Strong organisations have a solid understanding of the day-to-day behaviours that create and maintain a healthy, resilient environment, and how each person can make a positive contribution. This is a core business activity affecting everyone at work and not an optional extra.

Modifying risk and protective factors

Take action at the organisational, team and worker level

First responder organisations need to consider strategies to modify risk and protective factors at the organisational, team and worker level. This is particularly important considering some stressors (e.g. exposure to trauma) are an inherent part of the first responder role. Strengthening protective workplace factors, particularly at the organisational level, should be a priority. This reduces job stressors where and when they occur and can promote mental health and wellbeing on many levels. Directing actions at worker level that aim to modify how workers respond to job stressors (and therefore increase their protective factors) is an important part of an integrated approach.

Strengths-based culture

Build organisational resilience

Mentally healthy first responder organisations take active steps to create and maintain a culture that focuses on worker and organisational strengths. First responder leaders are educated about the benefits of mentally healthy workplaces and contribute to a strong culture by demonstrating positive behaviours and leading by example. Through their words and actions, leaders show that they value all workers, including those who put their hand up to say they are struggling. They build the skills of supervisors and managers to look after the wellbeing of their people, so everyone develops strong working relationships based on trust and integrity. They know this focus on strengths and positive relationships helps to build organisational resilience and overcome the challenges that will undoubtedly arise.

Integrated, holistic approach

A broad focus to promote mental health

An effective, integrated approach promotes the mental health of all first responders. Doing so helps prevent the development of mental health conditions, which is equally as important as providing support and/or treatment to people with a mental health condition and/or at risk of suicide.

Organisations adopting a holistic approach recognise that poor mental health affects organisational productivity and performance, regardless of whether the workplace was a contributing factor. They therefore consider a broad range of risk factors for mental health (organisational, operational, non-work related), common mental health conditions (i.e. anxiety, depression, PTSD) experienced by first responders, and multiple complementary strategies (promotion, prevention, and intervention; organisational and worker directed strategies; and suicide prevention).

A truly effective first responder organisation acknowledges the complexity around mental health. It provides a range of ways to promote mental health and wellbeing within the organisation to help workers thrive.

Core areas of action

This section identifies five key action areas relating to mental health and wellbeing that every Australian first responder organisation needs to address.

Each area draws on a strengths-based approach to mental health and wellbeing. They aim to create a strong workplace culture and effective systems that enable each first responder to achieve their best. Each area is relevant and important at every stage of the first responder's career. Many of the actions identified in this section are simply good management practices that will be in place in any effective organisation.

A strong workplace culture and effective systems can enable each first responder to achieve their best.

Core action area 1	Actions
<p>Adopt a systematic approach to risk management</p> <p>A systematic approach to risk management should examine the impact of the community, the organisation, systems within the organisation and individual factors, to build the organisation's risk profile. This involves looking at the context and systems of the organisation (e.g. male-dominated workforces, hierarchical structures) as well as the characteristics of the job (e.g. access to weapons and drugs, exposure to death and violence). The management of risks to physical and mental health and safety is a requirement of work health and safety legislation.</p> <p>For first responder organisations, a risk management strategy should have a broad focus that includes actions to reduce stigma, develop management capability, monitor exposure to trauma, and build a strengths-based culture.</p>	<ul style="list-style-type: none"> • When identifying sources of potential harm to workers in your organisation, adopt a systematic approach that considers the following broad range of risk factors that affect the mental and physical health and safety of workers: <ul style="list-style-type: none"> – organisational (e.g. work demands, low levels of control, poor support, bullying, harassment, lack of communication and consultation) – operational (e.g. life-threatening situations, attending fatal road accidents, occupational violence) – environmental (e.g. extreme temperatures when carrying out duties, crowd control and response at public events, hazardous chemicals such as drugs) – individual (i.e. that people respond to stressors at work in different ways). • Establish processes to specifically monitor exposure to trauma. Consider screening of workers for PTSD and other mental health difficulties that may potentially arise from exposure to trauma.¹³ • Identify and draw on a broad range of sources to assess risks and develop mitigation strategies. This includes information and data on productivity, rates of absenteeism, separation rates/turnover, exit interviews, staff engagement/morale, feedback from the public/clients, peak/seasonal demands, analysing incident reports, reviews, de-identified information on claims and Work Health and Safety (WHS) service usage. • Consult directly with workers and middle/senior managers through surveys, formal consultative processes, regular team meetings, and focus groups to identify and assess risk and discuss and develop solutions. The outcome should be a clear picture of the greatest risks to the health of your organisation or workplace, and a clear understanding of the factors that influence each risk – i.e. your organisation's risk profile.

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- Develop a plan to control the risks identified in your organisation or workplace as much as reasonably practicable, that consists of interventions aimed at:
 - Primary intervention – addressing the workplace factors that are risks of psychological injury and promoting protective factors (e.g. enhancing leadership capability, increasing job control, enhancing organisational justice, building an environment of positive social and emotional wellbeing)¹⁴
 - Secondary intervention – minimising the impact of stress on workers by responding to warning signs and intervening early
 - Tertiary intervention – implementing safe and effective rehabilitation and return to work plans.

The control measures you choose will be influenced by operational circumstances and available resources. Take account of legal obligations to ensure (so far as is reasonably practicable) the health and safety of all workers.¹⁵

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- Monitor and review the effectiveness of your risk management measures to ensure they are working as intended. Managing work-related risks to mental health and wellbeing is not a one-off exercise but rather a core component of effective 'business as usual' management of any organisation. Information about your organisation's risk management strategy should be regularly provided to senior leaders and should feature in their decision-making. Monitoring and reviewing measures involve the following:
 - Stating clear objectives which are future oriented and outcome focused
 - Setting targets and performance indicators that provide measures of progress
 - Monitoring and reviewing implementation by providing regular reports to senior management or a relevant reference group
 - Reviewing the effectiveness of measures, including the short and longer term impact of the activities implemented
 - Using the review findings to inform refinements and improvements to the measures or future people management, organisational and leadership development or health and safety initiatives.¹⁶

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- Ensure someone within the senior management team of the organisation is responsible for implementing and managing the risk management approach. Ensure this person reports on progress to the board or governing body of the organisation.

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- Define, document and communicate to all levels in the organisation their specific health and safety responsibilities, authority to act and reporting requirements.

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- Ensure managers are held accountable for their health and safety responsibilities.
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Core action area 2	Actions
<p>Develop and implement a mental health and wellbeing strategy</p> <p>Ensuring that promoting mental health and wellbeing becomes a normal part of organisational activity begins with thinking about it as a strategic activity. Equally, translating that strategy into practical aspects of organisational life (operational procedures, communication, learning and development, risk management and quality improvement, etc.) connects strategy from the executive to the front line.</p> <p>Developing and implementing a strategic plan to create a mentally healthy workplace is a fundamental, proactive step. Integrating the plan into daily work activities, reviewing and learning from it, will bring the plan to life.</p> <p>The preventative measures, treatment guidelines, and practice suggestions in this framework are based on the best available data. Likewise, effective organisations need to collect, assess, measure and respond to data about their efforts to promote mental health in the workplace. Doing so leads to more informed decision-making and can strengthen proposals to help secure more funds for further worker-focused initiatives.</p> <p>Establishing a culture of continuous self-reflection and improvement can also contribute to increased worker engagement and morale.</p>	<ul style="list-style-type: none"> • Develop a clear and overarching strategy based on an integrated approach to mental health and wellbeing, incorporating policies, programs and practices that address your organisation's specific risk profile. • Ensure front line workers are involved in the planning, development, implementation and evaluation of the strategy. A top down approach with no worker input will not be successful. • Aim to include worker representatives in the development of the strategy. • Within your overarching strategy, develop and communicate policies, programs and practices to promote mental health and wellbeing at each phase of the first responder's career. These may be standalone mental health and wellbeing policies or may be integrated into wider operational policies. They should address areas such as work health and safety, equal opportunity, bullying, privacy, stay at/return to work, educating and preparing the workforce at all stages and levels, responding to workers at risk, organisational values and code of conduct, suicide in the workforce and critical incident response, etc. • Incorporate mental health into the regular risk assessments undertaken across the organisation. • Identify a champion/sponsor from senior management to be responsible for the strategy and report regularly to senior management on its implementation. • Clarify roles and accountabilities for the implementation of each part of the mental health and wellbeing strategy. • Conduct regular evaluations of the initiatives being implemented by the organisation. Ensure these include measures with a preventative focus (such as reduction of risk factors to mental health, audits and training) as well as traditional measures (e.g. worker's compensation claims and costs). Feed the findings into regular review and improvement cycles of the overall strategy. • Consider how collaborations or partnerships may be beneficial. External research organisations can provide specialist expertise in evaluation, while other agencies may offer useful learnings.



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Core action area 3	Actions
<p>Develop leadership capability</p> <p>Organisational leadership is critical to promoting a mentally healthy culture at work. Leadership and management practices strongly influence how workers cope with and manage operational demands.¹⁷ Proactive leadership and management practices increase worker morale, which buffers them against the impact of work-related risk factors.</p> <p>Good leaders know their people and can detect any signs that a team or individual may be struggling. With the right training, they can gain confidence and skills to recognise warning signs early, have difficult conversations, and know how to manage situations effectively.¹⁸</p>	<ul style="list-style-type: none"> • Develop the leadership capability of leaders and managers by providing mandatory career progression training focusing on people management skills and mental health in the workplace [e.g. creating mentally healthy workplaces, preventing mental health conditions in the workplace, identifying workers at risk and supporting those with mental health conditions]. <hr/> <ul style="list-style-type: none"> • Focus training and development on positive, proactive leadership practices such as: <ul style="list-style-type: none"> – providing constructive feedback on worker strengths and areas of improvement – giving clear direction and advice and clarifying role requirements and expectations – dealing with difficult situations (including conflict) proactively, decisively, promptly and objectively – offering formal and informal opportunities for learning and development – providing positive direction and assisting workers to identify opportunities during times of change – promoting trust, honesty and fairness by making fair and just decisions as transparently as possible – promoting a sense of belonging and social wellbeing at work – enhancing the meaningful aspects of work by promoting the organisation’s mission statement and communicating how workers’ roles contribute to the organisation’s mission and purpose.¹⁹ <hr/> <ul style="list-style-type: none"> • Provide training to ensure managers (particularly middle management and front line supervisors) and leaders have appropriate skills and training to address workplace bullying including: <ul style="list-style-type: none"> – modelling appropriate behaviour – identifying risks relating to the occurrence of workplace bullying – resolving issues at the start or early on – ensuring they can intervene without making the situation worse or increasing the chance of repercussions (e.g. legal issues)²⁰. <hr/> <ul style="list-style-type: none"> • Provide support and training specific to leaders to manage their own mental health. This establishes it as part of normal work life and enables them to demonstrate good practices and lead by example. <hr/> <ul style="list-style-type: none"> • Ensure leaders are aware of their roles and responsibilities, including legal obligations (e.g. work health and safety, discrimination, privacy), regarding mental health in the workplace. <hr/> <ul style="list-style-type: none"> • Set workplace targets for managers/leaders for mental health in the workplace [e.g. workplace safety, stay at work/return to work outcomes]. <hr/> <ul style="list-style-type: none"> • Provide managers with information on how their workplaces are performing in relation to mental health targets and other indicators [e.g. incidence and cost of workers’ compensation claims]. <hr/> <ul style="list-style-type: none"> • Ensure leaders and managers are accountable for the mental health of their workers. Recognise leaders who do the right thing, in ways that are appropriate for the first responder environment.

Core action area 4	Actions
<p>Take action to reduce stigma</p> <p>Tackling stigma is a fundamental step in promoting mental health and wellbeing in a first responder organisation. The stigma associated with experiencing mental health difficulties often deters people from seeking assistance. If left untreated, mental health difficulties can escalate and become more severe with potentially long-lasting consequences for the worker as well as impacting the organisation.</p> <p>Many stigma-reduction initiatives cost nothing and simply require courage. Direct contact approaches (i.e. direct contact with people who have experienced a mental health condition and are in recovery) have proven to be the most effective strategy for reducing stigma.²¹ These should be targeted to workers, managers and leaders, provided locally and regularly, and with people who are in recovery and from a similar occupation (i.e. a first responder).</p>	<p>Include stigma-reduction activities within your organisation's risk management strategy and mental health plan. Examples include the following:</p> <ul style="list-style-type: none"> • Invite people (ideally other first responders) with a personal experience of recovery and management of mental health conditions, self-harm and/or suicide, to share their stories in the workplace. Ensure this is part of a structured activity and appropriate supports for the speaker and audience are in place. • Encourage senior leaders and line managers to speak openly about mental health in the workplace. • Ensure senior leaders actively endorse and participate in activities aimed at reducing stigma. • As much as practically possible, ensure a clear separation of roles between supervisors/managers, work health and safety officers and professional development or promotional decision-makers. This can encourage first responders to feel comfortable disclosing any mental health difficulties they may be experiencing, without fear their right to privacy will be breached or career prospects harmed. • Have zero-tolerance for discrimination against first responders who seek assistance for a mental health difficulty or have been diagnosed with a mental health condition. Set clear expectations that behaviour which reinforces stigmas and stereotypes is not acceptable and outline how the organisation will respond. • Establish a track record of supporting first responders with mental health conditions to stay at or return to work by providing reasonable adjustments (as required under anti-discrimination legislation). • Provide information resources (e.g. websites, flyers, booklets) which challenge inaccurate stereotypes about mental health conditions and replace them with factual information about mental health conditions, prevalence, signs and symptoms. • Regularly and through multiple channels, provide information to staff about available services and supports. Ensure volunteers and family members know where to access this information. • Provide mental health literacy training to staff, managers and leaders, which incorporates the personal experiences of people with mental health conditions. • Promote events such as R U OK? Day, World Mental Health Day and Movember, to affirm mental health is an important part of the workplace and encourage open conversations. • Regularly update all staff on what the organisation is doing to promote mental health and wellbeing. • Demonstrate visible, active commitment to mental health in the organisation (e.g. conduct regular worker surveys, promote work-life balance where possible, encourage social events that promote wellbeing and strengthen the culture of the workplace). • Raise awareness about the importance of mental health via presentations at academy training, university courses and all-staff events. • Consider how family members can be included in all the above initiatives, including inviting them to attend events.

Core action area 5	Actions
<p>Educate and prepare your workforce</p> <p>Providing career-long professional development, education and access to resources that promote positive mental health ensures each first responder's skills are up to date. It also keeps mental health front of mind and assists in creating a mentally healthy workplace culture.</p> <p>There are a wide range of known risks and likely events that can occur in first responder roles. Preparing workers for the impact of these situations and providing information and guidance about how to respond effectively is an essential part of developing confident and capable first responders and protecting mental health.</p> <p>Training and education programs should include options for first responders who are experiencing good mental wellbeing and want to build knowledge and skills to maintain or increase it. Providing resources for people to thrive builds future capabilities in the organisation. Workers reap the benefits of wellbeing and high engagement in their work, and the organisation gains by having high-performing people, innovation and growth.</p>	<p>Include mental health education and training from the recruitment stage through to transitioning to retirement. Training may cover a broad range of topics across worker and organisational levels.</p> <ul style="list-style-type: none"> • Worker-focused programs can include: <ul style="list-style-type: none"> – understanding signs and symptoms of common mental health conditions – suicide risk – psychological first-aid – self-care and positive coping strategies – resilience and positive psychology – leadership development – mentor programs – information about physical health such as sleep deprivation, poor nutrition, excessive alcohol and caffeine consumption, impact of changes in adrenaline, lack of exercise, etc. • Programs that focus on building organisational capacity can include: <ul style="list-style-type: none"> – prevention of indirect trauma – suicide prevention – anti-bullying training and practical skills for managing conflict – skills development to 'help your mates' and have a conversation with someone who may be struggling or at risk – practical language and behaviours to use to reduce stigma in the workplace – anti-discrimination education – legal roles and responsibilities regarding mental health in the workplace. • During recruitment, orientation and on-boarding, provide recruits with a well-considered preview of what they can expect from the job and how it may affect them. Ensure this is paired with support and debriefing. • Review the organisation's training calendar to ensure a range of mental health-related training is regularly included. Provide regular training courses and refreshers across the entire workforce, including volunteers and rural first responders. • Incorporate both mandatory and optional training to ensure the basics are covered. Make additional training available to those interested in further developing their skills. • Provide education and training to match the different phases of the first responder's career (see 'Promotion and development' in the next section). • Provide evidence-based resources and examples specific to the first responder environment (via scenarios, case studies or peer sharing if available/appropriate). • Wherever possible, include face-to-face or video contact with first responders with personal experience relevant to the new knowledge or skill-set being studied. • Ensure all training reinforces key messages such as 'everyone can experience ups and downs with their mental health', and 'it's always better to take action early on rather than let a situation fester and worsen'.

Promoting mental health and wellbeing across the first responder's career

Different initiatives to promote mental health are required at different stages of the first responder's career.

The following pages outline initiatives that are considered good practice in mental health promotion in first responder organisations. These are not prescriptive – each organisation should establish their specific risk profile, needs and available resources. It is important to note that the initiatives outlined below build upon and assume the core actions have been considered and implemented where appropriate. Each initiative should be regularly reviewed to ensure it is effective in achieving the desired outcomes.

Mental health difficulties can affect a first responder at any point in their career.

1. Recruitment

Early engagement and establishing positive attitudes and practices around mental health are critical to achieving the best mental health outcomes for first responders.

This begins with ensuring candidates are carefully selected and appropriately trained and prepared for their career. It also includes how workers are selected for promotions and professional development.

Initiative	Actions
Screening and assessment There is limited evidence that pre-employment screening is effective in identifying people who may be vulnerable to developing a mental health condition in the future. ²² However screening and assessment are important in identifying candidates with appropriate capacity for a first responder role. Organisations considering using screening and assessment of candidates need to balance the benefits of screening against the potential for discrimination and increasing stigma.	<ul style="list-style-type: none">• Consider including mental health assessments as part of the broader recruitment process. It is important to note that screening and assessment results are not perfect – always use them in conjunction with other data and information.• Engage psychologists or suitably qualified and accredited providers, to administer psychological screening assessments. Ensure they have appropriate understanding of, and experience in, emergency services.• Use the psychological assessments, in conjunction with other screening and assessment methods, to determine suitability of potential recruits. These should be aligned with the organisation's competency framework and risk profile.
Induction and recruit training Early in a first responder's career it is critical to set the foundations for a positive attitude towards mental health at work and minimise the impact of stigma. Induction and recruit training should have components dedicated to mental health and wellbeing.	<ul style="list-style-type: none">• Review the organisation's recruit training programs to determine whether mental health is sufficiently incorporated. Given the variability within the first responder sector, there are no universal guidelines as to the minimum amount of training that should be delivered. Each organisation needs to allocate a proportion of its induction and training program to mental health and, as a suggestion, consider it equal to that of physical health education.• Induction should cover:<ul style="list-style-type: none">– the physical and psychological impacts of a role in a first responder organisation in equal amounts– a range of mental health topics (e.g. resilience and self-care, stress management, recognising warning signs, positive and negative coping strategies, suicide awareness, organisational culture, benefits of seeking assistance early and available mental health supports).• Induction training should be available to all first responders new to the organisation, irrespective of the person's stage in their career.

Pre-incident education and training

Providing focused education to recruits before their first exposure to potentially traumatic incidents is a core part of managing exposure.

Controlled training experiences that expose new recruits to realistic situations they will likely face in their daily work, can prepare them for the stresses and challenges unique to the field of emergency response work.

- Profile the situations most common or relevant to the organisation that are potentially traumatic.
- Decide on a small number of key situations and determine a clear protocol for how to conduct pre-incident training and/or managed exposure events. Situations should include what would be a 'realistic preview' of the work environment – for example in the policing environment, a personal, moderated account from a serving member of their first job involving a fatality.
- Following induction, provide new first responders with the opportunity to experience controlled situations they are likely to face in the daily line of work. This should be supported by appropriately trained senior staff.
- Incorporate a debrief process as part of each pre-incident education activity.
- Include pre-incident education as part of the organisational risk profile.
- Use feedback about pre-incident education and training to inform the induction and broader training programs.

Promotion and development

Promotion to a people-management role is an important opportunity to ensure managers are building the skills needed to fulfil the requirements of their role. It is important to ensure newly promoted managers receive training and development to help them transition into their new role, and develop their skills to become proactive leaders who contribute towards a positive workplace culture.

The actions outlined here build on the third core action area, 'Develop leadership capability'.

- Consider including mental health knowledge and skills as a criteria for promotion.
- Provide new managers with training and development to build their skills and confidence in people management, promoting mental health in staff, and role modelling positive behaviours. Training may include:
 - proactive leadership
 - how to have regular feedback and performance management conversations
 - effective communication including conflict management
 - implementing a zero-tolerance approach to discrimination
 - identifying workers at risk
 - supporting workers with mental health conditions
 - managers' roles and responsibilities in creating mentally healthy workplaces, including legal obligations.
- Encourage newly promoted first responders to incorporate mental health promotion skills into their professional development plan and provide opportunities for further learning.



2. Operational service

Actively thinking about mental health and wellbeing should be embedded as a normal part of the everyday work routine. Just as looking after physical health and wellbeing is integrated into daily life, initiatives that promote mental health must be widely and visibly available to reduce stigma and encourage early help-seeking.

Initiative	Actions
<p>Communication and marketing of initiatives and services</p> <p>It is all very well to develop an integrated approach to mental health and wellbeing at work, but if workers are unaware of the organisation's strategy and available supports, they cannot participate or benefit.</p> <p>Organisations must ensure their approach to mental health is clearly communicated and marketed to all workers to ensure everyone is aware of the role they are expected to play in contributing to a mentally healthy workplace.</p> <p>Promoting the support programs available to all workers, including volunteers, and/or their families is a key step in normalising conversations about mental health and will help to reduce stigma in the long-term. It is also important for ensuring resources are used effectively.</p>	<ul style="list-style-type: none">• Develop a clear communication plan for marketing your organisation's mental health and wellbeing strategy and the full range of initiatives and services that sit within it. The plan should include guidance around different communication mediums and platforms, frequency of communication, how and what information is presented, etc.• Use a range of communication mediums to ensure all workers receive the required information – not everyone will have access to the internet, for example. Different communication platforms may include:<ul style="list-style-type: none">– posters in tea rooms and offices– part of induction training– direct email communication– face-to-face information from the manager or leaders– text message reminders– mobile phone apps– the organisation's intranet– newsletters– direct communication from colleagues/peer supporters, welfare officers and liaisons, etc.• Ensure workers are informed of the confidential nature of specific services, to increase their confidence in using the service.• Make sure marketing efforts include communication to volunteers, who may not be on regular staff contact lists.• Include family in communications about mental health initiatives and services wherever possible.• Include information about how family members can access services on their loved one's behalf, or how to encourage them to seek their own support if required.



Image supplied by Ambulance Victoria

Job design

It is not only the nature of emergency services work that can pose a risk to mental health – organisational and job design factors, such as long working hours and shift work, also present their own challenges.

Job design is one of the more difficult things to modify in a first responder environment, but all organisations have a legal responsibility to identify and manage the specific risks that can impact on worker mental health.

Organisations also need to acknowledge that factors relating to job design and dissatisfaction can contribute significantly to stress and anxiety among workers.

- As much as reasonably practicable, let first responders have a say in how their work is organised rather than imposing direction. Allow them to have input on:
 - how job tasks should be completed
 - how problems should be tackled
 - the pace of their work.
 - Regularly review workloads to ensure workers have sufficient resources (in terms of skills, time, or equipment) to cope. Workloads can be reviewed during regular meetings (e.g. a station meeting) or through an informal check-in with the supervisor.
 - Promote a work-life balance wherever possible and encourage workers to take annual leave or holidays when they are due.
 - Encourage workers to speak up at an early stage if they feel their task demands are too high and to seek guidance from management about priorities if there are insufficient resources to effectively complete the tasks.
 - Provide enough information to enable workers to perform tasks competently, including adequate support and resources for decision-making.
 - Have systems in place to support workers when they are required to make difficult decisions or when there are negative consequences to decisions they have made.
 - Ensure sufficient cover for workers who are on extended leave (e.g. maternity leave, long service leave) or extended absences.
 - Review rostering practices for equity and fairness.
 - Identify opportunities for rotations (e.g. transfers of location or roles) to enable skills development, job variation and provide workers with breaks from highly demanding roles and exposure to trauma.
 - Ensure workers have an up-to-date role or position description, which includes the role purpose, reporting relationships and the key duties expected of them.
 - Encourage flexible work arrangements where possible, allowing workers some degree of flexibility in how or when certain tasks will be done.
 - Develop and maintain an environment in which workers are consulted and can provide feedback on changes impacting on their work.
 - Ensure communications systems enable everyone to have access to accurate and timely information and feedback to meet the requirement of their role.
 - Foster a culture of innovation that provides opportunities for workers to contribute to continuous improvement.
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Suicide awareness and prevention

Suicide is a result of a complex combination of factors. Someone who is thinking about suicide will usually give some clues or signs to people around them, though these may be subtle. Suicide prevention starts with recognising the warning signs and taking them seriously. Refer to the introductory section of this document for more information about suicide, or visit

www.beyondblue.org.au/the-facts/suicide

Specific suicide prevention initiatives help reduce the stigma associated with suicide. They also build capability across the workforce to recognise suicidal behaviours early and intervene, and to create a culture that encourages help-seeking.

- Promote mentally healthy workplaces that address risk and protective factors, prioritise mental health and safety, destigmatise mental health conditions and encourage help-seeking.
- Invite people (ideally other first responders) with a personal experience of recovery and management of self-harm and/or suicide, to share their stories in the workplace. Ensure this is part of a structured activity and appropriate supports for the speaker and audience are in place.
- Conduct suicide awareness and prevention campaigns to highlight the warning signs and the key resources available to workers at risk, or for colleagues looking out for one another.
- Provide specific suicide prevention training to all staff. This training should form part of induction, as well as regular refresher courses. Training should include mental health first-aid, warning signs of suicidal behaviour and knowing what to do and how to respond to colleagues at risk. This training may be provided in-house, or by an external provider.
- Ensure leaders have received comprehensive training in suicide prevention and intervention, as they must have the skills and capability to actively support those at risk of suicide. This should include training in the organisation's policies and protocols regarding suicide and self-harm risk.
- Make suicide counselling services available if a death in the workforce occurs. It is important that workers are provided with support following the death of a colleague to help them with their grief and provide advice on how to manage the impact it may have on them at work.

Stay at work/return to work

Many people experiencing mental health difficulties can function productively at work without any changes to their role. However, at some point in their career modified duties may be needed to enable a first responder to stay at or return to work.

Employers are required to make 'reasonable adjustments' under anti-discrimination legislation, provided a worker can meet the core requirements of the job. Ensuring first responders remain connected to the workplace and their colleagues promotes recovery and better outcomes for the worker and the organisation. Extended leaves of absence increase the likelihood of highly-skilled first responders not returning to the workplace.

It is important for organisations to manage these situations well if they want to help first responders to stay well and thrive, and are genuine about reducing the stigma that surrounds mental health.

Returning to work can be a very positive step, however the environment needs to be supportive. Stigmatising attitudes and non-supportive cultures can be stressful, upsetting and act as barriers for first responders returning to work – particularly if they are recovering from a mental health condition.

- First responders with a mental health condition may require extra support to stay at or return to work. Any stay at work/return to work plan should be tailored to the worker's needs, incorporate any reasonable adjustments to their job, and be developed in collaboration with the worker. Parties responsible must first understand the worker's abilities at this point in time and the requirements of the job. With the worker's permission, their treating health professional can provide valuable assistance with these discussions.
 - Ensure managers are familiar with organisational protocols regarding training requirements upon returning to work – for example, inductions, re-training or refresher courses, or rostering with a supervisor. These can help people return to work more effectively.
 - Promote a culture of recovery where improvement is considered likely in most cases, and temporary adjustments are highly unlikely to become permanent.
 - Prepare an agreed return to work plan to provide clarity around expectations and timeframes.
 - Provide flexibility, where possible, regarding work hours and tasks for people returning to work. This may include allowing time off to attend appointments and providing reduced work hours. A graduated return to work approach allows a person to transition carefully, while they prepare for the role/or move to the next phase of their working life.
 - Identify opportunities for non-operational/alternative duties to reduce exposure to trauma, where this is a contributing factor.
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- Ensure the manager of a first responder who have a stay at work or return to work plan regularly checks in to ensure any workplace stressors are being addressed properly and appropriate supports provided.
- The organisation should actively manage first responders who have been suspended or are on extended periods of time away from the workplace – this should include referrals to appropriate services and maintaining regular contact. Where a case management approach is adopted, the primary contact with responsibility for these activities should, as much as practically possible, be independent from the governance structure which determines the outcome of the first responder’s suspension or long-term leave arrangements.

Debriefs

Operational or incident debriefs are important learning tools. They provide an opportunity to explore lessons learned about what happened and what could be done differently to improve the end result. Although operational debriefs are distinct from clinical or psychological debriefs, they can assist first responders to process and manage their personal response to a critical incident. They are therefore an important step in protecting mental health in a first responder organisation.

- Have a clear protocol for when and how operational debriefs are to be conducted and recorded. This should outline which events or situations require an operational debrief, and the timeframe within which it should be conducted.
- Ensure operational debriefs are led by trained internal incident debriefers – typically senior leaders within the organisation.
- Debriefs should occur promptly after an event without blame, intending to clarify and resolve any questions or concerns about the execution of an operation.
- Operational or incident debriefs are different from clinical debriefs because the focus is on the operational execution. Clinical debriefs focus on the emotional response to an event and require a different professional skill-set from the debriefer.

Critical incident management

A Critical Incident Management Plan or Strategy provides a systematic approach to managing critical incidents, in order to mitigate risks – including mental health risks – arising from the incident.

Critical incidents must be managed in a way that reduces psychological risks to the greatest extent possible. In developing the strategy, organisations must take into account their specific risk profile and requirements (both legislative and operational) for record keeping and mental health support for those involved.

- Review the organisation’s crisis response and/or critical incident management strategy to ensure it incorporates a focus on mental health. The way critical incidents are managed must take into consideration the potential impact of the incident on the first responder, and must have mental health and safety as a top priority, while respecting the worker’s confidentiality and privacy.
- The critical incident management strategy should include:
 - accountabilities for critical incident management and reporting
 - reference to pre-incident education and training
 - the phases of a critical incident response and the tasks that must be implemented to stabilise the scene
 - leadership style and techniques required to manage a critical incident successfully
 - processes for assessing the psychological health and safety risks and impacts of the event
 - the organisation’s preferred response model. That is, which resources should be offered in which situations.
- Ensure the strategy is systemic and integrated with other systems and processes such as the risk management plan, debriefing processes and data collection/record keeping.
- Ensure all people involved in critical incident response are trained and aware of their responsibilities and requirements for critical incident management and reporting.

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- For critical incidents:
 - ensure the first responder/s involved in the incident have access to a range of immediate support options, which may include the Employee Assistance Program, peer support, chaplains or a mental health professional.
 - encourage the first responder to seek assistance at any time. Managers should 'check in' with staff that have been involved in a critical incident, to determine how they are coping and encourage them to seek assistance if needed.
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- Determine whether incident debriefing is appropriate in the specific context. Debriefing can be a contentious practice, and research suggests that debriefing may actually be harmful in some instances.
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- Ensure learnings are taken from critical incidents to reduce future risks. For example, incorporating case studies into induction and training, or conducting operational debriefs to explore learnings.
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Ongoing screening

Evidence suggests that cumulative experiences of trauma can contribute to the development of mental health conditions²³, so it is important to assess how people are travelling over time. Some people also develop problems after exposure to one single traumatic incident.

Screening helps to proactively detect mental health risks. By identifying workers at risk, organisations can implement targeted intervention strategies before the worker develops a clinical condition.

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- Implement a system for information monitoring/data collection to track exposure to repeat trauma over time, in order to identify workers at high risk.
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- Screening processes should incorporate the following principles:
 - Aim to reduce stigma by applying screening across the whole organisation.
 - Account for a potential history of exposure to trauma.
 - Consider that high-risk groups may acclimatise to trauma and under-report symptoms.
 - Consider that the emergence of mental health conditions after a traumatic event may be delayed, so annual screening and an initial follow up may be appropriate.
 - Target workers showing direct or indirect symptoms of PTSD that persist for more than two weeks after a potentially traumatic event.²⁴
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- Integrate early screening strategies with the worker database to enable a holistic and integrated risk management approach. The system should be able to track exposure to significant events, incidents and issues, as a first responder moves through their career.
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- Use screening results to identify high risk workers. Provide proactive support to these workers by 'checking in' following significant events and offering follow-up or referral if required.
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- Implement regular proactive screening strategies, such as wellbeing assessments, across the workforce to identify workers at risk of developing mental health conditions.
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- Ensure the tracking system manages privacy within the workers' right to confidentiality. Workers should be informed about how their privacy is managed within the context of the screening system.
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Access to a range of support options

Social support from colleagues/peers, managers, the broader organisation, family and friends reduces stress, protects mental health and promotes wellbeing. Clinical support options are also important for first responders who may be experiencing mental health difficulties, conditions, or be at risk of suicide.

Organisations should provide a range of options for first responders to access mental health support – including clinical treatment – as part of everyday life at work. Some first responders prefer to access programs provided by the organisation, while others may feel more comfortable confiding in someone external or on a more informal basis. Providing multiple choices encourages workers to seek help and manage their mental health and wellbeing.

Actions that focus on reducing stigma are essential to making sure services are actually used, and deliver benefits to the organisation and workers. The confidentiality of support services needs to be upheld so that workers are confident that personal information will not be shared with line managers and unfairly affect career progression or performance reviews.

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- Provide access to varied support, including internal mental health professionals, an Employee Assistance Program (EAP), internal psychologists, welfare staff, HR, chaplaincy, or peer supporters, to provide advice, education and assistance for workers as required or where appropriate.
 - Promote the benefits of social support inside and outside the workplace and provide information about activities and groups where first responders can connect with others (e.g. volunteering, sporting clubs, online forums).
 - Effectively communicate the range of mental health programs and resources (internal and external) available and encourage workers to access these as early as possible.
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External support:

To complement the initiatives offered internally by the organisation, first responder organisations should also provide an option to access independent, external support.

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- Research the scope and suitability of external support services to identify one that suits the organisation.
 - The external service must provide suitably qualified and experienced mental health professionals, preferably with specific emergency services experience or expertise.
 - Ensure the external service provides a confidential service with face-to-face counselling and after-hours support available when it is required.
 - Encourage early intervention and help-seeking for clinical issues by providing direct access to the external service without the need for internal referral.
 - Provide clear communication to workers about the confidentiality of the service and the very limited circumstances under which personal information may be disclosed (e.g. only in cases where someone is at immediate risk of harming themselves or someone else, or if required by law).
 - Consider ways to develop the external service's expertise and knowledge of the issues affecting first responders (e.g. by conducting briefing meetings or providing them with copies of staff communications).
 - Make the external service available to all first responders, including managers, volunteers and rural workers. It should also be available to immediate family members.
 - Agree on standards of service including quality measures, reporting, response times, etc.
 - Monitor the use and effectiveness of the external service to determine how many workers use the service. Seek feedback from workers to determine if the program really suits the organisation's needs.
 - Consider an EAP as one source of external support. An EAP is a confidential, external counselling service offered to workers. EAPs aim to assist with the early detection and management of work and/or personal problems, including mental health conditions, which may impact on a worker's performance or wellbeing.
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Peer support:

Peer support is worker support provided by a trained group of fellow workers, as part of a formalised peer support program. The relationship is not intended to be a therapeutic one. It is a contact, support and referral service with an emphasis on brief, practical interventions.

- Ensure the organisation has an integrated, coordinated peer support program in place. The program should be available to all staff at all stages of their career.
- Review the recruitment and selection process for peers, ensuring only suitable peer-nominated first responders are selected for the program.
- Ensure peers with a range of life experiences, including personal experience of mental health conditions and recovery, are included in the program. Peers with a personal experience are a powerful resource and can offer understanding and hope to colleagues who may be struggling to cope.
- Develop a code of conduct for peers to assist with role clarity and boundaries, including confidentiality and privacy.
- Record generic de-identified data about the number of contacts, and types of issues and referrals.
- Provide comprehensive, high quality training for new peers, with regular refresher training and annual reviews of peer support officer competency. Training should include, but not be limited to, mental health first aid.
- Provide training, resources and supervision for peer support officers to protect their own mental health.
- Have clear and well-resourced coordination of the peer support program, for example a peer support coordinator role.
- Engage peer support officers in education and stigma reduction efforts.
- Make special efforts to ensure peer support is available and accessible to volunteer and rural workforces as these groups may experience additional challenges due to their social and geographical isolation.

After a suicide

The death of a serving or former first responder by suicide is a tragic event and has a widespread impact on family, friends, colleagues and the broader first responder community. High quality and consistent support at this stage is particularly critical, as suicide-bereaved individuals are much more likely to experience thoughts of suicide and suicidal behaviours themselves.²⁵ As such, initiatives after a suicide not only provide support for those grieving, but also serve as an important suicide prevention strategy.

Dealing with the aftermath of suicide is difficult and sensitive, and the process will differ across organisations and situations. However, following are some basic principles that organisations should consider as part of their strategy following a suicide:

- Clear policies and protocols for managing suicide, including a clear crisis response process and accountabilities, communication strategies and a risk management plan.
 - Strong leadership, by leaders who are adequately equipped with the range of skills required to support the workforce by encouraging people to seek help if needed, while also actively managing their own grieving process.
 - Compile and promote a list of suicide bereavement-specific resources.
-

- Review safe messaging guidelines for external and internal communication strategies and media recommendations for reporting on suicide for help in developing public communications plans.
- Contact your EAP or Standby Response Service to develop a customised response (e.g. grief counselling, education, and community counselling resources).
- A supportive culture that recognises people often band together in times of difficulty, and enables colleagues to look out for each other in managing grief, encouraging help-seeking for those who are particularly affected or struggling.

3. Leaving the service and post-service

First responders leaving the service – either for a career change or for retirement – face specific challenges. The loss of self-identity tied to their first responder life can be very difficult. Depending on their reason for leaving there may also be a host of other stressors impacting on their mental health. Unfortunately, there is often little support available to first responders at this point of their career. Taking action in this area may simply mean making the initiatives available to serving first responders, also available to those leaving the organisation.

Initiative	Actions
<p>Advisory services</p> <p>Leaving active service can present a big life change for workers who have spent a career as a first responder. This can particularly be the case if they have left the service following an experience of a mental health condition, physical injury or a disciplinary process. Providing advisory services can help first responders with this transition.</p>	<ul style="list-style-type: none"> • Identify opportunities to provide professional advisory services for first responders transitioning out of active service. This may include financial services, career advice or retirement planning. • Develop relationships with experienced external organisations to provide these services if internal service provision is not possible. • Consider offering pre-retirement seminars/education to prepare first responders for the transition to retirement and the potential impacts on their mental health. • Consider inviting family members to participate in the above activities.
<p>Pre-retirement screening</p> <p>Retirement, or a career change, can be an intensely difficult transition and may trigger mental health difficulties. Screening first responders before they leave the service can help identify and lessen some of the risks associated with this transition.</p>	<ul style="list-style-type: none"> • Conduct proactive pre-retirement screening assessments, to identify first responders at risk of developing a mental health condition. • Use the results of screening to identify high-risk workers and provide targeted mental health resources. • Use the results of screening to inform mental health promotion and training initiatives for established first responders.
<p>Access to mental health support</p> <p>Organisations should consider continuing to provide mental health supports for first responders once they have left the service, or for a period of time following their transition out of the service.</p>	<ul style="list-style-type: none"> • Review the organisation’s approach to supporting first responders leaving the service. • Consider providing EAP services to retired first responders. • Extend the peer support program to include retired first responders. • Consider making additional mental health supports available to retired first responders for a period of time once they have left the service, including internal psychologists, welfare staff or chaplaincy.

Next steps – what can you do?

Every first responder organisation is different, so there is no one-size-fits-all approach to promoting mental health and wellbeing.

This framework is intended to be a practical, evidence-based tool to help you develop and implement a mental health and wellbeing strategy for your organisation.

You will need to think about the specific needs of your organisation and consider which strategies may be most useful. There are a number of simple steps you can take to get started. Consider some of the following actions you can take right now:

1. Share this resource with your colleagues and leaders

Getting started can often be difficult – enlist the help of your colleagues to start the conversation about improving mental health and wellbeing in your organisation.

2. Set up a working group

Establish a group of stakeholders from across your organisation who will work together to develop an action plan for implementing a mental health and wellbeing strategy in your organisation. Consider involving stakeholders from outside the organisation such as unions, family members and health professionals.

3. Review your current mental health and wellbeing strategy

Does your organisation already have a mental health and wellbeing strategy in place? Review it against this framework and consider areas of action you may need to expand or add.

4. Develop an action plan

Want to take action? Determine the critical priority areas for your organisation and which areas you will focus on to begin with. Speak to colleagues and front line workers, and develop an action plan to start moving towards better workplace mental health. Visit the Heads Up website (www.headsup.org.au/action-plan) for an easy-to-use action plan template.

5. Take steps towards reducing stigma

Mental health and suicide are still widely stigmatised in emergency services cultures. Begin to break down the barriers by opening up a discussion about mental health within your organisation. Arrange for someone to share their personal experience of a mental health condition and their recovery – find out if there is a front line worker or manager willing to speak openly and share their story.

6. Speak to your workers

Involve your people in this process – let them know what you're doing, share your action plan and seek their input. Show them the organisation's commitment to mental health and wellbeing to build engagement across the workforce.

There are many resources available to help you, such as those on the Heads Up website (www.headsup.org.au) and others referred to in the 'Resources' section of this document. By reading through this framework and considering it in light of your organisation's needs, you have already taken the first step!



Image supplied by Victoria State Emergency Service

Glossary of terms

Anxiety – Anxiety conditions, such as panic disorder, social anxiety disorder, and generalised anxiety disorder, are the most common mental health conditions in Australia. While each condition has its own specific symptoms, anxiety conditions have a number of features in common including: fear/worry about something bad; avoidance of situations linked to the fear/s; and physical agitation, restlessness, tension and/or panic attacks.

While many people may experience stress or anxious feelings that are a common and often normal reaction to a specific event, anxiety conditions are different and are characterised by anxious feelings which are ongoing, continue even after a stressful event, or arise without any particular reason or cause. If left untreated anxiety can be a serious condition that can impact on daily life.

Critical incident (individual) – An event, or series of events, that has a stressful impact sufficient enough to potentially overwhelm the usually effective coping skills of a person or group.

Critical incident (organisation) – An event, or series of events that interrupts the normal flow of activities of the organisation in a way that impacts psychological health and safety.²⁶

Debrief – A supportive discussion following a critical incident that allows people to talk through and process their experience, and aims to lessen the psychological impact of the event.

Depression – Depression is a common mental health condition, characterised by prolonged sadness (greater than two weeks), loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. Depression can be one-off, recurrent or ongoing. Active depression can substantially impair a person's ability to function at work or school or cope with daily life.

Early intervention – Specialist services and support in the early stages of a potential mental health condition, which focus on assessing and dealing with social, emotional or behavioural issues to improve mental health outcomes by preventing or reducing adverse consequences.

Employee Assistance Program (EAP) – A confidential, external counselling service offered to workers. EAPs aim to assist with the early detection and management of work and/or personal problems, including mental health conditions, which may impact on a worker's performance or wellbeing.

First responders – People who serve the community in emergency response or law enforcement as part of their role within a first responder organisation. This includes employed workers as well as volunteers – all of whom are required to respond to situations that are often stressful and require a specially skilled and professional response.

First responder organisation – An organisation that provides emergency services or law enforcement to the community, including police, ambulance, fire and rescue, and state emergency services.

Good practice – A term used to describe an activity, policy or practice that is up to date, and has research-based evidence to support it.

Good practice framework – In this context, a practical resource outlining evidence-based programs and practices for effectively promoting mental health and wellbeing and preventing suicide among Australian first responders.

Indirect trauma – A trauma response that a person may experience as a result of repeated exposure to traumatic imagery and/or their empathic engagement with trauma victims/survivors. It results from prolonged exposure to second-hand trauma; stemming from empathising with those going through the trauma and indirectly living their experiences, thoughts and emotions.

Managed exposure – A controlled training experience that exposes first responders to realistic situations they will likely face in their daily work. Usually involving experiences 'in the field', managed exposure aims to prepare people for the stresses and challenges unique to the field of police and emergency response work.

Mental health – Mental health is a positive concept related to the social and emotional wellbeing of people and communities. The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.²⁷

Throughout this document the term 'mental health' should be interpreted as a broad concept that includes mental wellbeing, and exists on a continuum from positive, healthy functioning to severe impact on functioning.

Mental health condition – A mental health condition is a clinical condition (such as anxiety, depression or PTSD) diagnosed by a mental health professional that significantly interferes with a person's cognitive, emotional or social abilities (to varying degrees of severity).

Mental health continuum – The mental health continuum reflects the fluid nature of mental health. The continuum ranges from positive, healthy functioning through to mental health symptoms to severe conditions that impact on functioning. People can move back and forth along this continuum in response to different stressors and experiences over time.

Mental health professionals – A term that refers to qualified and registered health and mental health practitioners such as GPs, psychiatrists, psychologists, mental health nurses, mental health occupational therapists, social workers and counsellors, who are trained in the assessment and management of mental health conditions.

Mentally healthy workplace – A workplace that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the worker, organisation and community.

Peer support – Peer support is an avenue of worker support provided by a trained group of fellow workers, as part of a formalised peer support program. The relationship is not intended to be a therapeutic one. It is a contact, support and referral service with an emphasis on brief, practical interventions.

Post-traumatic growth – A positive change that a person experiences as a result of the struggle with a traumatic event.²⁸ This shift typically involves personal growth and the development of new skills and coping strategies for future challenges.

Post-traumatic stress – Individual reactions after exposure to a traumatic event. In most cases, someone's personal coping strategies and established support networks will allow these initial responses to gradually settle down and an emergency services worker will be able to return to their normal level of functioning.

Post-traumatic stress disorder (PTSD) – A serious response that can occur following exposure to single or multiple traumatic events. Symptoms can include re-experiencing some or the entire traumatic event; avoidance behaviour; negative thoughts and mood; and arousal symptoms, including insomnia and irritability.

PTSD used to be classified as an anxiety condition but is now categorised as a set of reactions that can develop after someone has been through a traumatic event.²⁹

Psychological first aid – A humane, supportive response to a person who is suffering and may need support. It is not professional counselling or debriefing.³⁰

Self-harm – Deliberate injury or harm to oneself. It is usually done in secret and on parts of the body that may not be seen by others.

Stress – A response to an event or situation which can be positive or negative. Stress is common in daily life and may be associated with work, family or personal relationships. It usually means that something is happening that's challenging our coping mechanisms and affecting how we are thinking and feeling.

Suicide – The act of intentionally causing one's own death.

Suicide intervention – A direct effort to prevent someone from attempting to take their own life intentionally.

Suicide prevention – An umbrella term for targeted efforts to reduce the incidence of suicide.

Stigma – Stigma marks a person as 'different'. The World Health Organization (2001)³¹ defines stigma as "a mark of shame, disgrace or disapproval which results in a person being rejected, discriminated against, and excluded from participating in a number of different areas of society."

Treatment – An intervention delivered by a mental health professional to assist someone with a mental health condition. Treatment can take many forms, including psychological and/or medical, and exists alongside workplace support and personal coping strategies.

Wellbeing – A state of being comfortable, healthy or happy – to feel good and function well. Broader than just mental health, a state of wellbeing is where a person is considered to be flourishing in both mental and physical health.

Workplace culture – A system of shared assumptions, values and beliefs, which influences, and is influenced by, how people behave in organisations. Often known as 'the way things are done around here'.



Image supplied by Victoria State Emergency Service

Resources

For first responders

***beyondblue* Support Service**

1300 22 4636

www.beyondblue.org.au/get-support

Access free, confidential support from a trained mental health professional. *beyondblue's* Support Service is available by phone (24 hours/7 days a week), web chat (3pm–12am AEST/7 days a week) or email (response within 24 hours).

***beyondblue* online forums**

www.beyondblue.org.au/forums

Access free, anonymous peer support around the clock from *beyondblue's* online forums. The forums are a group support space where people with experience of anxiety, depression and suicidal thoughts share tips and advice on what works during the tough times. Also includes a Trauma section for discussing PTSD and first responder experiences.

Lifeline

13 11 14

www.lifeline.org.au

Lifeline provides 24/7 crisis support and suicide prevention services.

Man Therapy

1300 22 2638

www.mantherapy.org.au

Man Therapy is a campaign that uses humour and real-world advice to help men (and the women in their lives) overcome stigma and other social and psychological barriers that prevent them taking the first vital steps towards good mental health.

Mensline Australia

1300 78 99 78

www.mensline.org.au

A free, nationwide, 24-hour professional telephone and online support and information service for men in Australia.

SANE Australia

1800 18 SANE (7263)

www.sane.org

SANE Australia provides a helpline by telephone or online chat to speak with a mental health professional, weekdays 9am–5pm AEST. Online forums with information, advice and support are also available.

Standby Response Service

www.unitedsynergies.com.au

The StandBy Response Service is a community-based suicide post-vention program that provides a coordinated response of support and assistance for people who have been bereaved through suicide.

Suicide Call Back Service

1300 659 467

www.suicidecallbackservice.org.au

A free, nationwide 24-hour professional telephone and online counselling service for anyone affected by suicide.

The Hunter Institute of Mental Health/ Conversations Matter

www.conversationsmatter.com.au

A practical online resource to support safe and effective community discussions about suicide.

Relationships Australia

1300 364 277

www.relationships.org.au

Relationships Australia is one of Australia's largest community-based organisations providing relationship support to people regardless of age, religion, gender, cultural or economic background.

For organisations

Heads Up

www.headsup.org.au

Heads Up is an initiative by the Mentally Healthy Workplace Alliance and *beyondblue* that aims to give individuals and businesses the tools to create mentally healthy workplaces. The Heads Up website is a one-stop shop offering practical advice, information and resources to take action and covers all areas of workplace mental health. Heads Up has a wide range of resources including fact sheets, brochures and wallet cards. These are free to order or download and can be delivered Australia-wide. The 'Training and resources' section of the website outlines a variety of educational options to support workplaces to be mentally healthy, such as e-learning, webinars and 'toolbox talks'. The website also lists other external evidence-based mental health training options such as Mental Health First Aid, SANE's Mindful Employer program and others.

Phoenix Australia (Centre for Post-traumatic Mental Health)

www.phoenixaustralia.org

Phoenix Australia is a not-for-profit organisation that promotes recovery for the 15 million Australians affected by trauma. Phoenix provides a number of fact sheets and videos about trauma and works with high-risk organisations to implement initiatives that promote mental health.

The Black Dog Institute

www.blackdoginstitute.org.au or
<http://www.wmh.unsw.edu.au/>

The Black Dog Institute focuses on the development and dissemination of the knowledge needed to understand, prevent and treat the significant mental health challenges facing the world. Black Dog has a specific research program focussing on emergency services.

The Hunter Institute of Mental Health/Conversations Matter

www.conversationsmatter.com.au

A practical online resource to support safe and effective community discussions about suicide.

Blue Light Programme (UK)

www.mind.org.uk/news-campaigns/campaigns/bluelight/#

Mind has developed the Blue Light Programme to provide mental health support for emergency services staff and volunteers from police, fire, ambulance, and search and rescue services across England. The website contains a number of useful resources.

Crisis Intervention and Management Australasia (CIMA)

www.cima.org.au

CIMA is a not-for profit foundation dedicated to the prevention, mitigation and effective management of critical incident stress and trauma for personnel in emergency services, police, corrections, health, welfare and related services.

Guidelines for treatment of PTSD in emergency services workers

www.blackdoginstitute.org.au/docs/PTSD_Guidelines_final.pdf

Expert guidelines released by the Black Dog Institute for the diagnosis and treatment of post-traumatic stress disorder in emergency service workers.

National Standard of Canada for psychological health and safety in the workplace

www.mentalhealthcommission.ca/English/issues/workplace/national-standard

The Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

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Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

Heads Up

www.headsup.org.au

Heads Up is all about supporting Australian businesses to create more mentally healthy workplaces. Access a wide range of resources, information and advice for all employees, and create a tailored action plan for your business.

Head to Health

www.headtohealth.gov.au

Head to Health can help you find free and low-cost, trusted online and phone mental health resources.



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