



# Breaking Barriers, Changing Lives

Investigating Mental Health and Well-being Among Women in Victoria's Emergency Services

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**WPI**



## Acknowledgements

We would like to acknowledge the Emergency Services Foundation for their partnership and to Siusan MacKenzie, CEO of the ESF for her tireless dedication to the success of our project and her adaptability given the circumstances. We would also like to thank Dr. Sarah Hewat and the rest of the ESF team for their understanding of the desire to better understand the mental health and well-being needs of women in emergency services. We would also like to thank Professor Stephen McCauley and Professor Fabio Carrera for their continued advice throughout the project terms. Additionally, we would like to thank Professor Deeya Mitra for her help in the preparatory term, we are thankful for her guidance and compassion. We would like to thank all of the women we interviewed - while we are unable to share them all by name, each shared a unique and honest perspective necessary for meaningful research. We would like to thank Counselor Charles Morse and Professor James Doyle for their expertise in conducting thoughtful discussion groups and advising the team on how to discuss sensitive topics. A special shout out goes to the WPI Police department for sharing some of their personal experiences with us and for keeping the WPI community safe! We also wanted to take a moment to thank our family and friends who offered listening ears during this time. Finally, we would be remiss if we did not send a special thank you to emergency services employees and volunteers all over the world. We are thankful for the mental and physical sacrifices you make every day to ensure the safety of our communities!

## About the Authors

This team is comprised of four third year students from Worcester Polytechnic Institute (WPI): Alexis Boyle, Elizabeth Inger, Manon Miller, and Krystina Waters. All four young women were accepted to the Melbourne Project Center and were supposed to travel to Melbourne in March of 2020 had it not been for the COVID-19 pandemic. Although traveling was not possible they were able to successfully complete their project remotely with the help of their advisors and the ESF.

**Alexis Boyle** is double major in Interactive Media & Game Design and Psychology, with a minor in Computer Science. She has family members working within emergency services in the United States and hopes that this project will help make the future for emergency services the best it can be.

**Elizabeth Inger** is a Biomedical Engineering major (Biomaterials concentration) with a Bioinformatics minor. She is passionate about mental health and well-being as she cares about medical care optimization and social psychology to help take care of those who take care of the community. She hopes this project impacts the sector to improve mental health and well-being awareness and promote positive change.

**Manon Miller** is a Biotechnology and Biochemistry double major at WPI. She is passionate about the mental health and well-being of women in emergency services because she wants to do whatever she can to help those who have helped her in her past. Through this investigation she hopes to bring more awareness to the problem and help the organizations and the ESF promote possible change for the emergency services workers.

**Krystina Waters** is an Aerospace Engineering Major at WPI with a concentration in Astronautics and minor in Astrophysics. Her career goals include the opportunity to work for NASA and join the Astronaut Corps. Krystina is passionate about this project because her father and sister have both suffered from mental health and well-being issues after being deployed to the Afghanistan War. Although different scenarios, she feels the trauma women in emergency management face includes some of the same triggers that affected her sister and father. She hopes that by completing this research and report she has given back to women in emergency management and helped them get the support they need for their mental health and well-being.

## Abstract

This investigation provides the Emergency Services Foundation (ESF) of Melbourne, Victoria with information on the barriers preventing women in emergency services from seeking mental health support. This project included introductory interviews, a survey, and focused interviews and discussion groups. The main finding of this project was that to improve work culture, the biggest inhibitor of mental health and well-being of women in the emergency services, focus is needed towards bettering mental health literacy and interpersonal intelligence for line managers.





## Acronyms and Abbreviations:

- **WPI:** Worcester Polytechnic Institute
- **ESF:** Emergency Services Foundation
- **CFA:** Country Fire Authority
- **MFB:** Metropolitan Fire Brigade
- **VicPol:** Victoria Police
- **Red Cross:** Red Cross Victoria
- **SES:** Victoria State Emergency Services
- **Ambulance Vic:** Ambulance Victoria
- **DELWP:** Department of Environment, Land, Water, and Planning Victoria
- **ESTA 000:** Emergency Services Telecommunications Authority

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## The Emergency Services

### Foundation

The Emergency Services Foundation (ESF) has recently shifted its mission to focus on improving the mental health and well-being of the Victorian emergency management sector. The sector has 125,000 emergency management staff and volunteers of which around 41,000 are women. Victoria depends upon these people to support the community in its efforts to prepare for, respond to, and recover from emergencies. To do that work effectively people in all roles need to be mentally healthy.

Research undertaken by Beyond Blue (2018) highlights the incidence of mental distress and the need for cultural change across the sector. This study led to ESFs interest to understand how the mental health and well-being of women in the sector could be improved. While there are overlaps in the findings between the report of the team and that of Beyond Blue, this report focuses on the more qualitative information: the reasoning, experiences, perspectives, and unique needs of the women.

## The Project Objectives

ESF partnered with Worcester Polytechnic Institute (WPI) and a team of third year students to undertake an investigation that could be shared with the sector.

The objectives of the project were to understand:

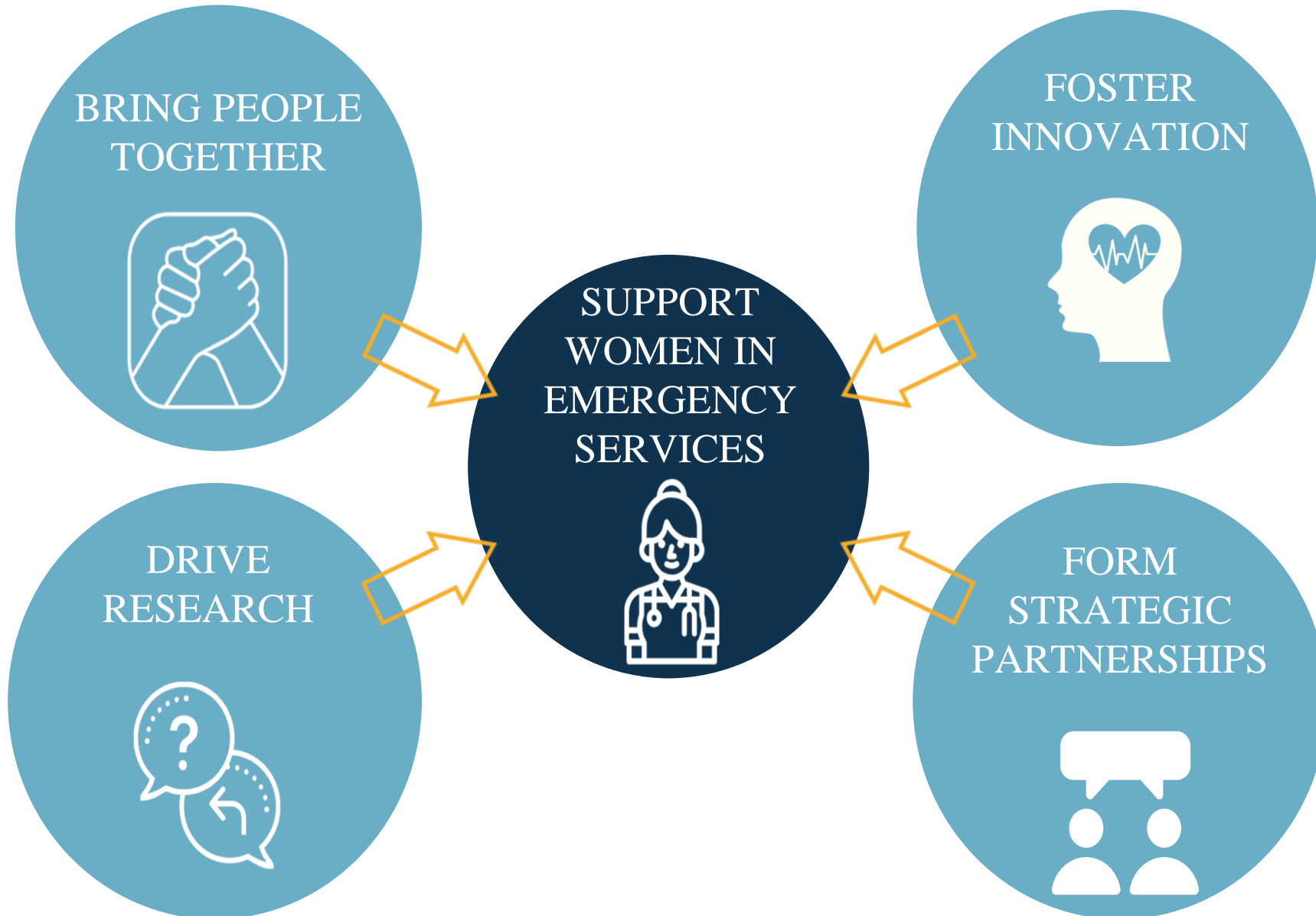
- What broad factors in organizational culture influence (facilitate and prevent) help seeking behaviours for women in the sector
- Any differences in attitudes and needs between women of different ages
- How women respond to feelings of mental ill-health
- What could be done to improve mental health and well-being for women in sector

A literature review and quantitative and qualitative data analysis were used to form conclusions and make recommendations.





# The Emergency Services Foundation



## What is Mental Health?

Mental health is the foundation for how individuals interact with the world and it is the extent to which an individual is able to realize their own potential, handle the normal stresses of life, and contribute to society, according to the World Health Organization (2018).

## Why are we Discussing this Issue?

While acknowledging the growth in awareness and education about mental health and well-being across the sector, there is a disparity between those diagnosed with mental health illnesses and those that seek services. In Australia, only around 46% of people with a disorder sought services (Australian Institute of Health and Welfare, 2014). This difference is due to attitudinal and structural barriers that hinder one's desire and ability to get aid for their mental health, which will be discussed further in this report.

## Where Should we Focus?

The severity of a mental health illness relies heavily on proximity, duration, and intensity of exposure to potential traumas and triggers; (Benedek, Fullerton, & Ursano, 2007), something emergency services employees and volunteers are expected to encounter through their work. The repetitive cycle of first-hand experiences puts those in the emergency services at an increased risk of depression, anxiety, and substance abuse (Counson et al., 2019).

If left unacknowledged, the frequency of psychological distress and suicidality may continue to be severe, as indicated by the 2-fold increase in suicidal thoughts and 3-fold increase in suicidal planning from Australian adults to emergency services workers (Beyond Blue, 2018).

However, not much information is out there targeting women in the emergency services surrounding the mental health and wellbeing, who make up approximately 32% of the Victorian emergency services community (ESF, 2020). Much of the team's inspiration for this project came from the 'Answering the Call' study undertaken by Beyond Blue which found there were no significant differences between the genders in their levels of wellbeing and in support-seeking (Beyond Blue, 2018). However, Beyond Blue's work did find gender differences in how women see their mental health, what factors impact it and how they respond to distress, as well as factors that influence health seeking behaviour. The small and exploratory nature of the study conducted by the WPI team is different from that of Beyond Blue. While there are overlaps in the findings, such as how women often recognize they need help, this study focuses on the more qualitative information: the reasoning, experiences, perspectives, and unique needs of the women. Insight into the women's lives is needed as workplace interventions and policies should be tailored to the experiences of mental health and wellbeing of the people.





## Mental Health in Emergency Services

It is essential to acknowledge that people working within the emergency services are expected to routinely face physically and mentally straining situations. These stress-inducing experiences are associated with the development of mental health conditions (Auxéméry, 2012; Haugen, McCrillis, Smid, & Nijdam, 2017). As references in the table on the following page, there is an association between increased suicidal tendency and being in emergency services. There is a greater than 2-fold increase in suicidal thoughts and 3-fold increase in suicidal plans when comparing the tota first responders and the general population in Australia. In addition to the high levels of suicidality, 1 in 2.5 employees and 1 in 3 volunteers report being diagnosed with a mental health condition compared to 1 in 8 Australians (Beyond Blue, 2018). These shocking differences help provide justification for the need to understand and address such mental health issues before effects worsen. It is also worth noting that the mental strain of this daily trauma differs between career and volunteer services. This inconsistency is a result of different training standards, access to resources, and the balance of additional stressors (e.g. other employments and financial income) between the two (Stanley, Boffa, Hom, Kimbrel, & Joiner, 2017). A study in the United States in 2017 showed that volunteer firefighters reported higher levels of depression (16.85%) than their career counterparts (13.06%) (Stanley et al., 2017). Studies have also shown that there is a difference between female and male emergency services workers, as will be explained further in the next section.

## Mental Health of Australian Women in Emergency Services

Women within emergency services are a particular area of interest due to their minority status and the global underrepresentation of emergency responder-focused mental health research. Though they are a minority, at 32% of Victoria’s emergency services population, it is important that more attention is brought to the state of their mental health (ESF, 2020). Although womens within the sector are exposed to similar levels of trauma as their male counterparts, they may have the additional mental stresses of harassment, discrimination, and societal expectations as a result of their gender. Moderate to severe levels of harassment have been associated with a higher likelihood of experiencing suicidal ideations and mental illnesses within women emergency responders (Jahnke et al., 2019).

% Women by Agency (2020)		
VicPol	CFA	MFB
34%	23%	11%
SES	Ambulance	DELWP
33%	48%	25%
ESTA 000	Red Cross	Lifesaving Vic
66%	50%	50%

Note: data from the ESF, 2020







# Back Against a Wall



## 2018 AUSTRALIAN CITIZEN SUICIDE RATES

	THOUGHTS	PLANS	ATTEMPTS
GENERAL POPULATION	2.3%	0.6%	0.4%
ALL EMERGENCY SERVICES	5.3%	2.0%	0.3%
SES	4.5%	2.9%	0.0%
POLICE	4.7%	1.6%	0.2%
AMBULANCE	6.5%	3.0%	0.5%
FIRE AND RESCUE	6.9%	2.6%	0.7%

Source: Beyond Blue, 2020

## Barriers Surrounding Mental Health Care

Barriers are any factor or influence that inhibits or demotivates one from seeking any form of mental health support for stress or psychological illness. In Australia, only 46% of people diagnosed had used professional services in the previous year (Australian Institute of Health and Welfare, 2014). These barriers are the reason behind the difference seen between people who have a mental illness, those who seek help, and those discussing their mental illness(es) with others. For example, 51% of surveyed Australians in 2015 with either depression, anxiety, or both, hid their mental health problems from those around them (Beyond Blue, 2015). These barriers can come from a large variety of factors, but can be broadly classified under two categories: attitudinal and structural (Sareen et al., 2007; Thompson et al., 2004; Beyond Blue, 2015)

### Attitudinal Barriers

Attitudinal barriers, or stigmas, are internal factors conceptualized as a negative attitude about a person that eventually leads to detrimental actions (Haugen et al., 2017). Personal, perceived, self, and structural or cultural, are all subcategories (Beyond Blue, 2015; Haugen et al., 2017). Personal stigmas are an individual's beliefs of others who use mental health

services (Beyond Blue, 2015; Thornicroft et al., 2016). Perceived stigmas are the extent of a person's awareness about what others believe about people who use mental health services. Self stigmas are the views that individuals have of themselves, usually connected with internalized devaluation and disempowerment (Haugen et al., 2017). The last category of stigmas is structural or cultural. Different from structural barriers, these stigmas are cultural norms or institutional policies that deter the opportunity to utilize mental health services or alienize people from those around them

### Structural Barriers

Structural barriers are external factors that impede help-seeking. These include a lack of education on mental health services, a lack of funds to be able to pay for help, a lack of time to dedicate towards seeking help, and difficulty getting to a mental health service provider (SAMHSA, 2018). In Australia, seeking help for mental health treatment can be expensive, as Medicare provides rebates for only up to 10 sessions with a psychologist annually, the main structural reason for the delay was a lack of education about mental illnesses or available services (Thompson et al., 2004). This educational deficit could take several forms: an individual may be unaware that they should seek mental health help for their illness, may believe their illness would go away with time, may lack knowledge regarding available options, or may not know how to start seeking help.







## Mental Health Care Barriers for Emergency Services

The emergency services community is no stranger to barriers surrounding mental health and mental health support. In 2017, a meta-analysis in the U.S. determined that 33.1% of first responders reported the existence of mental health stigmas in their workplace (Haugen et al., 2017). It is also worth noting that an estimated 1 in 2.5 of emergency services employees develop a mental health disorder in their lifetime (Beyond Blue, 2018) and the overlapping number of people reporting diagnoses and stigmas is unknown. Several different studies in the U.S. found that the the most frequently reported stigmas in the emergency services community were fears regarding confidentiality and negative career impact (Haugen et al., 2017; Nemecek, 2018). The fear of a breach in confidentiality can stem from not wanting co-workers and employers to know and any resulting career repercussions. Their fears of work consequences are not without reason, as as an Australian study found that only 19% of emergency services workers think that an employee's career is unaffected when they recover from a mental health condition (Beyond Blue, 2018).

## Barriers to Mental Health Care for Women in Emergency Services

Women working in emergency services may encounter a higher frequency of barriers than their male counterparts. In a study of 120 American women firefighters with a history of suicidality (i.e. suicidal thoughts, plans, or attempts), 61.3% reported at least one attitudinal barrier and 56.3% reported at least one structural barrier inhibiting their care. The most common two attitudinal barriers were concerns about being treated differently by their coworkers (52.9%) and being seen as weak (51.3%). Of structural barriers, the three most commonly reported barriers were the cost of the treatment (48.7%), scheduling an appointment (26.9%), and receiving time off to pursue care (22.7%). It is also worthy to note that those who sought services for their mental health problems were more likely to report stigmas. Furthermore, this issue is complicated by attitudinal barriers that prevent people from seeking help such as embarrassment or shame if confidentiality is breached (Hom et al., 2018). There are organizations currently providing forms of support or conducting inquiries into the barriers surrounding such support among women and general emergency services communities (Beyond Blue, 2015; ESF, 2020).



## Five Main Methods

**Understanding** Women's Experiences on Emergency Services by Introductory Interviews

**Analyzing** Quantitative Survey Results Gathered to Identify Prevalence and Trends

**Collecting** Focused Perspectives from Women in Emergency Services to Augment Survey Findings

**Describing** Mental Health Care and Barriers of Women in Emergency Services

**Making** Conclusions and Recommendations for the Emergency Services Foundation and Organizations in the Sector to Improve the Mental Health and Well-being of Women

# Addressing the Problem



## Introductory Interviews

8 Interviews with Women  
6 Different Agencies



## Survey

167 Responses  
Quantifiable Data  
Open Response Information



## Discussions

3 Discussion groups  
5 Interviews  
Focus in on Survey Findings



## Findings

Established Solid Description  
Developed Recommendations

Describing and  
Addressing Mental  
Health and well-being  
of Women in  
Emergency Services

A black and white photograph of two female firefighters standing in front of a fire truck. They are both wearing dark fire jackets with reflective stripes and holding white helmets. They are smiling and looking at each other. A semi-transparent red banner is overlaid across the middle of the image, containing the text "Introductory Interviews" in white serif font.

# Introductory Interviews



## Women's Perspectives and Experiences in Emergency Services

In order to gain an understanding of the culture and the experiences of the women in emergency services, eight introductory interviews were conducted with women who hold leadership positions in Victoria's emergency services. To get a broad understanding of the culture within the sector, the team met with women in the following organizations: Australian Red Cross, Metropolitan Fire Brigade (Melbourne), Country Fire Authority, Victoria Police, Ambulance Victoria, Victoria State Emergency Service, and Forest Fire Management Victoria. The main themes identified are present in the word cloud located to the right, with the size of the word correlating to its relative prevalence in the women's dialogue. The following two sections focus on two overarching topics of interest: the work culture and the mental health of the emergency services communities. All of the preliminary interviews were kept anonymous.

**"From my colleagues and the people that I talked to, you get more stressed about working with someone who's awful... than the emotional response of going to a job where somebody dies."**





## Gender

The introductory interviews reported inequality concerning diversity within the workplace. Multiple interviews touched upon sexism and the danger it presented. It was explained further that that a sexist view could be “dangerous on the fire ground” as women should “be seen as a person doing a job” not a gender enforced by stereotypes. The women also said that hearing gender-specific terms like “firemen” was “a demoralizing comment” as it can make women in the field “invisible”. Additionally, topics such as sexual harassment, unequal opportunities, lack of representation and inclusion, and the struggle to be heard when speaking out were discussed. One woman even reported that sexual harassment “still goes on, a lot of it is hidden as well [...] it’s more underground than overt these days.” A general consensus was that when an individual would try to bring the covert issues to light, they would be labeled as a “troublemaker” and that “women are making things more difficult.” This is a concern to many because it impacts potential support, can make emergency situations more dangerous due to a lack of trust, and can impact the women’s mental health and well-being.

## Work Culture

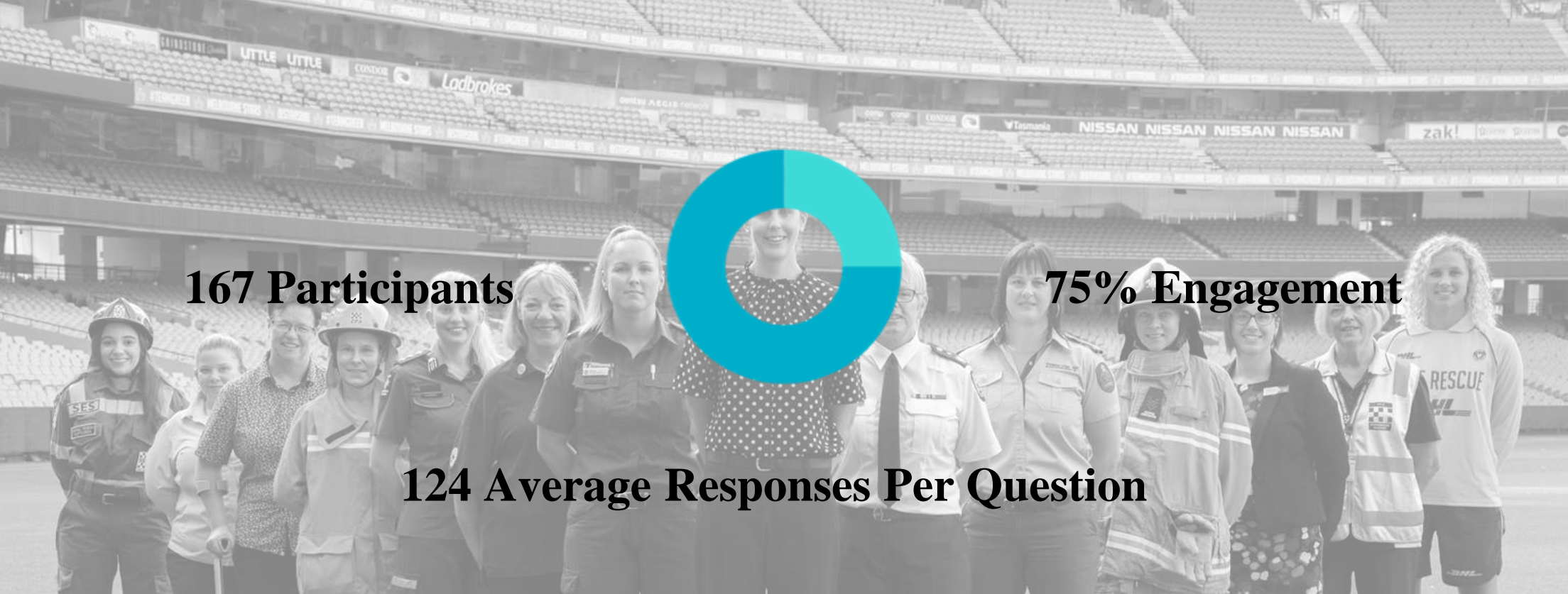
The most common response towards combating a negative work culture was to focus on the need to establish a sense of community. Although there has been some change in the emergency services community, one interviewee expressed that the command and control approach negatively contributes to mental health, creating an environment that reduces resilience. The need for a holistic culture change is essential as multiple interviewees suggested that work culture was the biggest indicator of mental health and well-being issues, with one interviewee saying, “you get more stressed about working with someone who’s awful... than the emotional response of going to a job where somebody dies.” Many felt that in the emergency services sector there needs to be less of a focus on “weaknesses and vulnerabilities.” While working in the emergency services sector there appears to be a culture formed around this sense of “hero guilt” where many first responders are left feeling as if they have to “tough it out” in order to be successful or survive in the work environment. A lot of the work culture information reported coincides with previous reporting from Beyond Blue.

## Education

Every interviewee stated a need for more mental health literacy within their organization. Though some educational material is available online, interviewees state a lack of motivation or awareness to look for these resources. Specifically, there was a stated need for more knowledge on how to self care, how to identify symptoms, and how to interact with other people. In addition to these type of education, many suggested increased interpersonal intelligence agency-wide may help the colleagues to say the appropriate thing or offer the most effective support system. Building this education will help with conversations and a sense of community.

**“Building that baseline mental health literacy has fostered those broader conversations and built confidence, and it’s... breaking down those barriers”**





**167 Participants**

**75% Engagement**

**124 Average Responses Per Question**

## Survey Results and Discussion:

The survey was released by the ESF at the March 8th, 2020 International Women's Day Event and was subsequently distributed to the Australasian Women in Emergencies Network. The following section details the findings from the demographic and quantitative survey questions, including statistical analysis to determine any correlations in all the responses. An analysis follows on the free response questions and the barriers and themes found to be most evident in respondents.

A hand holding a silver pen is shown writing on a document. The document has a grid-like pattern, possibly a table or a form. A semi-transparent green rectangular overlay covers the middle portion of the image, and the title text is centered within this overlay in a white serif font.

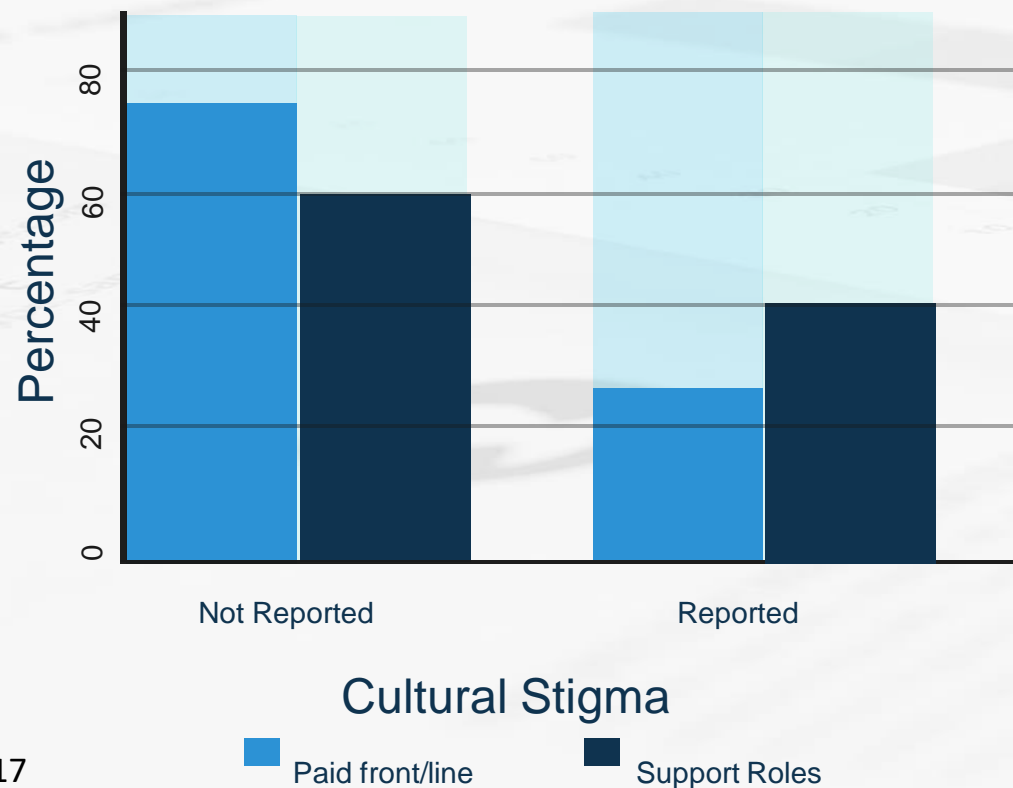
# Analysis of Quantitative Results and Statistical Tests

# Women in Support Roles Report Higher Levels of Attitudinal Barriers

## Support Roles Report Cultural Barriers More Frequently Than Front Line

What do you think stops women seeking support in the workplace/ or were they volunteer if they are feeling mentally unwell?

What do you see as the most critical issues affecting the mental health and well-being of women in the emergency management environment?



### Women in Support Roles

Emergency service workers are often not only juggling the daily responsibilities of being on the front-line, but also with at-home responsibilities (e.g. caring for children, elders, or someone suffering from a disability).

The vast majority of those with support-type roles reported attitudinal stigmas, significantly higher than the other groups. For example, statistically higher levels of cultural barriers were identified among the support role workers than with workers serving on the front line. This is applicable to both those in paid and volunteer positions. Additionally, perceived stigma appears to be more prevalent among those in paid support role positions in comparison to those who are volunteers.

# Women in Support Roles Report Higher Levels of Attitudinal Barriers

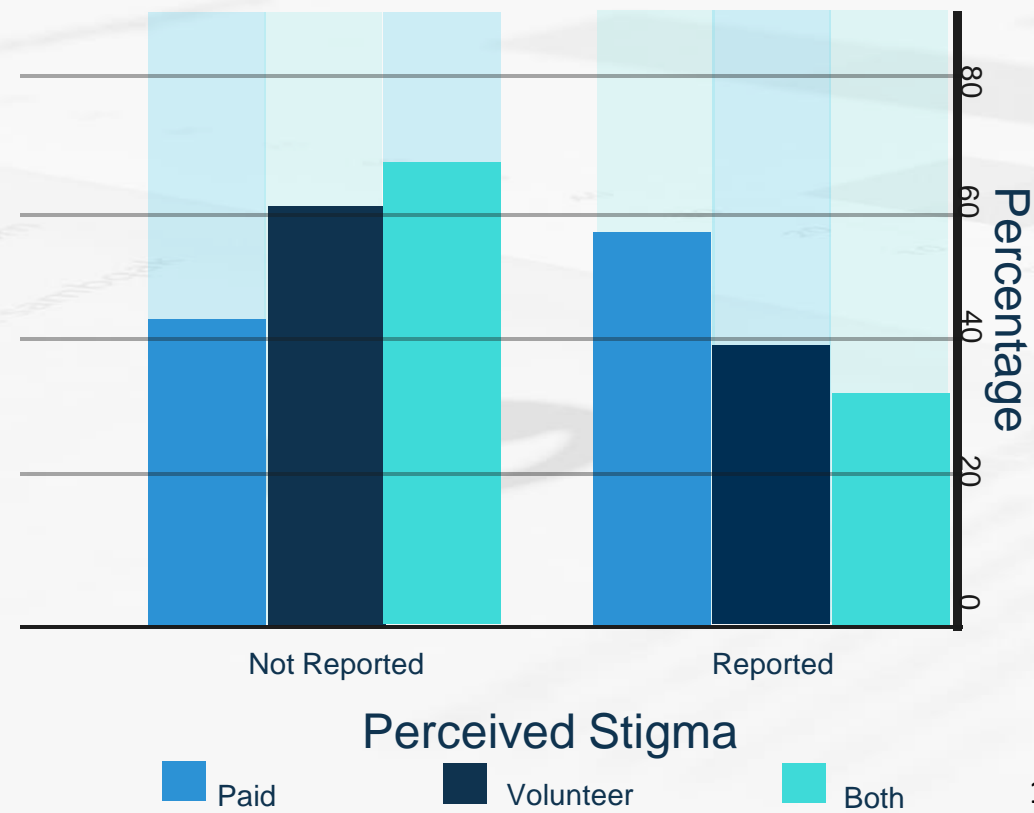
## Paid Support Roles Report Perceived Barriers More Frequently Than Volunteers

A difference in the culture of both work environments that need to be taken into consideration when creating the lines of questioning and recommendations. Individuals when not in an emergency emergency scenario interact more with each other in a more causal/non commanding way, which may be why perceived and cultural barriers appear more often in support roles than in first responding roles.

In terms of structural barriers, those in paid support roles reported the barrier of time more frequently than those in paid front line roles. While the daily tasks of those with support roles vary greatly than those who are on the front line, the data suggests that these individuals are still under a lot of stress to make sure administration efforts are conducted with high efficacy and speed.

What do you think stops women seeking support in the workplace/ or were they volunteer if they are feeling mentally unwell?

What do you see as the most critical issues affecting the mental health and well-being of women in the emergency management environment?

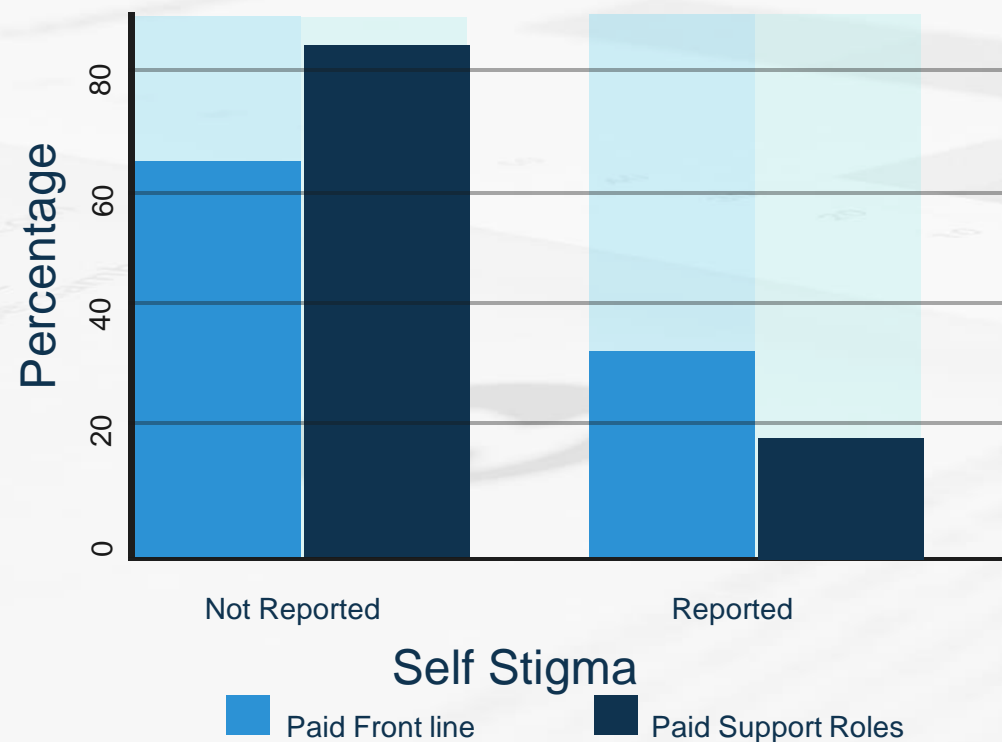


# Women First Responders Report More Discomfort Around Mental Health

## Front Line Report Self Stigma More Than Support Roles

What do you think stops women seeking support in the workplace/ or were they volunteer if they are feeling mentally unwell?

What do you see as the most critical issues affecting the mental health and well-being of women in the emergency management environment?



## Women First Responders

The majority of paid front line responders reported having a higher level of discomfort talking to their line managers openly about their mental health than support roles. This may be attributed to the possible mental turmoil that comes with being a front line responder and how mental trauma from these occurrences may reflect badly on one's position in the workplace. Through further analysis it was determined that front line / first responders within the volunteering sector are more uncomfortable bringing awareness to their mental health and well-being than the support role volunteers. This could be a result of structural barriers such as financial instability, perceived status, lack of time, or ignorance on the subject of mental health.

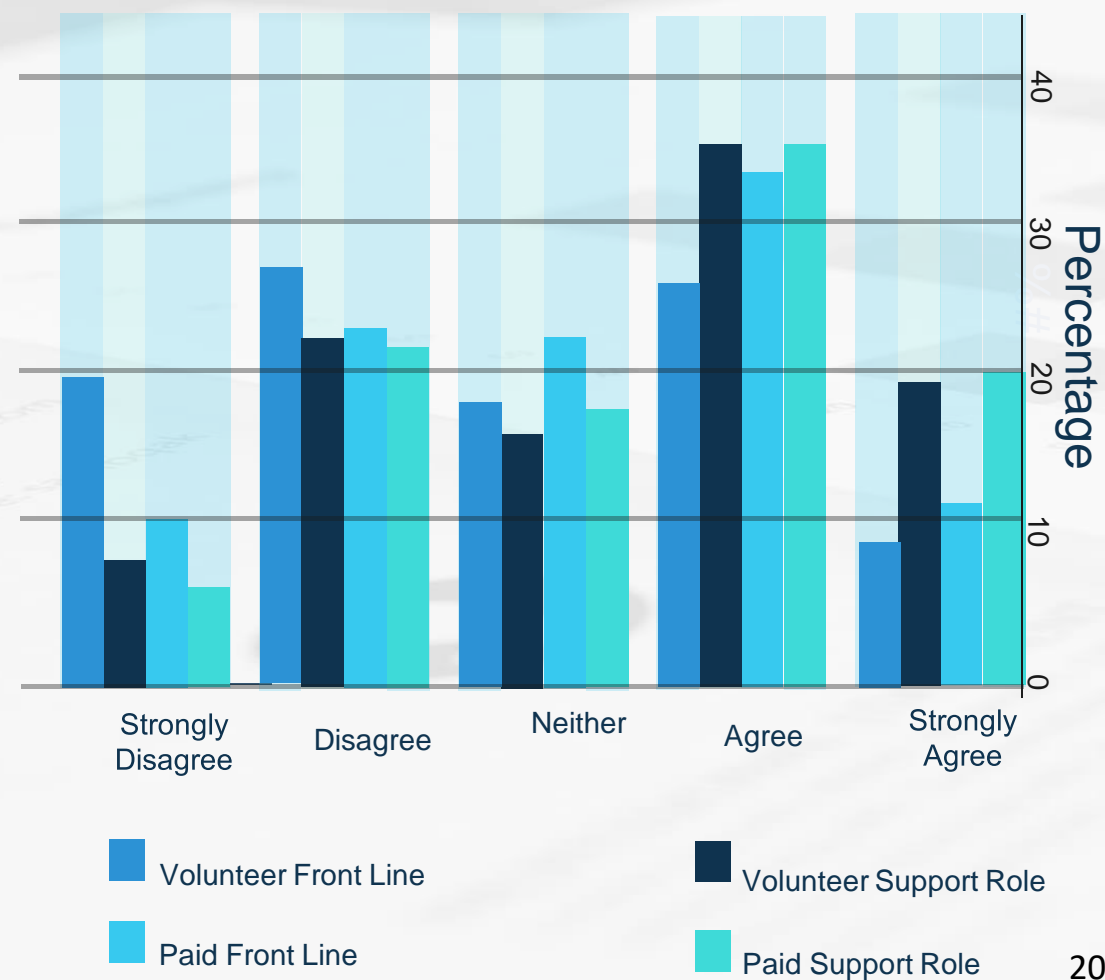


# Women First Responders Report More Discomfort Around Mental Health

## First Responders are Less Comfortable Speaking About Their Mental Health and Well-being Than Support Roles

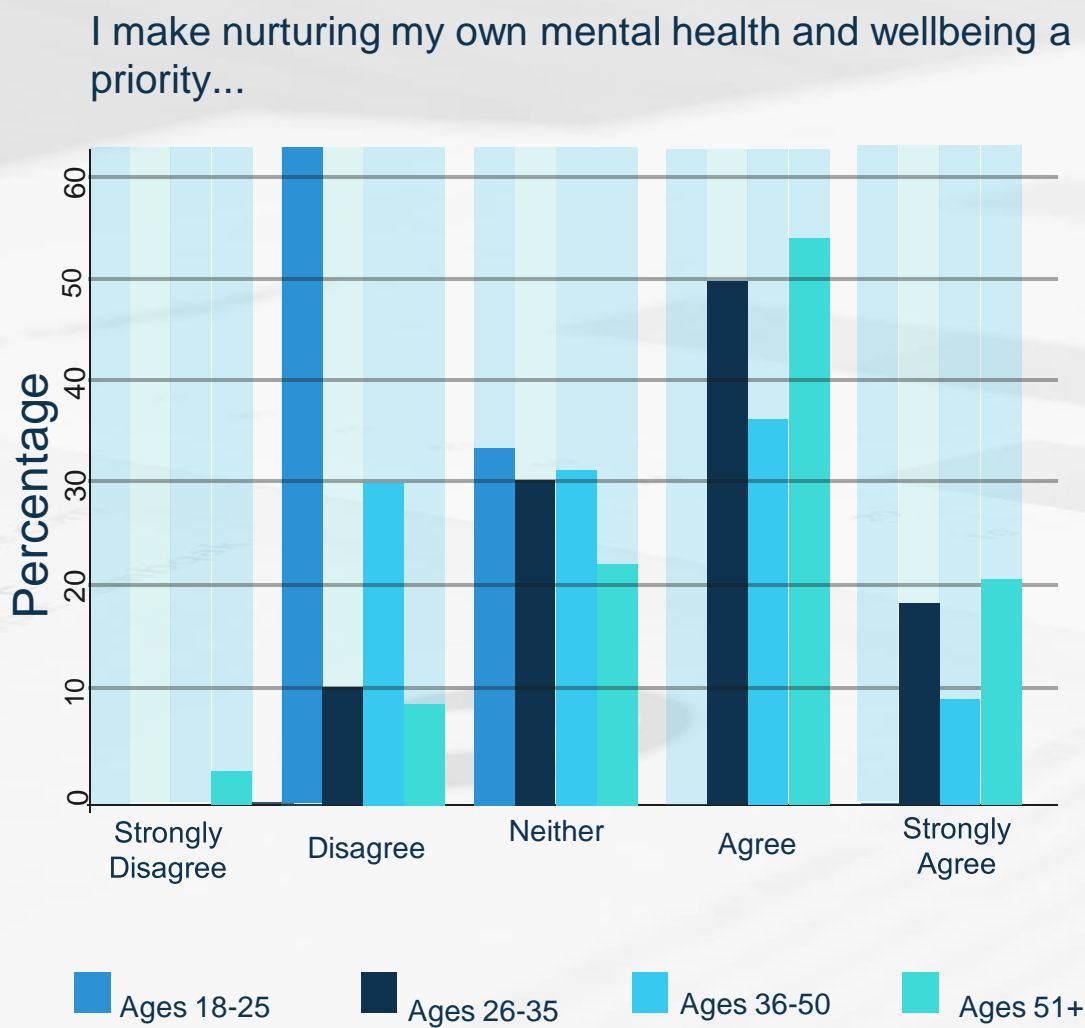
Front line responders report higher levels of self stigma than support roles. Furthermore, volunteers on the front line report higher self stigma than paid front line responders. This is evidenced by the fact that front line responders often have “hero guilt” with the majority of respondents mentioning a fear of somehow appearing weak or inadequate if they were to seek assistance for their mental health. Additionally, further self-stigma felt by volunteer front line responders can be attributed to them feeling that as they are just a volunteer they do not deserve the same access to treatment or care as paid front line responders. This self-stigma and negativity can only lead to further mental health complications in both volunteer and paid front line responders.

I would be comfortable to raise concerns about my mental health and wellbeing with my line manager (paid or volunteer)...



# Older Women Prioritize Mental Health and Well-being More

Increase in Age Correlates with a Decrease in Delayed Seeking of Mental Health Help




## Women's Age Groups

When analyzing all of the respondents, regardless of role, it was determined statistically significant that as the women's age group increased, they also decreased in affirmation that they have delayed seeking help for their mental health and well-being. In other words, the older generations of women in emergency services sought help sooner than the younger generations have. It also determined that an increase in age also correlated with an increase in agreement that they make their mental health a priority. It may be due to a greater confidence in self that comes with age or greater free time. These two findings do indicate that there is a difference in mental health education or perspective across the generations, implying that there may be a need to create interventions that target specific age groups.

## Women in Emergency Services

With the analysis of all respondents, as a whole it appears that there is an average rating of 3.28 (out of 5) on how they rate their mental health and well-being. This means that as a whole they perceive their mental health to be neutral. However, the average for whether they make their mental health a priority is 3.5 (i.e. half way between “neither” and “agree”), with the most frequent responses being agree (i.e. 4) at 44%. This indicates that there is a beneficial shift where the respondents may be attempting to ameliorate their mental health and well-being. Additionally, most of the respondents agree that they are comfortable with the concept of talking with their line managers about mental health, with the average of 3.23. However, there is an observed difference between wanting help and getting it. The average for delaying seeking mental health care is 3.15, meaning that the majority of the respondents have delayed seeking mental health care, indicating that there are barriers that inhibit them from seeking care even though that on average they make their mental health and well-being a priority.



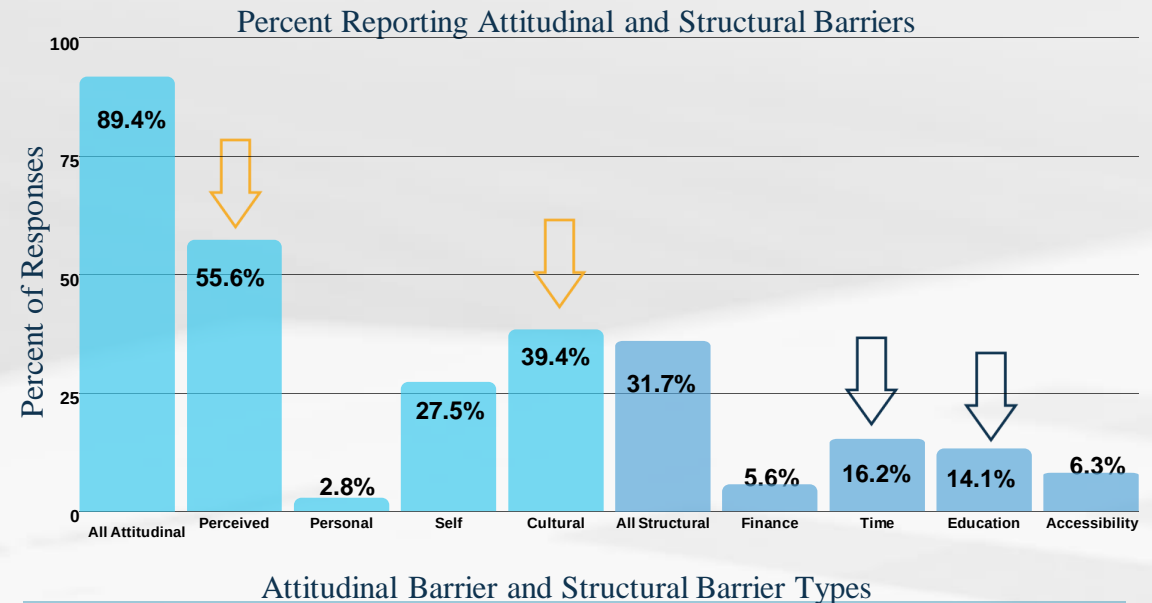
The background of the slide is a grayscale photograph of a beach. In the foreground, the back of a person is visible, wearing a light-colored long-sleeved shirt with 'SURF RESCUE' and 'DHL' printed on it, dark shorts, and a wide-brimmed hat. They are standing on the sand, looking out at the ocean where small waves are breaking. The sky is a uniform light gray.

# Analysis of Free Response Questions

## The Community Dictates the Women's Support-Seeking

The first free response was essential in helping the team understand what attitudinal (i.e. perceived, personal, self, and cultural) and structural (i.e. financial, time, accessibility, and education) barriers were the most significant inhibitors for women in emergency services. When looking at the graph to the right, the significant increase from structural barriers to attitudinal barriers means that attitudinal barriers are more important in the eyes of the respondents, and thus interactions between individuals have a more significant inhibitory effect on seeking mental health care for the women in emergency services. Of the themes identified, work culture (i.e. issues with management and fear of losing their jobs) was the most frequently reported. It is important to note that while accessibility is determined by the organization, all of the other themes can be rooted in the work culture. An individual's willingness to get help is impacted by the social repercussions they think exist. Appearing weak is made more severe when the work culture surrounding them is intent on only showing "strength". Cultural barriers are reported by more than half of the respondents, and thus the opinions and norms of the community surrounding the women have a great impact on the support-seeking.

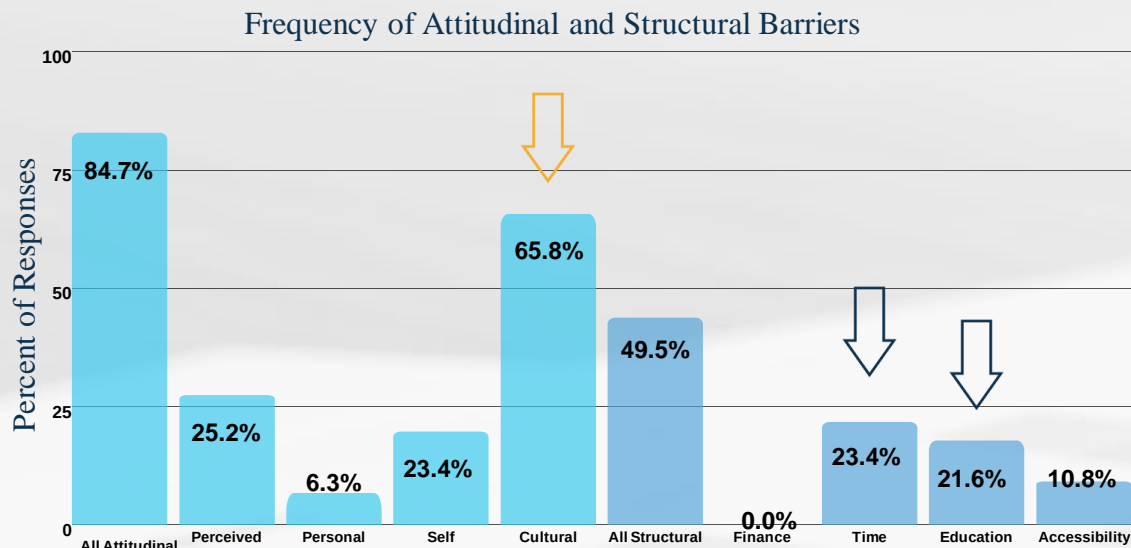
**What do you think stops women seeking support in the workplace or where they volunteer if they are feeling mentally unwell?**



01 Accessibility Count: 42 Percent: 29.6%	02 Control Count: 41 Percent: 28.9%	03 Emotional Count: 16 Percent: 11.3%
04 Gender Count: 33 Percent: 23.2%	05 Support Count: 11 Percent: 7.7%	06 Responsibility Count: 28 Percent: 19.7%
07 Trust Count: 19 Percent: 13.4%	08 Weakness Count: 38 Percent: 26.8%	09 Work Culture Count: 60 Percent: 42.3%

"Adding to the perception that **women are weak**, particularly if they work/volunteer in a **predominantly male** workplace; having to use leave, which they may not have much of if they have to use it to **take care of children too**."

## What do you see as the most critical issues affecting the mental health and well-being of women in the emergency management environment?



Attitudinal Barrier and Structural Barrier Types

01 Accessibility Count: 36 Percent: 32.4%	02 Control Count: 52 Percent: 46.8%	03 Emotional Count: 13 Percent: 11.7%
06 Responsibility Count: 31 Percent: 27.9%	04 Gender Count: 48 Percent: 37.8%	05 Support Count: 42 Percent: 37.8%
07 Trust Count: 6 Percent: 5.4%	08 Weakness Count: 12 Percent: 10.8%	09 Work Culture Count: 60 Percent: 54.1%

**"Trying to 'do it all'. Be a mother/partner/carers/housekeeper full time, then being a committed EM Responder full time and giving 100% in all facets of life and burning out. 'To be half as good as a man you have to try twice as good as a woman.'"**

## Work Culture is the Main Mental Health and well-being Indicator

The second free response question asked participants what they felt were the most critical issues that affect mental health and well-being of women in the emergency services environment, and cultural stigma was determined to be the most frequently reported attitudinal barrier, at 65.8%. Additionally, work culture was the most common theme throughout this free response question with over half of participants (54.1%) reporting it as a critical issue. This may suggest that the culture of the workplace itself is the main deterrent for women when seeking support for their mental health and well-being in the emergency services field. The next most prevalent theme determined was that of control (46.8%), insinuating that nearly half of the participants felt that feeling out of control played a large impact on their mental health and well-being. After control, the most common theme was gender, meaning gender stereotypes and sexism. Misogyny and sexism in the workplace produces a work environment that negatively impacts the women's mental health and well-being, and with nearly half of respondents reporting accounts of negative gender bias, it can be inferred that the emergency services organizations should address the problem and look into it further.



## Acknowledgement and Interaction Improve Mental Health Support

Free response question three asked what the respondents want their line managers to do more of to increase their mental health and well-being. The most prevalent theme was acknowledgment (43.6%), suggesting that the women would like to feel seen, rather than ignored. Their jobs are stressful enough as it is and the lack of acknowledgment induces the feeling of isolation. Furthermore, the respondents indicated they wish more could be done to improve the work culture (39.4%). To improve how difficult situations are addressed and to help break down the chain of command barriers. Furthermore, 37.2% of women reported that they would like their line managers to increase conversation in order to understand the needs of others, be understood by their peers, create better relationships, promote self care, and increase confidence. Overall, the greatest takeaway from this question was that more needs to be done by peers and the agency (through acknowledgement) to promote conversation and understanding. This will normalize discussions on mental health and well-being in order to reduce stigmatization. Increased interpersonal skills and awareness will help create safe spaces for people to give and receive support in the workplace.

### What do you need your line manager to do more of to support your mental health and well-being?

<b>Acknowledge</b> <sup>01</sup> Count: 41 Percent: 43.6%	<b>Conversation</b> <sup>02</sup> Count: 35 Percent: 37.2%	<b>Education</b> <sup>03</sup> Count: 22 Percent: 23.4%	<b>Nothing</b> <sup>04</sup> Count: 14 Percent: 14.9%
<b>Normalization</b> <sup>05</sup> Count: 9 Percent: 9.6%	<b>Resource</b> <sup>06</sup> Count: 19 Percent: 20.2%	<b>Self or Motivation</b> <sup>07</sup> Count: 9 Percent: 9.6%	<b>Team</b> <sup>08</sup> Count: 12 Percent: 12.8%
<b>Time or workload</b> <sup>09</sup> Count: 16 Percent: 17.0%	<b>Trust</b> <sup>10</sup> Count: 19 Percent: 20.2%	<b>Support</b> <sup>11</sup> Count: 9 Percent: 9.6%	<b>Work Culture</b> <sup>12</sup> Count: 37 Percent: 39.4%

"Be **approachable**, create a **culture** in the workplace that says it's **okay to talk** about mental health & well-being issues, to **seek support** within the workplace and with **professional services** and be allowed **time** to seek such support."

## What do you need your line manager to do less of to support your mental health and well-being?

Abusive <sup>01</sup> Count: 8 Percent: 12.1%	Dishonest <sup>02</sup> Count: 7 Percent: 10.6%	Everything <sup>03</sup> Count: 1 Percent: 1.5%	Ignorance <sup>04</sup> Count: 24 Percent: 36.4%	Inaction <sup>05</sup> Count: 8 Percent: 12.1%
Inequality <sup>06</sup> Count: 4 Percent: 6.1%	Micromanage <sup>07</sup> Count: 12 Percent: 18.2%	Nothing <sup>08</sup> Count: 11 Percent: 16.7%	Overaction <sup>09</sup> Count: 8 Percent: 12.1%	Sexism <sup>10</sup> Count: 4 Percent: 6.1%
Time <sup>11</sup> Count: 9 Percent: 13.6%	Unavailability <sup>12</sup> Count: 17 Percent: 25.8%	Unprepared <sup>13</sup> Count: 14 Percent: 21.2%		

**"Ignore, be closed minded, be unapproachable"**

**"Understand what is mental health and how to put in place a positive process that cares for the person and aids them to get back to work through recovery"**

## Ignorance of the Problem and People is Detrimental

Free response question four asked what the respondents want their line managers to do less of in order to help with their mental health and well-being at the workplace.. When focusing on the most common theme, ignorance (36.4%), the team defined it as the respondents reporting that their line managers do not have sufficient mental health literacy (e.g. do not understand mental health difficulties, do not know how to approach the topic, are not able to identify the symptoms in others), or are oblivious (either a subconscious unawareness or a conscious disregard) to their employees. This means that there is a need for more training to increase interpersonal intelligence and on symptom identification. The second most common theme, unavailability (25.8%), was defined as when respondents reported a desire for their line managers to be less unapproachable or unsupportive. Women report wanting their managers and organizations to provide support for the problems caused through work, they reportedly should not sweep things under the rug. The women want a manager who will see them as an individual instead of a being who completes tasks. When combining the frequency of ignorance and unavailability (45.5% of respondents) led us to conclude that the line managers need to not "Ignore, be closed minded, be unapproachable," as one respondent said.

## Summary of Survey Findings

When looking at the survey as a whole, the greatest discovery was that the workplace environment (e.g work culture, conversations, interactions, trust, and a sense of community) has the biggest impact on the respondents' mental health and well-being. Organizations need to foster an environment where strong mental health literacy is universal and allows for normalization of mental health conversations. Since these do have a top-down effect, it is important that these changes start with the leaders. Though not as frequently reported, it was also found that a source of help that is external, confidential and informed needs to be provided to the employees, such as an external psychologist. Based on the findings, the team devised a set of discussion group questions, to create a deeper understanding of these areas and to create a more tailored set of recommendations to help the ESF with their mission of promoting, addressing, and supporting conversations and awareness of mental health and well-being in emergency management communities.







# Focused Interviews and Discussion Groups

## Work Culture Plays a Large Role in Inclusivity and Autonomy

The team spoke to 19 different women over six different Victorian emergency service agencies through remote interviews and discussion groups. In speaking with all of the women, it became clear that work culture is the strongest barrier in women being satisfied with their mental and well-being in the workplace. The cultural expectations of the sector creates significant guilt in their women staff and volunteers. The women expressed that sometimes human resources and upper management “[do] not get it” or are “out of touch” and women feel the need to have to choose between themselves or the agency they work for. The interviewees reported work culture contributes to a significant amount of the stress and tends to be more prevalent among those who are in higher or managerial positions, as they feel the pressure to look after the well-being of those they lead. While many women indicated there has been a positive shift in the past decade to promote normalization of mental health and well-being, the culture shift is predominantly occurring on a local level, prompting the need for the agency to change their mindset as a whole to promote an inclusive and collaborative working environment.

One of the biggest themes addressed in the interviews was gender. In areas that are more rural, it was found that the women are given more stereotypically feminine jobs and have stereotypically masculine opportunities taken away. Many participants shared similar feelings that since they were a woman, they had to work harder to “prove” themselves to be equal to their male colleagues. It was also experienced that “if

you don’t step aside you are bullied and harassed, and sometimes sanctioned or reported to higher levels of management”. This idea was very common, with many of the respondents reporting that they had to hide emotions and act tough because they had “to be more like men to succeed” “to keep her down and shut her up“. The sexist culture within emergency services causes women to “not feel confident or safe to bring up these topics,” creating a negative and internalized state of mental health and well-being.

“So but I think, in general, across the servers, the **culture has been very traditional** in many, many other units. I think there's women are relegated to, you know, the sort of **backup roles** or the sort of **secretarial type rolls** or making the, the the afternoon tea or something. There's still **a lot of that** in part of the culture.”

Autonomy, or control, was the least reported theme. Even so, most women suggested that they would like a secure and reliable way to speak about mental health or to seek help without feeling as though they will lose their status and autonomy in their emergency services work. Areas that these emergency services workers worry about include: loss of ability to get promotions or bonuses, organization isolation, deteriorated image, rumors and labeling, bullying and harassment, equipment and job suspensions, reduction of opportunity and responsibility, and loss



of employment. One interviewee even reported experiencing some of these herself, saying that she has “faced extreme repercussions and threats by management when [she] voiced experiences with mental health and gender discrimination.” Some interviewees have also stated that the lack of autonomy or sense of control in their situation has pushed many to seek help outside of the organization for fear of further repercussions. Issues of trust and rapport between colleagues and managers can be exacerbated by this fear and experience, impacting the sense of community and emotional support that is needed for mental health and well-being.

The theme of responsibility proved more prevalent in the discussion groups than in the surveys with time, workload, or caring responsibilities often being mentioned. This seems to correlate with the idea that women, more so than men, often find themselves responsible for young children, elderly family members, and disabled relatives on top of the demands of their work in the emergency services. Many of the respondents, both volunteer and paid, reported feeling overburdened by the workload expected of them combining work and home. Respondents expressed concerns about time and burning out as more and more requirements are piled upon them. In terms of familial responsibility, the respondents reported that even though the women may have the same work as a male counterpart, they typically have the additional stress of being the primary carer for children. This makes juggling time commitments, doing work at home, and having to cook and clean a greater burden on their mental health and well-being.

Many of these respondents reported a need for more help with their work life balance, as with feeling more important in the eyes of their organisations, and with not feeling that their mental health is secondary because they “chose” to help by volunteering. Thus there is a need to facilitate strategies into the emergency services work place that better accommodate these pressures and responsibilities for women across the sector.

“A lot of people who come along to volunteer in any of these services don't suddenly **leave their personality** or their **life experience** or their **circumstances** at the door when they come in. If they have other events and other circumstances outside of their volunteering life, that **doesn't suddenly disappear**. So they might be bringing with them, never mind about the **trauma** we might face and some of the **confronting events** that we attend, but they may also be bringing with them other issues that are occurring just in their **general life** or their work life or **personal life**.”

## Knowledge of Mental Health and well-being is Essential for Conversation and Support

The theme of education references the need to increase training, info, sessions and knowledge regarding mental health in support roles, managers, traditional front-line, and volunteer women in emergency services. The theme of education was often mentioned by interviewees.

By developing this knowledge, many women expressed it would help to increase awareness and acknowledgement of the importance of nurturing one's mental health and well-being, and help to provide access to mental health care in the workplace.

While the amount of resources available has increased drastically in the past decade, there still needs to be more done for people to get help that is tailored to their needs. Respondents reported a need for more short, targeted modules that have relevant information as well as interactive tips to be sent out regularly. Additionally, there was a call for more face to face intervention such as women's forums and specific networking events to foster a more engaging experience.

Almost all of the interviewees reported a need for greater education on emotional and interpersonal intelligence, specifically on symptom identification in oneself and others, how to properly interact with others, awareness and response to potential triggers, and how to handle stress. Therefore, more education is needed for managers on how to handle and proactively help with the mental health and well-being of those they are in charge of.

Good conversation was indicated as a simple and effective option for people to begin normalizing mental health and crucial to facilitate action to promote positive change for women in the emergency services workplace. The theme was mentioned many times, and the interviewees reported there was not enough being done in the agency as a whole. In order to begin appropriate conversation as well as be intrapersonally and emotionally intelligent, there was a reported need for an increased level of mental health and well-being knowledge. Many felt these conversations would contribute to increased levels of acknowledgement and feeling understood.

“There's **a lot of material** that gets sent out, but it's **not necessarily read**... people don't access it. And I think having those **little tips** all the time, sort of continuously, would help. [...] What is it when someone is stressed out? What does that look like? [...] **We need more of those tools.**”

Those who engage in regular team meetings expressed feeling more connected and being better able to advocate for themselves. On the flip side, while talking about your concerns, experiences, and feelings can be a very healthy way to cope, some also made a point to say that encouraging thorough listening and responding tactfully is equally important. Conversation can be a healthy way to improve work culture, create better relationships, promote self care, increase social skills, and give value to others.

The topic of support, which includes emotional unavailability felt by peers and the general sense of community, was mentioned by the interviewees often. For there to be more support for mental health and well-being the women need to be interacting and bonding with their peers. Some people said that support is difficult for volunteers to receive. They say that volunteers have to put in much more effort than paid staff to make connections with their peers, and since they spend less time with them then their peers may not realize they need help.

It was also mentioned that the limited emotional support is tied to the lack of knowledge among peers on how to have beneficial conversations and how to offer good help, indicating that there is a need for mental health and well-being education in order for there to be proper conversations. Besides mental health literacy, the lack of security and control felt by women in emergency services was reported to impact on how peers interact, with one saying that repercussions of speaking up about or seeing mental health help made “peers [frightened] of giving assistance for fear of them then facing similar sanctions.” Overall, though some of the women spoke that their team and peers offered support, they all stated that there needs to be great improvement in support offered by peers and management.

Acknowledgement was a key theme with women suggesting that if there was more acceptance by managers and attention to detail concerning mental health and well-being struggles this could foster better mental health and work culture. Some participants have reported that their agencies have started to acknowledge the situation of unhealthy behaviour and protocols in the workplace, but have not taken sufficient

action towards addressing such problems. One interviewee stated that “apparently safety is a priority, but how much of a priority is it really?” Nearly all participants say that their organizations need to “walk the talk” more, and start to normalize mental health and well-being, and standardize equality in their communities. Acknowledgement is important to ensure that people feel safe and supported coming forward about any concerns they may have.

In speaking with the women, many felt as though there were a wide range of resources available, although the type, their accessibility, and encouragement for use appeared to vary across agencies. One major concern was confidentiality. While women tend to be more open about their emotions, they report closing off if they feel that what they say will not be taken seriously, or worse, it is shared with others that will not treat the information carefully. One interviewee expressed the need for resources that serve as tools to identify, observe, and engage with people in safe and calm ways. Another concern expressed was that with the increase in mental health and well-being awareness and advocacy, there is a disparity between supply and demand.

“... **they'll say we support** women. But I actually couldn't even give you something **tangible as evidence** to show **how they support** women. Besides going, ‘ah, I haven't got a woman in, you know, that rank or I haven't got a woman trainer I'll go and train them or promote them or whatever’. They actually **can't of give you a strategy** where they've supported...”





# Conclusions

## Characterization of the Mental Health and Well-being of Women in Victoria's Emergency Services

Women within the emergency services are routinely exposed to traumatic and stressful experiences due to the nature of their work. Barriers exist which lead to hesitations in seeking help, isolation from one's family and coworkers, and self-degradation. By instilling a deeper understanding of the experiences and perspectives of the women, this conclusion hopes to help guide the ESF and emergency services agencies towards promoting, addressing, and supporting the mental health and well-being of women in the Victorian emergency services.

### Barriers

Throughout this investigation, it was clear that mental health and well-being was an area that the women in emergency services struggled with. Many of the interviewees and survey respondents shared personal experiences of situations in their life or workplace that impacted their mental health and well-being. In addition, the team found that the **women rate their mental health and well-being at 3.28 out of 5**, and when it came to seeking help for stresses or feelings that impacted their mental health, **44% reported that they had delayed seeking care**. However, it was seen that **with an increase in age, women in emergency services made mental health and well-being a priority** and delaying seeking help less than those in younger age groups. Nevertheless, this means that a large number of the women are delaying seeking help, indicating that the barriers

they report are indeed having an impact on their willingness and capability to seek help. Of the barriers that the women reported to impact their mental health and well-being, **a little over half of the survey respondents reported structural barriers, with time and accessibility being the most common at 27.8%**. The team found that responsibilities both outside and inside of the respondents' emergency services work had a large influence over the amount of free time they had and their ability to focus on themselves. At home, caring responsibilities like children were reported to dictate whether the women had the time to prioritize their own mental health and well-being and to seek care. At work, feeling overburdened causes them to struggle to finish on time. In a culture where the **women report having to "try twice as hard" in order to be seen as equal to their male counterparts**, having the time to seek care is reportedly so close to impossible.

Compounding the structural barriers present, the vast majority (89.4%) of women reported that stigmas (attitudinal barriers) have a large impact on their mental health and well-being as well as their willingness to seek care. The most prevalent attitudinal barriers were cultural (66.9%) and perceived (65.5%). Harassment, judgement, a culture that values toughness, and fear of confidentiality are all common stigmas and fears that the women experienced. **Women in first responder/front line roles reported greater discomfort around raising their mental health and well-being than women in support roles**. Specifically, they were less comfortable talking about their mental health with their managers and reported higher levels of self stigmas.



It was suggested that the militaristic culture leads the women to feel as though they **have to hide their emotions in order to adhere to the work culture's emphasis on "strength"**. This, in turn, leads the women to internalize more feelings and develop more self stigma about their mental state. Additionally, women in **support roles reported overall more attitudinal barriers and more cultural barriers**. The team hypothesized that this may be due to more casual interactions between managers and peers in a non-command and control environment that invites more opportunities for the development of negative cultural norms.

## Themes

**Work culture is the biggest contributor and indicator to the mental health and well-being of women in the emergency services**, being reported by 62.9% of the respondents. Work culture is the environment that the women are exposed to. It is the cultural norms, the unwritten rules, the hierarchy, the expectations, and the attitudes of peers. As such, it has a large impact on the mental health and well-being of the women. An assertion shared by many is that "you get more stressed about working with someone who's awful... than the emotional response of going to a job where somebody dies." The women reported that the current workplace resembles that of a "boy's club" and is highly command and control. This work culture includes how women have reported that they **feel they cannot display emotion for fears of being a "stereotypical" woman and being labeled as "hysterical" and "unfit" for their job**. Because of the work culture, the women said that they feel those higher up (i.e. managers, and organizations) do not care enough

about them, volunteers feel their mental health and well-being is secondary, many **hide their problems for fear of repercussions**, and sexism and harassment still exist within the workplace. Though the interviewees say that the culture has recently started to **shift away from the "hyper masculine" culture, it still has created a lag in support**. This theme both impacts and is impacted by many of the other issue reported, and thus is a complicated subject.

Women reported that the **lack of acknowledgement** by their organizations contributes to this negative tone in the workplace. The women say that "apparently safety is a priority [to the organizations], but how much of a priority is it really? ... We haven't got our back end supported and resourced appropriately." They feel that the agencies need to "walk the talk", and that there needs to be more proactive provision of resources and education in order to set a higher standard for how mental health and well-being is handled in their organization.. The women reported that there is a need to **start with the managers**, as it may be hard for organizations to focus on all people, since the managers create the microenvironment of their teams. Respondents say that a focus on ability and knowledge on **how to properly acknowledge the situation, provide emotional support, and create beneficial conversations would create better culture in their organization**.

The women say that knowledge of mental health and well-being is essential to **promote conversation, support, and acknowledgement** by the peers and organizations. If an individual does not know how to properly identify symptoms in themselves, they may not realize what they are feeling is a mental illness.



If an individual does not know how to properly offer support, they may end up stressing the other individual even more. The team believes that **more education on emotional and interpersonal intelligence**, as well as **health literacy**, will provide beneficial changes for the culture, especially when it comes to conversations about such sensitive topics.

**Conversations are essential and can help drive support and normalization of mental health and well-being.** Many women (31.7% ) report a need for better and more conversations, conversations where someone does not only ask “you’re okay, aren’t you? Because we know the answer is going to be yes or no [...], you hope that you don’t get an answer you don’t want.” They report a need for a focus on encouraging people to not be awkward when the other is not “okay” and to have real discussions to offer support. This lack of support is felt by 37.8% of the respondents who believe that it impacted their mental health and well-being. The two themes of conversation and support are tied together, and it is necessary that they be addressed in order for the women to feel comfortable talking about their own mental health and well-being, as well as offering support to those around them.

It is important to note that the women said things are getting better and **change is happening** in their workplaces. There are more resources, more conversations, and more support now than ever before. Reviews have been conducted and new education and support programs introduced. And more people are prioritizing mental health and wellbeing. However, although the organizations and work culture seem to be moving in the right direction in the women’s eyes, **there is still a reported need for more change.**



# Recommendations

### For the ESF

- Share this report widely so that leaders across the sector are made aware of women's perspectives and needs for their mental health and well-being.
- Drive a sector wide health literacy campaign so that people are broadly and consistently exposed to key mental health and well-being messages and tools
- Further explore how those with external caring responsibilities could be aided during mandatory training and short-notice emergency response.
- Bring women from across the sector together to create events / forums that increase camaraderie, support, and acknowledgement.
- Explore how regionalized sector wide thank you events could be generated for emergency services employees and volunteers.



## For Organizations

- Consider how mental health and well-being training and development for leaders and managers can give more focus to having better conversations with team members that normalise the topic, help to better understand individual needs, aid in better symptom and fatigue identification, and build a sense of community.
- Consider how mental health and well-being training for paid and volunteer workers can give greater emphasis to holistic self-development and personal advocacy.
- Give greater emphasis to promoting personal success stories and resource availability so people can develop greater confidence and trust in the support services provided.
- Provide greater access to external support service providers to increase anonymity.
- Create forums for women within the same agencies to network, build confidence, voice issues, and create a better sense of community.
- Explore how units and teams can expand and promote camaraderie, holistic well-being and support networks, with a specific focus on volunteers.

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